Midland Heart Limited

Lee Gordon House

Inspection report

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Website: www.midlandheart.org.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was carried out on 13 July 2016. The inspection was announced 48 hours before we visited. This was to establish if people living at the service would be available to talk with us and to discuss if our presence may cause anxiety to people and allow the provider time to reassure them.

At our last comprehensive inspection of this service 6 May 2014, we found the provider had not met all of their legal requirements and were in breach of the regulations. This was because the provider did not always have appropriate arrangements in place to manage medicines. After this inspection, the provider wrote to us to say what they would do to meet their legal requirements in relation to the breach. We carried out an inspection in August 2014 to check that they had followed their plan and found they met legal requirements.

The home had an established 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 and associated Regulations about how the service is run. We refer to them as the manager throughout this report.

Lee Gordon House provides accommodation with personal care for up to six people with learning disabilities or autistic spectrum disorder. It does not provide nursing care. At the time of our visit six people were living at the home.

Lee Gordon House is a large detached home in a residential area in Burton Green. All the bedrooms and communal areas are located on the ground floor. There is a large sitting room with a dining area. The sitting room is designed so it provides a space where people can sit and watch television and another area where people can sit and enjoy other activities. There is a large kitchen and a separate laundry room.

We found staff were not always available at the times people needed them to support people safely and at the times they preferred. The registered manager was addressing this and staff hours were being increased to provide greater supervision and support for people. Recruitment procedures made sure staff were of a suitable character to care for people safely at the home.

Relatives told us they felt people were safe at Lee Gordon House. The manager and staff understood how to protect people they supported from abuse, and knew what procedures to follow to report any concerns. Staff had a good understanding of risks associated with people's care needs and how to support them.

Medicines were stored and administered safely, and people mostly received their medicines as prescribed. Audits were carried out of medicines to ensure they were managed in line with good practice guidelines, however, records of administration were not consistently maintained. People were supported to attend health care appointments when they needed to maintain their health and wellbeing.

Staff were kind and supportive to people's needs and people's privacy and dignity was respected. People were encouraged to be independent as much as possible in assisting with tasks around the home and shopping. People received a nutritious diet, had a choice of food, and were encouraged to have enough to drink.

The management and staff teams understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and supported people in line with these principles. People were supported to make everyday decisions themselves, which helped them to maintain their independence. Where people were not able to make decisions, relatives and healthcare professionals were consulted for their advice and input.

People were supported to pursue their hobbies and interests both within and outside the home. Activities were arranged according to people's individual preferences, needs and abilities and staff were keen to explore a variety of new activities for people. People who lived at Lee Gordon House were encouraged to maintain links with friends and family who visited them at the home.

Relatives knew how to make a formal complaint and were able to discuss any concerns they had with staff and the manager. Staff supported people living at the home when they identified they were unhappy about something. The provider obtained the views of relatives by way of meetings and customer surveys. Relatives were kept updated about changes to the service by the manager.

Staff felt the management team were supportive and promoted an open culture within the home.
Staff were able to discuss their own development and best practice in supervision sessions and during regular team meetings. A programme of training and induction provided staff with the skills and knowledge to meet people's needs.

The manager felt well supported by the provider's area manager who visited regularly and their views and ideas were encouraged on how to improve the service.

The provider carried out regular audits to check the quality of care people received. Audits by the registered manager and senior member of care staff were conducted regularly to continually monitor and improve the quality of the service.

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.

There were not always sufficient numbers of staff available to keep people safe. Relatives told us people were safe because they received support from staff that understood the risks relating to people's care and supported people safely. Staff knew how to safeguard people from harm. Most people received their medicines as prescribed. Medicine records were not consistently maintained to confirm how medicines had been managed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received appropriate training to help them undertake their work effectively including a comprehensive induction for new staff. People were supported to access a variety of healthcare services to maintain their health and wellbeing. Staff were aware of their responsibilities regarding the Mental Capacity Act and Deprivation of Liberty safeguards. People were supported to have a nutritious diet.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and caring and there was a happy and relaxed atmosphere within the home. Staff ensured people were treated with respect, had privacy when they needed it and maintained their dignity at all times. People were encouraged to maintain their independence and supported to make choices about how to spend their time.

Is the service responsive?

Good

The service was responsive.

People were given support to access interests and hobbies that met their preferences and the provider was looking to improve the range of activities offered. People and their relatives were

involved in decisions about their lives and how they wanted to be supported. Relatives knew how to make a complaint although none had been received. Staff knew people well and were able to identify their concerns and report these to the management team.

Is the service well-led?

Good

The service was well-led

The management team had a good understanding of their roles and responsibilities, and had systems in place to monitor the quality and safety of the service provided. Staff felt supported and able to share their views and opinions about the service. Relative's had opportunities to put forward their suggestions about the service provided and these were acted upon in order to drive improvement in the home.

Lee Gordon 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit took place on 13 July 2016 and was carried out by one inspector. The inspection was announced 48 hours before we visited to establish if people living at the service would be available to talk with us and discuss how they may respond to our presence at the home. This allowed the provider time to prepare people for our visit and offer reassurance to reduce any potential anxiety.

Most people at Lee Gordon House had limited verbal communication and were unable to tell us in any detail about the service they received. We therefore spent time talking with staff and observing how they interacted with people. We also spoke with relatives to get their views on the care given to their family members.

We spoke with the registered manager, three members of support care staff, three relatives and a healthcare professional. We looked at the care records of two people who used the service and two staff records. We also reviewed quality monitoring records, staff duty rotas, menus, customer feedback surveys and activity records.

We reviewed information we held about the service, for example, statutory notifications the provider sent to inform us of events which affected the service. A statutory notification is information about important events which the provider is required to send to us by law.

We did not ask the provider to complete a Provider Information Return (PIR) on this occasion. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we discussed this with the manager during our inspection to give them the opportunity to put forward their views.

Requires Improvement

Is the service safe?

Our findings

We spoke with relatives and asked if they felt there were enough staff to care for people living at Lee Gordon House. One commented, "There seems to be ample staff but I think they would like more to make life easier for themselves." Another told us, "Not really, I think they feel they need more 'one to one' time with [person]."

During the day of our visit the activities coordinator and another member of staff had taken two people outside of the home. This left two care staff and the manager in the home to support four people. We observed the lounge area and noted for a seven minute period there were no staff available to supervise people and ensure they were safe. This was of particular importance because one person had been assessed as requiring constant supervision by staff to ensure their behaviour did not put them at risk of harm. However we did not see any concerns to people's safety during this period. Later in the day we also observed one member of staff sitting in the dining area with two people whilst the second staff member was out of the room. We observed one person in the kitchen who could not be seen by staff and we observed the person eating kitchen paper. We alerted staff who immediately went to provide assistance to keep the person safe.

In the late afternoon the two care staff on duty were responsible for providing personal care to the six people who were in the home in addition to preparing the evening meal. One person living at the home stayed in their room for much of the day and required both members of staff to support them with personal care. They also required one member of staff to assist them eating their meals. This meant at times there were no staff available in communal areas to supervise and support other people when they required it. We saw the two staff members were constantly busy. At 5pm one member of staff was administering medicines to people and the second was preparing the evening meal and then offering support to people in the dining area with their meals.

We asked staff if they felt there were enough of them to support people. One told us, "No, we do need an extra member of staff on in the evening." Others told us they felt more staff were needed after 4pm to supervise and support people. One staff member felt more staff would help them to increase the number of activities they did with people to enhance their lives and promote their wellbeing. They commented, "We could do a lot more activities with people; they don't really get out as much as they could because of staffing."

The manager told us staff numbers were based on individual people and their needs. On the day of our visit there were three members of care staff on duty and an activities co-ordinator. The manager told us staff numbers were increased between the hours of 8am to 4pm as one person who lived at the home required one to one staff supervision. Although this staff member supported the person between these times, after 4pm staffing levels decreased down to two members of staff. The manager told us there had been no incidents of concern and staff did their best to ensure one of them was always available to monitor and support people at all times in communal areas.

The manager however, acknowledged that additional staff were required and told us they were in the process of liaising with relevant agencies to discuss increased funding for additional staff to support people. They told us discussions had been ongoing since the beginning of the year and they had actively been addressing the issue and expressing their concerns with the relevant agencies. Shortly after our visit the manager told us they had secured the extra funding. This meant that staffing would be increased to ensure three staff members were on duty at all times to support people and keep them safe.

We asked how staff vacancies for leave or sickness were covered. The manager told us they rarely employed agency staff as they had their own staff available to provide cover. This ensured people received care from staff who knew them well. At night time there were two staff on duty, one awake and one sleeping, and a twenty four hour on call manager available if staff needed managerial advice and support.

Staff knew the risks associated with people's care and how to manage and minimise risks. For example, some people had behaviours that could place themselves or others at risk if they became anxious or upset. Staff knew how to manage the risk. There was clear information in people's support plans for staff to follow to manage behaviours to keep people safe. One staff member told us; "To manage someone's behaviour we will offer choices and use diversion tactics. Sometimes a different member of staff to support can help calm someone."

During our inspection staff gave us clear and consistent information on how to recognise changes in people's body language and vocal sounds that could indicate a change in people's behaviour. One person felt comfortable to approach us and took us by the hand. They walked us around the home and showed us their room. During this time they made certain vocal sounds and staff told us this meant they were happy.

We saw risk assessments identified risks to people's health and wellbeing both inside the home and when taking part in activities outside the home. Risk management plans provided staff with guidance on how to manage identified risks so people were kept safe. One relative told us, "I think they manage risks really well and that includes outside the home as well."

Staff had completed training in safeguarding people and knew what action they would take if they had any concerns about people. All the staff we spoke with had a good understanding of abuse and how to keep people safe. They knew the process to follow to report any safeguarding concerns and there were policies to give guidance to staff. We gave staff a scenario regarding inappropriate support by staff and asked how they would report concerns if they observed abuse. One told us, "I would phone the manager and remove the person (staff member) doing it. The manager calls the local safeguarding team and the police if necessary. We have a policy for safeguarding and whistle blowing to follow."

We looked at how medicines were managed and found these were mostly administered, stored and disposed of correctly. However some medicine administration records (MAR's) did not record people received their medicines as prescribed. For example, we looked at six MAR charts, and three of these did not contain staff signatures to confirm people prescribed medication creams had been applied. These were special creams that were required to manage peoples' sore skin. We spoke to the senior care worker who told us this was a recording issue and creams had been applied, however staff had failed to record this on the MAR chart. They told us this would be addressed immediately with staff. They went on to say stock levels of medicines were checked by staff at each afternoon shift changeover and MAR charts were spot checked by the senior care staff member; however the gaps in recording we found had not been identified.

Some people required medicines 'as required'. There were protocols for the administration of these medicines to make sure they were given safely and consistently. However one person had a protocol in

place to receive pain relief medicine but we could not see there was a MAR chart confirming this had been prescribed. This meant staff would not be able to administer the person's medicine if they appeared to be in pain. The senior care staff member told us the medicine was in stock and they would contact the pharmacist to ensure the appropriate MAR chart was sent over. We were told the person did not experience any current pain although they had in previous months due to a medical condition but this had been successfully treated. During this time they had received their PRN medication.

We checked with the manager after our visit that the issues we found had been addressed and they informed us they had been in contact with the pharmacist. They went on to say they would be discussing the recording issues with staff both on a one to one basis and also at team meetings. The manager also informed us they would take over the responsibility for the regular auditing of medicines which had previously been carried out by a member of senior staff.

We asked how staff would identify when pain relief medicine would be required for people who were unable to communicate their needs. One told us, "[Person] may cry or scream and indicate they are in pain. Others may go off their food and the change in their behaviour may indicate they are in pain. We would take the person to the GP." The manager commented, "It's about recognising what's not right with someone, we would look for changes in their behaviour and seek medical advice."

We asked a relative if their family member received their medicines on time and they told us, "There are no issues at all with [person] getting their medicines."

Staff had undertaken training to administer medicines and had their competency checked to ensure they continued to do this safely. We observed staff administering medicines to people and saw they took their time and stayed with the person to make sure they had taken them.

The provider had recruitment procedures to ensure staff who worked at the home were of a suitable character to work with people who lived there. Staff told us they had Disclosure and Barring Service (DBS) checks and references in place before they started. The DBS helps employers to make safer recruitment decisions by providing information about any criminal record potential staff may have and whether they are barred from working with people who use services. Records confirmed the required checks had been made before staff started working in the home.

The provider had systems to minimise risks in the environment, such as regular safety checks. These included checks on water and food temperatures, fire safety checks and checks on electrical equipment to make sure it remained safe to use. Emergency plans were in place if the building had to be evacuated, for example in the event of a fire. Each person had an emergency evacuation plan so staff and the emergency services would know what support they needed to evacuate the building. Staff knew what action they needed to take in the event of an emergency to keep people safe.

Good

Is the service effective?

Our findings

Relatives we spoke with thought staff had the skills and knowledge required to care for their family members. Comments included, "They are well trained, I watch what they do and they are knowledgeable." And, "Yes I think they are well trained, they seem to know what they are doing."

Staff new to the home completed an induction programme and worked alongside an experienced member of staff before they supported people independently. The manager told us new staff were enrolled on the 'Care Certificate' course. The Care Certificate assesses the fundamental skills, knowledge and behaviours of staff that are required to provide safe, effective and compassionate care to people.

Staff received training suitable to support people with their health and social care needs. Staff told us they felt confident and suitably trained to effectively support people. Their training included dementia care and learning disability awareness. All staff we spoke with told us they felt the training provided was good. One staff member commented, "It's really good training, I have done moving and handling, incontinence care, first aid and also training about the mental capacity act."

The manager told us they were looking to increase staff knowledge around preventing skin breakdown that could result in sore areas (caused by unrelieved pressure) and incontinence care. Future training dates were planned and the aim was for the home to become accredited. This meant the home would be recognised as achieving essential standards in these areas in order to effectively support and care for people.

Staff felt supported by the management team with regular one to one supervision meetings. This provided them with the opportunity to discuss their work performance and learning and development needs. One staff member told us, "I have supervision every six weeks; you can air things with the manager." Another said, "We have regular supervision and it's nice to get feedback on how you are doing."

Staff had a good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what it meant for people. 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.

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. Staff understood issues around people's capacity to make certain decisions and why DoLS authorisations were in place for people. We saw DoLS applications had been submitted to the local authority and these had been authorised. Staff told us they had received training around the MCA. They told us, "We have to assume someone has capacity but if needed we may have to make a best interest decision. We would involve the person's doctors, family and social worker." Another said, "People do have capacity for some decisions, and we support that. However,

with major decisions other relevant people are involved."

We could not see best interest decisions were consistently recorded for people however the manager told us this was in the process of being addressed and new documentation would be placed into people's care plans. These would be used to clearly record what the decision taken was and who was involved in making it. Relatives confirmed to us they were involved in making best interest decisions for their family members.

We asked staff how they would identify a person was not consenting to care being provided. One told us, "Behaviours give us an indication; for example, some people do not like baths." They went on to describe how one person would respond if they did not wish to have a bath, they told us they gathered information by reading the person's body language and non-verbal communication (NVC). Staff told us they would use these indicators to identify the person was unhappy and would stop the activity they were carrying out. They went on to describe how they would share this information with other staff members to ensure there was a consistent approach in the care provided. One relative we spoke to told us, "I think the staff manage different behaviours really well and they understand [person's] NVC now."

People who lived at Lee Gordon House were involved in choosing their own meals as much as possible with support from staff. Staff offered choices to people and had built up a good knowledge of their preferences. One staff member told us that they ensured food was not offered that people didn't like, they said , "We have lots of food people can't have like tomatoes and gravy. Some people have fork mashable food and we encourage healthy options." Staff told us there were no set times for meals and people could choose when they wished to eat. One staff member told us, "We don't wake people if they are asleep and when they do get up we prepare a fresh meal. We don't re heat anything we may have cooked." This showed that staff ensured people received a good quality of food and appetising meals.

In the kitchen we saw each person had their own food chart which gave staff information on how their food should be prepared, for example, some people needed their food pureed. This was to make eating their meals easier and to help prevent them from choking. Others had cultural and religious needs which had been recognised. Their food chart indicated certain foods that could not be given. Where people were at risk of choking, their food chart indicated that their fluids should be thickened. We observed one person being supported with their lunch and saw staff had correctly thickened their soup before supporting them to eat it. We saw the staff member took their time and went at a pace that was acceptable to the person. We heard them constantly talking to the person during their meal which made the experience a more pleasant and sociable time for the person.

Where appropriate, specialist support and advice from the speech and language therapist had been sought and support plans put in place to guide staff on how best to support people with their food and fluid intake. We saw where indicated people were given appropriate cutlery, plates and cups to assist them with eating and drinking. One relative told us, "Since [person] moved to Lee Gordon House they have actually put on weight." They told us this was a positive step forward in their family member's health and well-being.

We asked relatives if their family members had access to healthcare when they needed it. They told us, "The staff will take [person] to the doctor." Another said of the staff, "[Person] had a rash and the staff sorted that out, they organise the dentist as well."

Records showed people were supported to attend health appointments and received care and treatment from health care professionals when required. Each person had a support plan that identified their health needs and the support they required to maintain their emotional and physical well-being. This helped staff ensure that people had access to the relevant health and social care professionals. Staff told us, "We will

organise any appointments that are needed."

A healthcare professional we contacted told us their experience as a professional working with people living at Lee Gordon House was a positive one. They told us guidelines and recommendations they suggested were understood and followed by staff. They said staff were responsive to noticing small changes with people and contacting them to discuss any concerns. They commented, "I am confident that the staff have the right knowledge about the clients they support and their individual needs to provide good holistic (overall) care."

Good

Is the service caring?

Our findings

We asked relatives if they felt staff were caring, they told us; "They are very good helpful staff." Another said, "Just a fantastic team of staff, and they care for [person]. [Person] is always clean and well-kept and they are happy and so am I. They hug and love [person] and are close to them."

We spent time observing the interactions between staff and people. There was a calm relaxed atmosphere at the home and we observed people were comfortable approaching and engaging with staff. Most people appeared accepting for us to be in the home and one felt able to come over and take our hand to show us something. A relative commented to us, "There is a nice relaxed approach by the staff and they put the person first."

A healthcare professional we contacted told us they felt staff were warm and welcoming and had a good rapport with the people living at Lee Gordon House. We heard staff speaking kindly to people and heard one telling a person, "Hello beautiful." We observed one member of staff place their hand on a person's shoulder and gently stroke their face and the person clearly enjoyed the contact.

Staff we spoke with were highly motivated to provide good care and support to people. They told us, "Its lovely here, we are like a family. I spend lots of time doing anything I can to make people happy." Another said, "It's about fulfilling lives, if you can produce a smile from someone you know you have done a good job." The manager told us they saw the Lee Gordon House as, "A home for life," for the people living there.

People received care from staff that knew and understood their likes, dislikes and personal support needs. People were able to spend their time as they chose. Staff understood people's communication skills and engaged effectively with people who had limited verbal communication. We saw they spoke to people at eye level and used calming tones.

Staff were knowledgeable about people and could identify how people were feeling through watching their body language and listening to them. One relative told us how impressed they were with how staff worked with people to get an understanding of their needs. They told us, "They have used a different approach [from previous home] and [person] looks more relaxed and comfortable, they smile which is a huge thing, they haven't for years." During our visit we said good morning to this person and asked how they were and they smiled at us. The manager told us that was a significant step forward for this person.

Staff supported people to maintain their independence by encouraging them to do small chores around the home. Due to people's complex needs this was not always possible, however, a staff member told us, "We encourage people to do as much as they can…we support them to be as independent as possible, such as dressing themselves. We never assume people can't do that." Another member of staff told us, "When we give personal care we may give the person a flannel so they can help with their own care. We also encourage things like brushing their teeth." They went on to tell us that some people liked to put their laundry away and tidy their rooms. They said, "We ask people if they want to help clean and polish but it's their choice if they don't want to."

Staff had a good understanding of the importance of respecting people's privacy and dignity. We observed they knocked on doors before entering and when one person needed their shirt changing, staff took them to their room. We asked relatives if they felt staff treated their family members with respect and dignity. One told us, "Yes definitely, they are a good team for that, I couldn't ask for better." We saw in one person's care plan that only female staff members assisted them with a specific part of their personal care in order to protect their dignity. One member of staff told us, "I always knock people's doors and when I am giving personal care I make sure they are covered up."

People's rooms provided them with their own private space, and where possible, they had been supported to choose how their rooms were decorated and furnished. Some rooms had very few furnishings; however, this was to maintain the safety and well-being of people if their behaviours put them at risk. The manager told us one person seemed drawn to the colour of paint in their office and painted this person's room with the same colour. They were concerned it was too bright and adjusted the shade to make it a more calming environment for the person. Relatives told us, "Staff speak to me about decisions involving [person's] room and what to put in."

People's rooms also contained 'Astro ceilings'. This was a system that projected images on to the person's ceiling when the room was dark using an ultra violet light. One person enjoyed aquarium themes and we saw fish were part of the images displayed. We asked to see the images and the person walked us around their room and appeared to enjoy looking up at their ceiling. The manager told us the images provided sensory stimulation for people. We also saw large, brightly coloured pictures in people's rooms. Themes chosen reflected the person's individual taste, for example one showed the Walt Disney 101 Dalmatians.

There was a communal lounge that people could use and during our inspection we saw people coming and going as they wished around the home. There were also areas that were set aside for people when they wanted time on their own. We saw one person having a nap in the afternoon in one part of the communal areas while others engaged with staff.

People were able where possible to make choices about how they spent their day. For example, staff told us people got up and had their breakfast when they wanted. A relative we spoke with told us, "It's difficult because of [person's] complex needs but they encourage choice for them." Staff told us they supported people to choose what they wanted to wear and how they wanted to spend their day. We asked how staff gained people's opinions about choice and they told us, "I hold up a choice of clothing or jewellery and some people will push away the one they don't want." They went on to say that families provided background information about people and their preferences which staff found useful. The manager told us, "We have no routines here; we let people have choice over their day."

People were supported to maintain relationships with those who were important to them. Relatives told us they could visit when they wanted to and were always made to feel welcome. One relative told us, "They get to know us as well."

Good

Is the service responsive?

Our findings

People living at Lee Gordon House had a consistent staff member known as a 'keyworker', who got to know their likes, dislikes and with whom they could build a relationship. One staff member told us, "I am [person's] keyworker but I also get to know everyone else well." We saw that staff were knowledgeable about the people they supported, There was a staff handover at each shift change with relevant communication regarding each person shared and any areas of concern discussed.

Staff we spoke with had a good understanding of everyone in the home and their needs. Each person had a support plan so staff could read and understand each person's individual preferences. Staff told us, "We get time to read the care plans, they have all the information we need about risk assessments and other useful information." Due to most people living at the home having limited verbal communication, staff told us they used body language, facial expressions and gestures as guides to identify how people were feeling. We observed that staff quickly identified when people wanted something. One staff member told us, "I know when [person] wants some quiet time, they will take themselves off."

We looked at three people's care plan records. Most care plans contained up to date information for staff to provide appropriate levels of care and support to people including activities outside the home. Plans were individualised and informed staff what people liked and how people wanted their support delivered. We noted one had not been updated to reflect recent changes and some were not as detailed with information as others. We discussed this with the manager who acknowledged this and told us care plans were under review and this was already being addressed. They commented, "Care plans are always an on-going thing, what might work one week may not the work the next for people." They showed us a new care plan format they were introducing. The new plans were easier to read and contained more detail about how people liked to receive their personal care.

Care plans were person centred which meant they were based on each person's individual needs and the support they required. Relatives we spoke with told us staff would discuss their family member's care with them. One relative told us, "The communication from staff is very good, they invite me in for any care reviews and involve me in meetings with other professionals. The manager keeps me in the loop." Another told us, "They will ring me if there are any problems and always keep me updated about changes." Relatives told us they could discuss any issues or concerns with staff when they visited. We saw that the support plans were reviewed regularly by the manager.

Care plans contained a section called 'independent living skills' that informed staff how to support people to be as independent as possible. For example, one stated a person enjoyed a shower rather than a bath, and was specific about what support staff should give with washing and dressing. There were also sections on food that people could and could not eat. This was important as some people's health and well-being could be at risk if they ate the wrong type of food.

People had communication or 'hospital passports'. This information advised hospital staff how to communicate effectively with people who was unable to verbally communicate and help them to support

people's needs.

The manager told us to ensure a smooth transition for people when they first planned to move into the home, staff would liaise with other professionals and meet the person, and their relatives. They told us their aim was to learn as much as possible about the person and identify their own unique needs. People were gradually introduced into the home by making a number of visits. The length of time of visits was increased over a period of time so they could become acquainted with staff and people. The manager told us involving the person's family in this process was essential. They commented, "If it was my family member I would want to be involved." They went on to say that this was an opportunity to gather as much information about a person in order for staff to respond to their needs.

People were supported to pursue their individual hobbies and interests. On the day we visited two people had gone out with care staff for the day. One was to have their hair styled and another to have a cream tea. However the activities coordinator only worked two days a week and the manager acknowledged they would like to see this increased. Shortly after our visit, extra hours were introduced so people could be supported to access more activities. In the absence of the coordinator other staff members took people out, however, only two members of staff were able to drive the provider's mini bus. This meant that people were unable to go out on distance trips until the relevant member of staff was on duty. The activities coordinator told us that a local coach firm organised day trips and people could access these with support from staff.

We saw the activities coordinator and staff were highly motivated to involve people in activities both within and outside of the home. Trips had previously been organised to the local safari park and a weekend visit to Blackpool. On the day we rang to speak to the manager to advise we would be visiting we heard laughter in the background. The manager told us there was a party underway for two people's birthdays. People were supported to go to the local disco and have meals out. The activities coordinator told us, "We can do what we want but if people don't want to do something then we won't."

There was a garden at the home and the staff had recently purchased some chickens. The manager told us they would be encouraging people to collect the eggs when the chickens started to lay. There were seating areas in the garden for people and the staff supported some people to participate in gardening. They pointed out bird boxes to us that people had been supported to paint. These were in memory of a person who had sadly passed away and the manager thought this would be a good way to involve people and acknowledge their loss.

Relatives we spoke with told us they had no concerns about their family members access to activities. One told us, "[Person] goes swimming and goes out more than I do!" One relative told us their family member's complex needs meant they were not always interested in participating in activities but staff encouraged them to try. Another told us, "[Person's] life has improved [since moving to the home]; they go to music groups and on holiday."

The activities coordinator gave hand massages and spent individual time with people. One person chose to stay in their room to watch television. Staff supported their choice but told us they spent time during the day talking with them to prevent them feeling isolated. One told us, "We do have time during the day to sit with people and chat." We observed this happened.

There were no recorded complaints and none of the relatives we spoke to told us they had ever had to complain. We asked what they would do if they were unhappy or had any concerns. They told us they would raise any concerns they had with the manager and staff. A relative told us, "99% of the time it's all good but I would speak to the manager if I had any concerns." Another told us, "I have paperwork that tells me how to

make a complaint."

Good

Is the service well-led?

Our findings

Relatives we spoke with felt the home was well led. They told us, "The manager is very good they are very approachable." Another told us, "The manager is just superb."

Staff said they felt well supported by the manager. They told us, "They are pretty good management and work hard and do their best. We get on well as a team and communication is good." Another said, "The manager is really good, they deal with things quickly and the area manager is lovely. I could approach them if I had an issue." The senior care staff member told us they worked well with the manager and felt there was good communication. They commented, "I can suggest different ideas to them."

All staff we spoke with felt able to share their views and thoughts about the service and felt that the manager listened to them. Staff told us there was an open culture and they could approach the management team if they had any issues or concerns. One staff member told us this allowed them to be creative in ideas of how to make improvements in the home or suggestions for new activities for people. The senior care staff member and manager carried out observations of staff working to identify any areas of good practice or the need for additional training and support.

The manager told us they felt supported by the provider's area manager and said of the staff, "Staff will bend over backwards to help. I am lucky with my staff…I can go home and know they will make sure people are happy and well looked after."

Staff told us they had a good understanding of their role and responsibilities. Staff told us they enjoyed their work and valued the service they provided. They told us they were happy and motivated to provide high quality care. Staff meetings were held regularly and staff said these were useful. The manager told us meetings were used as an opportunity to discuss any lessons learnt and ways to continually improve the service for people.

For each meeting the manager would highlight a topic for discussion to check staff knowledge and increase awareness. For example, at one team meeting the team discussed equality and diversity and for the next planned meeting the topics of safeguarding, the Mental Capacity Act and DoLS. The manager told us, "I ask the staff what they understand about each topic and get them to give me examples." Staff had a good understanding of the provider's whistle blowing policy and told us that although they had not needed to use this, they would be confident to should the need arise.

Staff said they enjoyed working at the home. One staff member told us, "I love working here, I wouldn't have stayed for the length of time I had if I didn't." Another said, "It's all about making people happy, doing meaningful things they enjoy. If they've had a good day then so have I." We asked staff if they thought the service was well managed and they commented that it was. We asked staff what worked well in the home. All staff said there was good communication and team work.

The provider had carried out a range of checks to ensure the quality of service provision. We saw areas that

had been highlighted for improvement included care plans to be updated to reflect people's needs and a suggestion to print off photographs of the activities people had taken part in.

There were regular visits from the local authority contracts department to monitor the care and support provided. Their last visit was April 2016 when no concerns had been identified.

Due to the complex needs of people living at Lee Gordon House, relatives were approached for their views of the service. The manager told us they held regular coffee mornings with people's relatives to keep them updated about any changes in the service and to gather their views and opinions. Relatives we spoke with told us, "I get letters inviting me to meetings and I think that's really good." Another told us, "We have meetings and discuss any changes." We saw the provider carried out a customer satisfaction survey in December 2015 with relatives and the overall satisfaction result was 100%.

Comments made by some relatives were displayed on a poster in the office so staff and visitors could see the results. One said, "Activities are very good. I like the fact it's social stimulation for residents. I think they do their best to get customers out and about. They are always looking at more ideas to get [person] out. I provided local contacts of people who work with animals. They are open to suggestions about new activities." Another commented, "The staff are always very welcoming, they say 'visit any time', they make me feel very welcome. I chat to the carers about [person's] situation and how [person] is doing and what activities [person] is doing."

Regular audits, and spot checks were carried out to identified areas for improvement but we found processes and systems did not always identify issues with records such as medicine records.

The provider's Health and Safety team and the manager monitored accidents and incidents in the home to identify and patterns or themes and how improvements could be made to reduce any reoccurrence.

The provider and registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications to us so that we were able to monitor the service people received.

We asked the manager what they thought the home did well, they told us, "I think we have a good mix of staff. The other day I heard one singing to a person and they were laughing back, it's the little things like this that are so important." We asked them what their vision for the future was and they told us, "I need to know people and their families are happy and that everything works."