

Livlife Uk Ltd

The Manor House

Inspection report

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Date of inspection visit:
20 February 2018

Date of publication:
20 April 2018

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 inspection visit was carried out on 20 February 2018 and was unannounced.

At the last comprehensive inspection in January 2017 the service was rated, 'Requires Improvement.' We found the service was not meeting regulations with regard to providing care in line with the Mental Capacity Act 2005 and having systems in place to ensure quality services. We issued a warning notice against the provider. We followed up these issues in a focussed inspection in May 2017 and found improvements had been made, though further improvements were needed to ensure people were always supplied with a good, quality service. The service remains rated as, 'Requires Improvement.' The service has been rated as 'Requires Improvement' for over two consecutive comprehensive inspections.

At this inspection, we found the provider had continued to make improvements to the care provided. The provider had made improvements to systems and processes for monitoring and evaluating the quality of care but this area required further development. Some shortfalls identified during this inspection had not been identified through audits and checks. The provider had failed to make sufficient, sustainable improvements to the quality of the service. The overall rating for this service remained 'Requires Improvement.'

The Manor House is a 'care home' without nursing. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Manor House accommodates up to 16 people across two floors and is situated in the Littleover area of Derby. The service primarily supports people living with a learning disability and mental health needs. At the time of our inspection, there were 16 people using the service, including one person who regularly used the service for respite.

The service had a registered manager. 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 promoting a positive culture in the service that was focussed upon achieving good outcomes for people. They had identified where improvements were required and had taken steps to make some changes and develop the service. Further improvements were needed to ensure people were provided with good care as a minimum standard.

Staff demonstrated a good understanding of actions they needed to take to keep people safe. Records showed potential risks to people had been assessed, but did not always include the detail and guidance regarding the measures staff needed to take to reduce risks or reflect people's current needs. People

received the support they needed if they became distressed or were placing themselves and others at risk of harm.

People were supported to have sufficient to eat and drink. Care records did not include detailed information and guidance for staff to support people to manage their health conditions. However, staff demonstrated they were knowledgeable about people's needs and supported people to access a range of health services to maintain their health and well-being.

People's care plans did not always include the information staff needed to provide personalised care. There were limited records to demonstrate how people had been involved in the review of their care. However, staff demonstrated they had good knowledge about people's life histories, likes, dislikes and preferences.

Staff had completed training to enable them to recognise signs and symptoms of abuse and felt confident in how to report concerns.

Staff were protected from the risk of unsuitable staff because the provider followed safe recruitment procedures. There were enough staff available to meet people's needs as assessed in their care plans.

People were supported to take their medicines safely and as prescribed. Systems were in place to support staff to follow safe infection control procedures to prevent the risk of infection when providing care.

The provider reviewed accidents and incidents and took action to ensure lessons were learnt to avoid future harm.

Staff completed an induction process when they first started working in the service. They received on-going development training and supervision for their role. The registered manager reviewed and evaluated training to ensure it was effective. They had planned further training to ensure staff skills and knowledge were based on current best practice.

People were supported to make decisions and choices about their care. Staff understood the principles of the Mental Capacity Act 2005 (MCA), sought consent before providing care and respected people's right to decline care and support.

The provider was in the process of upgrading the premises to improve the facilities for people using the service.

People were treated with kindness, respect and compassion and they were given emotional support when needed. Staff demonstrated they understood the importance of upholding people's right to privacy and dignity.

Staff supported people to express their views and be involved in making decisions about their care as far as possible. This included consulting relatives and access to independent advocates if necessary.

People were supported to engage in a range of activities and provided with opportunities to be involved in the local community.

People and relatives told us they felt comfortable in raising concerns and complaints and had confidence in the registered manager to take action to resolve them.

You can see what action we told the provider to take at the back of the full report. Full information about CQC's regulatory response to the concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Staff understood how to keep people safe. Improvements were needed to risk assessment records. Records did not include sufficient information about the risks people faced and measures needed to reduce the risk of harm. Records were not managed or reviewed to reflect people's current needs and keep people safe from harm or injury.

There were enough staff to meet people's needs. Appropriate checks were carried out to ensure staff were suitable to work in the service.

People were supported to take their medicines safely and as prescribed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were supported to maintain their health and wellbeing. However, records did not provide the detailed guidance and information staff needed to support people to manage their health conditions. Assessments of people's needs were not consistently completed before people began to use the service.

People were supported to have enough to eat and drink.

Staff were supported through a training and supervision programme.

Staff understood the principles of the Mental Capacity Act 2005, including gaining consent to care and people's right to decline their care.

Is the service caring?

Good ●

The service was caring.

People spoke positively about the staff.

Staff understood the most appropriate methods to communicate and share information with people and were knowledgeable about the people they supported. People were involved in developing their care.

Staff protected people privacy, dignity and confidentiality and were respectful to people.

Is the service responsive?

The service was not always responsive.

Improvements were needed to ensure care plans included sufficient detail and guidance for staff to meet people's current needs.

People had access to varied activities.

The provider had a system in place to receive and monitor any complaints.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The provider had not made sufficient, sustainable improvements to provide Good care as a minimum for people using the service.

Arrangements had been made to assess, monitor and improve the quality and safety of the service. We found some audits were not always effective in identifying where improvements were required.

There was a registered manager in place who was promoting an open culture in the service. Staff were supported to understand their roles and responsibilities and had developed good team work.

The provider had been rated as 'Requires Improvement' for over two consecutive comprehensive inspections.

Requires Improvement ●

The Manor House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 20 February 2018 and was unannounced. The inspection was conducted by one adult social care inspector and an expert-by-experience.

An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information we already had about the provider. Provider's are required to notify us about specific events and incidents that occur in the service. We refer to these as notifications. We contacted commissioners, responsible for funding some of the people using the service, to gain their views on the care provided.

During this inspection we spoke with six people who used the service. We also spoke with the registered manager, the acting deputy manager, the nominated individual and three care staff.

We reviewed four people's care plans and care records to see if people were receiving the care they needed. We looked at four staff recruitment and training records. We observed care and interactions between people and staff in communal areas. We sampled the provider's quality assurance and audit records to see how they monitored the quality of the service and other records related to the day-to-day running of the service.

Is the service safe?

Our findings

People told us they felt safe using the service. One person told us, "I feel safe because the staff are nice and make me happy. This makes me feel safe." Another person told us, "They [staff] help me quickly if something goes wrong. If I get upset, they [staff] come to me. I can tell the [registered] manager if something is wrong and she tries to sort it out." A third person told us they felt safe with how staff helped them. This included how staff supported them to walk around the premises.

Staff were able to tell us about the signs and types of abuse. Staff were confident about how they would report any allegations or actual abuse. One staff member said, "I am aware of who is at risk. For example, people who use non-verbal communication. I know them really well and would monitor for any differences [in behaviour and response]." Staff told us they felt confident to discuss any concerns that they may have about poor care with the registered manager and felt confident they would be listened to and appropriate action taken.

Most staff demonstrated they were aware of external agencies they could take their concerns to outside of the service. One staff member was not aware of where they could go to and told us they would use the internet to look it up. The provider's safeguarding policy included current guidance and best practice for staff to follow. Staff had attended safeguarding training to protect people from harm and abuse. We discussed the staff member's lack of awareness of external agencies with the registered manager. They told us they would ensure all staff were aware of where they could find information including contact details to support them to raise concerns outside of the service.

People's care plans included an assessment of risk in relation to people experiencing potential abuse and their ability to understand abuse and how to raise concerns. Records guided staff on possible indicators of abuse and the measures needed to protect the person. For example, where one person was assessed as being at risk of financial abuse, measures included robust records of income and expenditure and independent appointees who managed and monitored the person's finances on their behalf. This helped to raise staff awareness of their role in protecting people from harm and abuse who may not understand how to raise concerns for themselves.

Records identifying and assessing the potential risks for people required improvement. Care plans contained risk assessments for areas such as falls, mobility, skin integrity and nutrition. We found records did not always include the detailed information and guidance staff needed to keep people safe from harm. Records were not consistently updated to reflect changes in people's needs and in potential risks. For example, one person's needs had changed which had resulted in changes to their mobility and the way care should be provided. Their risk assessments had not been updated to reflect these changes. Another person required equipment and support to enable them to transfer, for example from their bed to a wheelchair. Records did not include details such as the type of hoist and size and type of sling, and how staff should support the person during transfers. Where people were at nutritional risk, assessments were not always in place to guide staff as to what they needed to do to reduce this risk. Monitoring records, such as weight charts, were not consistently completed to enable staff to identify when people were at risk. This lack of

information and guidance could potentially place people at risk of harm.

Despite this lack of information in records, staff demonstrated a good understanding of how to keep people safe. Staff were able to explain about the equipment they used to support people and key risks. For example, one person was at risk of harm because they adjusted their position to 'slump' in their wheelchair. Staff showed awareness of this. We saw they approached the person in a timely manner when they observed the person had put themselves at risk, and took the person to their room to support them to adjust to a safer position. The person required specific supports on their wheelchair to prevent them from falling and we saw staff had fitted these. Where a person required support to walk using a walking frame, we saw staff made sure the frame was always in reach for the person. Where people were at nutritional risk, records showed staff had made referral to appropriate health professionals, such as dieticians and GP.

We discussed risk assessment records with the registered manager. They told us they would take action to update all risk assessments to ensure records reflected people's current needs and risks and were underpinned by up to date written guidelines.

Some people could demonstrate behaviours that may challenge. The registered manager told us staff were skilled at supporting people during these times and did not discriminate against them because of it. Staff maintained records of incidents and these were reviewed to ensure staff were supporting people to manage their behaviours consistently. Records showed incidents where people demonstrated behaviours that may challenge reduced when people began to use the service. For example, we reviewed a person's daily care records where their pre-placement assessment had identified frequent incidents of behaviours that challenge. Records showed incidents of behaviours that challenge had markedly decreased and the person was reported as less anxious and happier. This was due to staff responses and interactions when communicating with the person. We saw the person responded positively to staff interactions, smiling and participating in day to day activities.

Although staff were effective in supporting people to manage behaviours that challenge, records did not always provide information and guidance staff needed. For example, one person's care plan did not include any strategy or guidance for staff in how to respond to their behaviour. This is important for new staff who may not be familiar with the person's needs, and to ensure staff responded consistently in supporting the person. The registered manager told us they would ensure records were updated to include this information.

The service employed a maintenance person to undertake audits, check and maintenance relating to areas such as fire safety records, safety equipment, gas safety and portable appliances. Contingency plans were in place in case people needed to evacuate the service in an emergency. Each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information about the support they needed in evacuate. We found one person's PEEP had not been updated to reflect changes in their mobility and increased staff support. The registered manager told us they would update this record and ensure all PEEP reflected people's current needs following our inspection.

People told us they felt there were enough staff around to meet their needs. One staff member told us, "There are enough staff around. The numbers of staff reflect what's needed each day. For example, when people need staff support to go out on activities, more staff are put on the rota. We don't use agency, we usually cover for each other [for absence]. If we have short-notice absence and can't get cover, [name of registered manager] or [name of deputy manager] will come in and work with us." Another staff member told us, "There is enough staff, we are not rushed." We reviewed staffing rotas which confirmed the staffing levels we saw were the usual ones, with exceptions according to day-to-day demands.

We reviewed staff recruitment files. These included application forms with a history of employment, proof of identification and Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work in care and support services, and helps employers to make safer recruitment decisions.

People were supported to manage their medicines safely. People who required support to take their medicines told us staff supported them to take their medicines 'on time' and in the way they preferred. Two people told us they were confident staff knew what medicines to give them and always checked to see they had taken the medicines. People's care plans included an assessment of the support they needed to manage their medicines.

Medicines were stored safely. Medicine administration records (MAR) included a photograph of the person, details of the person's current medicines and any allergies. Records we sampled had been completed and signed by staff. This included appropriate use of codes where people had declined their medicines or had been supported to take their medicines whilst out in the community. This is important to demonstrate people were supported to take their medicines on time. Where people were prescribed topical medicines, such as creams and lotions, these were supported by body maps to guide staff on the correct area of application.

One person required their medicines to be administered disguised in food and drink (covert medicines). This was because the person regularly declined their medicines which had an adverse effect on their health and well being. Staff told us health professionals had authorised this in consultation with the person's family as being in their best interests. Records showed a health professional and recorded this authorisation on the person's MAR from hospital. We recommended that staff obtain a full, written protocol from the health professional or person's GP. Protocols should include the reason for the covert medicines as a best interest decision and advise on any food and drinks which should not be used due to adverse effects. Protocols should also be kept under review as people's needs may change. The deputy manager told us they would obtain the protocol from the relevant health professional.

The deputy manager told us people's medicines had recently been reviewed by their GP. As part of this process, people who had been prescribed regular pain relief medicines now had these prescribed as and when required [PRN]. This helped to ensure people were not 'over-medicated.' The registered manager was in the process of implementing protocols to guide staff as to how to identify when people required these medicines. This included how people indicated they were in pain, particularly where they used non-verbal communication.

Staff who administered medicines told us and records confirmed they had completed training to administer medicines which had been approved by the pharmacist. They told us further training was planned to ensure their knowledge was up to date with best practice.

People told us and we observed staff followed infection control procedures to prevent the risk of infection. People's comments included, "Staff wear gloves when they help me and they have to wear aprons," "I see staff wear aprons and gloves all the time," and "I see staff wash their hands before helping me [with food and drink]. We put our hands under the tap together." We saw staff wore clean gloves and aprons when supporting people with their personal care, administering medicines and preparing meals. Staff were able to access a supply of gloves and aprons through dispensers in communal areas and bathrooms. Hand sanitizer dispensers were available in communal areas. People were cared for in a safe and clean environment. The premises were hygienic and odour free. The kitchen had a three star rating awarded by the Food Standards Agency which meant food safety standards were satisfactory.

We reviewed laundry arrangements. Although arrangements were in place to manage soiled laundry safely, the laundry room did not support staff to ensure the area was hygienic. We saw walls had not been decorated, with one wall exposing breeze blocks. The nominated individual told us the provider had arranged for the urgent completion of this room as a priority following recent building works.

The registered provider had arrangements in place for reporting and reviewing accidents, incidents and near misses. This included identifying any lessons to be learned. Following a person sustaining an injury in a shower room, the provider had closed the area and developed the premises to build a walk-in shower room. People and staff were positive about this improvement and felt it had reduced the risk of further harm for people. This demonstrated that the provider made improvements and looked at what lessons could be learned when things went wrong.

Is the service effective?

Our findings

People told us they had confidence that staff had the skills and knowledge they needed to help them in the way they preferred. One person told us, "Most of them know what they are doing. Some chat more than others, just get on with it. I like the ones that chat." The person told us that all staff checked that she was happy to have care before they provided it. Another person told us, "Staff know I like to do certain things. They help me to do them." They told us staff were helpful and did things how they wanted them to be done.

People's needs were assessed during an initial assessment prior to them using the service. We found records were not always sufficiently detailed to provide the information staff needed to ensure they were meeting people's needs. For example, for one person the registered manager had provided staff with a copy of the local authority assessment of need. However, records did not demonstrate if the registered manager had completed their own assessment to ensure the information provided was accurate and reflected the person's current needs. Whilst staff demonstrated good knowledge of people's needs, the lack of records presented a risk that new staff may not have this information or that staff provided inconsistent care and support. The registered manager told us they would ensure their assessments were clearly recorded in people's care plans.

People had access to on-going healthcare. Records showed people's health needs were regularly reviewed by the GP and a range of health care professionals, including district nurse and mental health team. One person was able to explain how staff were supporting them to achieve a goal to lose weight in order to stay healthy. They told us, "They [staff] took me to my doctor who suggested this and the staff are supporting me. They explained to me why it was a good idea and I agreed with it. I've been dieting slowly and I'm gradually losing weight. I feel better than before." Staff demonstrated they were aware of and understood how to support people with specific needs associated with their health conditions.

Records that we reviewed did not include the details and guidance for staff to support people to maintain their health and well-being. For example, one person used a catheter to support their continence. Their care plan did not include any guidance for staff to support the person to maintain this safely or on any risks associated with this equipment. Another person experienced epilepsy. Their care plan did not include guidance for staff on the nature of the seizures the person may experience to support staff to recognise when the person was experiencing a seizure. This information is important to enable staff to summon medical assistance quickly in the event people experienced health emergencies. Although staff demonstrated awareness of this information, there was a potential risk staff may not respond consistently or effectively due to the lack of clear information and guidance. The registered manager told us they would update care plans to include this information in records.

Staff told us they had completed the required skills and knowledge to support people living at the service. One staff member said, "I've recently completed moving and handling, food hygiene, first aid and mental health. I'm currently working through a booklet for dementia to help me understand this and I'm near to completing it. We are supported to develop through NVQ's (vocational training in care)." Another staff member told us, "I have prior training from where I worked before but still did refresher training, such as

moving and handling as part of my induction and shadowed [worked alongside] other staff for a week. This helped me to learn about people's care needs and be introduced to them before I started to support them."

The registered manager told us they had undertaken a full review of staff training. As a result they had stopped much of the e-learning training as they felt this was not meeting staff learning needs. Training was now primarily delivered face-to-face with an established external trainer and feedback from staff was positive. They told us they were in the process of starting all staff on the Care Certificate. The Care Certificate is a set of nationally recognised standards which supports staff to understand behaviours and values expected and achieve minimum working standards. The registered manager told us they completed essential training alongside staff so they had up to date skills and knowledge. The provider maintained records of training staff had completed and when this needed to be updated. Records showed further training had been arranged, including end of life, diabetes and behaviours that may challenge. This on-going training helped to enable staff to fulfil the requirements of their role. Planned training would help to ensure staff knowledge and skills were in line with best practice for people living with a learning disability and people who may have behaviours that challenge.

Staff told us they received good support and supervision from managers which helped them to develop in their role. Staff spoke of formal and informal supervision where managers checked on their welfare as well as providing guidance on their development in their role. The registered manager told us they had implemented a new schedule of supervisions, where staff could choose which manager they wanted to undertake their formal supervision. The aim was to put staff at ease and support them to be open and forthcoming in supervision sessions to make it a positive experience.

People were supported to have enough to eat and drink and encouraged to maintain a healthy, balanced diet. People spoke highly of the food and felt there was enough to eat at mealtimes. People were able to choose between a choice of two meals or an alternative choice of their own. We saw people were able to choose what they wanted to eat and drink and staff demonstrated a good understanding of each person's favourite foods. For example, one person indicated they wanted something through non verbal communication. Staff responded with choices of food they knew the person enjoyed and the person responded positively to this, indicating this was what they wanted.

Where people were at nutritional risk, for example from the risk of choking, we saw staff provided support to reduce the risk in line with professional dietary guidance. This included cutting food into smaller, bite-sized pieces and adding thickener to drinks. People were able to eat their meals at their own pace and told us they enjoyed their meal times. Staff supported people to have drinks throughout the day. Where people said they wanted to make their own drinks, staff provided appropriate support and supervision.

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).

People told us staff consulted with them and asked them before helping them. They told us staff helped them make day to day choices and other decisions were made by their family. Staff demonstrated they

sought consent before supporting people and respected people's right to decline care and treatment, for example personal care or medicines.

Records showed mental capacity assessments had been undertaken for people. Assessments included if people were able to understand their rights, their ability to consent to care, how they made decisions and choices and any representatives involved in their care. This helped to ensure people received appropriate support to make choices and decisions about their care.

The registered manager had worked with the local authority to make referrals under DoLS. This was to ensure that, where people were being deprived of their liberty this was done in the least restrictive way possible. We saw authorisations were in place where people required constant supervision or were unable to consent to living in a care home. The registered manager kept records of all DoLS authorisations, including when they were due to expire to ensure authorisations were reviewed and new applications made if required. We saw applications for reviews of authorisations were not always submitted in a timely manner. For example, one application for review of a DoLS authorisation had been made 5 days before the expiry date rather than the 21 days notice required. The registered manager told us they would ensure applications were submitted in a more timely manner.

People told us they felt able to move freely around the service and there were no areas that they struggled with. One person told us, "It's easy to get around and I can get to my bedroom safely." Another person told us, "They [staff] asked everybody what we liked (around the premises). There is nowhere that is difficult to get to." The provider was in the process of upgrading the premises. This included the relocation of an assisted bathroom and a new ground floor wet room. Building work was in progress to provide two new rooms on the ground floor. People and staff were positive about the changes. People were able to access the first floor via a stair lift and were able to choose from the main lounge or quieter dining or activity areas. This supported people's need to move around the premises as independently as possible.

Is the service caring?

Our findings

People were positive about the care staff provided. Comments included, "They [staff] treat me well and are kind to me. They look after me well," "They are nice, yes," "Staff are friendly and helpful. I wouldn't want to live anywhere else," and "They are kind to everybody, all of them."

Staff understood the best communication methods for people and were knowledgeable about the people they supported. For example, some people used non-verbal communication. These were individual communication methods based on adapted signs, symbols and gestures. We saw staff were at ease communicating with people and checked that they had understood people correctly throughout conversations. This supported people to be involved in their care and make day-to-day decisions and choices.

People told us staff knew them well. One person said, "The staff know I like dancing so they put music on and dance as often as we can." Another person told us, "They [staff] put films on for us, they know I like films. They know I am afraid of the dark so they leave the bedroom door open at night as I don't like it closed." Staff demonstrated a person-centred approach when providing care and support and were knowledgeable about people's likes, dislikes and interests. For example, they were able to discuss the importance of people pursuing hobbies and interests in the community or attending social activities. Staff knew when people needed time alone or when they needed company and stimulation. Staff talked with people and we saw shared humour. This encouraged a relaxed and informal atmosphere in the service.

People were treated as individuals and supported to make decisions and choices about the way they wanted things to be done. One person told us, "We [staff] talk about everything and I can say how I want things. The staff take things slowly and it's better like that." Another person told us their relative was involved in their care plan and healthcare. The service supported people to access advocates where they had no representatives. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard. Records showed advocates were involved in developing care plans to support people to express their preferences and wishes.

Visitors were welcome at any time. People told us their relatives were able to visit when they wished and people were supported to spend time with their families inside and away from the service.

People told us staff didn't rush them. One person told us, "They [staff] are very patient. They help me to go on the chair lift." They told us they were never rushed or made to feel that they were taking too much time. Staff spoke fondly about the people they supported and told us they had enough time to provide the care people needed. Staff told us staffing levels were flexible to support people to attend appointments and activities in the community and this was confirmed in records we saw.

We observed staff provided time to support people to do as much as possible for themselves. For example, one person dropped an item and attempted to pick it up for themselves. Staff encouraged the person to do this, encouraging them and helping them only when it was clear the person was struggling. Three people

told us staff supported their independence by ensuring they were able to get to college and clubs each week. Staff also encouraged people to be involved in the day-to-day running of the service, such as household tasks and meal times.

Staff knew how to provide care in a dignified way and closed doors and curtains to maintain people's privacy. One person told us "Staff do knock before entering my room." They told us staff put a towel around them to protect their dignity when they were in the shower and made sure the bedroom door was closed. Staff addressed people respectfully by their preferred name and held confidential conversations in private. People's records were stored securely and only accessed by appropriate staff.

Is the service responsive?

Our findings

At our previous inspection we found inconsistencies in people's care records and in the frequency of care plan reviews. Although improvements had been made, this still required further development.

Three out of the four care plans we looked at did not provide enough detail for staff on how to meet people's physical needs. In one person's care plan it was documented that they now used a catheter and needed staff support to manage their catheter care. This was confirmed by the person who told us they let staff know when the catheter bag needed to be changed or emptied. This information had not been included in the person's care plan which simply stated the person had a catheter. The signs and symptoms for staff to observe to ensure the person was following safe catheter care and details of any preventative action staff needed to take had not been documented. We noted that the care plan for a person who experienced epileptic seizures did not describe the nature of seizures, potential risks to the person or actions staff needed to take in the event that the person experienced a seizure, other than summoning GP if seizure lasted for longer than a certain time. This was of particular relevance as the person did not always comply with their medicines and the risk of seizures had increased in recent weeks. The registered manager told us they would update care records to ensure this information was included in people's care plans.

One person had been assessed by external agencies as sometimes displaying behaviours that may challenge. We found this person, who had recently begun to use the service, did not have a care plan providing information and guidance as to the care staff should provide to meet this person's needs. Care records showed that staff monitored the person's well-being on a daily basis and the person was happy and settled with only one minor incident of behaviours that may challenge. Despite the lack of information in the plan, staff knew this person well. We observed how staff interacted in a proactive way, speaking calmly and responding well to the person's signs and gestures. The person responded positively to staff interactions.

Some sections of care plans we looked at were more person centred than others. For example, one person's care plan included information about the person's likes and dislikes, how they liked their care to be provided, choice of gender of carer and what they liked to have around them. This information helped staff to provide personalised care. However, a second care plan included what support the person needed but did not provide details of how this was to be provided. The information had not been updated following a change in the person's needs.

Care plans did not always include details of people's life history or significant events prior to moving to the service. However, staff demonstrated they knew people's needs and understood how best to meet them. They knew about people's life histories, their physical, mental and social needs and were able to discuss these with people. The registered manager told us they would address the inconsistencies in care records and ensure they correlated with the detailed knowledge of the staff.

Records did not show people and their representatives had been involved in care reviews. The registered manager told us they maintained a record of care review meetings in their personal diary, including any key outcomes of follow up action. This was confirmed in the records they showed us. We saw people and their

representatives attended meetings. The registered manager told us they would ensure care review meetings were clearly recorded in people's care plans.

People had access to a range of varied activities. People told us they were supported to go out to clubs and colleges in the community to pursue hobbies and interests such as gardening, cooking, drama, swimming and further education. People were supported to attend their preferred place of worship and this was included in people's care plans.

On the day of our inspection, the activities co-ordinator had arranged arts and crafts for the morning. This included colouring, decorating and filling gloves with materials to make 'moulded hands.' We saw people were supported to participate in these activities and responded positively to the tactile materials used. People were proud to show us the work they had made. Where people declined to be involved in the activities, this was respected and staff supported the person to follow their interests, such as colouring or reading. In the afternoon, staff put a film on for people to watch and listen to; although some people told us and staff they found this boring. As a result of this feedback, a staff member responded by encouraged people to be involved in throwing and catching a soft ball to each other. We saw people became animated and engaged with this activity, which encouraged people to move and walk about. Some people were happy to observe and shouted words of encouragement and support.

People had some access to technology through their community activities and through staff support. One person told us, "I am not confident using computers. If I want to use a computer, staff help me." They told us they liked pictures and staff helped to find the pictures they liked on the computer. Another person had a monitor fitted to their bed which alerted staff if they required assistance during the night.

People were supported to maintain contact with their family and friends and therefore were not isolated from those people closest to them. Staff recognised and respected people's rights to have friendships and relationships with people and they supported. Visitors were welcomed at any time and could meet in communal areas, quieter areas or people's rooms.

The Accessible Information Standard (AIS) is a framework put in place from August 2016, making it a legal requirements for providers to ensure people with a disability or sensory loss can access and understand information they are given. Several people using the service required information in specific formats due to their disability or sensory loss. One person had a communication book to enable staff to provide information in their preferred format, which was a form of sign language. Other people told us they preferred staff to explain information to them directly. The provider did not have a policy on AIS in place detailing how they were able to support people falling under the AIS to access the information they needed. Following our inspection visit, the registered manager told us they would implement the policy and review how people were provided with information.

People told us they knew how to raise any concerns or complaints. One person told us, "I like the [registered] manager but if I'm not happy about something, I speak to [name of care staff] as I feel most comfortable with them." Another person told us, "If you've got any problems, you can just go to [name of registered manager]. She's good and useful." People told us they felt listened to and were confident their concerns would be "sorted out".

At the time of our inspection, the provider had not received any complaints. The complaints policy was available to people and their representatives through the service user guide. The policy provided clear information about how to raise any concerns and how they would be managed. Contact numbers for external agencies were included which supported people to understand where they could escalate their

concerns if they were not satisfied with the outcome of their complaint.

The registered manager and staff had recently supported a person through the end of life pathway. They were able to describe how they worked in partnership with other agencies to ensure the person received quality care in line with their preference, which was to remain in the service. The service received recognition and praise from a local authority commissioner for the care they had provided. Staff involved and supported relatives during the process and continued to support them following end of life. The registered manager told us they had arranged for specialist training for staff to ensure all staff were comfortable and confident to support people who required end of life care in future.

Is the service well-led?

Our findings

Although we found improvements had been made since our last inspection, the overall rating for this inspection remained 'Requires Improvement.' This is because improvements were not always embedded into staffing working practices and therefore the provider was unable to demonstrate that improvements were sustainable at the time of our inspection. The provider had been rated as 'Requires Improvement' for over two consecutive comprehensive inspections.

The provider had made improvements to systems and processes for monitoring and evaluating the quality of care but this area required further development. Some shortfalls identified during this inspection had not been identified. For example, audits of care plans and records carried out in December 2017 did not identify the inconsistencies in people's care plans and records, or that records did not always provide the information and guidance staff needed. The registered manager and nominated individual provided assurances that the shortfalls identified at this inspection would be addressed as a matter of priority.

This failure to demonstrate sustainable improvements to achieve a Good rating is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager in post. They were supported by senior care staff and the nominated individual. A nominated individual is a person who has responsibility for supervising the way that the regulated activity, in this case personal care and accommodation, is managed. There was a clear leadership structure in place that was both supportive and encouraged others to be included in decisions making and information sharing.

Staff told us both the registered manager and the nominated individual had an open approach and were supportive. Staff spoke about improvements in the service and the positive effect these had had on people and staff. Comments included, "[Name of registered manager] is running things well. People are a lot calmer because they are receiving more consistent care. For example, we've noticed that challenging behaviours have reduced. There is better communication now and we can make suggestions to them [managers]. We work together and try new things. Workloads are more equal now and we work well as a team. We do still carry a lot of information in our heads, though this is getting better," "I feel supported by my managers, they check how I am. The service is well run, there is always someone there and if people need anything, they have it," and "There have been massive changes. The [registered] manager makes sure people are happy. If things are not right, they [registered manager] sort it out. We are kept informed and we can approach [name of registered manager] at any time." Staff spoke about enjoying their work and feeling appreciated in their role.

The registered manager encouraged an open line of communication with their team. Regular staff meetings were held. We viewed minutes of meetings held in October 2017 and January 2018. Issues directly involving the running of the service were discussed, such as infection control and food hygiene. Areas where improvements were required were also discussed. For instance, improvements in managing medicines and in working practices. This helped to ensure staff were kept up to date with operational issues and involved in

where the service needed to improve.

People were supported to share their views individually or through meetings. We looked at minutes of the last meeting held in November 2017. Records showed people were encouraged to share their views on day-to-day issues and about key events that were planned. People were asked if they were happy with the care they received or if they wanted any changes. The registered manager had not sent any satisfaction surveys to people and their representatives. They told us they planned to send surveys out in the near future.

The registered manager and staff told us the staff team worked well together. Staff told us they recognised and respected the diversity in the staff team and felt treated equally by management. One staff member told us that the staff team worked well together. On the occasions when friction developed between staff, the registered manager quickly intervened and worked with staff to resolve issues so they were not left to fester.

All services registered the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. The registered manager was aware of incidents and events that they are required, by law, to tell us about. The registered provider had ensured the current ratings for the service were displayed in a prominent place in the service.

The registered manager and nominated individual were able to describe improvements they had made and further improvements planned. Improvements made included systems and processes for staff to follow which had resulted in positive changes to the culture of the service and more effective communication and organisation. The registered manager was reviewing staff training and development to ensure staff had the skills and knowledge they needed to fulfil the expectations of their role. This included training on the importance of documentation and record keeping. The provider was in the process of completing upgrade works to the premises to improve facilities for people.

The provider and registered manager had worked with commissioners from the local authority, responsible for funding the care for people using the service, to bring about improvements. Commissioners told us they had identified significant improvements within the service since our last inspection. Further improvements were needed to ensure expected and required standards were achieved and maintained.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to bring about sufficient, sustainable improvements to improve the quality of the service.</p>