Integrity Home Care Ltd

Stubblefields House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 18 October 2016 and was unannounced.

We carried out an announced comprehensive inspection of this service on 8 May 2015. At this inspection we identified two breaches of regulation. This was because medication had not been recorded safely and the quality assurance systems had not identified or resolved issues with poor record keeping. We asked the registered provider to take action to make improvements to Regulation 12: Safe care and treatment and Regulation 17: Good governance. After the comprehensive inspection on 8 May 2015 the registered provider wrote to us to say what they would do to meet the legal requirement in relation to the breaches of regulation.

Stubblefields House is registered to offer accommodation and care for up to 10 people. The service supports younger and older adults who have a learning disability or autistic spectrum disorder.

The registered provider is required to have a registered manager in post and on the day of the inspection the manager who was employed at the home was registered with the Care Quality Commission (CQC). 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.

People told us that they felt safe living at the home. We found that staff had a good knowledge of how to keep people safe from harm and staff had been employed following robust recruitment and selection processes. Improvements had been made to the management of medicines in the service and people received these on time and as prescribed.

We raised concerns with the registered manager about visitors being able to access the premises without a member of staff being present, as on arrival we were able to walk into the service without staff being aware of our presence for at least 10 minutes.

Improvements were made to the number of staff employed in the service. Recruitment was on-going to ensure enough staff were employed to meet the needs of people who used the service and the registered provider anticipated that this would be completed by November 2016

New staff were given a one-day induction to the service. From the paperwork made available and comments received from the staff we found that this was not in-depth, but did cover the basics of health and safety and working in the home. Work was on-going to embed more robust induction processes in the service.

Staff received a range of training opportunities and told us they were supported so they could deliver effective care; this included some staff supervision and monthly staff meetings. Work was on-going to

embed more frequent supervision and appraisal sessions in the service.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. The plans of care were individualised to include preferences, likes and dislikes. People who used the service received additional care and treatment from health professionals based in the community. People had risk assessments in their care files to help minimise risks whilst still supporting people to make choices and decisions.

People received adequate nutrition and hydration to maintain their levels of health and wellbeing. They told us they were satisfied with the meals provided by the service. People had been included in planning menus and their feedback about the meals in the service had been listened to and acted on.

People were able to see their friends and families as they wanted. There were no restrictions on when people could visit the service. People spoken with said staff were caring and they were happy with the care they received. They had access to community facilities and most participated in the activities provided in the service.

We observed good interactions between people who lived in the service and staff on the day of the inspection. We found that people received compassionate care from kind staff and that staff knew about people's needs and preferences. People were supplied with the information they needed at the right time, were involved in all aspects of their care and were always asked for their consent before staff undertook support tasks.

People's comments and complaints were responded to appropriately and there were systems in place to seek feedback from people and their relatives about the service provided. We saw that the registered manager met with people on a regular basis to discuss their care and any concerns they might have. This meant people were consulted about their care and treatment and were able to make their own choices and decisions.

We observed that the culture of the service was open and friendly. Staff told us about the positive team approach and that they enjoyed coming to work. People said the registered manager was open, honest and easy to talk with and always available to them if needed.

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

Some aspects of the service were not safe.

We raised concerns with the registered manager about visitors being able to access the premises without a member of staff being present.

There were processes in place to help make sure the people who used the service were protected from the risk of abuse and the staff demonstrated a good understanding of safeguarding vulnerable adults procedures. There were enough staff on duty to meet people's needs.

Improvements had taken place with regard to management of medicines and these were being administered safely.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective.

The induction for new staff was not in-depth, but did cover the basics of health and safety and working in the home. Work was on-going to embed more robust induction processes in the service. Staff received a range of training opportunities and told us they were supported so they could deliver effective care. Work was on-going to embed more frequent supervision and appraisal sessions in the service.

People reported the food was good and that they had a choice of quality food. We saw people were provided with appropriate assistance and support and staff understood people's nutritional needs. People told us that they received appropriate healthcare support. Staff were aware of the requirements of the Mental Capacity Act 2005.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

The people who used the service had a good relationship with the staff who showed patience and gave encouragement when supporting individuals with their daily routines.

We saw that people's privacy and dignity was respected by the staff and this was confirmed by the people who we spoke with.

The people who used the service were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day to day needs.

Is the service responsive?

Good

The service was responsive.

Care plans in place outlined people's care and support needs. The staff were knowledgeable about each person's support needs, their interests and preferences in order to provide a personalised service.

The people who used the service were able to make choices and decisions about their lives. This helped them to be in control and to be as independent as possible.

The people who used the service were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

Is the service well-led?

Requires Improvement

Some aspects of the service were not always well led.

Improvements had taken place in regards to quality assurance systems within the service. However, some aspects of improved practice still required embedding into daily routines.

The registered manager made themselves available to people and staff. People who used the service said they could chat to the registered manager and staff and people also said the registered provider was approachable.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with the registered manager or the registered provider.

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Detailed findings

Background to this inspection

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

This inspection took place on 18 October 2016 and was unannounced. The inspection team consisted of one adult social care (ASC) inspector.

We looked at information we held about the service, which included notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. As part of the inspection process we contacted the East Riding of Yorkshire Council (ERYC) Contracts and Monitoring Department and ERYC Safeguarding Team who informed us that there had been a monitoring visit in August 2016 due to concerns raised with the CQC, which had been shared with ERYC. A number of recommendations had been made in their report and a formal improvement notice and action plan was in place.

We asked the registered provider to submit a provider information return (PIR) prior to the inspection and this was returned in August 2016 within the given timescale. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At this inspection we spoke with the registered manager and the deputy manager. We also spoke with one member of care staff and then spoke in private with three people living at the service and chatted to three other service users. We observed the interaction between people and staff in the communal areas and during mealtimes. We did not use the Short Observational Framework for Inspection (SOFI) as the majority of the people who used the service were able to communicate with us. Short Observational Framework for Inspection (SOFI) is an observational tool used to help us collect evidence about the experience of people who use services, especially where people may not be able to fully describe this themselves because of cognitive or other problems.

Requires Improvement

Is the service safe?

Our findings

At our comprehensive inspection on 8 May 2015 we found that there was a breach of Regulation 12: Safe care and treatment in relation to medicine management. We saw that the recording of medicines administered to people was poor and checks of the medicine cupboard temperatures were not being completed so the registered provider could not ensure medicines had been stored at the recommended temperature to ensure they were fit for purpose.

During this inspection we found that the registered provider had taken action to improve practices within the service, these were sufficient to meet the requirements of Regulation 12.

We looked at a selection of medicine administration records (MARs) and checked the stock of medicines kept in the service. We saw that the recording of medicines administered by the staff had improved and people received their medicines safely. We saw evidence that staff had received medicine management training and that the registered manager had completed medicine competency checks on the staff to ensure they had the right skills and knowledge to safely administer and record medicines.

There were a few minor issues that we discussed with the registered manager on the day of our inspection, which were considered by us to have a low impact on people using the service. These included that handwritten entries on the MAR charts did not have two staff signatures to show that what had been recorded by the staff matched the instructions on the pharmacy label of the medicine packet or bottle; this is considered to be good practice.

We found that temperature of the medicine cupboard was being taken daily, but on the odd occasion in hot weather the cupboard temperature had reached the maximum recommended temperature of 25 degrees centigrade. The registered manager told us they were looking at alternative storage areas for medicines that had better ventilation to ensure temperatures did not exceed the recommended levels. There were no refrigerated medicines at the time of our visit.

We were informed shortly after our inspection that meetings had been held with staff and regular monitoring of the MARs was taking place. These actions assured us that medicines were being safely managed in the service.

When we arrived at the service we were let in by a person who used the service. There were no staff in the main part of the building to ensure any visitors were safe to be in the building and did not pose a risk of harm to people. We were free to move around the building and had access to people who used the service until we eventually located the registered manager and acting manager in their office at the rear of the premises. We had initially rung the doorbell but found this was not working. The registered manager fixed this whilst we were in the service and we noted that a member of staff remained in the main part of the building throughout the rest of the day. The registered manager told us that a member of staff was usually in place in the main part of the service, but they had been speaking with them in the office at the time of our arrival.

We looked at the recruitment files of three members of staff. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. Interviews were carried out and staff were provided with job descriptions and terms and conditions. This ensured they were aware of what was expected of them.

Discussion with the staff revealed there were people living at the service with particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010: age, disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this. People who used the service told us they were able to exercise choice and control over their daily lives and they were involved in the care planning and in their individual care and treatment in relation to managing risks. One person told us, "The staff talk with us about making sure you keep yourself safe when out in the community. I like to have a member of staff with me when I go out as it makes me feel safer."

The registered provider had policies and procedures in place to guide staff in safeguarding adults. The registered manager had completed safeguarding training and checks of three staff files indicated that the staff had completed safeguarding training in the last 12 months. The members of staff on duty were able to clearly describe how they would escalate concerns, both internally through their organisation or externally should they identify possible abuse.

We had been notified of three safeguarding incidents in the last three months. These had been reported to the local council's safeguarding team and we noted that the registered manager had asked for input from relevant health care professionals about management of people's anxious and distressed behaviours. The registered manager had amended risk assessments and care plans to ensure people remained safe and well. This demonstrated to us that the service took safeguarding incidents seriously and ensured they would be fully acted upon to keep people safe.

Care files had risk assessments in place that recorded how identified risks should be managed by staff. These included falls, moving and handling and nutrition; the risk assessments had been updated on a regular basis to ensure that the information available to staff was correct. The risk assessments guided staff in how to respond to and minimise the risks. This helped to keep people safe but also ensured they were able to make choices about aspects of their lives.

We saw that some people used wheelchairs and others had mobility frames to help them get around the service. Each person using the service had a moving and handling risk assessment in their care file which was kept under review and updated as needed. One person told us they had confidence in the staff when they required support in moving from their wheelchair to bed or armchair. They said, "The staff know what they are doing and they talk to me during the process so I know what to expect and I feel in control of the situation."

We saw that staff worked well with individuals using the service and were able to effectively manage the agitated and distressed behaviours of some individuals. We saw there were behaviour management plans and risk assessments, where relevant, in the care files we looked at. These detailed the types of behaviour exhibited by individuals and what impact this had on them and others around them. Staff had identified trigger points and patterns of behaviours and the care plans gave staff clear instruction on how to diffuse situations and keep people safe from harm.

People who spoke with us said that they felt safe in the service and that they were able to go to their bedrooms if they needed time alone and this was respected by the staff. The registered manager told us how they were changing one person's bedroom around so that they could have a comfortable seating area where they could sit and watch television when they needed some space to reduce their anxieties or just relax on their own.

The registered manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed. The staff completed a form in the accident book when any accidents occurred; those seen by us were for minor incidents. The Provider Information Return (PIR) form stated that there had been no serious incidents requiring notification to CQC in the last year and this was confirmed by the paperwork we looked at and the people/staff we spoke with.

We looked at documents relating to the servicing of equipment used in the home. These records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. The equipment included alarm systems for fire safety, portable electrical items, electrical wiring and the gas system. We saw that there was a yearly check in place for Legionella, which is a water borne virus and this had last been completed in May 2016. These checks helped to ensure the safety of people who used the service.

The fire risk assessment we saw was dated 2014 and the registered manager told us this was under review; it was updated and sent to us the day after the inspection. Personal emergency evacuation plans (PEEP's) were in place for people who would require assistance leaving the premises in the event of an emergency. We spoke with the registered manager about staff completing fire drills within the service. We were told that staff responded to the weekly fire alarm tests and this action sometimes, but not always, included the people using the service. The registered manager assured us that more formal fire drills would be started immediately. We received confirmation within 48 hours of the inspection that staff and people using the service had taken part in a fire drill and these would take place at regular intervals.

We looked at the registered provider's policies and procedures and found that they had a business continuity plan in place for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. The plan identified the arrangements made to access other health or social care services or support in a time of crisis, which would ensure people were kept safe, warm and have their care, treatment and support needs met. It had been reviewed in the last year.

At our last inspection in May 2015 we recommended that the service look at using a dependency tool to monitor their staffing levels and ensure the service was staffed appropriately to meet the needs of people who used it. Discussion with the registered manager at this inspection indicated that a dependency tool had been developed, but was not fully embedded in the service. This work was on-going with support and guidance from the East Riding of Yorkshire Council (ERYC) Contracts and Monitoring Department.

During this inspection we found that nine people were using the service and one respite room was empty. One person told us, "There have been quite a few new staff recruited this year. They are lovely and much better than the old ones. I get on well with them all and they are really helpful and look after us all."

From discussion with the registered manager we understood that the registered manager was recruiting for more flexibility in the staff cover for the service and there were 10 to 16 hours of care staff cover available. Interviews with potential staff had taken place and the registered manager was waiting for their police checks to be returned before the new staff were employed. The registered manager recognised that some people needed additional support from the staff and they had applied for funding from the local authority

for extra one-to-one hours for one individual from 5pm to 10pm each day.

We were given a copy of the staffing rota by the registered manager and this showed that two staff were on duty over the 24 hour period. Every member of staff including the registered manager and deputy manager covered one or two sleeping night shifts per week in addition to day time duties. The registered manager confirmed that there was no waking member of night staff, however discussion with people using the service indicated that they were able to easily obtain staff assistance should they need support during the night. From our conversations with people and staff it seemed that this was a rare occurrence. Our observations of the service found that there was a calm atmosphere and there were sufficient staff on duty to meet people's needs and offer them choice and personal care as and when they required this.

Requires Improvement

Is the service effective?

Our findings

People told us they got on well with the staff and were able to talk about their care and support whenever they needed to. One person said, "The staff go with me to the Doctor's and the hospital. I can do a lot of things myself, but they are around if I need any help."

During this inspection we found that all the staff had completed refresher training in subjects that the registered provider considered were essential to their role. This included subjects such as fire safety, moving and handling, first aid, food hygiene, health and safety and safeguarding adults. The training records evidenced that every member of staff was working towards completion of their Health and Social Care diploma at level two or three. The registered manager had achieved a level five qualification.

At our last inspection in May 2015 we made a recommendation that the registered provider find out more about specialist training for staff based on the needs of people using the service. We saw at this inspection that staff had completed training on more specialised subjects such as medicine management, the Mental Capacity Act 2005 and management of anxious and distressed behaviours. We were shown evidence that staff were booked onto a course about learning disabilities, which was due to take place before December 2016 but the actual date had yet to be confirmed.

At our last inspection in May 2015 we recommended that the service find out more about training for staff with regard to use of Makaton. Checks at this inspection found that although no formal training had taken place, staff did say they had used their own initiative and looked for information on-line and had gained the knowledge to use some basic Makaton signs/words. We saw that one person who used Makaton, had some verbal communication skills as well so could make themselves understood by others. Some people using the service had rudimentary skills in using Makaton so could converse between themselves and staff as needed. We observed staff to be kind, patient and intuitive with people who could not directly say what they wanted or needed, but formal Makaton training would help ensure good communication took place between staff and people at all times.

We looked at induction records for three members of staff. The paperwork in the files showed that staff completed a basic one day corporate induction. We spoke with staff about their experience of the induction process and they told us they completed the one day orientation and then were assigned a more experienced member of staff to mentor them. One staff member said, "I shadowed my mentor for about two weeks until I was confident that I knew the people living in the service and their daily routines."

At our last inspection in May 2015 the registered manager told us that the service would be introducing the Care Certificate, but that had not taken place. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working practice. The Care Certificate is considered to be 'best practice' in relation to induction of new staff and the local authority is recommending this is introduced as part of their formal improvement notice for the service. We will follow this up at our next inspection.

Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. We looked at the supervision files for three members of staff and found that these were taking place, but not on a regular basis. We also noted that staff appraisals were not being completed on a yearly basis. When we spoke with the deputy manager we were told that they had developed a supervision planner with the intention that supervision would take place every eight weeks and appraisals done once a year. These actions would ensure staff received the support and guidance they required to ensure they had the right skills and knowledge to meet people's needs. This had yet to be embedded fully in the service and was being monitored by the local authority as part of the formal improvement notice. This will be followed up at our next inspection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. No-one who used the service required a DoLS authorisation at the time of our inspection.

The registered manager told us that everyone within the service had capacity to make their own choices and decisions about day to day living. Some people required more support from family members to make important life changing decisions. We saw in care records the registered provider had taken appropriate steps to ensure people's capacity was assessed to record their ability to make complex decisions. We saw that the service held best interest meetings with people and their representatives when necessary. Best interest meetings are held when people do not have capacity to make important decisions for themselves; health and social care professionals and families/representatives who are involved in the person's care meet to make a decision on the person's behalf.

People who spoke with us said they had independence and control over their daily lives and in their relationships with others such as family and friends. Three people we spoke with confirmed that they spoke with staff about their care and their wishes and choices were respected by the staff. We saw in two care files that people had signed their consent to care forms and had agreed with the contents of their care plans. Staff followed the basic principle that people had capacity unless they had been assessed as not having it. In discussions staff were clear about how they gained consent prior to delivering care and treatment. One staff member told us "People have the right to make their own choices about everyday things. We would not make anyone do something they did not want to. People have the right to say no and we respect that." The staff we spoke with also told us that they did not use any kind of restraint at the service.

People were able to talk to health care professionals about their care and treatment. One person told us, "I have regular check-ups and my health is improving. I get weighed at the GP's surgery as there are no sit on scales here." We saw evidence that individuals had input from their GP's, district nurses, chiropodist, opticians and dentists. Some people also saw specialist nurses for diabetes and epilepsy advice and monitoring. All visits or meetings were recorded in the person's care plan with the outcome for the person and any action taken (as required). We found that people who used the service had a yearly medical review as part of their health and wellbeing plan.

People who used the service were treated in a way that valued them as an individual and supported their self-respect. For example, people had patient passports in place; these are documents that people can take to hospital appointments and admissions with them when they are unable to verbally communicate their needs to hospital staff. Those we looked at had information about people's health, support needs and current medicines. The information was presented in a clear print and pictorial format which helped people who used the service understand what was written in the document. This also meant that hospital staff were able to access information about the person's individual care and support needs.

People were encouraged to be as independent as possible and this included developing their daily living skills. Three people told us how they liked to do household tasks such as keeping their rooms tidy, preparing meals with support from staff and putting their laundry into the washing machine. In the recent resident meeting in September 2016 people had written down and drawn pictures about what tasks they would like to take part in.

There were risk assessments for nutrition and medical conditions such as diabetes in the care files we looked at. No one using the service was under the care of the dietician, but some people saw the diabetic nurse for dietary advice when they had their medical reviews. Observation of the service showed that a number of people were able to make themselves a hot drink and a snack in the kitchen where fresh fruit, yoghurts and biscuits were available day and night.

We found that there was no set daily menu; instead people told the staff what types of food they liked or disliked during the resident meetings and a weekly menu was devised, by themselves, each Sunday. We saw that at the residents meeting in September 2016 people had said they were not happy with the choice of meals and a lot of individual issues were discussed. The service had taken action to introduce different types of meals and people were now making their own packed lunches for when they went out to day centre.

The staff told us that they did their best to ensure the meals provided were healthy and included plenty of fresh vegetables, fruit and salads. Observation of the midday meal showed that people were having a selection of sandwiches and yoghurts. Where people required a specific diet such as food cut into small pieces/finely chopped they had an appropriate meal prepared for them. The meal time was organised and people were quickly provided with a drink and their choice of food. We saw that the meal time experience offered people a positive social experience, which also promoted their independence. People who spoke with us said they really liked the food on offer and that if they did not like something then there was always a choice available.

Good

Is the service caring?

Our findings

Discussion with people, members of staff and the registered manager indicated that the care being provided was person centred and focused on providing each person with practical support and motivational prompts to help them maintain their independence. We were told that regular discussions about care and support were held with people who used the service. People had a key worker and they wrote notes in the care files to show where people had been, activities they had attended and what issues had been discussed.

People were valued as individuals and what was important to them was viewed as important by the service. For example, one person we spoke with told us, "I am feeling on top of the world. I have more confidence about going out into the community and I go out every day to get some exercise. The staff are great at supporting me when I need it and I know I only have to ask them and they would do their best to help me."

Observations of the interactions between people and staff showed there was a good level of trust and friendship between them all. People were at ease in the service and the conversations being held between people were very much the same as you would expect within a large family. People spoke about what they were doing, what they were having for lunch and who they had seen that day. A number of people had the same friends and interests so were able to talk about familiar things and we noted that everyone was included in the conversations.

People told us they could talk to the staff about their care and support and that their wishes were listened to and respected. One person said, "I prefer to have female staff doing my personal care." We saw that this was recorded in their care file along with other equality and diversity information relevant to them.

Four people who used the service remained at Stubblefields during the day of the inspection, whilst others were out at day centres. We saw that individuals were able to get up at different times in the morning, depending on what they wanted to do. Two people were up and sat in the lounge when we arrived, but two others had a more leisurely start to the day and came out of their room's mid-morning. One person remained in their nightie and dressing gown during our inspection and when we asked them about this they told us, "Today is my lazy day and I like to stay in these comfortable clothes whenever I can."

People were independent with their mobility, although one or two used mobility aids such as walking frames to get around the service. One person who we spoke with had a wheelchair to help them move around the building, this was maintained by the community wheelchair service and was in good working order.

Care plans included information about a person's lifestyle, including their hobbies and interests and the people who were important to them. This showed that people and their relatives had been involved in assessments and plans of care. Some people had signed their care plans to show they agreed to the contents. For people who required additional support whilst making decisions about their care, information on how to access an advocacy service was available in the Statement of Purpose.

Discussion with people who used the service indicated that they did not use independent mental capacity advocates (IMCA) as they were either capable of speaking up for themselves or had a member of their family who acted in this capacity for them. An advocate is someone who supports a person so that their views are heard and their rights are upheld.

We spoke to people about the care and support they received from staff. People told us that staff explained procedures and treatment to them and respected their decisions about care. Everyone who used the service was independent with personal care, with the majority just needing verbal prompts from the staff with regard to washing and dressing. People who lived in the service told us that staff were friendly and they felt staff really cared about them. One person told us, "I like living here and the staff are alright. They are kind and they listen. I can make decisions about what to wear, when to get up and when to go to bed."

Staff respected people's privacy and dignity. We observed how staff promoted people's privacy and dignity during the day by knocking on bedroom doors prior to entering, ensuring toilet and bathroom doors were closed when in use and holding discussions with people in private when required. Staff told us they kept up to date with people's changing needs through handovers at the start of each shift and reading the care plans. People who used the service told us that staff respected their wishes and would listen to them when they wanted to change things around.

There were systems in place to ensure information was shared with people, including meetings with people who used the service and their relatives. We asked people if they were kept informed about what was happening in the service. One person said, "We get to talk about lots of different things at the meetings. We talk about the food, activities, changes to the staff and decorating." People who spoke with us were confident that anything discussed with staff on a one-to-one basis would be kept confidential. Information within the service was available in clear large print or easy read formats so that people using the service could read and understand it.

Good

Is the service responsive?

Our findings

The staff were knowledgeable about the people who used the service and displayed a good understanding of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care.

A needs assessment had been carried out to identify each person's support needs, and care plans had been developed outlining how these needs were to be met. We saw that staff had completed risk assessments and behaviour management plans were in place to make sure people stayed safe and well. Evidence in the care files showed us that people's views were sought and listened to, and that families were also involved in reviews of people's care.

Care plans were person centred and written in a clear print and pictorial format that people could easily understand. Two people's care files highlighted their daily routines and evidenced where they needed support and what tasks they could do independently. People who used the service told us there were few or no restrictions on their daily life. Being more independent was one of their specified goals.

One person we spoke with had the local authority as their financial appointee. This individual received a weekly allowance and was able to access this at the local post office. They held their own bank card and details of their access number was known only to them and the registered manager. This reduced the risk of financial abuse.

Following the last resident meeting held in September 2016 we saw that one member of care staff had been given additional hours to co-ordinate activities within the service. One staff member told us, "We now have group games such as dominoes or monopoly most days and a recent baking session making jam tarts was really enjoyed by everyone who took part."

People said they did a lot of activities at their day centres and staff told us they had time on a daily basis to take people to the shops or do games in an afternoon. One person told us they enjoyed watching television and listening to music and they showed us how they had set up their bedroom so they could relax on their own or invite friends in. Activities took place seven days a week with a mix of day time and evening events. People and staff told us that transport for activities and day centres was arranged using local taxi firms whose services had been vetted by the registered provider and the same firms were used on a regular basis. People said they felt safe and were confident of using these transport facilities.

Two of the people whose care files we looked had care files that indicated they did not have particular spiritual/faith needs. However, the registered manager told us how they could access local churches and clergy should they need arise.

Friends and families were made welcome at the service. Two people told us how they kept in touch with everyone. One person said, "I use my I-Pad to talk to my siblings on a regular basis and I can also phone them when I want to." Other people had family who visited regularly and they were able to spend time with

them in the service or go out into the community with them. One person had their life history in their care file written by their sibling, showing that families were included in their care and support.

We saw that there was a complaints policy and procedure in place for the service and this had been reviewed in the last year. The policy was available in different written formats including Makaton to help people understand how to make their voice heard. The registered manager told us how they would monitor and review any complaints received, using their quality assurance process. The information we held about the service and checks of the files in the service showed no complaints had been received in the last year.

People told us they knew how to make a complaint saying, "I would talk with [Name of staff] if I had any concerns" and "You can always talk with the staff or the registered manager about any problems. They sort them out for you."

Requires Improvement

Is the service well-led?

Our findings

We saw that the culture of the service was of a small homely service, offering people care and support within a friendly and comfortable family orientated environment. We spoke with people who used the service. Their response to our questions about the quality of the care they received was extremely positive. People told us, "I have lived here for a number of years and I wish all care services were as good" and "There is nowhere I would rather be than here."

At our last inspection in May 2015 we found that there was a breach of Regulation 17: Good governance. We saw that although there was a quality assurance process in place it had not been used effectively.

During this inspection we found that the registered provider had taken action to develop and improve the quality assurance within the service. There was sufficient improvement to say the breach of Regulation 17 had been met, but some aspects of improved practice still required embedding into daily routines.

Whilst we were able to say that the service was definitely improving, we found that some record keeping in the service such as staff induction, supervision and appraisals needed to be documented on a regular basis. Work was on-going with this and was being monitored by the local authority as part of their formal improvement plan for the service. Further improvement was needed for the recording of hand-written entries on the medicine administration charts, to evidence that staff were following best practice. These areas were judged to have a minor level of risk to people using the service and a low impact on people's health and wellbeing; this has been reflected in the report.

There was a registered manager in post who was supported by a deputy manager. This was a small service and the registered manager was an integral part of the staff team. The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. We saw that the registered provider had the rating from their last inspection (May 2015) on display in the entrance hall. This meant the registered provider was meeting current regulation.

During this inspection we received positive feedback from the local authority, staff and people who used the service about the improvements taking place in the service. We saw that the staffing levels had improved, people were being consulted more about their care and daily lives in the service, procedures and practices were more robust and more detailed quality assurance checks were taking place.

Feedback from people who used the service and staff was obtained through the use of satisfaction questionnaires and meetings. We saw that meetings had been held in September 2016 and others were planned in on a monthly basis. Analysis of the feedback showed what actions had been taken by the registered provider as a result of what people said. This included changes to meal choices and more independence for people using the service to carry out tasks such as housekeeping chores and making their own packed lunches.

Satisfaction questionnaires had been sent out to people using the service in August 2016. We saw an

analysis of the responses had been carried out and these were extremely positive about the service and staff. People said they were happy living at Stubblefields House and staff were nice, kind and caring.

Improvements had taken place to the audit process within the service. The registered manager had carried out audits on care plans, accidents, risk in the service, complaints, staff training and infection control. We saw that the registered manager took action if they found staff practice was lacking. This was evident in the staff meeting minutes. The registered manager said they were aware of the need to continually drive improvements to the service forward and they were aware of the areas that needed further improvement.

We found documented vision and values for the service within the Statement of Purpose. Staff and people who used the service said they thought the service was good and that people were given good care and support on a day-to-day basis. Everyone who spoke with us was confident that if any issues were raised with the registered manager then they would be listened to and addressed quickly and that the service was run in an open and honest way.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.