Broadham Care Limited

Felbrigg House

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 15 and 17 July 2015, was unannounced and was carried out by two inspectors.

Felbrigg House is a privately owned service providing care and support for up to 11 people with different learning disabilities. People may also have behaviours that challenge and communication needs.

The service is a detached property close to the centre of Dover. Each person had their own bedroom which contained their own personal belongings and possessions that were important to them. The service had its own vehicle to access facilities in the local area and to access a variety of activities.

There was a registered manager working at the service. 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager supported us throughout the inspection.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The people at the service had been assessed as lacking mental capacity to make complex decisions about their care and welfare. At the time of the inspection the registered manager had applied for DoLs authorisations for people who were at risk of having their liberty restricted. They were waiting the outcome from the local authorities who paid for the people's care and support. There were records to show who people's representatives were, in order to act on their behalf if complex decisions were needed about their care and treatment.

Before people decided to move into the service their support needs were assessed by the registered manager to make sure the service would be able to offer them the care that they needed. People were satisfied with the care and support they received. The care and support needs of each person were different and each person's care plan was personal to them. People or their relative /representative had been involved in writing their care plans. Most of the care plans recorded the information needed to make sure staff had guidance and information to care and support people in the safest way. However, some parts of the care plans did not record all the information needed to make sure staff had guidance and information to care and support people in the way that suited them best and kept them safe. The care plan folders contained a large amount of information and staff did not use them to refer to when supporting people with their day to day needs, partly because it would take their attention away from the person for too long. Staff knew people well but some of the care, for example developing independence skills, was unspecific and therefore it was difficult to measure if people were achieving and developing.

Potential risks to people were identified. There was guidance in place for staff on how to care for people effectively and safely and keep risks to a minimum without restricting their activities or their lifestyles. People received the interventions and support they needed to keep them as safe as possible.

People had an allocated key worker. Key workers were members of staff who took a key role in co-ordinating a person's care and support and promoted continuity of support between the staff team. People knew who their key worker was and had a choice about the key workers who worked with them. People had key workers that they got on well with. Staff were caring, kind and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff. When people could not communicate verbally, staff anticipated or interpreted what they wanted and responded quickly.

People were involved in activities which they enjoyed and told us about what they did. Planned activities took place regularly. People had choices about how they wanted to live their lives. Staff respected decisions that people made when they didn't want to do something and supported them to do the things they wanted to.

People said and indicated that they enjoyed their meals. People were offered and received a balanced and healthy diet. They had a choice about what food and drinks they wanted and were involved in buying food and preparing their meals. If people were not eating enough they were seen by dieticians or their doctor.

People received their medicines safely and when they needed them. They were monitored for any side effects. If people were unwell or their health was deteriorating the staff contacted their doctors or specialist services. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

Staff had support from the registered manager to make sure they could care safely and effectively for people. Staff said they could go to the registered manager at any time and they would be listened to. Staff had received regular one to one meetings with a senior member of staff. They had an annual appraisal, so had the opportunity to discuss their developmental needs for the following year.

Staff had completed induction training when they first started to work at the service. Staff were supported during their induction, monitored and assessed to check

Summary of findings

that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. When staff had completed induction training they had gone on to complete other basic training provided by the company. There was also training for staff in areas that were specific to the needs of people, like epilepsy, autism and diabetes. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives.

A system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit to do so. There were sufficient numbers of staff on duty throughout the day and night to make sure people were safe and received the care and support that they needed. There were enough staff to take people out to do the things they wanted to so that people were involved in activities which they enjoyed.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns both within the company and to outside agencies like the local council safeguarding team. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the provider or outside agencies if needed. The provider responded appropriately when concerns were raised. They had undertaken investigations and taken action. The registered manager monitored incidents and accidents to make sure the care provided was safe. Emergency plans were in place so if an emergency happened, like a fire or a gas leak the staff knew what to do.

Staff were aware of the ethos of the service, in that they were there to work together to provide people with personalised care and support, and to be part of the continuous improvement of the service.

The registered manager had sought feedback from people, their relatives and other stakeholders about the service. Their opinions had been captured, and analysed to promote and drive improvements within the service. Informal feedback from people, their relatives and healthcare professionals was encouraged and acted on wherever possible. Staff told us that the service was well led and that the management team were supportive.

The registered manager notified the Care Quality Commission of any significant events that affected people or the service. Comprehensive quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve. Action was taken to implement improvements

The complaints procedure was on display in a format that was assessable to people. People, their relatives and staff felt confident that if they did make a complaint they would be listened to and action would be taken.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks to people were assessed and guidance was available to make sure all staff knew what action to take to keep people as safe as possible.

People said they felt safe living at the service. Staff knew how to keep people safe and protect them from abuse.

There were sufficient numbers of staff on duty at all times to make sure people received the care and support that they needed. Checks were carried out before staff started to work at the service to make sure they were safe to work with people.

The registered manager monitored incidents and risks to make sure the care provided was safe and effective.

People received their medicines when they needed them and in a way that was safe.

Is the service effective?

Good

The service was effective.

Staff had received the training they needed to support them to meet people's needs.

Staff had regular one to one meetings with the registered manager or a senior member of staff to support them in their learning and development. Staff had received an annual appraisal.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's liberty was not unnecessarily restricted and people were supported to make choices about their day to day lives.

When people had specific physical or mental health needs and conditions, the staff had contacted healthcare professionals and made sure that appropriate support and treatment was made available.

People were provided with a suitable range of nutritious food and drink.

Is the service caring?

Good

The service was caring.

Staff took the time needed to communicate with people and included people in conversations. Staff spoke with people in a caring, dignified and compassionate way.

Summary of findings

People and their relatives were able to discuss any concerns regarding their care and support. Staff knew people well and knew how they preferred to be supported. People's privacy and dignity was maintained and respected.

People and their families were involved in reviewing their care and the support that they needed. People had choices about how they wanted to live.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

People's care and support was not always planned in line with their individual care and support needs.

People were actively encouraged to take part in activities. People were involved in talking about their needs, choices and preferences and how they would be met.

People and their relatives said they would be able to raise any concerns or complaints with the staff and registered manager, who would listen and take any action if required.

Is the service well-led?

Good

The service was well-led

There were systems in place to monitor the service's progress using audits and questionnaires. Regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

The staff were aware of the service's ethos for caring for people as individuals and putting people first. The registered manager led and supported the staff in providing compassionate and sensitive care for people.

People said and indicated, and staff told us, that the registered manager was open and approachable. People said that they felt listened to and that they had a say on how to improve things. There was a commitment to listening to people's views and making changes to the service.

Felbrigg House

Detailed findings

Background to this inspection

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

This inspection took place on 15 and 19 July 2015 and was unannounced. It was carried out by two inspectors.

We normally ask 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. On this occasion we did not ask the provider to do this as we were responding quickly to information and concerns that had been raised. We looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

We spoke with five people living at the service, two relatives and six members of staff, which included the registered manager. We also spoke to the provider and the operations and compliance director. We assessed if people's care needs were being met by reviewing their care records. We looked at six people's care plans and risk assessments. We observed the support received by five people and spent time with them. As some of the people could not talk to us we used different forms of communication to find out what they thought about the service. We looked at how people were supported throughout the day with their daily routines and activities. We observed staff carrying out their duties. These included supporting people with their personal care, encouraging people to be involved with daily domestic duties like cooking, shopping and engaging people in activities.

We looked at a range of other records which included three staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

We looked around the communal areas of the service and some people gave us permission to look at their bedrooms.

We last inspected this service 8 October 2013. There were no concerns identified.

Good

Is the service safe?

Our findings

People indicated that they felt 'safe' being cared for by the staff. People approached staff if they were unhappy or worried and staff reassured them. People had communication plans that explained how they would communicate or behave if they were anxious or worried about something. People who were able to talk to us said they felt safe. One person followed this up by saying, "The staff are nice to me." If people became concerned about anything staff would spend time listening to them. Staff knew people well enough so that they were able to respond quickly and help people calm down if something had upset them. Staff were able to tell if someone was unhappy. They took the time to find out what was wrong and took the necessary action to rectify the situation. There were a couple of incidents that staff dealt with during the inspection. For example, a person was getting ready to go out when they became distressed and agitated. The staff spoke calmly and clearly which reassured the person and they carried on getting ready to go out. People were relaxed and happy in the company of the staff. People approached staff when they wanted something and the staff responded to their needs.

Risks to people had been identified and assessed and guidelines were in place to reduce risks. There were clear individual guidelines in place to tell staff exactly what action they had to take to minimise the risks to people. Risks had been assessed in relation to the impact that the risks had on each person. There were risk assessments for when people were in the service or in the local community and using transport. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. People could access the community safely on a regular basis. When some people were going out, they received individual support from staff that had training in how to support people whose behaviour might be challenging. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards.

People looked comfortable with other people and staff. People indicated that if they were not happy with something they would report it to the registered manager, who would listen to them and take action to protect them.

Staff knew people well and were able to recognise signs through behaviours and body language, if people were upset or unhappy. Staff explained how they would recognise and report abuse. They had received training on keeping people safe. They told us they were confident that any concerns they raised would be taken seriously and fully investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew how to take concerns to agencies outside of the service, if they felt they were not being dealt with properly. When concerns had been raised, the provider had taken the appropriate action and informed the local safeguarding team. Investigations and the appropriate action had been carried out according to the provider's policies and procedures. The outcome of the investigations were reported to the local safeguarding team and the Care Quality Commission (CQC). The provider continued to monitor any situations and provided extra support for people and the staff.

People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible. This included maintaining a clear account of all money received and spent. Money was kept safely and was accessed by senior staff only. People's monies and what they spent was monitored and accounted for. People could access the money they needed when they wanted to.

Accidents and incidents were recorded by staff. The registered manager assessed these to identify any pattern and took action to reduce risks to people. Incidents were discussed with staff so that lessons could be learned to prevent further occurrences. The information contained in the forms was used to adjust the person's support to meet their needs in a better way. The emphasis was on the reduction in the number of challenging incidents, by supporting the person to have different, more effective ways of getting their needs met.

The registered manager and staff were in the process of developing a medicines pack with people. This pack contained information and explanations about the medicines that people were taking and what the medicines were for. The packs were written in a format that people would be able to understand. People received their medicines when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. Medicines were stored securely. The medicines stock cupboards were clean and

Good

Is the service safe?

tidy and were not overstocked. Bottles and packets of medicines were routinely dated on opening. Staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when these were going out of date. Some items needed storage in a medicines fridge. The fridge and room temperatures were checked daily to ensure medicines were stored at the correct temperatures. The records showed that medicines were administered as instructed by the person's doctor. Checks were made every time people received their medicines to make sure people had received their medicines when they needed them.

Some people were given medicines on a 'when required basis', if they presented with a behaviour. There was written guidance for each person who needed 'when required medicines' in their care plan. People were only given medicines for their behaviours as a last resort. People received this type of medicine on very rare occasions.

There were enough staff on duty to meet people's needs and keep them safe. Staff told us there were enough staff available throughout the day and night to make sure people received the care and support that they needed. The duty rota showed that there were consistent numbers of staff working at the service. The number of staff needed to support people safely had been decided by the authorities paying for each person's service. Some people required one to one support whilst others were supported in smaller groups. There was a 'finger print recognition system' in place to ensure waking staff remained awake and vigilant during night time, to make sure people were safe and getting the care and support that they needed. Staff checked into this system every half hour to evidence they remained awake and alert.

Staff were recruited safely to make sure they were suitable to work with people who needed care and support. Staff recruitment showed that the relevant safety checks had been completed before they started work. The registered manager interviewed prospective staff and kept a record of how the person performed at the interview. Records of interviews showed that the recruitment process was fair and thorough. Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of work.

There were arrangements in place to make sure there were extra staff available in an emergency and to cover for any unexpected shortfalls like staff sickness. On the day of the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs.

Other systems at the service were regularly checked for safety. The staff carried out regular health and safety checks of the environment and equipment. This made sure that people lived in a safe environment and that equipment was safe to use. These included ensuring that electrical and gas appliances at the service were safe. Regular checks were carried out on the fire alarms and other fire equipment to make sure it was fit for purpose. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they can be safely evacuated from the service in the event of a fire.

Good

Is the service effective?

Our findings

People told us and indicated that the staff looked after them well and the staff knew what to do to make sure they got everything they needed. People had a wide range of needs. Some people's health conditions were more complex than others. The registered manager kept a training record which showed when training had been undertaken and when 'refresher training' was due. This included details of courses related to people's health needs. Staff had completed the training and were knowledgeable about what they had learnt. The registered manager checked that staff were competent and had the knowledge and skills to carry out their roles.

Staff told us that they felt supported by the registered manager and the deputy manager. They said that they were listened to and were given the support and help that they needed on a daily basis and their requests were acted on. There were handovers at the end of each shift to make sure staff were informed of any changes or significant events that may have affected people. There was also discussion on what people had planned and the support and care people needed during the next shift.

Staff had regular one to one meetings with the registered manager or senior member of staff. This was to make sure they were receiving support to do their jobs effectively and safely. Staff said this gave them the opportunity to discuss any issues or concerns that they had about caring for and supporting people, and gave them the support that they needed to do their jobs more effectively. Some staff told us that they had had an appraisal in the past 12 months. The performance of the staff was being formally monitored according to the company's policies and procedures.

When staff first started working at the service they completed an induction over 12 weeks and then a probationary period. This included shadowing experienced staff to get to know people and their routines. Staff were supported during the induction, monitored and assessed by the registered manager to check that they were able to care for, support and meet people's needs. Regular staff meetings highlighted people's changing needs, household tasks allocations, and reminders about the quality of care delivered. Staff had the opportunity to raise any concerns or suggest ideas. Staff felt that their concerns were taken seriously by the registered manager.

The staff team knew people well and knew how they liked to receive their care and support. The staff had knowledge about how people liked to receive their personal care and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. They were able to explain what they would do if people became restless or agitated. Some people who could not communicate using speech had an individual communication passport. This explained the best way to communicate with the person. Staff were able to interpret and understand people's wishes and needs and supported them in the way they wanted.

The registered manager and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest. People had received advocacy support when they needed to make more complex decisions. Independent Mental Capacity Advocates, (IMCA - an individual who supports a person so that their views are heard and their rights are upheld) had been involved in supporting people to make decisions in their best interests. The registered manager had applied for deprivation of liberty safeguards (DoLS) authorisations for people and these were being processed. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible.

The registered manager had considered people's mental capacity to make day to day decisions and there was information about this in their care plans. There were mental capacity assessments in place to determine whether people had capacity or not to make decisions. When people's behaviour changed and there were changes made to their medicines, these decisions were made by the right clinical specialists with input from relatives and the staff. When people lacked capacity to give consent to these changes there was a mental capacity assessment available and best interest decision making was recorded.

The registered manager of the service had knowledge of the Mental Capacity Act 2005 (MCA) and the recent changes to the legislation. Staff had knowledge of and had completed training in the MCA and Deprivation of Liberty

Good

Is the service effective?

Safeguards (DoLS). The senior members of the staff team were able to describe the changes to the legislation and they had completed mental capacity assessments. They were able to discuss how the MCA might be used to protect people's rights or how it had been used with the people they supported.

People were in control of their care and treatment. Staff asked for people's consent before they gave them care and support. If people refused something this was recorded and respected. Before people did activities or went out staff checked with people whether they had changed their mind and respected their wishes. A person had changed their mind about attending an activity and the staff had re-arranged their plans.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. The staff actively sought support when they needed it and did not work in isolation. When specialist support plans were developed by professionals, the staff implemented them and fed back on whether they were successful or not. When people had problems eating and drinking they were referred to dieticians. People who had difficulty communicating verbally were seen by the speech and language therapists so other ways of communicating could be explored. If a person was unwell their doctor was contacted. People were supported to attend appointments with doctors, nurses and other specialists when they needed to see them. People had health action plans written which were written in easy read and picture format. These explained to people about the health and dental checks that were available to them and gave them a better understanding about how to keep healthy. The health action plans explained about the checks they would need, what would happen and how they would be supported.

People said the meals were good and they could choose what they wanted to eat at the times they preferred. Staff were aware of what people liked and disliked and gave people the food they wanted to eat. Staff respected people's choices about what they did eat. People were supported and encouraged to eat a healthy and nutritious diet. People could help themselves to drinks and snacks when they wanted to. Staff included and involved people in all their meals. People were able to get snacks and drinks from the kitchen and there was a range of foods to choose from. People often went out to eat in restaurants and local cafés. If people were not eating enough they were seen by the dietician or their doctor and were given supplementary drinks and meals. Their weight was monitored regularly to make sure they remained as healthy as possible.

Some people had specific needs when they ate and drank, like diabetes. Staff positively supported them to manage their diets and drinks to make sure they were safe and as healthy as possible.

Good

Is the service caring?

Our findings

Staff spent time with the people to get to know them. There were descriptions of what was important to people and how to care for them in their care plan. Some of the staff team were new. They said they had read the care plans to get to know how to support people. They had also worked with more experienced staff in the team to see how people were supported with their lifestyles.

Staff were sensitive to people's needs. New staff checked with experienced staff before approaching people if they were unhappy, to make sure they responded appropriately to find out what the issue was and resolve it. One person told us, "I like it here, I like all of it".

Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices.

People were given personalised care. Some people had specific needs and routines that were accommodated well by the staff. People were laughing and looked happy. One person said, "It's alright living here. The staff are nice to me." When a person needed more time to continue with their routine staff supported them to do this. The routines at the service were organised around people's needs and were flexible. One of the people had an en-suite shower but preferred a bath, so the shower was replaced by a bath.

People and staff worked together at the service to do daily tasks like laundry, tidying up and preparing drinks. Staff supported people in a way that they preferred and had chosen. People, who wanted to, attended religious services on a regular basis. People were part of the local community and took part in events that were happening in the local area. There was a relaxed and friendly atmosphere at the service. People looked comfortable with the staff that supported them. People and staff were seen to have fun together and shared a laugh and a joke. People chatted and socialised with each other and with staff and looked at ease.

Staff were attentive. They listened to what people were saying and expressing. Some people needed to use sign language like Makaton to talk to others. (This is a specific sign language using gestures to make what is being said easier to understand.) Staff had been taught some sign language to communicate more effectively with the people they supported. Staff had conversations with people using Makaton signs. Other people who needed help to express themselves, used pictures and photos to make choices and communicate what they wanted. People were smiling and then participated in the activity that they had just planned during their conversation. People looked relaxed and they understood what was being communicated. People were given the time and space to do what was important to them. Support systems had been developed with individuals, so that they could have some control over their personal space in the service. Some people had chosen parts of the service where they liked to spend their time or put their belongings, and this was respected. There were photo cards and items clearly showing who they belonged to, which could be used to indicate a person's space that everyone at the service understood. People were calm and enjoyed activities because staff had approached them in the way that suited them best.

People's privacy was respected. When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted to and there was no restriction on when visitors could call. People were supported to have as much contact with family and friends as they wanted to. People were supported to go and visit their families and relatives.

Everyone had their own bedroom. People were able to lock their bedroom doors. One person said that they had a key and locked their door to "keep my stuff safe". Their bedrooms reflected people's personalities, preferences and choices. Staff knocked on people's doors and requested permission before entering people's bedrooms and bathrooms. Doors were closed when people were in bathrooms and toilets. People were given discrete support with their personal care.

Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. People, if they needed it, were given support with washing and dressing. People chose what clothes they wanted to wear and what they wanted to do. When people had to attend health care appointments, they were supported by their key worker or staff that knew them well, and would be able to help health care professionals understand their communication needs.

Good

Is the service caring?

People's information was kept securely and well organised. Staff were aware of the need for confidentiality and meetings were held in private.

The windows had privacy glass so that people could look out of the window but passers-by were unable to look in.

Requires improvement

Is the service responsive?

Our findings

When a person moved into the service an assessment was completed. When people needed support to communicate their needs other people advocated on their behalf, for example, members of their family or someone who knew them well. People were enabled to contribute as much for themselves as possible. Communication aids were used and people were present during assessments. Information was gathered about people's interests and about what was important to them. There was a pen picture in each person's care plan folder, explaining their lifestyle before moving to the service and the things that were most important to them. This gave a good background for staff to organise people's care around.

Each person's care plan contained detailed information about how to support them. People's preferences, likes and dislikes were described and some of the format of the plan was in plain language and pictures. We did not see any of the people use or look at their care plans and these were mainly referred to by newer staff when getting to know people. Experienced staff knew the people well and had a good understanding of the care people needed.

Some of care plans did not contain all the information needed to make sure that people were receiving everything that they needed. A person who had been identified as having diabetes, did not have a care plan in place to give the staff the guidance, on how best to support the person to manage their condition in the safest way. The staff who supported this person gave inconsistent answers to what they would do if the person's diabetes became unstable.

People may receive care that was inconsistent. Staff had read care plans when they first started working at the service and when they were reviewing people's care. But the quantity of information in the care plans meant that staff could not quickly access the information and guidance needed for day to day care. Staff were relying on memory and what other staff told them, rather than the latest guidance in the care plan. For example, when people needed support with continence the care plan for this was unclear, as no measuring or monitoring was in place to make sure the care plan had been adhered to and was up to date.

Staff said they had got to know people and encouraged them to do as much for themselves as possible. There were some 'goals' (skills or tasks identified that people were learning to become more independent in) in people's care plans but the guidance for staff with regard to developing independence was general. It was not clear in the care plans what parts of a task each person was capable of doing and which part they were learning. This would make it difficult to measure progress and did not support consistency with different members of the staff team in how they helped each person to learn. This may reduce the progress of people developing skills and independence.

The registered person had not made suitable arrangements with a view to achieving service user's preferences and ensuring their individual needs are met**.** Care and support planning did not always meet service user's individual needs. This was a breach of Regulation 9 (1) (b) (c) (3) (b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who were important to people like members of their family and friends, as well as staff they had a good relationship with, were named in the care plan. This included their contact details and people were supported to keep in touch. Some people went home to their families regularly and families also visited the service. Relatives said they felt warmly welcomed when visiting the service. They visited frequently and were very complimentary of the care given to their relative.

Each person had a key worker. This was a member of the care team who took responsibility for a person's care to maintain continuity and for the person to have a named member of staff they could refer to. The registered manager organised the team and matched people with compatible personalities and skills. Some people had chosen their key worker. People had meetings with their key worker at least once a month to review their care and say what they wanted. People talked mainly about activities that they would like to try and events they would like to go to. People decided where they wanted to go on holiday. Last year, people who wanted to, went to Centre Parks and Great Yarmouth. The key worker wrote a report in the plan to update people's current needs and preferences each time their care was reviewed.

Some people had very specific behavioural needs and these were well documented in their care plan. Staff showed that they were very clear about these needs and how to support them. When people had specific routines they had to complete in order to feel safe and in control,

Requires improvement

Is the service responsive?

staff respected their choices and allowed them to do what they needed to. People were able to say what they wanted in different ways, using gestures and behaviours to indicate what they wanted and some people used signs. Staff were responsive to people if they became unsettled or unhappy about something and soon found what the issue was and put it right.

The staff team was organised so that people received the time they needed to receive their care in a person-centred way. At the beginning of each shift, a shift planner was completed, identifying which staff were supporting each person and what activities they would be participating in. There was flexibility with the activities to allow for changes in circumstance and individual choices.

People were offered activities both in and out of the service. A variety of activities were planned that people could choose from. People had timetables of activities to give a basis for the choices available. People were well occupied and looked like they enjoyed what they were doing. Staff were attentive to know when people were ready for particular activities and when they had had enough.

There was some opportunity for voluntary work locally and out of the eleven people living at the service five people participated in various jobs like clearing rubbish from gardens and parks.

People were supported to develop their independence skills in some ways. Staff completed daily records and these included what activities people had participated in and there was reference, in these records, to independent living skills.

A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. The complaints procedure was available to people and written in a format that people could understand. If a complaint was received this was recorded and responded to. Records showed the action that was taken to address the issue. People and relatives said that the registered manager and staff were approachable and said they would listen to them if they had any concerns. A relative said that communication was good and the service kept them informed of their relative's care at all times. As a result they felt involved in their relative's care and knew about any concerns or issues. They told us they did not have any complaints but would not hesitate to talk to the registered manager or staff if they did.

Good

Is the service well-led?

Our findings

The service had a registered manager that was supported by a deputy manager and care staff. People were able to approach the registered manager when they wanted to. Staff told us that the registered manager was available, accessible and they felt they could approach them if they had any concerns. When concerns had been identified the provider took the necessary action to deal with them. Investigations had taken place to look into the concerns and when any shortfalls were identified the provider took the necessary action to address them. Action plans were in place to address the shortfalls and the provider monitored for improvements.

The provider asked people for feedback. They had a 'Whistleblowing Hotline' so that anyone involved with the service could make comments or complaints.These could be done anonymously if it was the person's choice. The registered manager sent out satisfaction surveys to people, their relatives and other agencies who were involved with the service. Where people had made comments or suggestions these had been responded to and action taken. The feedback was positive. A relative said, "The manager is one in a million" and explained how much the manager had done to support and improve their relative's wellbeing.

Staff told us if they did have any concerns the registered manager acted quickly and effectively to deal with any issues. Staff said that they felt supported and valued by the registered manager and said that on the whole the staff team worked well together. The registered manager demonstrated a good knowledge of the people's needs.

The registered manager and staff audited aspects of care both weekly and monthly such as medicines, care plans, health and safety, infection control, fire safety and equipment. The audits identified any shortfalls and action was taken to address them. When the senior day staff came on duty in the morning they and the senior night staff walked around the service together to do a check. They looked at things like the temperature of the rooms, making sure all emergency exits were clear, and making sure all the bathrooms were clean and had towels available. This happened again in the evening. Staff were accountable for the duties they needed to undertake on each shift. The registered manager told us it also improved communication between the day and night staff and built up a good rapport between the staff team.

There were regular quality assurance checks undertaken by the operations and compliance director from the company's head office. These happened every about every two weeks. The operations and compliance director looked at different aspects of the service at each visit. Any shortfalls were identified and a report was sent to the registered manager, so that the shortfalls could be addressed and improvements made to the service. This was reviewed by the operations and compliance director at each visit to ensure that appropriate action had been taken. The provider used the CQC five domains when completing these checks. As there had been recent concerns at the service, the visits and monitoring from the operations and compliance director had increased. The registered manager and staff were receiving more support and guidance to make sure the improvements were being made and sustained.

Our observations and discussions with people and staff showed that there was an open and positive culture between people and staff. The service's visions and values were to support people to be as independent as possible while keeping them safe. The registered manager and staff were clear about the aims and visions of the service. People were at the centre of the service and everything revolved around their needs and what they wanted. When staff spoke about people, they were very clear about putting people first. The registered manager knew people well, communicated with people in a way that they could understand and gave individual care.

The registered manager was introducing news way to help the staff team and work together better, and to improve the relationships between the staff and management teams. The registered manager was planning team building days, increased monitoring and mentoring and more opportunities for staff to raise any concerns that they had.

Staff said that the registered manager was available and accessible and gave practical support, assistance and advice. Staff handovers between shifts highlighted any changes in people's health and care needs. Staff were clear about their roles and responsibilities. They were able to describe these well. The staffing structure ensured that staff knew who they were accountable to. Regular staff

Good

Is the service well-led?

meetings were held where staff responsibilities and roles were reinforced by the registered manager. The registered manager clearly stated in the minutes of meetings, the expectations in regard to staff members fulfilling their roles and responsibilities. Staff had delegated responsibility for health and safety, doing daily allocated jobs and attending training courses.

People's and relative's views about the service were obtained through the use of questionnaires. The most recent one had been in August 2014. The feedback from relatives had been overall positive. An analysis of the survey had been done and feedback was given to people. One area that had been identified as needing improvement was communication with relatives. The registered manager had taken action to improve this by introducing contact books for all people who go home and also for families who visit the service. They asked for more email addresses in order to send more photographs and updates. They were starting life story books for all people and were contacting all families for photographs and information about people.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager of the service was aware that they had to inform CQC of significant events in a timely way. We had received notifications from the service in the last 12 months. This was because important events that affected people had occurred at the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The registered person had not made suitable arrangements with a view to achieving service user's preferences and ensuring their individual needs are meet**.** Care and support did not always meet service users individual needs Regulation 9 (1)(b)(c)(2)(b)(d)