

## Redcar & Cleveland Borough Council

# Jervaulx Road

### Inspection report

17 Jervaulx Road  
New Skelton  
Saltburn By The Sea  
North Yorkshire  
TS12 2NL  
Tel: 01287 653814

Date of inspection visit: 26 October 2015  
Date of publication: 08/12/2015

#### Ratings

### Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



#### Overall summary

We inspected Jervaulx Road on 26 October 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

17 Jervaulx Road is a purpose built, two-storey building, comprised of three separate units interlinked by internal corridors. Care and accommodation is provided in 18 single rooms for people who have a learning disability. Stepping stones is a six bedded unit in which people are supported to develop their living skills with a view to living independently. People are admitted for an agreed

period of time and follow an agreed training programme whilst being assessed and supported by staff. Unit 17B has six beds. Two of the beds are for people who are permanent placements and the other four are for short breaks. Unit 17 C is a six bedded unit which accommodates a maximum number of 6 people on a permanent basis. At the time of our inspection there were 12 people who used the service.

The home had a registered manager in place. A registered manager is a person who has registered with the Care

# Summary of findings

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.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We saw that the registered provider completed an annual health and safety in July 2015. This audit failed to pick up that only 38% of staff had completed fire training and that for the majority of staff infection control training had not been refreshed.

The registered manager told us that senior management completed a quarterly audit of the service. This audit was based on CQC standards to make sure the service was safe, effective, caring, responsive and well led. However the last audit of the service was 9 June 2015. The registered manager told us that they undertook care plan audits on a regular basis however; there was no audit document to inform what checks the registered manager was making. Senior staff and domestics had task lists, but there was not a formal audit for infection control which described the checks to be made.

Staff had not received regular updates on their training to enable them to carry out the duties within their role.

The registered manager and staff showed that they had an understanding on the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. MCA assessments were evident in care records looked at during the visit and best interest decisions were recorded, however MCA assessments were not decision specific. For example there was a general MCA assessment, however nothing specific for finance, health and welfare and medicines amongst others.

We looked at the support plan of one person who lived at the service and one person who was on the stepping stones project. The support plan for the person who lived at the service was person centred and written in a way to describe their care and support needs. The care records

of the person on the stepping stones project contained a detailed assessment of needs and support that people required, however it wasn't in a readily accessible format as there wasn't an actual support / care plan. Care records had been regularly evaluated, reviewed and updated.

Risks assessments for people who used the service were insufficiently detailed. This meant that staff did not have the written guidance they needed to help people to remain safe.

We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. People were weighted on a regular basis, however nutritional screening was not undertaken to identify those people who are malnourished or obese.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

We saw that staff had received supervision on a regular basis and an appraisal.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, respectful, patient and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. People told us that they were happy and felt very well cared for.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

People's independence was encouraged and their hobbies and leisure interests were individually assessed.

# Summary of findings

We saw that there was a plentiful supply of activities and outings and that people who used the service went on holidays. Staff encouraged and supported people to access activities within the community.

The registered provider had a system in place for responding to people's concerns and complaints. People

were regularly asked for their views. We saw there was a keyworker system in place which helped to make sure people's care and welfare needs were closely monitored. People said that they would talk to the registered manager or staff if they were unhappy or had any concerns.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the service.

There were arrangements in place to ensure people received medication in a safe way.

Risk assessments were insufficiently detailed to provide staff with the information they needed to keep people safe.

Good



### Is the service effective?

The service was not always effective.

Training for all staff was not up to date. Training in infection control and equality and diversity had not been refreshed for many of the staff.

Staff had an understanding of the Mental Capacity Act (MCA) 2005; however MCA assessments were not decision specific.

People were supported to make choices in relation to their food and drink. People were weighed on a regular basis but nutritional training had not been undertaken.

People were supported to maintain good health and had access to healthcare professionals and services.

Requires improvement



### Is the service caring?

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs

Good



### Is the service responsive?

The service was responsive.

Care records for those people on the stepping stones projected needed further development to include a support plan.

Good



# Summary of findings

People also had opportunities to take part in activities of their choice inside and outside the service. People were supported and encouraged with their hobbies and interests.

People and relatives were asked to share their views in meetings and in an annual survey. People told us that if they were unhappy they would tell the registered manager and staff.

## Is the service well-led?

The service was not always well led.

Effective quality monitoring systems were not in place to ensure the service was run in the best interest of people who used the service.

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

**Requires improvement**



# Jervaulx Road

## Detailed findings

### Background to this inspection

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

We inspected the service on 26 October 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting. The inspection team consisted of one social care inspector.

Before the inspection we reviewed all of the information we held about the service.

The registered provider was not asked 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.

At the time of our inspection visit there were 12 people who used the service. We spent time with six people. We spent time in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home and some people showed us their bedrooms.

During the visit we spoke with the registered manager, the pathways to independence lead, the training manager, the co-ordinator and two support assistants. We also spoke with a support worker who worked for a domiciliary care agency who was providing support to a person via direct payments. We also contacted a representative of the North of England Commissioning Support Unit to seek their views on the service. They reported that they did not have any concerns with this service.

During the inspection we reviewed a range of records. This included two people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

# Is the service safe?

## Our findings

We asked people who used the service if they felt safe. People told us they felt safe. One person said, "They [staff] are very kind."

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. During the inspection we spoke with staff about safeguarding vulnerable adults. Staff we spoke with were aware of the different types of abuse and what would constitute poor practice. They had confidence that the registered manager would respond appropriately to any concerns. The registered manager said abuse and safeguarding was discussed with staff on a regular basis and during supervision. Staff we spoke with confirmed this to be the case.

Staff told us that they had received safeguarding training within the last 3 years. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. One staff member said, "X [registered manager] is extremely approachable. I wouldn't hesitate in speaking to her if I was worried."

We looked at the arrangements that were in place to manage risk so that people were protected and their freedom supported and respected. We looked at the care records relating to two people who used the service. The registered manager explained to us that staff assessed all the risks or hazards each person may be susceptible to during their daily life. We saw that people had risk assessments in place for community participation, behaviour that challenges and household tasks amongst others. Staff were able to describe to us in detail how they supported people to keep safe on a day to day basis; however risk assessments were insufficiently detailed. For example one person had a risk assessment for community participation which informed that the person was vulnerable when out in the community and was at risk of being taken advantage of. The risk assessment advised for staff to offer support and guidance but didn't detail what this support and guidance was. Another risk assessment stated that the person should be supported to follow appropriate infection control measures when handling

food but the risk assessments did not describe what support or level of support was needed. The registered manager told us that they would update all risk assessments.

The registered manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records that showed water temperatures were taken regularly and were within safe limits.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, fire extinguishers, hoists and hard wiring.

We saw certificates to confirm that portable appliance testing (PAT) were up to date. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

Personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that evacuation practices had been undertaken. We saw that there had been 12 fire drills undertaken this year. The registered manager was to check that all night staff had taken part in fire drills.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. The registered manager said that accidents and incidents were not common occurrences, however had appropriate documentation in which to record an accident and incident should they occur.

The service did not have a high turnover of staff. The registered manager and staff that worked at the service had done so for some time. One new staff member had been recruited via Redcar & Cleveland's apprenticeship programme in the last 12 months. We saw that appropriate checks had been undertaken before the person started work. The staff recruitment process included completion of an application form, a formal interview, previous employer

## Is the service safe?

reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. 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 to prevent unsuitable people from working with children and vulnerable adults.

We looked at the arrangements that were in place to ensure safe staffing levels. During our visit we saw the staff rota. This showed that generally during the day there were two staff on duty and a co-ordinator. On an evening there were six staff on duty. Overnight there were two staff to support people. In addition to this the registered manager worked supernumerary during the day from Monday to Friday. The registered manager told us that staffing levels were flexible, and could be altered according to need. People who used the service confirmed that staff were available should they need them through the night. During our visit we observed that there were enough staff available to respond to people's needs and enable people to do things they wanted during the day. For example, staff were available to support people on a trip to Whitby and with other in house activities. Staff told us that the staff team worked well and that there were appropriate arrangements for cover if needed in the event of sickness or emergency. A staff member we spoke with said, "This is a great place to work and we all work as a team."

We saw that appropriate arrangements were in place for the safe management, storage, recording and administration of medicines.

We asked staff to describe the arrangements in place for the safe administration of medication. We were told that medication was checked by two members of staff when it came into the home and it was then stored securely. In addition the staff we spoke with were able to describe the arrangements in place for ordering and disposal of medication. We were shown how all medicines were organised in trolleys. There was a medicine trolley for each of the units. This storage system helped to ensure that people received their medicines safely. We asked a staff member to explain how medication was administered. We were told, that when administering medicines they for each person they took their photograph out from the medicine file and placed this on a tray. Medicines were then put onto the tray and taken to the person. Staff told us how this system reduced the risk of giving medicines to the wrong person. This showed us there were systems in place to ensure medicines were managed safely.

We saw that staff kept a record of the temperature of the fridge and room in which medicines were stored to make sure that medicines were stored at the correct temperatures.



# Is the service effective?

## Our findings

We looked at a chart which detailed training that staff had undertaken during the course of the year. We also spoke with the training manager. They told us that training in safeguarding, the Mental Capacity Act (MCA) 2005, first aid, DoLS (Deprivation of Liberty Safeguards) and food safety should be completed every three years. They told us that people movement and managing challenging behaviour should be undertaken every two years. We saw that 90% of staff had received training in first aid, 83% of staff had completed safeguarding training and 100% of staff had received training in food safety. However only 21% of staff had undertaken training in MCA and DoLS and 62% of staff had undertaken people movement training in the last three years. The training manager told us that staff should complete fire training each year. Records we were shown indicated only 38% of staff had completed fire training within the last 12 months. We asked the training manager about training in infection control and equality and diversity. We were told that this training was only provided as a one off usually on induction. Examination of records identified that staff had last completed this training over 10 years ago. This meant that staff had not had the opportunity to refresh their knowledge and skills.

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

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The registered manager was aware of DoLS to make sure people were not restricted unnecessarily, unless it was in their best interests. They had made DoLS applications to the relevant local authorities in respect of people who needed supervision and support at all times.

The registered manager and staff during discussion generally showed that they had an understanding on the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The care records we reviewed contained appropriate assessments of the person's capacity to make decisions. We found these assessments were only completed when evidence suggested a person might lack capacity, which is in line with the MCA code of

practice. Care records also described the efforts that had been made to establish the least restrictive option for people was followed and the ways in which the staff sought to communicate choices to people. For example one person was unable to go out into the community without staff, however they were seen to spend time outside in the grounds of the service on many occasions during the day. MCA assessments were evident in care records looked at during the visit and best interest decisions were recorded, however MCA assessments were not decision specific. For example there was a general MCA assessment, however nothing specific for finance, health and welfare and medicines amongst others. We had a lengthy discussion with the registered manager who told us that they would commence these assessments with immediate affect starting with the permanent people who used the service then quickly progressing to those people who received short term breaks.

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "I have done so well since I came in." Another person said, "I like coming here."

Staff we spoke with during the inspection told us they felt well supported and received supervisions and an annual appraisals. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervisions and appraisals had taken place. A staff member we spoke with said, "I've only been here since July and I have had two supervisions."

Staff and people who used the service told us that they were involved in making choices about the food that they ate. People on the Stepping Stones unit were given a weekly budget which meant that they were supported by staff to go shopping and cook their own individual meals. We saw that people planned their menus on a weekly basis. During the inspection we saw how staff prompted people with food preparation. Other people who used the service met with staff on a weekly basis to plan the menu for the week ahead.

Staff told us how they supported people with their nutrition to ensure a healthy diet. Staff were successfully supporting one person who used the service to lose some weight. We saw people were supported to eat sufficient amounts to meet their needs. We observed some people eating their midday meal and saw they were offered choice. People

## Is the service effective?

told us that they liked the food. One person said, “That was lovely.” We saw that people were able to make their own drinks and for others they were supplied with a plentiful supply of hot and cold drinks during the inspection.

We asked the registered manager what nutritional assessments had been used to identify specific risks with people’s nutrition. The registered manager told us that staff at the service weighed people regularly and where necessary made referrals to the dietician or speech and language therapist. However, staff did not complete nutritional assessment documentation. A discussion took place with the registered manager about the Malnutrition Universal Screening tool (MUST). The registered manager told us that staff at the service would undertake nutritional screening as a matter of priority

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. The registered manager said that they had good links with the doctors and community nursing service. They told us that they were in the process of organising the flu vaccination for people. Staff had asked one person who used the service if they wanted a flu vaccination and the person asked staff to tell them what this entailed. Staff had explained this to them and the person was given time to think. The person made an informed decision and told staff that they wanted to go ahead with the vaccination. This meant that staff supported people to make decisions about their health care. People were supported and encouraged to have regular health checks and were accompanied by staff or to hospital appointments.

# Is the service caring?

## Our findings

People we spoke with during the inspection told us that they were very happy and that the staff were extremely caring. We asked one person why they were happy. They said, "I have special friends." We asked this person if they liked the staff and they said, "They are special too."

During the inspection we spent time observing staff and people who used the service. On the day of the inspection there was a calm and relaxed atmosphere. When we arrived at the service we saw one person outside of the registered manager's office asking who we were. The registered manager brought the person into the office and introduced us. This showed that staff were caring. Throughout the day we saw staff interacting with people in a very caring and friendly way.

We saw that staff treated people with dignity and respect. Staff were attentive, respectful, patient and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. For example one person who used the service liked to go through the television magazine on a daily basis highlighting the programmes on television they would like to watch that afternoon and evening. Staff sat down and carefully read out all of the television programmes and highlighted the ones the person wanted to watch and told them at what time and what channel they were on. We saw that this had been done for other days. Staff were skilled with communicating with those people who had some difficulty with communication. This showed that staff were caring.

Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. Staff told us how important it was for one person to dress smartly and how they liked to wear smart trousers and a jumper. Staff told us the importance of promoting independence. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

The registered manager and staff that we spoke with showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. Staff we spoke with told us they enjoyed supporting people. One staff member said, "I love it here it is really person centred." Another staff member said, "X [registered manager] takes a real good interest in the people that live here."

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw that people were able to go to their rooms at any time during the day to spend time on their own. During the inspection two people showed us their bedrooms which they had been able to personalise. One person showed us all their posters and told us how they liked to keep their personal space tidy. This helped to ensure that people received care and support in the way that they wanted to.

Staff we spoke with said that where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw that people made such choices during the inspection day. Staff told us how they encouraged independence on a daily basis. We saw that people with prompted with their meal preparation. On one occasion a person who used the service had finished their drink and went to give staff their cup to take back to the kitchen. Staff politely encouraged the person to take the cup back to the kitchen themselves. This showed that staff encouraged independence.

At the time of the inspection those people who used the service did not require an advocate. The registered manager told us that advocates have been used previously when they were considering DoLS for two people who used the service. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Leaflets and information on advocates were available for people who used the service.

# Is the service responsive?

## Our findings

Staff and people told us that they were involved in a plentiful supply of activities and outings. The registered manager told us that the service had a minibus which took people out on a regular basis. One person said, "I've been to Whitby today. I had sausage and chips." Another person said, "I like [staff member] he takes us on all the trips out." Another person said, "I like jigsaws." The same person told us, "I like to colour." They showed us what they had coloured in that morning.

One person showed us their Halloween magazine and some Halloween models they had made. People told us they were looking forward to a Halloween party. Some people who used the service go to day centres. Some people liked to go to the cinema and another person liked to go to a theatre group for people with learning disabilities. One person who used the service has their own car and staff take the person to their family and bring them back to the service so that they can spend time with each other.

One person who used the service does voluntary work in a charity shop for two days a week and another person is to start on a cookery course. People regularly went out shopping, to cafés and for meals out. People told us they had enjoyed holidays to Blackpool and the Isle of White. This meant that the service encouraged activities that people wanted and enjoyed.

The registered manager described the service as a "Learning environment". They told us how they had installed Wi Fi and that people liked to access the internet and Facebook. They told us how they had ensured people's safety by allowing people to only access certain sites.

During our visit we reviewed the care records of two people. One of those was a person who lived at the service permanently. We saw that staff had completed a detailed One Page Profile. This is an introduction to a person that captures important information on a single sheet under three headings. This provided important information about what makes the person happy, how they wanted to be supported and what people liked and admired about them. The care records contained detailed information on how the person liked to spend their day, what support they needed from staff and this included personal preferences. This helped to ensure that people received the care and

support in the way they wanted to. Care plans had been developed and described the detailed support needed over a 24 hour period. We saw that care plans had been developed for personal care, finances, meal planning amongst others.

The second care record we looked at was that of a person on the stepping stones project. The care records contained clear goals about what the person wanted to achieve and how they wanted to live independently. The person's needs had been assessed and identified. Staff and the person had identified what the person could do independently and what they needed support with. We saw a sheet for taking care of yourself which looked at the ability of the person to change their bed, dress, undress, manage their foot and skin care amongst other areas. We saw that another area of need was health and wellbeing. This looked at the ability of the person to manage their weight and live a healthy life style. There were many more needs clearly identified such as food and nutrition, using household equipment and managing finances. Staff spent time supporting, teaching and encouraging people to be independent. They then completed the assessment of needs by documenting if the person needed verbal prompts, physical support, if they had not been able or if they had been independent. This assessment enabled staff and people to see how much progress they had made.

We saw records to confirm that staff checked people's understanding of their assessed needs. People who used the service did pictorial quizzes and staff checked these to make sure people had understood. For example we saw that a quiz had been done on dangers in the kitchen. People who used the service had to circle the risks. We saw records to confirm staff had worked with people to support them in looking after their money. Staff had checked that people were familiar with both notes and coins and did checks that they were aware of the change people should receive. These assessments and checks helped staff and people who used the service to understand the support they needed. Care records contained a detailed assessment of needs and support that people required, however it wasn't in a readily accessible format as there wasn't an actual support / care plan. This was discussed with the registered manager at the time of the inspection who said that they would develop support plans as a matter of priority.

## Is the service responsive?

During the inspection we spoke with staff who were extremely knowledgeable about the care that people received. People who used the service told us how staff supported people to plan all aspects of their life. Staff were responsive to the needs of people who used the service.

The service had a pictorial easy read complaint procedure which informed people that they should speak to the registered manager, a staff member that they got on well with, family or friend if they were unhappy. The registered

manager told us that they spoke with people who used the service regularly to see if they were worried about anything. People who used the service also met their key worker individually on a monthly basis and were encouraged to speak up if they were unhappy. Discussion with the registered manager confirmed that any concerns or complaints were taken seriously. There have not been any complaints made in the last 12 months.

# Is the service well-led?

## Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We saw that the registered provider completed an annual health and safety in July 2015. This audit looks at the premises, fire safety, equipment used, first aid, medicines COSHH and training amongst other areas. This audit failed to pick up that only 38% of staff had completed fire training and that for the majority of staff infection control training had not been refreshed.

The registered manager told us that the pathways to independence lead completed a quarterly audit of the service. This audit was based on CQC standards to make sure the service was safe, effective, caring, responsive and well led. However the last audit of the service was 9 June 2015. This meant that regular checks of the service were not carried out to assess and monitor the quality of the service provided. The registered manager told us that they undertook care plan audits on a regular basis however; there was no audit document to inform what checks the registered manager was making. Senior staff and domestics had task lists, but there was not a formal audit for infection control which described the checks to be made. This meant that the service did not have the appropriate audit documentation in place to effectively monitor quality.

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

The registered manager had reported the majority of statutory notifications to CQC in a timely manner, however hadn't notified us of two safeguarding incidents. This was pointed out to the registered manager at the time of the inspection who said that this had been an oversight. Notifications are changes, events or incidents that the registered provider is legally obliged to send us within the required timescale. The submission of notifications is important to meet the requirements of the law to enable us to monitor any trends or concerns. The registered manager had notified us of all deprivation of liberty requests to the supervisory body, including the outcome of such a request.

People who used the service spoke positively of the registered manager. One person said, "I like her [registered manager]." Everyone we spoke with confirmed that the registered manager was approachable.

The staff we spoke with said they felt the registered manager was supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One staff member said, "X [registered manager] takes a real interest in people who live here. She's fair but likes things done how they should be."

Staff told us the morale was good and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and that were encouraged to share their views. We saw records to confirm that this was the case. Topics of discussion included health and safety, staffing and staff rotas.

Staff described the registered manager as a visible presence who worked with people who used the service and staff on a regular basis. On the day of the inspection the registered manager had planned on accompanying people who used the service until we arrived unannounced.

All the staff we spoke with were clear about their role, responsibilities, expectations on them and culture and values of the home. They felt appreciated and supported by the registered provider, the registered manager and their colleagues.

The registered manager told us that people who used the service met as a group every three months to share their views and ensure that the service was run in their best interest. We were told how one person who used the person liked to bake cakes and that this had become a real social occasion. We saw records of meetings which had been simplified and included pictures to make it easier for people to read and understand.

The registered manager said that some people did not want to meet as a group as they didn't like to speak up in front of others. People who lived at the service permanently met each month with their key worker. In the meeting people were asked what makes them happy. If anything is worrying them, could anything be better and

## Is the service well-led?

anything else they may want to talk about. We looked at the meeting notes of one person who had expressed a wish to go to Blackpool. After the meeting the person went to Blackpool supported by staff.

We saw that a recent survey had been carried out for those people who lived at the service and those requiring short breaks. Parents and carers were also asked their views on

the service and care provided. The registered manager was in the process of analysing the surveys and developing an action plan. In surveys looked at during the inspection people had expressed satisfaction. The registered manager told us the results of the survey were to be shared with everyone who took part.



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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff had not received regular updates on their training to enable them to carry out the duties within their role.

### Regulated activity

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who use services and others were not protected against the risks associated with ineffective monitoring of the service. Effective governance arrangements were not in place.



This section is primarily information for the provider

## Enforcement actions

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