

Park Lodge Solutions Limited

Park Lodge Care Solutions

Inspection report

24 Goffs Park Road
Southgate
Crawley
West Sussex
RH11 8AY

Tel: 01293548408
Website: www.alliedcare.co.uk

Date of inspection visit:
28 July 2016
04 August 2016

Date of publication:
20 September 2016

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 service is registered to accommodate 10 people who require support with their personal care. The service specialises in supporting younger adults with learning disabilities. There were 10 people using the service at the time of the inspection the majority of whom had a learning disability, autism, a mental health condition or communication difficulties. Two people were staying at the service on a respite basis.

This comprehensive inspection took place on the 28 July and 4 August 2016. Some of the people who use the service have autism and can become distressed if their daily routine is not followed. Therefore we gave the registered manager one days' notice of the inspection so they could ensure they had sufficient numbers of staff on duty to facilitate the inspection without disrupting the daily routines of the people who lived at the service.

The accommodation was arranged over three floors. The upper floors were accessed by a flight of stairs and there was level access to the rear of the property and gardens. The service had the use of a vehicle which was used to transport people to activities.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was previously inspected on 9 December 2014 and we found two breaches of the Health and Social Care Act 2008. These were in relation to people's care plans and risk assessments not being up to date, staff had not received supervision or an annual appraisal as often as the providers policy stated, residents and relatives meeting minutes had not been typed up and some shortfalls identified as part of the providers own quality assurance processes had not been addressed such as the laundry room was in need of refurbishment. The provider submitted an action plan to address these shortfalls and we reviewed the effectiveness of this plan as part of our inspection. At this inspection we found that the provider had followed their action plan and the breaches were now met. However some areas of practice still needed to be embedded and sustained. We also identified concerns in relation to the administration and management of medicines.

The management of medicines was not always safe. The provider had not ensured that people's medicines administration records (MAR) were accurately completed, gaps on the MAR were unaccounted for, the guidelines in place for when and when needed medicines should be administered were not always in place and one person had not received their medicines as prescribed and intended. This is an area of practice that requires improvement.

Improvements had been made in relation to quality assurance. Action had been taken to address the shortfalls identified as part of the providers own quality assurance processes. The laundry room had been

refurbished and shortfalls in relation to cleanliness had been addressed. The provider had systems in place to ensure that audits were completed to check that staff were following the providers policies and procedures. However the registered manager had not consistently completed these audits or recorded the date that shortfalls identified as needing to be rectified had been actioned. This is an area of practice that needs to be fully embedded and sustained.

Improvements had been made in relation to the recording of relatives, residents and staff meetings which were held on a regular basis. A record had been maintained of who had attended the meetings. However the minutes of these meetings were not all available to view in order to demonstrate the actions taken in response to feedback. This is an area of practice that needs to be fully embedded and sustained.

Improvements had been made in relation to peoples care records. Care plans were in place to direct staff on how people needed and wanted to be supported. These had been reviewed and updated on a regular basis.

Improvements had been made in relation to the supervision of staff. Plans were in place for each staff member to receive supervision with their line manager in line with the provider's policies and procedures and each member of staff had an annual performance appraisal scheduled.

Improvements had been made in relation to risk assessments. Risks to people had been assessed and steps had been taken to reduce any risks identified and these had been kept under review and updated on a regular basis.

The provider ensured there was always enough staff on duty with the right skills and experience to meet people's needs. Staff allocated to work with people with specialist needs such as epilepsy, autism and behaviour that challenged others had been trained to meet these needs. The provider had ensured staff had completed an induction to the service before they were allocated to work unsupervised. However some staff who had been employed for more than a year had not completed some of the training that the provider considered to be mandatory. Whilst we did not assess this had resulted in any harm occurring, this is an area of practice we identified as needing improvement in order to ensure

People enjoyed the food on offer and were involved in the preparation of meals. They had access to a range of activities they enjoyed such as attending day centres and going on day trips. People were supported to travel to social clubs and to go into the local community to go shopping or go to the cinema. One person told us "I keep busy, I do something every day. I can choose what I do but I join in with most things".

People were supported by kind and caring staff who treated them with dignity and respect. Most people told us they were happy with the care and support they received. People referred to staff as being "Very kind". And "Lovely". One person told us "If I feel upset about something I go to staff straight away and they help me".

We observed that staff had the skills they needed to interact and communicate effectively with people. People told us they supported to maintain relationships with people that mattered to them and their visitors were welcomed into the service.

The atmosphere at the service was relaxed and informal. People were at ease with staff and each other and jokes were shared in the many conversations we heard throughout the inspection. Staff responded to people when they approached them and we heard staff checking people's welfare throughout the day and asking them how they were. People's rooms were personalised to reflect their personalities.

There were systems in place to respond to complaints. People told us they knew how to make a complaint. One person told us "I would speak to the manager". Other people told us they would "Tell the staff" or "Tell my key worker".

Staff knew people well. They had access to guidance on how people needed and preferred to be supported and told us they kept up to date with changes to people's care needs through staff handovers and verbal updates. Staff felt supported by management and each other.

Staff were aware of and worked within the principles of the Mental Capacity Act. People were routinely asked for their consent before staff delivered care. One person told us "They (the staff) never force you to do anything."

There was one area where the provider was not meeting the requirements of the law. You can see what action we told the provider to take at the back of the full version of the report.

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.

The management of medicines was unsafe. The providers processes had not ensured that people always received their medicines as prescribed and intended.

Recruitment procedures were safe and staffing levels were sufficient to meet people's needs.

People were protected by staff who knew how to recognise and report suspected abuse.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

The provider had not ensured all staff had completed the training the provider considered to be mandatory.

There were systems in place to ensure that staff received the induction, training and support they needed to support people effectively.

Staff were aware of the requirements under the Mental Capacity Act (MCA) 2005 and responsibilities with regard to Deprivation of Liberty Safeguards (DoLS).

People were supported to access health care support when needed.

Is the service caring?

Good 

The service was caring.

People were supported to be independent by kind and caring staff.

People were treated with dignity and respect.

People were supported to live the lifestyle of their choice and visiting was not restricted.

Is the service responsive?

Good ●

The service was responsive.

Staff had access to up to date guidance on how people wanted and needed to be supported.

Staff were knowledgeable about people's support needs, interests and preferences and supported them to participate in activities that they enjoyed.

There were systems in place to respond to complaints.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The providers systems and processes for assessing and monitoring the quality of the services provided and to drive improvement needed to be embedded and sustained.

Management were approachable and the registered manager was aware of their legal responsibilities.

Park Lodge Care Solutions

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 28 July and the 4 August 2016 and the registered manager was given one days' notice. This was because some of the people who use the service have autism and it was important that there was sufficient numbers of staff on duty to ensure our inspection did not disrupt the daily routine of the people who lived at the service. One inspector completed this inspection.

The last inspection of this service identified two breaches to the Health and Social Care Act 2008 regulations and was completed on the 9 December 2014. At this inspection we checked whether the provider had taken action to address these breaches.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the action plan the provider had sent us which outlined the steps they planned to take to address the issues identified at the last inspection and meet the requirements of the law.

Before the inspection we received feedback about the service from two placing authorities.

During our inspection we observed the care being delivered at meal times, observed staff administering medicines and sat in on a staff handover to listen to what was discussed. We spoke with seven people who used the service, the registered manager, the area manager the deputy manager, two team leaders, four support workers and a visiting relative. We looked at four people's care plans, four peoples' medication records, the staff duty rota, five staff recruitment files, meeting minutes, the complaints log, staff hand over sheets, accident and incident records, an overview of training that staff had completed and an overview of the supervisions and annual appraisals that had taken place. We also looked at some of the providers own quality assurance audits.

Is the service safe?

Our findings

Most people told us they felt safe at the service. One person "If I need any help I'd get staff straight away". Another person told us "If I need help the staff will come and help me" another person told us "Yes I feel safe here".

Medicines were not always managed safely. Some of the medication administration records (MAR) contained gaps which should have included the signature of the member of staff that had administered the medicine or a code to indicate why it had not been administered. We identified that during June and July 2016 one person's medicine had not been administered as per the GP's instructions and that the staff had ordered the wrong prescription for this person. This error had not been identified when the medicines were checked into the service by staff. This had led to this person being administered their medicine on an 'as and when needed' basis instead of daily as the doctor had prescribed. Therefore they had not received this medicine as prescribed and intended and the symptoms that they had been prescribed to alleviate had continued.

Each time 'as and when needed' medicines had been administered an entry had been made on individuals MAR but the quantity given and the reason for administration had not always been entered. Therefore it was not possible to establish what the correct stock levels should be or for the provider to monitor why these medicines had been administered and the effectiveness of them.

Guidelines for some 'as and when needed' medicines should be administered were not in place for some people. Therefore it was not clear under what circumstances these medicines should be administered, for how long or at what point further medical advice should be sought.

The registered manager told us that all staff that administered medicines had completed training in medicines. However there was no date recorded on the provider's training planner for when the registered manager, deputy manager and one of the team leaders had completed medication training. Therefore it was not possible to assess whether they had completed this training, had the skills and underpinning knowledge they needed to administer medicines safely.

The provider had not ensured care and treatment had been delivered in a safe way because medicines had not always been managed and administered safely. This is breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some medicines were not being stored in line with good practice guidelines. The registered manager was aware of this and told us that there were plans in place to provide suitable storage facilities. This is an area that we identified as needing improvement.

At the last inspection we identified a breach in relation to Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 equivalent to Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the risk assessments had not

been reviewed every six months or as needed in line with the providers policy. Following that inspection the provider sent us an action plan describing the actions they planned to take to meet the requirements of the law. At this inspection we found that the provider had followed their action plan and all the risk assessments viewed had been updated on a regular basis.

A range of assessments were in place to assess risks to people. Each risk assessment considered the level of risk, and provided staff with guidance as to the actions they needed to take to reduce the risk for example by being supported or supervised when preparing drinks and food in the kitchen or by staff escorting people who were not safe to travel independently to and from their activities and social clubs. People were supported to be safe without undue restrictions on their freedom and choices about how they spent their time. Throughout the inspection, we regularly saw people moving freely around the service. The registered manager and staff adopted a positive approach to risk taking. Positive risk taking involves looking at measuring and balancing the risk and the positive benefits from taking risks against the negative effects of attempting to avoid risk altogether. Risk assessments were in place which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. One person who liked to collect wood and light fires was supported to do this by using a wood burner in the garden at weekends. They told us the person was very capable of lighting the fire themselves and handed the person a lighter to do this but the person did not have access to a lighter or matches at other times. Another person had been assessed as safe to use local facilities on their own on the basis that they carried a mobile phone and let staff know where they were going and what time they expected to return.

At the last inspection we recommended that the service consider best practice guidance available on cleanliness and infection control in care settings. This was because although the service was generally clean and hygienic, one bedroom was dirty with brown smears on the floor and on the toilet seat. The floor in the laundry room was in a state of disrepair and cleaning mops were in need of replacement. At this inspection we found improvements had been made. All areas of the service were found to be clean and hygienic. The laundry had been refurbished and cleaning mops had been replaced.

There were processes in place for regular checks to be undertaken in relation to the safety of the premises and equipment. Portable electrical appliances were tested annually to check they were safe to use. Fire fighting equipment had been serviced regularly and people were aware of the need to evacuate the building in case of fire. The gas safety and insurance certificates were up to date and measures were in place to reduce the risk of legionella.

Systems were in place to protect people from abuse and keep them free from harm. All staff had received training safeguarding adults at risk. They were knowledgeable in recognising signs of abuse and told us they would report any safeguarding concerns to the registered manager. The registered manager told us they would contact the local authority should they suspect abuse had taken place and would have no hesitation in reporting any concerns they may have.

Staff knew how to report any accidents or incidents. They told us they would complete the relevant form, report the accident or incident to a senior member of staff and hand the information on to the staff coming on duty during handover to make sure they were aware of what had happened. We saw that accident and incident records had been completed when needed and associated risk assessments and care plans had been reviewed and updated accordingly.

The provider followed safe recruitment practices and relevant employment checks, such as criminal records checks, proof of identity, right to work in the United Kingdom and appropriate references had been completed before staff began working at the service.

There were sufficient numbers of staff with the right skills and experience on duty at all times. Staff told us there had been a large turnover of staff since the end of 2015 but that new staff had been recruited all of which had completed the training they needed to work unsupervised. People and one relative told us that they felt there were enough staff on duty to keep people safe and that staff had the skills they needed to support people safely.

Is the service effective?

Our findings

People told us their needs were met and were happy with the support they received from staff. One person told us "I can do most things myself but they help me when I need it". Another person told us "The staff are good".

At the last inspection we identified that not all staff had received supervision at least six times a year or had an annual appraisal in line with the providers own policy. At this inspection we found that improvements had been made. The provider had systems in place for staff to receive one to one supervision with their line manager at which they could discuss in private their personal and professional development and for an annual appraisal of their performance to take place. Where supervision had not taken place as planned, dates had been rescheduled for later in the year to ensure that they did receive supervision six times a year. Staff felt supported by their senior managers and their colleagues. One staff member told us, "I like working here because everyone is supportive, we are a good team." Another staff member told us "There's always someone to go to if I need any support or advice. I can talk to (registered managers name) or any of the team leaders". A further staff member told us "We get all the support we need. We can speak to (registered managers name) at any time".

The provider had a policy in place that all staff should complete training which they considered to be mandatory, however not all staff that had been employed by the provider for over a year had completed all of this training. Five staff had not completed learning disability awareness training and seven had not completed mental health awareness training. In addition to this not all staff had completed nutrition and healthy eating training or equality and diversity training. Despite this staff told us they felt they did have the knowledge and experience they needed to support people to meet their specific needs. They explained their induction had included shadowing experienced members of staff and they had got to know the individual's they supported well. A visitor told us they felt staff had the skills they needed to meet their relative's needs and were confident in their abilities. We did not assess that any harm had been caused by the fact that not all staff had completed all the training the provider considered to be mandatory. However, it is important that the provider is assured that all staff have the skills and underpinning knowledge they need to effectively meet the diverse needs of the people living at the service, all of whom had a learning disability, some also had a mental health condition and some needed support to follow a healthy diet. Therefore this is an area of practice we identified as needing to improve.

The provider had policies and procedures in place to ensure that staff completed an induction to the service which included shadowing experienced members of staff and service and familiarising themselves with the providers policies and procedures prior to working unsupervised. The registered manager explained that the provider also required all new staff to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It is designed to give confidence that workers have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. All the staff we spoke with told us they had either completed or were in the process of completing the associated work book to gain this qualification. One member of staff told us, "I've never worked in care before but the induction here was really good. I've got to know the residents and how the

home works". The staff training plan detailed that nine of 19 staff who worked at the service held a nationally recognised qualification in care and seven were working towards gaining one.

Staff had completed training in how to meet some people's individual needs. Staff told us that some people displayed behaviour which challenged, including being verbally and physically aggressive towards others. Challenging behaviour is persistent behaviour that causes difficulties and limits a person's ability to have a good life. It's called 'challenging' because it challenges everyone who supports the person to understand why it is happening and to work together to find a solution. Staff told us and training records confirmed, all staff had completed training in how to support people who displayed this behaviour which had included intervention techniques they could use to protect people or themselves should it occur. The training also included Positive Behaviour Support (PBS). PBS is recognised as a good practice approach that is used to support behaviour change in people. The focus is not on 'fixing' the person or on the challenging behaviour itself and never uses punishment as a strategy for dealing with challenging behaviour. PBS is based upon the principle that if you can teach someone a more effective and more acceptable behaviour than the challenging one, the challenging behaviour will reduce. Some people who lived at the service had autism, albeit the provider did not consider autism awareness training to be mandatory, all but four members of staff had completed this training. Specific training had also been provided to staff for how to administer one person's emergency epilepsy medication. Other training completed by staff included fire marshal, first aid, hygiene, health and safety, safeguarding, report writing, infection control and care planning.

Staff told us they felt supported by management and each other and there was effective communication process in place to keep staff informed. They explained they had handover meetings at the start and end of each shift, so they were aware of any issues during the previous shift. We observed a handover which was chaired by a team leader, information from the morning staff was passed across verbally and with the use of a handover sheet to the afternoon staff detailing any changes or updates to people's care needs.

People were supported to have sufficient to eat and drink and to maintain a healthy diet. One person told us, "We talk about the meals at our meetings. I like the food". People told us they were actively involved in planning healthy menus and diets and went food shopping. No-one required support to eat and drink and people helped to prepare and cook their own meals. Some staff had received training in food and nutrition and all staff had completed training in basic food hygiene. People told us they enjoyed the food and were able to choose an alternative if they did not like the food on offer. One person told us they had chosen pizza for the evening meal that day and would be preparing this for everyone with support from staff. Another person told us how much they enjoyed baking cakes which staff supported them to do on a regular basis.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Management told us applications to deprive people living at the service of their liberty in specific circumstances had been submitted to the local authority for their approval. The registered manager demonstrated a firm understanding of the MCA and the providers training planner showed that all staff had

completed training in relation to the MCA and DOLS. Staff told us and we observed they gained consent from people before supporting them and delivering care. One person told us "They (the staff) never force you to do anything."

We were told the principle of assuming people had capacity to make their own decisions was followed. Staff told us that everyone was able to make their own day to day decisions and that if they were not able to make a decision for example whether to receive medical treatment then their family members and the persons social worker would be consulted.

People's health care needs were met. People told us they were supported to see their GP and dentist when needed. A referral had been made for one person to see a Speech and Language Therapist (SALT) for one person and input from a psychologist had also been sought. Records detailed when health care professionals had been contacted for advice and when people had attended healthcare appointments. One person told us "When I wasn't well with tooth ache (staff member's name) came and helped me straight away".

Is the service caring?

Our findings

Staff had a fun approach to their work with people. They knew people well and demonstrated understanding of the preferences and personalities of the people they supported with whom caring relationships had been developed. People were at ease with staff and each other and jokes were shared in the many conversations we heard throughout the day. Staff communicated with people effectively in a warm, friendly and sensitive manner that took account of their needs and understanding. People reported staff as being "Very kind" and "Lovely". A visitor told us they were happy with the care their relative was receiving. They explained that their relative was always happy to go back to the service after visiting the family at weekends and got on well with the staff.

One person who could not communicate verbally had been provided with the support they needed to communicate. A member of staff showed us a notice board detailing Makaton signs that the person used to help them to communicate with us on our inspection. Makaton is a form of sign language used by people with a learning disability. This staff member supported this person to communicate with us. It was clear they had a good understanding of this person's communication needs and style and was able to help interpret to us what the person was trying to say to us. It was evident from the positive gestures the person made they were pleased with the support this staff member gave them and that they had interpreted what they were trying to communicate correctly.

Staff encouraged and supported people to make every day choices such as what to wear, eat or do wherever possible. Staff told us people planned in advance how they wanted to spend their time but usually asked them in the morning if they wanted to stick the plan they had made or whether they wanted to do something different. Our observations confirmed this.

Staff took care to maintain and promote people's well-being and happiness; for instance, one member of staff explained that it was very important that the activity planner was kept up to date and specify what activities were planned for each person for the week. They told us that if this was not kept up to date it could cause one person in particular to become very anxious which in turn could lead to them displaying challenging behaviours. We saw that the activity planner on display was up to date and accessible. It was illustrated with pictures and symbols that people understood to indicate what each person would be doing each day.

People's privacy and dignity were respected and promoted. Staff told us about how they protected people's dignity such as when helping them with personal care. They demonstrated they had a good understanding of the importance of maintaining people's dignity and treating people with respect. One member of staff told us "We always ensure doors to bedrooms and toilets are closed when people are receiving personal care". Our observations confirmed that doors were kept shut when personal care was being delivered and that staff knocked on people's doors and waited for a response before entering their rooms.

The registered manager and staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they

would like to do and where they would like to spend time. People were empowered to make their own decisions. They told us they that they were free to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed, how and where to spend their day and what they wanted to wear. We heard one person telling staff they did not want to go out in the afternoon and that they wanted to have a lie down instead and staff respected this decision. Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One member of staff told us, "It's all about choice. If somebody wants to stay in that's fine. We'll remind them of what they have planned for the day but if they don't want to go then that's up to them".

People were supported to maintain relationships with people what mattered to them. People told us they were visited by their family and that staff supported them to go to social clubs where they could meet up with friends.

We observed staff treated people with kindness and understanding. Interactions and conversations between staff and people were positive and constant. People told us they felt staff were kind and we observed staff showing patience and understanding, for example by giving people who struggled to communicate verbally time to express what they wanted to say. One person told us, "All the staff are kind, I like it here". Another person told us "If I feel upset about something I go to staff straight away and they help me". Staff made time to talk to people whilst going about their day to day work. It was clear staff knew people well but equally people were familiar with staff and happy to approach them if they had concerns or worries.

Although people and staff were busy, the atmosphere at the service was calm and relaxed and people were spending their day in a manner that suited them. Some people chose to stay in their bedrooms, others in the lounge or dining room. Each person had their own room which had been personalised with their belongings and memorabilia. For example one person's room reflected their love of characters from a particular film and their memorabilia was displayed on shelves in their room. Staff told us these figures were extremely important to this person and that they would get extremely upset if staff were to touch them or move them. Another person had pictures of their friends and family on display and told us they had chosen the colour of their bedroom walls and bedding.

Information about people was stored securely and staff made sure that doors were shut when we were discussing the needs of individuals.

Is the service responsive?

Our findings

At the last inspection we identified a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which is equivalent to Regulation 17 HSCA (RA) Regulations 2014. This was because people who used the service were not protected against the risks of unsafe or inappropriate care and treatment because of a lack of accurate records in relation to the care and treatment provided. Monthly reports had not been completed for every person as per the providers policy and those that had been completed, contained insufficient information to enable care plans to be reviewed effectively. Following that inspection the provider sent us an action plan outlining the steps they would take to meet the requirements of the law. At this inspection we found the provider had followed their plan, care plans had been reviewed on a regular basis and the breach had been met.

People were able to visit the service and had their needs had been assessed before they made a decision about whether they wanted to move in. People's initial assessments had been used as a basis on which to formulate a care plan. Care plans were very detailed and provided specific guidance for staff to follow when supporting people with their individual needs, for example they included step by step guidance for how to support a person with their daily routine. It was evident from the information in care plans that individuals and or their relevant family members had been consulted. For example, they included individual plans which highlighted areas such as the nature of the person's disability, their likes, dislikes, strengths and goals they were working towards. Plans were in place for what support people needed from staff to access the community and to communicate effectively. Staff told us that people could invite those that mattered to them to their reviews and that they had control over what was discussed at the meetings. A relative and people confirmed this. Feedback from two placing authorities in connection with the care planning, assessment and review processes was positive.

Staff knew people well and had a good understanding of their care and support needs. They told us any changes to peoples care needs were passed on at staff hand over meetings at the beginning of each shift. Our observations of a handover meeting confirmed this. Staff told us there was always staff and management on duty they could go to for advice or provide them with updates on their return from a leave of absence from work.

People had the opportunity to take part in activities they enjoyed. Group trips out that people enjoyed were provided on a regular basis. One staff member told us "We have meetings and ask people what they would like to do, not everyone comes along so we ask them what they'd like separately". They explained that in addition to this key workers worked with individuals to plan the activities they would like to participate in and other trips out were on an impromptu basis for example if the weather was good they may go for a picnic in the park. A notice board in a communal area provided details of planned trips out including trips to theme parks, London and the sea side. Throughout both days of our inspection people were coming and going from a range of activities such as attending day centres, shopping, bowling and visiting the park. People were also engaged in activities of daily living such as cleaning their own room, vacuuming the communal areas, watering the garden and feeding the fish in the garden pond. One person told us "I keep busy, I do things every day. I like going out". They also told us "If I want to go into town shopping I ask the

staff and they organise it for me". Another person told us "I keep busy, I do something every day. I can choose what I do but I join in with most things".

There were systems in place to respond to complaints. People were provided with information about how to make a complaint when they moved into the service and complaints received by the provider had been recorded and responded to appropriately. People told us they knew how to make a complaint. One person told us "I would speak to the manager". Other people told us they would "Tell their key worker" or "Tell the staff". One person told us they had raised a complaint with the registered manager but was not satisfied with the process as they had not heard the outcome of their complaint yet. The registered manager told us they were still investigating this complaint and would be having a meeting with the person to discuss the issues they had raised and that they were still within the provider's timescales for completing the investigation. Records confirmed this.

Is the service well-led?

Our findings

At the last inspection we identified a breach in relation to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which is equivalent to Regulation 17 of the Health and Social Care Act Regulations 2014. This was because shortfalls identified as part of the providers own quality assurance processes had not been addressed, accidents and incidents were not analysed and not all records were up to date. Following the last inspection the provider sent us an action plan outlining the action they planned to take to ensure they were meeting the requirements of the law. At this inspection we found that the provider had followed their action plan and that steps had been taken to ensure the breach was met however some of the improvements made needed to be embedded into day to day practice and sustained in order to ensure that the service is able to continuously improve.

The provider had a range of systems and processes in place to assess the quality of the service being delivered. The provider required the registered manager to complete a range of audits each month for example to check the accurate completion of care records. At this inspection we found the registered manager had not consistently completed the monthly audits in line with the provider's policies and procedures. The last audit the registered manager had completed was in May 2016 as part of which they had detailed the action that was needed to be taken to rectify shortfalls they had identified and specified the date the action should be completed by. The area manager also identified shortfalls when they had audited the records. As a result of the shortfalls they identified, they had also set the registered manager actions to complete within specific timescales. The registered manager told us they had completed the majority of the actions they and the area manager had set, but could not show us any documentation to detail when the actions had been completed. We spot checked some of the actions that had been set and found they had been completed, for example shortfalls in the recording of people's financial transactions had been rectified and shortfalls in staff recruitment files had been addressed. However the lack of a completion date meant it could not be assess whether the actions had been completed within the timescales set. Whilst we did not assess any harm had occurred as a result of this we have identified this as an area of practice which needs to be embedded and sustained.

At the last inspection we found minutes of meetings held with the people who lived at the service and their relatives had not been to be typed up for ease of reading. At this inspection we were told that relative, residents and staff meetings were held regularly and we saw records showing who had attended these meetings. However the minutes of some of the meetings that had taken place in 2016 were not available to view. The registered manager told us that some of the meeting minutes had been typed up but had been removed from the folder for people to read and had not been put back but the more recent minutes had not yet been typed up. This meant we could not assess whether or not any issues arising had been addressed. Whilst we did not assess that any harm had occurred as a result of this it is an area of practice that we identified as needing to be embedded into practice and sustained.

At the last inspection some areas of practice which had been identified as needing improvement as part of the providers own quality assurance and monitoring processes had not been completed, for example, updating of care records, and cleaning systems relating to the laundry, room cleaning and sanitation. At this

inspection we found action these actions had been completed.

At the last inspection accidents and incidents that occurred had not been analysed since January 2014. At this inspection we found action had been taken to address this and accidents and incidents were being analysed. The registered manager showed us how the analysis of the incidents for one person had been involved in had contributed to the formulation of a positive behaviour support plan (PBSP) for the person. This in turn had resulted in a reduction of the number of incidents they had been involved in. They explained due to a sudden change in this person's behaviour the introduction of a PBSP had been a priority for this person and that the analysis of the accidents and incidents other people had been involved in would be used to help formulate a PBSP for those people.

People, relatives and staff had the opportunity to give their opinions of the quality of the service provided by way of a satisfaction survey. The registered manager explained that the most recent surveys sent out to people and their relatives to complete had not yet been returned but the results would be analysed and used to help drive improvement.

Management were approachable. We observed people and staff coming to speak with management about a range of issues for example to ask to speak to the registered manager in private or to say hello and pass the time of day. The registered manager was supported by a deputy manager who worked one office day per week and each shift was run by a team leader.

The registered manager told us his biggest challenge of 2016 had been the recruitment, induction and training of new staff but they felt the staff team was now stable and more 'cohesive' than it had been for several years. They explained that due to a high level of staff sickness in recent months and that so many new staff needed to be supervised when supporting people, they had prioritised working on the floor alongside new staff delivering care. A visiting relative also told us they felt the staff turnover had been an issue at the service but that they felt that things had improved since the beginning of the year when new staff had been recruited.

The registered manager told us they had received feedback from the local authority and their area manager that the service needed to work towards changing the culture of the service to being more person centred, particularly in relation to people's activities. They told us that now new staff had been inducted and completed most of their training they would have the time to do this. Staff told us their focus was supporting people to live the lives of their choice and working towards the service becoming more person centred. One member of staff had suggested that pictures should be put on the kitchen cupboards to indicate what they contained to help people to be more independent and this suggestion had been taken forward by the registered manager. They had also suggested that each person have their own activity planner. This suggestion had been accepted and was a work in progress. Other staff told us they were working to encourage people to become more independent for example for more people to cook their own meals and to start travelling by bus when going into town.

The registered manager had informed the commission of notifiable events at the service by completing statutory notifications as required by. They were aware of the Duty of Candour regulation. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. Records showed that they had kept people's relatives informed of any accidents and incidents people had been involved in. The last inspection report and rating was on display at the service and the registered manager told us that this would also be displayed on the provider's web site as soon as the construction of the web site had been completed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <ol style="list-style-type: none">1. Care and treatment must be provided in a safe way for service users.2. Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include <p>g. the proper and safe management of medicines;</p>