

United Response

United Response - 4 Burnham Avenue

Inspection report

4 Burnham Avenue
Bognor Regis
West Sussex
PO21 2LB

Tel: 01243868073
Website: www.unitedresponse.org.uk

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 21 March 2017 and was unannounced.

The service is a residential care home, which provides care and support for up to five people with a learning disability. At the time of our inspection there were five people living at the home. The service is a detached three-storey building, with an open plan lounge and dining room, which leads into a small conservatory. On the ground floor are a kitchen and two utility rooms leading out to a well-kept garden. There is a downstairs toilet and a bathroom on the first and second floor. The service had a cat named Smudger, which people told us they liked having around.

At the last inspection on 16 and 18 August 2016, we identified seven breaches of Regulations associated with assessing the risks to the health and safety of people, systems and processes around safeguarding people from abuse and improper treatment, staff supervision and training, personalised care, how the provider received and acted on complaints and effective good governance. The provider had also failed to notify the Commission of two incidents of alleged abuse. As a result, the service was rated 'Inadequate' overall and the provider was placed into Special Measures by CQC. We met with the provider to discuss our concerns and issued two Warning Notices, which required the provider to take immediate action in relation to assessing the risks to the health and safety of people and the effective governance of the service.

We recommended the provider ensured consistency in the caring approach of staff to ensure people's dignity and well-being are promoted. We also recommended staff training in Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Following the last inspection, the provider wrote to us to confirm that they had addressed these issues.

Since our last inspection, the provider has continued to engage with the Commission. We required the provider to submit regular action plans that updated us about the steps they had taken to improve the service. At this inspection, we found that the actions had been completed and the provider had now met all the legal requirements. Since our last inspection, the service had experienced a period of considerable change. Although significant improvements had been made to address previous shortfalls raised in our last visit, the service is on an improvement journey and these improvements were yet to be embedded and sustained.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The service did not have a registered manager in post at the time of our visit. Following our last inspection, the newly appointed manager left the service in December 2016. The provider appointed another manager

in March 2017; however, they have not yet commenced employment. The service has been without a registered manager since August 2016. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. An interim manager who had been in post for three weeks was managing the service day to day.

The recent focus had been on changing the culture of the service. Other areas of improvement had been identified, but not wholly implemented. For example, at the last inspection some people told us they did not feel safe because of the behaviours some people who used the service displayed. We identified that safety incidences were not always analysed and responded to effectively. This meant the risk of further incidents were not always reduced, which could have put people at risk. At this inspection, we found that incidences were still not being fully documented which meant we could not identify how people's needs were being responded to. Whilst the management team had appointed a Practice Development Advisor to review people's behaviour care plans and support the staff in preventing and responding to people's behaviours, people told us they still did not feel entirely safe. This area requires further improvement.

At the last inspection, the provider's systems and processes designed to monitor the quality of the service were not always followed. Internal audits and checks did not identify issues, which were affecting people's safety and wellbeing. At this inspection, we found systems for monitoring quality and auditing the service had improved and were being used to continually develop the service. However, not all systems and processes designed to monitor the quality of the service had been fully embedded. This area requires further improvement.

People were protected against the risk of abuse; staff had a good understanding of how to recognise abuse and what action they should take if they suspected it had taken place. Staff were provided with training relevant to their role and felt well supported by management.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. Medicines were managed safely.

Safe staff recruitment procedures ensured only those staff suitable to work in a care setting were employed. Sufficient numbers of care staff were deployed to meet people's needs. We saw that staff recruited had the right values, and skills to work with people who used the service.

At the last inspection, we observed the premises were not always clean or properly maintained. At this inspection, we found noticeable improvements had been made to the home environment which had been service user led. The home was clean and tidy throughout, routinely maintained and monitored by the provider.

People's capacity to consent to care was considered and the home worked in accordance with current legislation relating to the Mental Capacity Act 2005 and the Deprivation of Liberties Safeguards. This included training for all staff on both subjects, which was a recommendation at our previous inspection.

Care plans reflected information relevant to each individual and their abilities, including people's communication and health needs. Staff were vigilant to changes in people's health needs and their support was reviewed when required. The service had good links with health care professionals to ensure people kept healthy and well.

People were provided with a variety of meals and the menu catered for any specialist dietary needs or preferences. Mealtimes were often viewed as a social occasion, but equally any choice to dine alone was fully respected.

People looked happy and were relaxed and comfortable with staff. They were supported by staff that understood their needs and abilities and knew them well. Staff were kind and caring towards people and upheld their privacy and dignity at all times. People were involved as much as possible in planning their care. Staff were flexible and responsive to people's individual preferences and ensured people were supported in accordance with their needs and abilities. People were encouraged to maintain their independence and to participate in activities that interested them.

The service placed a strong emphasis on meeting people's emotional well-being through the provision of meaningful social activities and opportunities. People were offered a wide range of individual activities, which met their needs and preferences. There were processes in place for people to express their views and opinions about the service provided. The feedback from people and their representatives in their most recent customer satisfaction survey was positive. The complaints procedure was displayed and people said they knew what to do if they were not satisfied with the service. Complaints were logged and records showed the provider looked into complaints and responded to complainants.

As a result of improvements made to the quality and safety of Burnham Avenue, the overall rating of the service had improved from 'Inadequate' to 'Requires Improvement'.

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 always safe.

We identified that safety incidences were not always analysed and responded to effectively. This meant the risk of further incidents were not always reduced, which could put people at risk.

Medicines were managed safely and there were good processes in place to ensure people received the right medicines at the right time.

Risks were assessed and there were plans in place to protect people, whilst promoting their independence and choice.

People were protected from the risk of abuse, avoidable harm or discrimination because staff understood their roles and responsibilities in protecting them.

There were sufficient numbers of staff and the service followed safe recruitment practices.

The home was clean and tidy throughout, routinely maintained and monitored by the provider.

Is the service effective?

Good 

The service was effective.

Staff had completed an induction and were provided with on-going training, support and supervision to ensure they were able to meet people's individual needs.

Staff received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) which, they followed to ensure people's consent was lawfully obtained and their rights protected.

People were supported to maintain good health and had regular contact with health care professionals.

People were provided with a balanced diet and had ready access to food and drinks.

Is the service caring?

Good ●

The service was caring.

People were supported by kind, friendly and respectful staff who took time to speak and listen to them. People's privacy and dignity were respected.

Staff knew how to communicate with people in an accessible way, according to their individual needs, so they could understand their choices and decisions.

People were consulted about their care and had opportunities to maintain and develop their independence.

Is the service responsive?

Good ●

The service was responsive.

People's needs were comprehensively assessed and reviewed. Care plans were individualised and reflected people's preferences.

There were structured and meaningful activities for people to take part in.

People were aware of the complaints procedure and knew what to do if they were dissatisfied.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The service had been without a registered manager since August 2016.

Although improvements had been made to address previous shortfalls such as the monitoring of quality and safety of the service, these improvements were yet to be embedded and sustained.

The home had an open culture that was continuously developing to improve the services for people they supported.

The provider sought the views of people, relatives and professionals about the standard of care at the service.

Staff told us that the management were supportive and approachable.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 was carried out to check that improvements to meet legal requirements, identified in two warning notices, had been made. This inspection also checked to see whether breaches of legal requirements made as a result of the last inspection on 16 and 18 August 2016 had been met.

This inspection took place on 21 March 2017 and was unannounced. One inspector undertook the inspection.

Prior to the inspection, the provider completed 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 reviewed the PIR and other information we held about the service including previous inspection reports. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection, we observed care provided by staff to people including how medicines were administered to people and the lunchtime experience. We met with four people living at the service. Due to the nature of people's complex needs, we were not always able to ask direct questions. However, we did chat with people and observed them as they engaged with their day-to-day tasks and activities. We spoke with the acting manager, senior support worker and two care staff. We also met with the Practice Development Advisor employed by United Response to review how the service proactively supports people's behaviours. On the day of the inspection, we received contact via email from a Director

representing United Response who was unable to meet with us face to face.

We spent time looking at records including care records for 10 people, five staff files and staff training records. We also looked at staff rotas, medication administration records (MAR), health and safety maintenance checks, compliments and complaints, accidents and incidents and other records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection on 16 and 18 August 2016, we identified the provider had failed to provide care and treatment in a safe way. Medicines were not safely or properly managed. The provider had failed to assess the risk and prevent, detect and control the spread of infection. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a Warning Notice to the provider in respect of this breach, which required the provider to make immediate improvements. At this inspection, we found that improvements had been made and that this regulation was met. However, improvements were still needed in relation to the monitoring of people's behaviours, to ensure the support from staff kept people safe.

At the last inspection on 16 and 18 August 2016, we found that there was no evidence that behaviour monitoring records had been completed. The impact of this meant, that people's behaviours were not being regularly reviewed and analysed to ensure the support from staff was the most appropriate. At this inspection, we looked at the arrangements in place for managing behaviours and preventing the risk of reoccurrence. Staff told us they recorded and reported all incidents and people's individual care records were updated as necessary. However, we found that incidences were still not being fully documented which meant we could not identify how people's needs were being responded to consistently.

Daily records were completed about people by staff during and at the end of their shift. This included information on how the person had presented throughout the day and any other health monitoring checks. We found entries that indicated the person had six incidences of behaviour that had an impact on either other people living in the service or in the community, where potentially they put themselves and others at risk. A seventh incident occurred on the day of the inspection, observed by the inspector. However, only two incident records had been completed. One of the two was from the day of the inspection. The interim manager told us that daily records are not checked or audited. We spoke to the Practice Development Advisor who was employed internally by United Response, who had been asked to review the practice of staff, update people's care plans and provide advice since the previous inspection. The Practice Development Advisor confirmed that they relied on incident forms and investigation reports to complete following an incident to indicate if a person's behaviour care plan needs reviewing or updating. We checked the person's records and we could not find any evidence that the investigation records had also been completed.

The Practice Development Advisor told us, that there were other ways to ensure a person's care plan was up to date, that they themselves can carry out observations of people and speak to staff. However, this method relies on the Practice Development Advisor being informed there are behaviour incidences to begin with as they are not based in the service. We found that incidences had not been brought to the Practice Development Advisors attention. We also found that the incidences had not been reviewed for the cause of the incident and did not detail measures put in place to reduce future risks to individuals. This included one incident in March 2016 where another person living in the service had been assaulted during a behavioural incident. This showed people were not always protected from the risk of harm because incidents and accidents were not always analysed for trends in an effort to reduce their reoccurrence.

People told us that they did not feel safe because of a person's behaviour. During the inspection, we observed a behavioural incident that did affect the other people living in the service, who were scared and upset. We observed sensitive interventions by staff who recognised the person's triggers for the behaviour which may challenge and ensuring that people's dignity and human rights were protected. Staff also immediately offered reassurance to the people who were upset.

Staff told us, they were unsure what was an incident and went on to say they did not feel it was clear when a behaviour should be recorded as an incident. We fed our findings back to a Director within United Response who told us, "With regards the reporting of incidents, colleagues were recently advised by the organisation that they did not need to complete an Accident/Incident Report form if no injury was sustained. In any event, any such incident needs to be logged so that the learning from it may be carried out, through cross reference to an individual's Positive Behaviour Support Plan." This is an area requiring further improvement to ensure that people's behaviours which may challenge are sufficiently documented and analysed to ensure the care provided reduces risks associated with behaviours as much as reasonably practicable.

At the last inspection on 16 and 18 August 2016 we found risk assessments and behavioural support plans were not in place for people in order to guide staff to reduce the risk of harm to themselves and other people. At this inspection, we found improvements had been made. The members of staff we spoke with understood people's individual risks and how to ensure risks were minimised whilst promoting people's independence. We looked at three care records of people who used the service and saw risk assessments were in place for a range of issues including keeping healthy and active, behaviour that may challenge others, choking, cooking, risks related to specific health conditions, mobility and falls. The care file of one person identified risks when they were in the kitchen, such as cuts when using kitchen appliances, and scalds with hot water. This care plan also identified behaviours that may challenge others and clear action for staff to follow to ensure the safety and wellbeing of the person.

At the last inspection on 16 and 18 August 2016, we found medicines were not safely or properly managed. At this inspection, we found improvements had been made. Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. We observed a staff member administering medicines during the morning period with confidence and using a personalised approach. They showed us medicines were stored and administered from a locked facility, which was secured to the wall for safety. We saw medicines fridge temperatures and rooms temperatures where medicines were stored were recorded and monitored daily, which showed medicines were stored at the correct temperatures to ensure they remained effective. We checked a sample of the medicines and stock levels and found these matched the records kept. The recording system included a photograph of the person and information that was pertinent to them, including any known allergies. Tablets were dispensed from blister packs and medicines administered from bottles or boxes were stored and labelled correctly. Two topical creams that were not labelled, but we could see were in date, were labelled during the inspection. We observed that the Medication Administration Record (MAR) was completed on behalf of each person by the staff member on duty each time someone was supported to take their medicine. Guidance was provided for staff when administering "When required" (PRN) medicines. We saw a protocol was now in place to advise staff about the use of 'when required' medicines when people had symptoms such as pain, agitation or distress. People's medicines care plan recorded the different level of support needed by each person. The information was detailed and provided staff with a consistent approach to the administration of this type of medicine and when it should be given.

The home carried out a weekly stock audit of medication. The last one completed had no outstanding actions from these checks. Since the last inspection, however, the audit tool did not cover all aspects of the storage and administration of medication. We have detailed this in the well-led domain. We found that this

had no impact on people, and that medication was being stored and administered safely.

At the last inspection on 16 and 18 August 2016, we found the provider had failed to assess the risk and prevent, detect and control the spread of infection. At this inspection, we found noticeable improvements had been made by the provider to improve the cleanliness, safety and maintenance of the home.

Flooring in the communal areas and bedrooms had been deep cleaned; in some areas, it had been replaced where deep cleaning would not have been effective. People's bedrooms and communal areas had been repainted. The areas around the base of toilets, sinks and bathrooms had been resealed. Shower curtains had been replaced, a new shower and bath had been installed all to ensure they remain hygienic. Soap and towel dispensers had been put in the kitchen, both bathrooms and toilet room. Cleaning schedules were in place to ensure the environment remained clean, hygienic and well maintained. We observed the home was clean and tidy throughout, routinely maintained and monitored by the staff. The senior or manager carried out monthly recorded environmental checks. This involved walking around the building and checking all areas of the home including people's bedrooms to ensure there were no offensive odours or any trip hazards. One person told us, they now enjoyed their baths and their room smelled nicer. A staff member told us, "Things are so much better, the cleanliness has hugely improved, there is now a really good supply of soap and handtowels".

At the last inspection on 16 and 18 August 2016, we identified people were not consistently protected from the risk of abuse, neglect or improper treatment. This was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that sufficient improvements had been made and that this regulation was met.

The service had policies and procedures regarding the safeguarding of people, which included definitions of what constituted abuse, how to recognise abuse and how to report any suspected abuse. There was a copy of the local authority safeguarding procedures on a notice board in the office so staff had details of how to report any safeguarding concerns. Staff had received training in safeguarding procedures. They had a good knowledge of what abuse was and knew what action to take. Staff were able to identify a range of types of abuse and their definitions. Without exception staff told us they would keep the person safe, observe the person, give them 1:1 support if needed, talk to the interim or area manager and if needed report their concerns to the Care Quality Commission and/or the local authority safeguarding team.

Staff had undergone pre-employment checks as part of their recruitment, which were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Prospective staff underwent a practical assessment and role related interview before being appointed. People were safe as they were supported by sufficient staff whose suitability for their role had been assessed by the provider. Daily staffing needs were analysed by the interim manager. This ensured there were always sufficient numbers of staff to support people. There were four members of staff on duty between 8am and 3.30pm. One member of staff on duty from 2pm to 10pm, this person slept at the service and was available to support people if needed. The service had a 24 hour on call system in case additional staff were needed. Records and our observations confirmed there were sufficient staff employed and deployed to respond to people's needs and support them with their daily activities. The rota included details of staff on annual leave or training. Shifts had been arranged to ensure that known absences were covered.

Risks arising from the premises or equipment were monitored and checks were carried out to promote

safety. For example, for the gas heating, electrical wiring, fire safety equipment and alarms, Legionella testing and electrical appliances to ensure they were operating effectively and safely. The service had a fire risk assessment, which included guidance for staff in how to support people to evacuate the premises in an emergency.

Is the service effective?

Our findings

At the last inspection on 16 and 18 August 2016, we found there was a lack of supervision, appraisals, training and staff meeting opportunities provided to the staff team. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Shortly after the inspection, the provider sent us a plan, which told us the actions they were taking. At this inspection, our observations, records and staff we spoke with confirmed people received effective care from staff that had the skills and knowledge they needed to carry out their roles and responsibilities.

Supervisions and appraisals were now routinely provided to the staff team. A system of supervision and appraisal is important in monitoring staff skills and knowledge. All staff had received an appraisal in October and November 2016 to discuss their role. Staff told us and records confirmed they received supervision every six months or sooner if needed and they were encouraged to discuss all matters relating to their role within these sessions. Items discussed were agreed and carried through to the next meeting. Staff also told us they did not have to wait for planned meetings as the provider was approachable and applied an 'open-door policy'. In addition, staff meetings provided opportunities for the staff to come together as a team, which were monthly. Minutes from October 2016 to February 2017 showed how staff were involved in discussions about people, future training and changes to the home environment. We noted the meetings were well attended. The minutes contained an agenda and action plans arising from these meetings, with timelines and responsible individuals attached.

People received support from staff that had been taken through a thorough induction process and attended training, which enabled them to carry out their role. The induction consisted of a combination of shadowing shifts and the reading of relevant care records and home policies and procedures. Newer staff were supported by senior staff to assess their competency before performing their tasks independently within areas such as providing intimate personal care or supporting a person with their meal.

Staff were enrolled on the Care Certificate (Skills for Care). The Care Certificate is a work based achievement aimed at staff who are new to working in the health and social care field. It provides an opportunity for providers to provide knowledge and assess the competencies of their staff. The Care Certificate covers 15 essential health and social care topics, with the aim that this would be completed within 12 weeks of employment. Staff were also encouraged to complete various levels of National Vocational Qualifications (NVQ) or more recently Health and Social Care Diplomas (HSCD). These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

The interim manager maintained a spreadsheet record of staff training in courses considered mandatory to provide effective care and recorded when staff had completed these. This allowed the interim manager to monitor this training and to check when it needed to be updated. These courses included infection control, moving and handling, fire safety, first aid, health and safety, and food hygiene. Refresher training was provided to ensure staff routinely updated their knowledge on particular subjects. Staff told us that training was on going and they were able to approach the provider if they felt they had an additional training need.

During our last inspection, we recommended the provider organised further training for the staff team on the subject of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) as some staff we had spoken with had a limited understanding of what it meant for people they were supporting. This is an area which had improved. Training records at this inspection confirmed staff had attended training in both MCA and DoLS throughout 2016 2017. Staff were able to share knowledge on the topic and provided assurances they were aware of its importance.

Throughout our inspection, we saw people who used the service were able to express their views and make decisions about their care and support. We saw people were asked for their consent before any care interventions took place. People were given time to consider options and staff understood the ways in which people indicated their consent.

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 services and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that appropriate DoLS applications had been made and staff were acting in accordance with DoLS authorisations. Where Deprivation of Liberty Safeguards decisions had been approved, we found that the necessary consideration and consultation had taken place. This had included the involvement of relatives and multi-disciplinary teams.

We checked people's files in relation to decision making for those who were unable to give consent. Documentation in people's care records showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests.

People were supported to have enough to eat and drink and were provided with a balanced, healthy diet. People were encouraged and supported to prepare their own meals, snacks and drinks in accordance with their eating and drinking plans. We observed communal mealtimes where people and staff ate together. Two people told us, they liked the food and enjoyed cooking.

We looked at people's care plans in relation to their dietary needs and they included detailed information about people's dietary needs and the level of support they needed to ensure that they received a balanced diet. People's weight was monitored where they were either assessed as at risk of not receiving adequate nutrition or at risk of becoming overweight due to their medical conditions. This was monitored and professional advice obtained if required. Annual reviews that took place with local authorities, demonstrated staff always sought advice and guidance when needed.

People's care records showed that their day to day health needs were being met. People had good access to healthcare services such as dentist, optician and GPs. People's care plans provided evidence of effective joint working with community healthcare professionals. We saw that staff were proactive in seeking input advocacy services, (advocates help people to make decisions that are right for them and in line with their personal preferences and choices) dieticians and other professionals as needed.

Is the service caring?

Our findings

At the last inspection on 16 and 18 August 2016, we found there was a lack of evidence which informed us how people were involved with decisions made regarding their care. We also found that people's bedrooms lacked personalisation and a homely feel. We found scant evidence that people were being supported to learn new skills and become more independent. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Shortly after the inspection, the provider sent us a plan, which told us the actions they were taking. At this inspection, we found that improvements had been made and that this regulation was met.

The home encouraged people to express their views as much as they were able. People were provided with opportunities to talk to staff including their key workers and the interim manager about how they felt on a daily basis. A keyworker is a staff member who helps a person achieve their goals, helps create opportunities such as activities and may advocate on behalf of the person with their care plan. To ensure that all staff were aware of people's views and opinions, they were recorded in people's care plans, together with the things that were important to them. Without exception, staff told us that it was important to promote people's independence, to offer choices and to challenge people where needed to help give people a normal life. Each person had a communication care plan, which gave practical information in a personalised way about how to support people who could not easily speak for themselves. The care plan gave guidance to staff about how to recognise how a person felt, such as when they were happy, sad, anxious, thirsty, and angry or in pain and how staff should respond. On the day of our visit staff communicated with people in an appropriate manner according to their understanding. They communicated with some people using short words and phrases. We heard one member of staff speaking in a steady and quiet voice to a person who could become anxious. The staff member asked the person short simple questions, in a soft voice, to direct this person to the activity in hand and help them to remain calm.

Each person had their own bedroom, which was individually personalised as they had brought in personal belongings that were important to them. Staff had helped people to personalise their rooms and make them more homely.

People were encouraged to be as independent as possible; we observed staff encouraged people to make their own drinks and snacks throughout our visit. Staff described how they encouraged people to take part in their own personal care, enabled them to make choices and decisions about what they wore each day, how they wanted to spend their day, what time they wanted to get up and what time they wanted to go to bed. Staff were tentative and tactful, offering reassurance and praise during these tasks.

Staff ensured they gave people as much freedom as it was safe to do so. One person, who was anxious, was observed walking around the service. The care plan stipulated that when the person became anxious it was important to give them space. We observed that staff kept a discreet eye on this person so that they could see them at all times, but did not always follow them, to make sure they had their own personal time. When the person was ready to talk, the staff offered them a drink and reassurance.

During our last inspection, we recommended the provider ensure consistency in the caring approach of staff to ensure people's dignity and well-being are promoted. This is an area, which had improved. Training records at this inspection confirmed staff had attended training in both promoting dignity and equal opportunities. Staff were able to share knowledge on the topic and provided assurances they were aware of its importance.

One person told us, "Staff are very kind. They listen to me. I know they care about me". Another person told us, "I like living here, it's better now. Staff are very caring, they are kind to me. They help me where I need help."

Positive, caring relationships had been developed between people and staff. People were cared for in a person-centred way and one member of staff told us, "It's really important to treat people as individuals. It's how I would want to be treated." Another staff member told us, "This is their [people's] home; this role we do is a privilege. We should respect their space".

We observed numerous occasions of positive support provided by staff to people. Staff addressed people at their own eye level and maintained good eye contact. Staff spoke with people calmly and warmly and ensured they had everything they needed. Conversations we overheard illustrated how staff supporting people with compassion such as, "How are you feeling now?", "Did you want to stay here or go back to your room?" or "Would you like another cup of tea". We observed how staff interacted with people when they became anxious. They were able to defuse the situation by talking about a topic they knew comforted the person and offer assurances that everything was ok. For example, one person became particularly agitated and anxious frequently we observed how staff were able to talk calmly to them and engage them with an activity or task, which in turn distracted the person and altered their mood to a more positive one. Staff told us how much they enjoyed their role supporting and caring for people at the home. One staff member told us, "This does not feel like work. It's their home. We have such a better understanding of people's needs now. How to respond to behaviours and make sure that we take our time in understanding their views."

Staff supported people to maintain contact with friends and relatives. This included helping people to send friends and relatives cards, to speak to them on the phone and to arrange home visits. Staff positively supported friendships that people had outside the service. As part of one person's routine, each Wednesday a member of staff would support them to call their relatives. The person had a care plan in place to support this, to ensure each staff member on duty enabled this to happen.

People's privacy and dignity were respected and promoted. Care plans contained guidance on supporting people with their care in a way that maintained their privacy and dignity and staff described how they put this into practice. We observed, staff knocking on people's bedroom doors and waiting for a response before they entered. Staff talked to people whilst they were supporting them so they gained their consent and people knew what was happening. All staff members we spoke to told us how they would draw people's curtains before supporting them with personal care. Staff we spoke with told us that it was important to ensure people had the privacy they needed and that they had their own space.

Is the service responsive?

Our findings

At the last inspection on 16 and 18 August 2016, we found care plans lacked detail, were not always person centred, had not been reviewed when needs changed and lacked goals for individuals. We found that people who displayed behaviours which may be challenging did not have any behaviour support plans in place to provide guidance for staff on how they should respond to behaviours displayed. We also found there was a lack of activities organised, which had considered individual preferences or needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Shortly after the inspection, the provider sent us a plan, which told us the actions they were taking. At this inspection, our observations, records and people we spoke with confirmed people received personalised care from staff. Care provided considered the preferences and needs of the individual person. The requirements of the regulation had been met.

Each person had a care record which included a care plan, risk assessments and other information relevant to the person they had been written about. Care plans were personalised and reviewed monthly or sooner if required. They included information provided at the point of assessment to present day needs. The care plans provided staff with detailed guidance on people's histories, how to manage people's physical and/or emotional needs, their goals and their aspirations. This included guidance on areas such as communication needs, continence needs and mobility needs. Staff told us they found care plans easy to read and follow and effective working tools.

Each person had a one-page profile complete with a photograph of the person. We were told this acted as a useful guide for new staff as it contained significant information at a glance of what was important to the person and how best to support them. For example, it was important to one person that they knew what staff were working each day and who was supporting them. It also told staff 'Allow [person] to dip in and out of tasks/activities all the time ensuring there is something [person] can do'. This took into account the persons concentration ability for doing tasks/activities.

Information about people's daily routines, likes, dislikes and preferences were contained in their care plans, which were written in a person-centred way. Detailed guidance was in place for staff to support people who presented behaviours that could result in harming themselves or other people. The specific behaviours that the person may exhibit were clearly listed, together with the appropriate response that staff should take and information about what could trigger the behaviour. People's well-being was discussed at staff meetings, reviewed by the interim manager and health professionals were involved as appropriate.

Activities were not always organised or planned. People decided what they wanted to do spontaneously on the day according to how they felt. People told us this is what they preferred. People enjoyed shopping for food at a local supermarket and were supported by staff to purchase food of their choice, and then prepare a meal. Information about what activities people liked to take part in was recorded in their care plans. During our visit to the service, people were occupied in household tasks, hoovering, making meals, visiting the bank and accessing the local area. People were asked throughout the day if they wanted to go out in the community. People went out to the shops, for a drive and a meal.

Each person was supported by a keyworker who co-ordinated all aspects of their care. The purpose of the key worker role was to ensure people were supported with purchasing their toiletries, accessing activities, communicating with relatives and supporting people to review their care plans monthly.

At the last inspection on 16 and 18 August 2016, we found that the provider had failed to ensure they had an effective and accessible system for identifying, receiving, recording, handling and responding to complaints. Shortly after the inspection, the provider sent us a plan, which told us the actions they were taking. At this inspection, we found that improvements had been made and that this regulation was met.

People's concerns and complaints were encouraged, explored and responded to in good time. A member of staff said that they recorded complaints and compliments, which were kept in a folder dedicated for this purpose. Formal complaints were dealt with by the area manager who would contact the complainant and take any necessary action.

We observed one person voice some concerns to a staff member on shift, on the day of our visit. The staff member listened carefully to what this person had to say and outlined the action they would take. The person was satisfied with the response that they received.

Staff said that if a person told them something was upsetting them, they would try to resolve things for the person straight away. If they could not do so, they would report it to the area manager. Staff told us some people could not verbalise their concerns, but changes in their behaviour would alert them that something was not right that might need further investigation. To help people understand the complaints procedure, it was available in easy read and picture format.

The complaints procedure for visitors and relatives included information about how to contact the local government ombudsman, if they were not satisfied with how the service responded to any complaint. The area manager made a record of any complaints, together with the action they had taken to resolve them.

Is the service well-led?

Our findings

It is as condition of the provider's registration to have a registered manager at 4 Burnham Avenue. The service did not have a registered manager in post at the time of our visit. The manager in post at our last inspection left the service in December 2016. The provider appointed another manager in March 2017; however, they have not yet commenced employment. The service has therefore been without a registered manager since August 2016. An interim manager who had been in post for three weeks was managing the service day to day until the new manager commences their employment. An area manager, who we were told visited the service on a regular basis, offering support, guidance and advice, also supported the service. However the lack of consistency in management and leadership since our last inspection placed the service at risk of not achieving and sustaining compliance with legal requirements.

At the last inspection on 16 and 18 August 2016, we found that there had been a failure to notify CQC of events in the service. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection, we found that improvements had been made and our records showed that the CQC had been notified as required.

At the last inspection on 16 and 18 August 2016, we found that the service lacked effective monitoring of quality and safety of the service. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a Warning Notice to the provider in respect of this breach, which required the provider to make immediate improvements. At this inspection, we found systems for monitoring quality and auditing the service had improved and were being used to continually develop the service. Therefore, sufficient steps had been taken and the requirements of the Warning Notice had been met.

However, not all systems and processes designed to monitor the quality of the service had been fully embedded. For example, at the last inspection, in August 2016 we found that systems had not identified that plans were not in place to help staff manage people's behaviours that challenged. They had also not identified that incidents relating to behaviours that challenged, such as alleged assaults on people, were not being appropriately reported. At this visit, we found that some improvements had been made but further improvements were still required. For example, people now had comprehensive care plans and guidance for staff to follow, to support people's behaviour, which we have expanded on, in the 'Responsive' domain. However, the Practice Development Advisor (who was asked to review each person's care plan and to work with staff to teach them how to be more proactive in managing peoples behaviours), could not evidence how each behaviour care plan was compiled, as no behaviour monitoring charts were in place to record people's behaviours being exhibited. Incident records were not being completed consistently, which would explain the nature of the person's behaviour, what triggered the behaviour and how the behaviour was responded to.

Records of conversations with staff, relatives and people had not been kept to evidence how people had contributed to the behaviour care plans. We found that accurate, complete records had not been kept in respect of monitoring people's behaviour, including a record of the decisions taken in relation to the care

being provided. The Practice Development Advisor acknowledged and was receptive to our feedback. They told us they would immediately start documenting their interviews with staff and people. We were also told that when observations of people were completed which formed part of how behaviour care plans were compiled this would also be documented.

At this inspection we found that the home carried out a weekly stock audit of medication. The last one completed had no outstanding actions from these checks. However, the audit tool did not cover all aspects of the storage and administration of medication. We found that this had no impact on people and that medication was being stored and administered safely. However, United Response's Medication Policy dated April 2017, stated the 'Area Manager is responsible for overseeing safe medication administration and monitoring errors and leading on learning and remedial action.' This is partly achieved by the manager completing an in house audit. The template audit tool United Response used monitors the supply of medication on site, levels of support required to administer the medication, storage of medication, administration of medication, recording of medicines, disposal of medicines, reviews people who self-medicate and then from this an action plan compiled to reflect learning and remedial action if needed. We fed our findings back to a Director within United Response who told us, "The organisation has comprehensive policies regarding the administration of medication. However, the Directors' Team acknowledged recently that our auditing process is not as vigorous as it needs to be and does not do justice to our policies, focusing, as it does, primarily on the stock checking of medication. Consequently, we are about to roll out a far more comprehensive medication audit." This is an area requiring further improvement.

Following the inspection, the Director arranged for a comprehensive medication audit to be completed at Burnham Avenue. Results of this audit were shared with the Commission, which reflected a new medication cabinet would be purchased for the home, that records relating to medication being taken home with relatives would be updated and that documentation needed to be better completed. The Director also gave assurances and told us they had instructed an independent, Pharmacy Company, to undertake a rigorous assessment/audit at the service.

We also found that improvements had been made and there were now systems and processes in place to monitor and improve the quality of the service. The senior and interim manager conducted weekly audits including, maintenance and infection control. The area manager conducted 'quarterly provider visits', which assessed the quality of the service across a range of areas including care delivery, training and the environment. The service had also had regular support from the provider's quality assurance team, which included thorough monthly audits. We looked at records of a very recent audit and saw that it was effective in identifying areas for improvement. For example, the area manager had identified in January 2017 that peoples personal goals reflected in care plans needed to be more defined and acted on. It had identified that not all staff had read some of the care plans and required immediate action. We sampled three peoples care plans and found that records demonstrated staff had signed a signature sheet to state that they had read and understood each person's care plan. We also found that goals documented in each person's care plan, recorded if they had been achieved and where the person was in working towards their chosen goals.

Records demonstrated that people, their relatives and professionals were contacted to attend reviews and update plans where needed. Specific incidents were recorded collectively such as, medication errors and finance errors so any trends could be identified and appropriate action taken.

The Director, area manager, interim manager, senior and staffing team were passionate about improving and developing the home. They understood that there were a lot of improvements required and had embraced the challenge. The interim manager had only been in post a relatively short time but had a good

grasp of the issues in the service. They had already, with the support of the provider, made many changes to systems and processes in order to improve the quality of the service. For example, they had taken assertive action to make changes in the staff team and this had a positive impact on the atmosphere in the service and on the people who lived there.

Staff told us they were happy working at the service and were proud of their work. One member of staff told us, "It's challenging, but good," another staff member said, "It's really good here, massive changes, all of which has only had positive outcomes for the people who live here. It is a pleasure working here, I feel part of a team and we have a very supportive manager." Staff were aware of their duty to raise concerns about poor practice and felt confident in discussing any concerns with the management team.

The culture and ethos of the service had improved due to the hard work and commitment of the senior management team based at the service. We found there was a positive culture with staff being supported and encouraged with personal development, and people who used the service feeling more cared for and involved in daily life within the home. People we spoke with knew the interim manager's name and said they had the opportunity to speak with them each day.

Staff described the interim manager, area manager and provider as being "approachable," "helpful" and "driven to succeed in ensuring the service being offered here at Burnham Avenue is of the highest quality". They said that they felt positive about recent changes, which had been quite significant, but beneficial for both people who used the service and staff. We were told the service was more organised and the staff team better informed. Staff said they felt valued and listened to. Staff felt they received support from their colleagues and that there was an open, transparent atmosphere. Staff were aware of the whistleblowing policy and knew how to raise a complaint or concern anonymously.

People had an opportunity to have a say in how the service was run. Meetings had previously been run for people who used the service; however, the interim manager explained that these had not proved an effective way of gaining their feedback. Instead, they had implemented a system where meetings were held with each person on an individual basis. We saw records of these meetings, which showed that they were used to discuss areas such as activities, food and complaints.

Views of the people using this service were sought through an annual questionnaire, which a member of staff, an advocate or relative supported them to complete. The feedback from people and their representatives in their most recent questionnaire was positive. Monthly 1:1 key worker meetings occurred which; is when a allocated staff member meets with the person each month to discuss their views on the care they received, activities they would like to do in the future and discuss any changes occurring in the service, for example, décor, staffing or menu planning.

People expressed positive views of the home and the care that staff provided. The culture of the home was an open one and people were listened to by the staff. During the course of the inspection, laughter and pleasant exchanges were observed between staff and people. This showed trusting and relaxed relationships had been developed.