

Sheval Limited

Heatherside House Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This comprehensive inspection took place on 9 and 15 March 2017 and was unannounced on the first day.

Heatherside is located in a village on the edge of Dartmoor about 7 miles northeast of Plymouth. The home provides accommodation and personal care for up to 25 adults and specialises in providing care to people with a learning disability.

The home had previously been inspected in December 2015 and January 2016. At that inspection we found breaches of two regulations. This was because people were not fully protected from the risks associated with unsafe premises; medicines were not always administered safely and clinical waste was not disposed of safely. We also found some areas of the home were not well maintained which meant people were exposed to the risks of infection.

People said they were happy and felt safe living at Heatherside. Comments included "Look after me proper, staff are nice" and "Staff are nice and friendly." Relatives also made very positive comments about the care their family member received. For example they described staff as providing friendship and helping the person to have a laugh and a joke.

Since the last inspection, a major refurbishment programme had continued. This meant that there were significant improvements to bedrooms and communal areas. Some work was still being carried out which meant that one part of the home was not accessible to people or staff. Although some aspects of this had been better managed than when we last inspected, we found that people's safety had been put at risk as routine fire safety checks were not being carried out. The home was clean and well-maintained.

Most aspects of medicines management were well managed. However some improvement was needed to ensure people received their medicines safely. Medicine audits had not identified that some medicines had been out of date when received. Some cream charts had not been fully completed.

The home was run by a registered manager who had been in post for a number of years. 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 manager was very well known and liked by people, their families and staff. She and senior staff from the provider organisation encouraged a positive, homely and happy atmosphere. Staff reflected these values and behaviours. There were sufficient staff to meet people's needs. The registered manager monitored staffing levels and took action when needed. Staff spent time with people both in groups and on their own, encouraging them to undertake activities they enjoyed. People were supported to go to clubs and groups in the community as well as on holiday.

The home's recruitment processes did not fully ensure that people were protected. New staff were supported and trained when they first started working at Heatherside. Staff were supported to undertake a nationally recognised qualification to develop their skills. However staff had not completed or refreshed all the training needed to support people's needs.

Supervision of staff was not carried out regularly, although staff said they were able to talk to the registered manager or a senior member of staff from the provider organisation if they needed to.

People were able to decorate and furnish their bedrooms to suit their tastes. Families were encouraged to visit and were able to have private space to meet their relative if they wanted to. People and their families said they had not had any reason to complain but felt able to raise concerns if they ever needed to.

Staff had an understanding of the Mental Capacity Act (2005). No applications for a Deprivation of Liberty Authorisation had been made.

People were supported to have a varied diet with meals of their choosing. Some people who required specialist diets received meals that were appropriate for their needs. People said the food was good and if they did not want a particular meal, they were offered alternatives. People were also supported to remain hydrated. Where necessary staff had taken advice from specialists including a dietician and speech and language therapist. This advice on how to support people when eating was being followed. Staff knew people and their needs well. Staff were able to describe people's likes and dislikes and also how people communicated with them. Staff had worked with people and their families to develop care and support plans. Staff involved health professionals appropriately. However, care plans did not always reflect all the existing needs of people, including recently diagnosed conditions.

The provider did not have effective systems in place to monitor the quality of care and support that people received. Although some checks and audits had been undertaken, these had not identified safety and quality issues, including environmental risks. Audits of care records had not identified that some were not up to date. Records of training had not identified that some staff were out of date with their training.

We made two recommendations relating to national guidance in respect of safeguarding training and the Mental Capacity Act (2005)

We found breaches of the Health and Social Care Act (2008) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there

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 completely safe.

Some risks to people had not always been assessed and documented.

Recruitment processes were not fully robust.

Routine Fire checks were not being carried out.

Some aspects of medicines were not managed safely.

People were protected from the risks of abuse by staff who understood their responsibilities.

There were sufficient numbers of suitable staff to ensure people were kept safe and had their needs met.

Is the service effective?

Requires Improvement ●

The service was not completely effective.

People were supported by staff who had not always kept up to date with their training. Staff did not receive regular supervision.

Staff understood their responsibilities in terms of the Mental Capacity Act 2005. However, best interest decisions were not always recorded. There had been no applications made to deprive people of their liberty.

People were supported to maintain a healthy, balanced diet, enjoying food they had chosen and liked.

People were supported to access health services.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and

compassionate.

Staff knew people well and showed concern for their well-being.

People were involved in making decisions about their care.

People were treated with dignity and respect.

People's families were able to visit when they wanted.

Is the service responsive?

The service was not fully responsive.

People received care that met their preferences; however care records did not fully reflect people's risks and needs. Care records were not always updated when there were changes to people.

The service routinely listened to people. There was a complaints policy and procedure. People and their families said they knew how to complain, although they said they had not had reason to.

Requires Improvement ●

Is the service well-led?

The service was not completely well-led.

Some checks and audits to ensure the quality of the service were undertaken but these were not always fully effective,

The home promoted a positive culture and involved people, their relatives and staff in developing the service.

Staff and people knew the registered manager and said they felt they were supported by them.

Requires Improvement ●

Heatherside House Care Centre

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 9 and 15 March 2017 and was unannounced.

The inspection was carried out by one Adult Social Care inspector and an inspection manager on the first day. On the second day the inspector returned to the service.

Prior to the inspection we reviewed information we held on our systems. This included reviewing whether any statutory notifications had been submitted to us. A notification is information about important events which the service is required to tell us about by law. We had asked the provider to complete 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. The provider had completed this in February 2016.

We spoke to four care staff working at the home on the days of inspection, as well as one member of domestic staff, one member of catering staff, the registered manager and three directors from the provider. One of the directors was the nominated individual.

At the time of this inspection, 18 people were living at Heatherside; two other people received regular respite care. Most of the people had lived at Heatherside for a number of years, although two people had started living in the home within the last 12 months. We met most people living in the home and spoke to five of them about their experiences. We also spoke with four relatives during the inspection, two of whom were visiting the home and two who rang the home. We reviewed two letters of appreciation sent in by relatives

when they had heard about the inspection being due.

We looked at a sample of records relating to the running of the home and to the care of people. We reviewed four care records, including risk assessments, care plans and three medicine administration records. We reviewed three staff records. We were also shown policies and procedures and quality monitoring audits which related to the running of the service.

During the inspection we met one health professional. After the inspection we spoke with one social care professional. We also contacted the GPs and district nurses at a local GP surgery and received one response.

Is the service safe?

Our findings

At the last inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because major refurbishment and building work had not been fully risk assessed. Some areas where building work was being undertaken were not made safe for the people living at Heatherside. Medicines were not always administered safely. Clinical waste was not always safely disposed. We also found a breach of regulation 15 as some parts of the home were not clean and hygienic.

At this inspection, we found the home was meeting the requirements of regulation 15. However although improvements had been made to the way clinical waste was disposed of, we found an ongoing breach of Regulation 12 in relation to the home's safety whilst building work continued. We also found medicine records and auditing was not always safe. There was still considerable building work going on at the home. One area of the building was isolated from the rest of the building whilst builders were at work. On the first day we found there were not regular fire safety checks around the occupied part of the home. One of the directors said that this was because the fire alarms went off on a regular basis and so they knew the systems were working. They said that an external company had visited the previous week. We asked the provider to contact the fire authority to discuss the level of checks they should be carrying out to minimise risk to people using the service. According to records extinguishers and emergency lighting had last been checked in 2015.

On the second day of inspection, the registered manager said that fire safety checks had been re-introduced and would be undertaken every week from then on.

Some aspects of medicines management needed improvement to ensure people received their medicines safely. The local pharmacist had carried out an audit of medicine practices at the home in November 2016. They had advised a number of measures to improve safety. Staff had not ensured that the recommendations had been followed. The pharmacist had identified there was no bound book to record certain medicines that were stored securely. On the first day of the inspection we found that although certain medicines were being stored securely, the correct book for documenting these was still not in place. By the second day of the inspection, the correct record book had been obtained and the quantity of medicines had been recorded.

We found that three bottles of cough medicine had an expiry date of September 2016. These had been checked into the home in December 2016 but it had not been identified that they were already out of date. Staff had carried out an audit of medicines at the home in February 2017 and not identified they were out of date. Staff immediately arranged disposal of the out of date medicines.

Some cream charts were not fully completed, with dates missing, some didn't have the name of the cream to be administered or the name of the person, There were also gaps on the charts indicating that people may not have had their creams. The registered manager had not been checking any audits of medicines that other staff had completed.

During the first day of inspection we identified that there were risks to people as first floor windows did not have restrictors on them. This meant they could be opened fully and people could fall out. By the second day of inspection, window restrictors had been fitted to these windows.

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

The registered manager agreed that they would check and action the pharmacist recommendations by the end of the first day.

Other aspects of medicines management were well managed. Staff confirmed they did not administer medicines until they were assessed as competent to do so. One care worker had been assessed 16 times. We observed a senior care worker carry out the lunchtime medicines round. They ensured they checked people's Medicines Administration Record Sheets (MARS) each time and signed afterwards. MARS records contained the correct information. Medicines were stored safely and at the correct temperatures.

People said they felt safe living at the home. One person said staff "look after me proper, staff are nice." Another person said "Staff are nice and friendly."

We looked at two recruitment records. One care worker had previously worked at the home and then returned at a later date. The registered manager had kept in contact with the care worker during the period they had left the home. The recruitment process was not followed because references were not sought for this person nor was a current application form completed. The registered manager had made a written declaration in their records as to the rationale why they hadn't sought references, but this practice does put people at risk. The application forms used by the home did not contain enough space for staff to write down all their previous employment. Staff had not been required to complete additional paperwork so were unable to include all their previous employment. There were no other records in these recruitment files with this information or that there was a system in place to ensure it had been explored. This meant that there was no evidence that the provider had explored their employment history. By the second day of inspection, the manager had altered the application form to allow sufficient space for people to include all their employment history.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure people were suitable to work with vulnerable adults. The DBS is a criminal records check which helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support. Their file also showed that they had a 14 week review with the registered manager to check on their progress and any concerns they might have at the home.

The other staff file we looked at contained all the necessary checks and references.

People were protected by staff against the risks of potential abuse, including the risks of financial, physical, emotional, psychological and sexual abuse. Most staff had received safeguarding vulnerable adult training, although records showed this had not been updated since November 2014. Four staff were not recorded as having undertaken safeguarding vulnerable adult training. The safeguarding policy referred to staff contacting a local authority social worker instead of the local authority safeguarding team or police.

We recommend that the provider considers national guidance about safeguarding adult training during induction and how frequently they should consider staff should refresh their knowledge.

Staff we spoke with had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. For example one member of staff described how they would report any concerns to the registered manager. They also said that if they felt appropriate action was not taken, they would also contact the local safeguarding authority and the Care Quality Commission.

Where incidents had occurred involving possible abuse, staff and the manager had reported this to the local authority and taken appropriate actions.

There were regular services on the gas boiler, the stair lift, the hoists and other equipment. Checks on electrical items had also been undertaken, although some needed updating.

When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. The registered manager explained the learning that arose from incidents. For example, a couple of years ago someone had an episode of choking. They had identified that anyone can be at risk of choking and they needed to be careful with all food and fluids.

The home was well looked after and clean throughout. There were no offensive odours. Cleaning staff understood the importance of using different cleaning tools for different areas such as toilets. There was a plentiful supply of personal protective equipment including disposable aprons and gloves. Staff were observed using these appropriately.

The cook kept detailed records of cleaning carried out in the kitchen. Refrigerator and freezer temperatures were recorded each week to ensure that fresh and frozen food was stored at the correct temperatures.

There were sufficient staff on duty to meet people's needs. People said staff were always available when they wanted support. For example one person said "I don't go out on my own as the roads are dangerous, but I am always free to go out with staff if I want." In addition to the registered manager, the cook and domestic staff, there were usually three or four care staff on duty each day. There were two staff on waking duty at night. The registered manager said they assessed the number of staff on duty based upon the number of people living at the home and the activities they were planning to do. They said they would be reviewing staffing levels as there was a possibility that three more people would be moving into the home in the foreseeable future.

Is the service effective?

Our findings

New staff had received some training when they first started working at the home however they had not received training in all aspects to support them in their role. For example we spoke with a member of cleaning staff who had not completed infection control training or handling hazardous substances (COSHH) training. This meant that staff may not have the knowledge and skills necessary to ensure their practice was safe.

The registered manager said when staff started at the home they had a 14 week induction which was reviewed at the end by the registered manager. However care staff induction was not aligned to the nationally recognised Care Certificate. The Care Certificate was developed by Skills for Care. It is a set of 15 standards that all new staff in care settings are expected to complete during their induction.

Staff had not completed or refreshed all the training needed to support people's needs. For example, records showed that staff had not refreshed manual handling training since 2013 and had not refreshed infection control training since 2014. Safeguarding training was overdue for some staff.

Supervision of staff was not carried out regularly. However staff said they were able to raise any issues or concerns with the registered manager and senior staff at any time. The registered manager said they would review supervision and appraisal arrangements. Regular supervision and appraisal is important as it provides staff with the opportunity to receive feedback about their performance and raise any concerns or request training.

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

Fire training was provided annually, food and hygiene every three years, epilepsy every two years. Five of the care staff had a national qualification in care. The majority of staff had undertaken fire warden training and first aid training in 2016. There was always a first aider on each shift. Staff had also undertaken training to support people's specific needs. For example nine staff working at Heatherside had completed training in managing challenging behaviour in 2016. People and their relatives were very positive about staff and said they were skilled to meet their needs. Comments included: "They are very good" and that staff offered "care and understanding" of a relative. Another relative said "I have never seen anything to suggest they are not well trained".

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 so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

No applications for DoLS authorisations had been made. The registered manager said they had discussed this with health and social care professionals, who had advised that they did not think they were needed. However they agreed to contact the local authority DoLS team to ask for up to date advice about the people living at Heatherside. After the inspection, we spoke to a member of the DoLS team who said they had spoken to the registered manager but had not, at that point received any applications.

We asked staff whether all the people living at Heatherside had an understanding of road safety and whether they would be safe if they went out alone. Staff said that if some people went out alone, they would follow them and persuade them to come back as they would not be safe. Staff said that some people did not have road safety awareness so they would offer to accompany them if they wanted to go out. However there was no evidence of capacity assessments or best interest decisions around people going out alone.

We recommend that the provider considers the national advice and guidance about making and recording best interest decisions for people who lack the capacity to make the decision for themselves.

Staff had some understanding of the Mental Capacity (MCA) 2005. One member of staff described how they would ensure that if they had a concern about a person's ability to make a particular decision, they would raise it with the registered manager.

We found one reference to a person having capacity to make a particular decision in care records we reviewed. This was in relation to the person choosing not to lose weight. They were recorded as having capacity to make this decision.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. A relative commented that they were involved in decisions about their family member's care. A health care professional said "They have people's best interests at heart".

People said they liked the food and were able to make choices about what they had to eat. For example one person said "The food is very good." We observed one person being offered alternatives to a meal that had been prepared. They chose to have a jacket potato rather than the chicken dish.

People were involved in selecting dishes for the menu at resident meetings. For example one person had said they would like to have a savoury dip and pitta which the cook had bought for them.

Staff were aware of people's dietary needs and preferences. People's needs and preferences were also clearly recorded in their care plans. Specialist diets were prepared for people who had food intolerances or allergies. For example one person was coeliac. The cook described how they ensured the person was not given any foods containing gluten. They also described how they ensured they had gluten free products so that there were alternatives for the person if they wished to have items such as bread, cake or biscuits.

Some people were at increased risk of choking. They had been referred appropriately to a speech and language therapist for assessment. Staff said this meant that two people were on soft food diets, although

neither person required their food to be pureed. Staff ensured they were given food and drink that had been prepared correctly to reduce the risks and where necessary, people were supported with eating.

The cook described how one person did not like particular foods that were coloured. In order to support the person with a varied diet, they had involved the dietician who had made recommendations which were now followed. The cook said they tried to vary the person's meals as much as possible in order to ensure they had a balanced nutritional diet.

Where people were being supported to lose weight, staff had discussed with them how they wished to do this. The cook described how one person was losing weight by cutting down on portion sizes which was proving successful.

Drinks were freely available to people throughout the day and night. We observed a person asking a member of staff for a mug of tea which they were given. At other times, staff went round to each person offering them a drink of their choice.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. Records confirmed people had had appointments with a GP, dentist and an optician as well as specialists, such as a speech and language therapist. One health care professional said "They work well specifically with health care. The registered manager does refer appropriately".

The local GP reviewed each person's care every year and provided a written report. One person had chosen to keep their own GP. Care plans were in place to meet people's needs in these areas and were regularly reviewed.

Some adaptations to the environment of the home had been made to meet the needs of people who lived there. The home had undergone extensive renovations and improvements. Some work was still continuing so that all bedrooms would be en-suite. Improvements had also been made to communal areas including a lounge and entrance hall. Further work to renovate a dining room was underway. Whilst building work was in progress, a corridor had been closed off completely to ensure people were safe. The registered manager and directors worked closely with the contractors to ensure the disruption to people was kept to a minimum. Further improvements including increasing the size of the laundry were planned as well as improving the drive. Corridor areas were kept clear so people could move around the home more easily. The home was light and well-maintained. There were spaces for people to use, both indoors and outdoors. These included a courtyard in the centre of the building and a large garden which people said they enjoyed using in the summer.

Is the service caring?

Our findings

Throughout the inspection we observed that there were positive, caring interactions between staff and people using the service. The atmosphere in the home was very relaxed and friendly with people being praised by staff. People said staff were kind and caring. For example one person commented "Staff are nice and friendly." while another person said "They [staff] are good."

A relative described how they had "instantly felt a really positive atmosphere" when they first came to Heatherside and how the "same lovely care" was still evident. Another relative said they felt their family member was "very well cared for and loved." Another relative said "I know he will always be alright. This place caters for the way he is and they are caring. Overall I can't fault it, I am so grateful he is here...the young girls are wonderful with him. It's genuine care".

Staff knew people well and spoke about their personal life stories. One member of staff talked with a person about their relatives. When the person got upset about something that had happened in their past, the member of staff encouraged them to think about happier times and reminded them that the events in the past could not happen again. One care worker explained they were a key worker to someone living at the home. She understood their needs well and said she was taking them out the following week for their birthday to the theatre. They kept in regular contact with the family. This person also had diabetes and the care worker helped the person understand her condition. We met this person who said "All the staff look after me. If I want to come to my room to watch detective programmes I can. I can have cakes, a tiny bit as I am a diabetic!".

The home was spacious and allowed people to spend time on their own if they wished. People were able to spend time in their rooms or go to the lounges or dining room. People's bedrooms were decorated according to their preferences. People had personalised their bedrooms with their own belongings and furniture which they proudly showed us. Family and friends were encouraged to visit at times to suit them. There were private and quiet spaces for people to spend time with family and friends if they wished.

People also moved in and out of the registered manager's office, often spending time sitting quietly there. The registered manager explained that other than on a few occasions when a meeting was taking place, they were happy that people were able to come into her office to talk to her or to just be there. We also saw one of the directors greet someone living at the home. The person came up to her for a hug and we could see how much the person appreciated this show of affection.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service.

Some people did not have any verbal communication. Staff were able to describe different ways in which a person communicated to show they were happy, sad or in pain. For example they said that when the person was contented they would spend time throwing a soft ball to staff. Staff said the person enjoyed these interactions which we observed them doing.

People's care was not rushed enabling staff to spend quality time with them. Staff spent time with another person who had limited verbal communication. Staff described how the person enjoyed looking at photographs where they would identify people who were important to them including relatives, other people who lived at Heatherside and staff who worked there. Having spent time looking at photographs, staff supported the person to do a puzzle.

Occasionally people became upset, anxious or emotional. There was evidence that when this happened, staff compassionately supported the person to reduce their anxiety. For example, one person was observed by staff as anxious about something although they were unable to communicate verbally what the problem was. Staff took time to explore with the person what the issue was. Staff eventually understood that it was about the person not liking Marmite. One member of staff explained that there had been a mix up at breakfast and the person had had Marmite instead of marmalade. Staff explained to the person that they did not have to eat anything they did not want, which gave them reassurance.

People's views were sought through care reviews and resident meetings. One person described how the people living in the home had a meeting every other month where they discussed things that were important to them including meals and holidays.

Is the service responsive?

Our findings

Most long term risks to people's personal safety had been assessed and plans were in place to minimise these risks. However some risk assessments were not always fully up to date and therefore did not reflect the current risks to people. For example, one person was at risk from pressure damage, due to a particular condition that had been diagnosed in the last few months. The impact of this meant that the person had been advised to use a pressure relieving cushion and also keep their legs elevated. However, these ameliorating actions were not recorded in the person's risk assessments or care plan. We found the person sitting in their room without their feet elevated. There was no obvious means to ensure that the person was able to do this, for example a foot stool. We discussed this with the registered manager who said they would ensure that this was rectified.

On the first day of inspection we found that care plans did not always reflect fully all the existing needs of people. For example one person was suffering from a chronic problem, which had also impacted on their ability to get to the toilet on time. Although staff had involved health professionals appropriately, the condition was not referred to in the person's care plan. There was no information in the care plan about what actions staff should take whilst the condition was being treated. This meant that there was a risk that people might not receive the right care from staff.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager said they would undertake a review of care records to ensure that all current risks, needs and preferences were recorded.

By the second day of inspection the registered manager had written a short term care plan, with a copy placed both in the person's care record and in a file stored with the medicines. We discussed how staff would be aware of this additional information. The registered manager said they used a communication book to advise staff of changes to people's care plan. However, they said they would update the main care plan to take the additional risks and needs into account.

The registered manager said that staff were expected to read care plans. A key worker for one person took us through the person's care record. However when we asked them about the care plan which was at the front of the record, they said they did not look at this regularly.

People and their relatives were involved in developing their care, support and treatment plans. Care plans provided personal information and also detailed daily routines specific to each person. One person said they talked to their key worker about their care plan. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. The person described how they enjoyed what they did each week and what support they needed from staff to do this. They said this included some help with showering as well as going out shopping. We reviewed the person's care plan which described this care.

They said they were able to follow their hobbies independently. They proudly showed us their bedroom which contained books about their interests as well as models they made and painted and a computer they liked to use. Staff had supported them to equip their room so they were able to carry on their hobby in private. One relative said "The people here really know (name of person). What they like, they go with the flow. Staff treat people as individuals".

Another person described how they enjoyed going out to bingo and a local club. They also said they enjoyed reading and staff helped them to get books they would enjoy as well as a daily newspaper. The person said "[staff member] takes me to Tavistock, which I like."

People's needs were reviewed regularly and as required. Where necessary health and social care professionals were involved. An example of this related to the diet one person needed as well as the risks to them around choking. Their care record showed that advice had been sought from a dietician as well as a speech and language therapist. Staff were able to describe what food the person was able to eat and how they needed to be supported at mealtimes. During the inspection, we observed staff following these instructions.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. A communications book provided information that staff coming on duty were expected to read and act on. However, there were no systems in place, such as initialling entries, to show that staff had done this.

Each person had a key worker who worked closely with the person to identify what they wanted to do. We saw that people undertook a range of activities of their choice both in the community and in the home. For example, staff engaged one person in completing a puzzle and also reminiscing through looking at photographs. Staff did whatever they could to maintain family relationships and support. They gave an example of picking up people from a bus stop so they could come and visit their relative. Advocates had been used in the past and staff knew who to contact if they needed to.

People were supported to take holidays. The registered manager said seven or eight people had been on holiday. These included a trip to London, Torquay and Weston Super Mare. One person said they enjoyed their holiday last year which had been in Torquay. Another person showed us photographs of a holiday they had been on in Cornwall with two other people from the home and staff.

There was a complaints procedure in place, but we were told that no complaints had been received in the last year. One relative told us "We are never afraid to come forward if we need to".

Is the service well-led?

Our findings

At the last inspection we identified that the provider had not undertaken risk assessments of the safety of the home and had not had effective systems in place to ensure they effectively monitored the maintenance issues.

We found at this inspection, the provider still did not have effective systems in place to monitor the quality of care and support that people received. There was no quality and assurance policy in place. We discussed with the nominated individual how they monitored the service against the CQC regulations. They said they did not have a governance system that regularly monitored all aspects of the home including the care provided and staffing issues. Although there were some quality assurance systems in place to monitor the quality of service being delivered and the running of the home, these had not identified all the issues. For example audits had not been undertaken on care records which meant that where there were gaps in records which had not been identified. Although there were records of staff training, there was no evidence that this had been used to monitor whether staff had completed and were up to date with their training. Recommendations from an external pharmacist had not been acted upon. Systems in place had not identified that some medicines were out of date. It had not been identified by the provider that recruitment policies had not always been followed. Environmental audits had not identified that there were windows which should have been restricted from opening to prevent risks of accidents.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Directors of the provider organisation visited the home regularly and met with the registered manager to discuss issues including maintenance and improvements to the home. The registered manager kept a communications log of these visits to ensure that actions agreed were then completed. The registered manager said they also visited the provider's office in order to have regular one to one supervision with one of the directors. During the directors visits they also met and talked with people. For example when they visited the home on both days of inspection, we observed very positive interactions with people living at the home, who clearly knew them well. They greeted people by name and asked them about themselves.

Staff were involved in some quality assurance processes. For example senior care staff undertook audits of medicine administration records. The cook also ensured that checks were undertaken to ensure the kitchen area was kept clean, hygienic and free of infection. Any concerns related to these audits were then highlighted to the registered manager, who would agree what actions should be taken to address them. There were policies to support staff working at the home; these had been last reviewed in February 2017.

The service promoted a positive culture which encouraged people to be as independent as possible while being cared for in a homely atmosphere. The registered manager was a role model for this behaviour. A relative commented "[family member] sees all the staff (particularly [registered manager]) as friends, good friends that she has a laugh and a joke with and knows she can trust. I too trust them completely." The registered manager encouraged people to feel at home in all areas of the home, including her office.

Throughout the inspection, we observed people coming and sitting in her office for a chat. She always made time for them and helped them achieve what they wanted. The registered manager had developed the staff team to consistently display similar appropriate values and behaviours towards people. Staff were very positive also about how open and approachable the registered manager was if they needed any support. One care staff when asked what they liked about working at the home said "Everyone gets on here. No one puts a stop to anything here. I go around and ask people if they want to go out. We can do what we like – for example this afternoon some of us went up onto Dartmoor".

The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

People had been supported to maintain links with the local community through attending groups and clubs in the nearby town. These included the local pub, a coffee day service, a drama group, bingo and the cinema.

Families had formally been asked for feedback in 2015. However, two family members told us they could always talk to the registered manager about anything. They said "The outstanding treatment received can only stem from the manager who obviously trains her staff very well." The provider told us they met people living at the home on a regular basis to see how they were. The last staff meeting was in January 2017 and included a range of topics. One care worker said "I attend staff meetings and I always have my say".

People benefited from staff who understood and were confident about using the whistleblowing procedure. One care worker had been able to discuss with the registered manager their concerns about something at the home and this was acted upon.

The rating from the previous inspection was prominently displayed both on the home's website and in the home. The directors and registered manager understood their responsibilities to report incidents to the Care Quality Commission and had submitted statutory notifications when necessary. They had also submitted an action plan following the previous inspection to show how they intended to meet the breaches of regulation.

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 12 HSCA RA Regulations 2014 Safe care and treatment Some risks to people had not been assessed and documented. Routine fire checks were not being carried out. Some medicines were out of date; medicines were not always recorded appropriately. Regulation 12 (1)(2)(a)(b)(d)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment processes did not always include all the checks necessary to ensure that fit and proper people were employed. Regulation 19(2)(a)(3)(a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not up to date with all the training required. Staff did not receive regular supervision. Regulation 18(1)(2)(a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service was failing to make sure that providers have systems and processes that ensure that they are able to meet other requirements in this part of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Regulations 4 to 20A).</p> <p>Quality and safety systems were not robust and had not identified areas where improvement was necessary, including medicine administration audits, building checks, staff training and changes to care records. Regulation 17(1)(2)(a)(b)(c)(d)</p>

The enforcement action we took:

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