

# Integrity Home Care Ltd







# Stubblefields House

## Inspection report

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### Ratings

<b>Overall rating for this service</b>	<b>Requires improvement</b>	
Is the service safe?	<b>Requires improvement</b>	
Is the service effective?	<b>Requires improvement</b>	
Is the service caring?	<b>Good</b>	
Is the service responsive?	<b>Good</b>	
Is the service well-led?	<b>Requires improvement</b>	

### Overall summary

Stubblefields House is registered to offer accommodation and care for up to nine people. The service supports younger and older adults who have a learning disability or autistic spectrum disorder. The service is located in the sea-side town of Bridlington and there is on street parking available outside of the premises.

This inspection took place on 8 May 2015 and was unannounced.

We last inspected the service on 4 March 2014 and the registered provider was compliant with the outcomes we looked at.

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

# Summary of findings

At this inspection 8 May 2015 we found that the registered manager was on leave and the service was being looked after by a care manager who was not registered with the Commission. The registered provider was on site for part of our inspection.

On 8 May 2015 we found there were two breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3). We also made four recommendations with regard to staff recruitment, staffing levels, staff training and communication.

You can see what action we told the provider to take at the back of the full version of this report.

The registered provider failed to protect people who used the service against the risks associated with the unsafe use and management of medicines. We saw evidence of unsafe recording and handling of medicines in the service.

We found that the quality monitoring system was ineffective and had not been used to ensure the safety of people who used the service and staff.

We had some concerns with regard to the staffing levels in the service. We found no evidence to suggest that people were not receiving the care they required during the day time. However, the lack of a waking night staff increased the risk of harm to people who used the service. We have made a recommendation about this in our report.

The registered provider had a policy on recruitment, but this had not always been followed. We have made a recommendation about this in the report.

No staff had completed training on the Mental Capacity Act 2005 (MCA). This meant there was insufficient evidence that staff understood the principles of capacity

and decision making. No staff had completed specialist training on learning disabilities. This meant there was a risk that staff did not have the skills and knowledge to meet the needs of people who used the service. We have made a recommendation about this in the report.

Some people who used the service communicated with others by using Makaton. However, staff had a limited knowledge of this. We have made a recommendation about this in the report.

We found that people were protected from the risks of harm or abuse because the provider had effective systems in place to manage issues of a safeguarding nature. Staff were trained in safeguarding adults from abuse and the staff understood their responsibilities.

We found the premises to be safe and well maintained; people had their own bedrooms and access to a garden area.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. The plans of care were individualised to include people's preferences, likes and dislikes. People who used the service received additional care and treatment from health care professionals based in the community.

People spoken with said the staff were caring and they were happy with the care they received. They had access to community facilities and most participated in the activities provided within the service and in the community.

People were treated with respect and dignity by the staff. There had been no formal complaints made to the service during the previous twelve months but there were systems in place to manage complaints if they were received.

# 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?

Some aspects of the service were not safe.

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

Assessments were undertaken of risks to the people who used the service and the staff. Written plans were in place to manage these risks.

The recording and administration of medicines was not being managed appropriately in the service.

Staffing levels in the service did not allow for a waking member of night staff. This increased the risk of harm to some people who used the service given the nature of their medical conditions. The registered manager had not always followed the agency's recruitment policy and procedure when employing new staff.

Requires improvement



### Is the service effective?

Some aspects of the service were not effective.

No staff had completed training on the Mental Capacity Act 2005 (MCA). This meant there was insufficient evidence that people understood the principles of capacity and decision making. Staff had not completed training on learning disabilities which meant they may not have the skills to meet the needs of people using the service.

Staff had limited skills in the use of Makaton to aid communication with people who used the service.

Staff were aware of people's health care needs and provided appropriate support to meet their individual needs.

Requires improvement



### Is the service caring?

The service was caring.

People were supported by kind and attentive staff. We saw that care workers showed patience and gave encouragement when supporting people. People were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day to day needs.

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

Good



### Is the service responsive?

The service was responsive to people's needs.

Good



# Summary of findings

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and their preferences in order to provide a personalised service.

People were able to make choices and decisions about aspects of their lives. This helped them to retain some control and to be as independent as possible.

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

## **Is the service well-led?**

Some aspects of the service were not always well led.

The registered provider's quality monitoring system was ineffective and had not been used to measure or ensure the safety of people who used the service and staff.

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

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

**Requires improvement**



# Stubblefields 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 8 May 2015 and was unannounced. The inspection team consisted of an adult social care inspector and an officer from the Department of Health.

We did not send the registered provider a provider information return (PIR) prior to this inspection. 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. This was because the

inspection was brought forward from our usual schedule of inspections due to some information we received from the East Riding of Yorkshire Council (ERYC). We were notified that a formal improvement notice with regard to staffing levels and supporting workers had been issued by ERYC.

During our inspection we spoke to the registered provider, care manager and we interviewed two care staff. We spoke with four people who used the service. We spent time observing the interaction between people and staff in the communal areas and during mealtimes. We did not use the Short Observational Framework for Inspection (SOFI) because almost all of people that used the service were able to talk with us. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spent time looking at records, which included the care records for two people who lived at Stubblefields House, three staff records and records relating to the management of the service.

# Is the service safe?

## Our findings

People who used the service told us they felt safe in the service. One individual told us that “There are lots of things here to keep us safe, the door locks, the staff are always around and the staff get on well with everyone here”. Another person said “There is enough staff to get out and about, but sometimes I get bored”. People told us that staff took them to appointments, shopping and that individuals took a taxi to their day centre and art class sessions.

We saw that all staff in the service had completed medicine management training. However, we found unsafe practices around the administration and recording of medicines.

We saw evidence that staff were giving people their medicines, but not always signing on the medicine administration record (MAR) to show that it had been administered. This was not safe practice and could result in errors being made. We saw that handwritten entries on the MAR had only one staff signature, which did not follow best practice guidance and the staff did not always record the quantities of medicines held for each person. This made it difficult to audit the medicine stock held in the service. We found that the staff were recording the daily temperature of the refrigerator but not of the cupboard where the majority of medicines were stored. This meant the registered provider could not ensure medicines had been stored at the recommended temperature to ensure they were fit for purpose.

### **This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).**

The service had a policy on recruitment that included the statement “Do not start [the member of staff] until their Disclosure and Barring (DBS) check is back” and also instructed that two references must be obtained (one from a previous employer). We looked at three staff files and found that two files only had one reference and did not have the staff DBS check recorded.

Discussion with the care manager indicated that one of the staff (missing reference and DBS check) also worked at its sister service, which was a domiciliary care agency, and part of their staff file was held at that office. The second person had given their DBS check to the registered

manager, who was not on shift and the care manager was not sure where this had been stored. We were told after the inspection that these checks were now in the staff files. We will look at this again at our next visit to the service.

### **We recommend that the service follows its recruitment policy and procedure when employing any member of staff and ensures that recruitment records are held at the service for each person employed.**

The care manager had completed the East Riding of Yorkshire Council (ERYC) safeguarding and threshold training in March 2015 and had also completed the level three management training in safeguarding of vulnerable adults (SOVA). We saw that the rest of the staff had completed the ERYC safeguarding of vulnerable adults level one training in March 2015. The care staff who we spoke with were clear about the action they would take if they observed an incident of abuse or received an allegation of abuse. They told us that they would speak to the registered manager or the care manager, and they were aware of which agencies to report any concerns to if they felt they had not been listened to. Staff told us that they would have no hesitation in using the organisation’s whistle blowing policy.

The registered provider had policies and procedures in place to guide staff in SOVA, although these required updating to reflect the new fundamental standards. Through discussion with the care manager we found that they had good knowledge of the procedure to follow if an alert was raised and had the multi-agency policy and procedures for ERYC in place. These were stored in the entrance hall for easy access by other staff. We checked the folder where the safeguarding and complaints information was held. We saw there had been no safeguarding alerts made or received by the service in the last 12 months. However, we received information from the safeguarding team at ERYC prior to this inspection to say they were investigating one alert raised.

We spoke with the care manager and looked at documents relating to the maintenance of equipment used in the service. These records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. The equipment included alarm systems such as fire safety and nurse call, portable electrical items, water and gas systems. These

## Is the service safe?

environmental checks helped to ensure the safety of people who used the service. There were no hoists or lifts in the service as people were independently mobile, although some people used a mobility frame to aid their independence.

Staff told us, “Risks are managed on a daily basis. Risk assessments are found in every person’s care file, these are reviewed and updated constantly” and “Staff are aware of emergency procedures in terms of incidents to people, for example if someone collapses, or in terms of the environment, such as in the event of a fire. We do fire drills and training.” Care files had risk assessments in place that recorded how identified risks should be managed by staff. These included falls, fragile skin, moving and handling and nutrition; the risk assessments had been updated on a regular basis to ensure that the information available to staff was correct. The risk assessments guided staff in how to respond and minimise the risks. This helped to keep people safe but also ensured they were able to make choices about aspects of their lives.

We found that the fire risk assessment was reviewed in June 2014. The last recorded fire drill was dated 13 January 2012, but the care manager told us this was done monthly as part of the regular fire tests. They were able to talk us through the procedure staff would follow in the event of a fire and assured us that they would record these drills in future. One person who used the service also confirmed they took part in the fire drills and was confident about the action they had to take if the alarm went off unexpectedly. Records showed that the staff checked the fire exit points each day and weekly / monthly checks were carried out for the fire alarm, fire extinguishers, fire doors and emergency lights. Each person who used the service had a personal emergency evacuation plan in place.

We asked the care manager for the registered provider’s business continuity plan for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. This plan should identify the arrangements made to access other health or social care services or support in a time of crisis, which would ensure people were kept safe, warm and have their care, treatment and support needs met. The care manager was able to tell us what steps would be taken in an emergency, but this was not formally recorded. The care manager assured us this would be done as a priority.

Information in the accident records and care files indicated that falls and incidents relating to behaviour that challenged the service were being documented appropriately and action taken as needed. Relevant organisations were being notified of any incidents and people who used the service received input from health and social care professionals as needed. This helped reduce the risk of harm to people who used the service.

Prior to the inspection on 8 May 2015 we had received information from the ERYC that they had concerns about the staffing levels within the service especially at peak times of activity and at night time. We were given a copy of the rota by the care manager. This showed that the service had a repeating two week pattern of shifts and that every member of staff including the care manager and the registered provider covered one or two sleeping night shifts per week in addition to day time duties. The care manager informed us that there was no waking member of night staff even though some people who used the service had epilepsy and there was a risk they could have a seizure during the night. The staff told us they occasionally had to get up to support people, but we saw from the duty rota that the staff also had to cover the day shift the next morning.

Discussion with the registered provider indicated that at the time of this inspection they were recruiting for new staff as there were 59 hours vacant. These were the shifts being covered by the management team. We found no evidence to suggest that people were not receiving the care they required during the day time. However, the lack of a waking night staff increased the risk of harm to people who used the service.

People who used the service told us they were happy with the numbers of staff on duty, although one person said “We don’t get out as often as I would like.”

**We recommend the service seek guidance and advice from a reputable source about dependency tools and staffing levels to ensure the service is staffed appropriately to meet the needs of the people who use it.**

# Is the service effective?

## Our findings

We discussed people's care with two members of staff. Staff demonstrated to us that they were aware of what care each person required to meet their needs. Staff were able to say which people had input from health care professionals; they also knew what health problems each person had and what action was needed from them to support the person. Handover meetings took place to ensure all staff were aware of people's up to date care needs. People who used the service told us that communication between them and staff was good.

People were able to talk to health care professionals about their care and treatment. One person told us "I can see my doctor if I am unwell, I usually go to the surgery with staff but go in by myself." We saw evidence that individuals had input from their GP's, district nurses, chiropodist, opticians and dentists. Some people also saw specialist nurses for diabetes and epilepsy advice and monitoring. All visits or meetings were recorded in the person's care plan with the outcome for the person and any action taken (as required). We found that people who used the service had a yearly medical review as part of their health and wellbeing plan.

Staff were proactive when responding to a change in a person's care needs. One person told us about their medical condition and how their health was being affected. They told us that staff had arranged an appointment with a specialist nurse and would go with them to give them emotional support. Information in the care files showed that staff contacted the appropriate professionals when they had concerns about a person's health and welfare and that families were also informed where necessary. This ensured that all of the relevant people were kept up to date about each person's general health and well-being.

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

We looked at induction and training records for three members of staff to check whether they had undertaken training on topics that would give them the knowledge and skills they needed to care for people who used the service. We also spoke with staff about their experience of the induction training and on-going training sessions.

Staff confirmed they completed an induction where they were allocated a member of staff who was to mentor them. In addition, they shadowed more senior staff. The induction paperwork was seen in the three staff files we looked at. The care manager told us they were in the process of developing a new induction programme. This would include new staff completing the Care Certificate; the Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working practice.

We saw that staff had access to a range of training that the registered provider deemed essential. The training was provided by ERYC and other external training companies and included face to face sessions and distance learning packages. Staff told us they completed training such as fire safety, basic food hygiene, first aid, infection control, health and safety, safeguarding and moving and handling. Records showed that all staff had completed this training or were booked onto a refresher course, for example three staff were booked on food hygiene updates on 25 May 2015.

Training records evidenced that all members of care staff were working towards a National Vocational Qualification (NVQ) at Level 2 and that the care manager was undertaking this award at Level 5. However, we saw no evidence that staff or the care manager had undertaken any training on specialised subjects such as learning disabilities or crisis intervention and prevention. We also found that the care manager and staff had not completed any training on the Mental Capacity Act 2005 or Deprivation of Liberty Safeguards (DoLS).

**We recommend that the service finds out more about training for staff, based on current best practice.**

The staff told us they had supervision meetings with the care manager and we were shown their supervision plan that indicated sessions took place every eight weeks. This

## Is the service effective?

was confirmed by the records we looked at. Staff told us that they found the supervision sessions beneficial as they could talk about their concerns and got feedback on their working practice.

The care manager required supervision from the registered provider or the registered manager as they had no previous management experience prior to taking on this role. At the time of our inspection they were in charge of the service and the care and support of people who used the service. Discussion with the care manager indicated that their personal supervision was not taking place. This meant they were not receiving the support and guidance they needed to move forward in their new role.

We also found that no staff appraisals had been done for some time, which meant the registered provider could not ensure the skills and competency of the staff were sufficient to meet the needs of people who used the service and their business.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests. The registered provider understood the principles of DoLS and was aware of the 2014 supreme court judgement and its implications on compliance with the law. At the time of our inspection no one was subject to a DoLS application.

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

Staff followed the basic principle that people had capacity unless they had been assessed as not having it. In

discussions staff were clear about how they gained consent prior to delivering care and treatment. One staff member told us "People have the right to make their own choices about everyday things. We would not make anyone do something they did not want to. People have the right to say no and we respect that." The staff we spoke with also told us that they did not use any kind of restraint at the service.

One person who used the service was unable to communicate verbally with others so used Makaton signs and gestures to make themselves understood. We saw that another person who used the service was able to use Makaton and often interpreted for them, but staff had limited skills with this. One member of staff said "For people who cannot communicate with us we use our knowledge of them, talk to their family about their preferences and observe them individually to see what they like and dislike. We always offer them choices and talk to people to ask for their consent before we offer any support."

**We recommend that the service finds out more about Makaton training for staff, based on current good practice, in relation to the specialist needs of people with a learning disability.**

People were encouraged to be as independent as possible and this included developing their daily living skills. Observation of the service showed that a number of people were able to make themselves a hot drink and a snack in the kitchen where fresh fruit, yoghurts and biscuits were available day and night. We saw that risk assessments for nutrition were in the care files we looked at and people were weighed regularly. The care manager said no one who used the service was under the care of a dietician, but some people saw the diabetic nurse for dietary advice when they had their medical reviews.

We found that there was no set daily menu; instead people told the staff what types of food they liked or disliked during the resident meetings held once a month and then chose daily from a range of different foods held in the service. We observed people talking to the care manager about what they would like for the day's evening meal. Some of the people who we spoke with at the inspection told us that they assisted with meal preparation. People told us that they were always asked what they would like to

## Is the service effective?

eat and the care staff would then go about preparing it. People praised the staff saying “The meals are lovely” and “They make things properly and nothing is too much trouble for them.”

No-one who lived at the service said they had any problems moving around the environment. The premises was an extended house and there was no lift within the service so the two people who had bedrooms on the first floor had to physically be able to climb stairs. Six of the

bedrooms had their own en-suite bathing facilities and there was one main communal bathroom on the ground floor which had a shower facility within it. All areas we looked at were well maintained and decorated.

People were involved in making decisions about proposed changes in the service especially in relation to their own bedrooms. One person showed us around the service and showed us their bedroom. We saw this person had an en-suite shower and toilet and the room was personalised. They told us they had chosen the colours and the décor. They said “I asked [registered provider] for new bedding and this was bought immediately for me.”

# Is the service caring?

## Our findings

We observed that there were good interactions between the staff and people, with friendly and supportive care practices being used to assist people in their daily lives. We saw people ask for meals, drinks and general support and these requests were promptly responded to. Staff were respectful and patient with individuals. All interactions we saw put the wishes and choices of people who used the service first and they were included in all conversations. People who spoke with us said “The staff are really nice, they are my friends” and “It is good here, we all get on okay.”

We spoke to people about the care and support they received from staff. People told us that staff explained procedures and treatment to them and respected their decisions about care. Everyone who used the service was independent with personal care, with the majority just needing verbal prompts from the staff with regard to washing and dressing. One person said “The staff are lovely, it is like being in one big family.”

Staff told us that they read people’s care plans and that these included information that helped them to get to know the person, such as their hobbies and interests, their family relationships and their likes and dislikes. Staff told us that they had time to spend with people and they got to know about people’s individual needs by reading the care plan and spending one to one time with people. We observed people being treated in a kind and compassionate manner by the staff when one person became upset and anxious during our visit.

Four people who used the service remained at Stubblefields during the day of the inspection, whilst others were out and about at day centres. We saw that individuals were able to get up at different times in the morning, depending on what they wanted to do. Two people were up and sat in the lounge when we arrived, but two others had a more leisurely start to the day and came out of their rooms mid morning. People were independent with their

mobility, although one or two used mobility aids such as walking frames to get around the service. We saw in the care files that one person had recently been assessed for a wheelchair to help them when travelling longer distances in the community.

In discussions, staff had a good understanding of how to promote privacy, dignity, choice and independence. They said, “We close doors and curtains and gain consent for tasks. We always knock before going into a person’s room or bathroom as a number of people like some privacy at times. Everyone has different preferences and routines, so it is important we listen to what they want from us and ensure they have the opportunity to make their own choices.” We saw evidence that staff followed best practice when assisting people during the day.

We saw that people and staff had a good rapport with each other. Observations of people in the lounge / dining room and around the service indicated that individuals felt safe and relaxed in the service and were able to make their own choices about what to do and where to spend their time. People enjoyed chatting to each other and staff. On the day of the inspection we saw that people who used the service were well presented, appropriately dressed and wearing suitable footwear. Each person was dressed in accordance with their own particular style and taste and people told us they could go into town to see a hairdresser or wait for the one who visited the service every three to four weeks. Two gentlemen who spoke with us said they liked to be clean shaven and said “The staff help us with shaving.”

There were systems in place to ensure information was shared with people, including meetings with people who used the service and their relatives. We asked people if they were kept informed about what was happening in the service. One person said, “We get to talk about lots of different things at the meetings. We talk about the food, activities, changes to the staff and decorating.” People who spoke with us were confident that anything discussed with staff on a one-to-one basis would be kept confidential.

# Is the service responsive?

## Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care to each individual.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. For example, one person had a personal goal to be independent with the daily injections needed to control their medical condition. They had been assessed by a specialist nurse and were deemed competent to administer their medicine via an insulin 'pen'.

The two care files we looked at were written in a person centred way. We saw that staff reviewed the care plans and risk assessments on a monthly basis and the review notes indicated that this task was carried out with the person who used the service and their input and views formed part of the review. In addition to this we saw that people attended yearly care reviews with their funding authority.

Three people we spoke with confirmed that they spoke with staff about their care and their wishes and choices were respected by the staff. However, we saw that there could be better recording of people's participation in activities in the care files and there was no end of life information captured such as what people's wishes and choices would be in the event of their death.

There was no activity person employed by the registered provider, but people said they did a lot of activities at their

day centres and staff told us they had time on a daily basis to take people to the shops or do games in an afternoon. One person who used the service told us they went out on a Friday with the staff for shopping and lunch, went to day centre on a Monday and enjoyed going bowling, swimming and doing craft work. They did knitting and arts and crafts in the service. Other people told us that they attended an art class, went to day centres Monday to Friday each week, participated in a Tuesday club (named Senior Gateway) and played games such as bingo. Some people liked to go out on pub nights and take part in a theatre group.

People felt that their concerns were listened to and that appropriate action was taken. They told us "[The care manager] listens to us and will sort things out straight away." The complaints policy and procedure for the service was available in a small print format, which the care manager agreed would make it difficult for the people who used the service to read. They said they would look at developing a pictorial one for people with learning disabilities.

Checks of the information held by us about the service and a review of the registered provider's complaints log indicated that there had been no complaints made about the service in the last 12 months. We asked the care manager what action they would take if they received a complaint and they were able to explain the process they would follow. They also said that any complaints received would be audited to identify any need for improvement in the service.

# Is the service well-led?

## Our findings

The culture of the service was that this was a small service, offering people care and support within a friendly and comfortable family orientated environment. We spoke with people who used the service. Their response to our questions about the quality of the care they received was extremely positive. They told us they felt they received good care and support from friendly and helpful staff. People told us "They look after us well, nothing is too much bother" and "Everyone gets on great, I feel like they are my family and I love it here."

We found that the registered manager of the service was on leave at the time of this inspection. The service was being managed by the care manager and the registered provider. The registered provider, registered manager and the care manager were an integral part of the staff team. Staff who spoke with us said "We are a small group of people who work well together." People who used the service told us "We can always chat to [care manager and registered provider] as they come to see us and ask how we are doing."

The registered provider had a quality assurance system in place, but this had not been used effectively. During this inspection we raised minor concerns about specialist training for staff, staffing levels, quality of recruitment and care plans and moderate concerns about medicine management.

We found no evidence that satisfaction questionnaires had been sent out to people, staff and relatives in the last two years. This meant that individuals who used the service or had input to it were not being given an opportunity to put forward their views and comments about the quality of care and the service. Discussion with the care manager indicated they had recognised this issue and they had sent some questionnaires out in April / May 2015, but the completed forms had not yet been received back.

We saw that staff meetings were being held every two months and staff confirmed that they took place with the last one being held in April 2015. We were given the agenda to look at but there were no minutes of the meeting to indicate what had been discussed and by whom. Staff told us "We have regular meetings when we get together to discuss any problems or issues we might be having. We are told any news about the service and we can voice our

opinions and they are listened to." Staff told us they felt supported by the registered provider and the care manager. They said there was an open door policy so that if they had any problems they speak to either person at any time.

People who used the service had a residents' meeting every two to three months and the records showed the last one was also held in April 2015. The meeting minutes indicated people discussed the menus, activities, shopping, the environment and their satisfaction with the service. This indicated that some feedback was given to the registered provider about the service, but there was no evidence to show what they had done with this information.

We saw that the care manager had completed a number of audits but these did not always contain any analysis of the information gathered or an action plan to show what action was being taken to improve the service. For example, in April 2015 the care manager completed a medicine audit. The content of the audit was very basic and needed developing to show what was looked at and by whom. It also required a summary of the issues found and what action was taken. An audit of the environment had also been completed, but this had no date on it. There was no actual report of what had been looked at but it did have an action plan. However, the dates on the action plan said 'to be done as soon as possible', but did not give a timescale for completion of the action points.

We did not find any documented vision and values for the service, although staff and people who used the service said they thought the service was good and that people were given good care and support on a day to day basis. Everyone who spoke with us was confident that if any issues were raised with the registered provider then they would be listened to and addressed quickly and that the service was run in an open and honest way.

Discussion with the registered provider indicated that they were aware that improvements were needed to the documentation and record keeping within the service and that a formal quality assessing and monitoring system needed to be in place. However, until these improvements have been implemented we cannot be assured that the systems in place at the service protect people from the risk of harm and ensure people receive appropriate care.

## Is the service well-led?

**This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).**

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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered provider failed to protect people against the risks associated with the unsafe use and management of medicines by the inappropriate arrangements for recording and handling of medicines used for the purposes of the regulated activity.

Regulation 12 (1) (2) (g)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People were not protected against the risks of inappropriate or unsafe care and treatment because of ineffective operation of quality assurance systems to identify, assess and manage risks relating to the health, safety and welfare of people who used the service.

Regulation 17