Mrs P R & Mr R F Fillingham

Rose Park

Inspection report

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Ratings

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

Overall summary

The inspection of Rose Park took place on Friday 28 November and Monday 01 December 2014 and it was unannounced. We last inspected the service in August 2013 when we found there were minor issues with policies, finance audits, staff recruitment and quality monitoring. These had not generated any compliance actions last year, but we recommended they be addressed. However, we found at this latest inspection that not all of the issues had been put right by the provider.

The service provided care for 11 people with a learning disability. There were nine single occupancy bedrooms with en-suite toilets and one shared bedroom. Bathrooms were shared. There was a small dining room with a sitting/games area off it and a lounge. At the time of our visit there were 8 people using the service.

It was a requirement of registration that this type of service had 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

There was a registered manager in post who had been registered and working at Rose Park for the past six years. This person was also one of two registered providers (partners).

The registered manager was not available during our inspection, which we had been verbally notified of. The provider has a legal responsibility to notify us in writing under Regulation 14 of the Care Quality Commission (Registration) Regulations (2009).

The registered manager had only been carrying out their role as registered provider, and the position of registered manager had been filled by the deputy manager in capacity of acting manager since February 2014.

People we spoke with told us they felt safe living at Park Rose and that staff treated them well. They said, "I like living here", "It's a nice place" and "At the moment it is ok. The staff are kind".

Staff had knowledge of how to keep people safe because they had attended training in safeguarding vulnerable people. There were systems in place to ensure any concerns or allegations of harm were reported to the local authority safeguarding team.

Parts of the premises were inadequately maintained which meant people had an uncomfortable and less than pleasant environment to live in. The service was not meeting the requirements of regulations 15 and 12 because the provider had not ensured people had access to a safe, suitably designed and adequately maintained environment that was properly managed according to infection control guidelines.

Recruitment of staff was not being safely carried out because security checks on new staff had not always been completed before staff started working in the service. This meant the service was not meeting the requirements of regulation 21.

Risks to individual people were appropriately managed through risk assessments. There was a concise emergency contingency plan available to staff should there be a problem with the safety of the premises utilities. This document had not been available at our last inspection.

Care staffing levels were not determined by people's needs, but set at a minimum of two staff on duty at all times due to the low occupancy numbers in the service. These two staff were supplemented by a third staff member (often the acting manager) on certain days of the week. This meant the acting manager was unable to dedicate time to managing the service well.

Care staff also completed cleaning and cooking tasks, which meant the time they spent with people providing care and support was limited. The provider was not meeting the requirements of regulation 22 because the provider was not ensuring there were sufficient numbers of staff to carry out ancillary tasks in the service so that care staff could concentrate on care and support.

At our last inspection there were no records of staff recruitment interviews held and no formal system for involving people that used the service in the recruitment of staff. This was still the case at this inspection.

We saw that people received their medication safely because medicines were given to them on time according to guidelines and according to prescribed instructions.

We found that staff were trained to provide the care people needed. Staff were regularly supervised and supported to provide the best care their skills would allow. They understood the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS) when these applied to the people they cared for.

Staff knew the importance of obtaining consent from people to support them and they had knowledge of people's nutritional requirements, choices and needs. People's health care needs were effectively understood, monitored and addressed when required. Health care needs were met with the support of outside healthcare professionals and organisations. The acting manager and staff had good relationships with these professionals.

There was effective communication between the acting manager and staff. However, because the registered manager was trying to oversee the service in their capacity as registered provider, communication between them and the acting manager/staff team was sometimes confused. This meant the acting manager was sometimes unable to make management decisions and staff were sometimes without clear direction, which in turn meant people did not always experience a care service that encouraged them to live life to their potential.

Summary of findings

People and relatives told us staff were kind and caring. We observed staff approaching people in a friendly and supportive way and they were sensitive to people's demeanour and moods.

Care plans contained the information staff needed to support people, but they also contained information that was old or no longer relevant. People had been assessed and plans had been put in place to tell staff how best to support them. This was in the way people chose and wanted to be supported. We found that sometimes information provided about people's likes and choices was not being used to assist them to meet their needs, as in the example of a person that liked to ride a bicycle. Information was clear about their wish to ride their bicycle and the pleasure it gave them, but the bicycle had not been kept in good repair and so the person was unable to use it.

We saw that some activities inside the service were facilitated by staff and enjoyed by people that used the service, but these were limited. There were few activities organised in the community because of the low staffing levels. This meant people that used the service were unable to do some of the things they wanted to do. They engaged in other pastimes at day care services but this was because support was provided by other organisations.

Complaints were positively addressed. People told us they could speak up any time about anything and were confident they would be listened to and their concerns would be resolved.

We found there was an open and honest culture within the service, based on a desire to 'do the right thing for and with people'. We found that this desire was constrained however by the low staffing levels and the daily tasks to be completed by care staff.

The provider sought the views of people that used the service and their relatives in annual surveys, as part of the monitoring of how the service was being run, but information gathered was not analysed. This meant people could not influence how the service was operated. People and relative's views were only used to help provide changes to the way people's individual needs were met.

There was an incomplete auditing system in operation. There were no formal recording systems, in line with regulation 10, to demonstrate which areas had been audited. There were no audits on infection control, care file contents or staffing levels. Information was not collated, analysed and used to inform future improvements in general practice and care delivery. The provider was not seeking the views of staff about care delivery. This meant the provider was not ensuring the appropriate care of people by means of effective use of audits to inform where improvements were needed.

The provider was in breach of five regulations: 12, 15, 21, 22 and 10, 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 end of the full version of the report.

We recommended that the provider make other improvements to the service which you can see at the end of each section of the full version of the 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?

Inadequate

The service was not safe.

Parts of the premises had become unsafe due to age and lack of maintenance. Hygiene systems and practices in place did not include use of appropriate equipment and materials for good hand hygiene. Nor did they enable hygienic management of laundry. There were inadequate recruitment practices used. There were insufficient staffing hours planned for caring and managing the service.

This meant that people were not protected from the risks caused by unsafe premises, unsafe hygiene equipment, unsafe recruitment and insufficient staff on duty at certain times.

Is the service effective?

Requires Improvement

The service was ineffective.

We found that the premises were worn and in need of refurbishment and the design of facilities was unsuitable. Staff training, supervision and appraisal were not being followed properly to ensure staff were skilled and supported. The environment was not comfortable for people that used the service and there was no menu planning to ensure that people received a balanced diet.

The layout of the kitchen and dining room were ineffective because they exposed people to potential risk. People had an uncomfortable environment to live in because furniture was old and worn. People were not cared for by fully trained and supported staff and people were unclear about any planned nutrition they expected to receive.

Is the service caring?

Requires Improvement

The service was caring, but people's privacy and dignity were not entirely upheld.

We found that staff had a caring approach to people and had established trusting relationships with them. People's wellbeing was monitored. Staff displayed kindness, were compassionate and obviously knew about people's likes and dislikes. They were aware of people's individuality and recognised their right to be different. However, people's experience was not dignified if they used one of the communal toilet facilities.

This meant that people felt they were part of a 'family' at Rose Park. They experienced an approach from staff that enabled them to feel respected and cared for, but they may have felt their privacy and dignity were lacking at times.

Summary of findings

Is the service responsive?

Requires Improvement

The service was not responsive.

People's care followed their recorded needs in care plans and risk assessments. People engaged in activities when they could and when staff were available to support them, but opportunities were few. They made choices that were respected by staff. Any complaints were adequately addressed.

This meant people's assessed care needs were met whenever possible with minimal risk. People enjoyed some pastimes though their expectations were not high in this regard and so improvements in activities would ensure people enjoyed a better quality of life. People had confidence their complaints were addressed and resolved.

Is the service well-led?

Requires Improvement

The service was not well led.

People and relatives' views were acquired but they were not analysed and acted upon to improve the overall service of care. The quality assurance system was incomplete. The registered manager was not fully in daily control of the management of the service and so a decision needed to be made about who would be the registered manager in the long term. Records were not always accurately completed.

This meant people did not always see the benefits of an improved service. People did not receive a service that was managed by the registered manager. People's care and support needs might not have been accurately recorded.

Rose Park

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 checked 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 Friday 28 November and Monday 1 December 2014. It was unannounced.

The inspection team comprised of a lead inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience for this inspection had experience in care of people with a learning disability.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider, information we had received from the local authority who commissioned a service from the home and information from health and social care professionals.

The notifications we received about people showed the service operated satisfactorily when incidents or accidents occurred.

There had been concerns identified by the local authority in May 2014 about risk assessments, 'end of life' provision, use of MCA guidance, promoting independence and choice, infection control and cleanliness, and interviewing new staff. Other areas that were satisfactory but required improvement to ensure contract arrangements with the local authority continued, included care file documentation, promoting control, independence, dignity and choice, improving practices (meetings and networking) and improving training. These had been addressed using an action plan.

Professionals we spoke with included a support worker with the continuum team (a team of professionals committed to providing on-going support to people after receiving hospital services) and a social worker at Leeds City Council. Comments made were either positive and in support of the care they had observed or based on contact made over a year ago. Comments were that "The service was well led, care was of a good standard, staff were approachable and they contacted support services quickly when needed" and "I reviewed (the person) over a year ago where I found they were suitably placed and happy. I've heard nothing since then to give me cause for concern."

We also requested a 'Provider Information Return' (PIR) from the registered provider, which was returned to us in good time. It contained some information about the service but did not cover all of the service areas within the five sections: safe, effective, caring, responsive and well led. Subsequent PIRs should include information about all service areas. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the last inspection on 16 August 2013 we found that the service had met all of the regulations but had some improvements to make with regard to emergency policies, accuracy of financial records, recruitment practices and quality monitoring and assuring. There were no compliance actions made. However, we planned to assess these areas again during this inspection.

On the day of this inspection we spoke with all eight people who lived at the home, one relative, three members of staff (all of whom were care staff) and the acting manager.

Detailed findings

We spent time observing the interaction between people who lived at the home, relatives and staff. We did not use our formal system of observing people, the Short Observational Framework for Inspection because all of people that used the service were able to talk with us.

We looked at all areas of the home, including bedrooms (with people's permission) and office accommodation. We also spent time looking at records, which included the care records for two people who lived at the home, staff recruitment and training records for three care staff and records relating to the management of the home.

Inadequate

Is the service safe?

Our findings

The service was not safe. People were not protected from the risks presented by unsafe premises, unsafe hygiene equipment and insufficient staff on duty at certain times.

People we spoke with told us they were quite safe living at Rose Park. They said, "I like living here", "It's a nice place" and "At the moment it is ok. The staff are kind". They laughed, sang and smiled a lot and were confident and relaxed when approaching staff for support. We saw one person being comforted by a staff member. They were happy with and welcomed the physical contact. People's relaxed demeanour, their interactions with staff and the relationships they had with staff told us that people felt safe in the company of staff.

However, we saw that there were some unsafe aspects to the premises. The first floor bathroom had a broken and sharp bath panel, which people could easily cut themselves on. Two bedroom en-suites had exposed wiring that looked like a call bell could once have been sited there and it was unclear if these posed any harm. There was a large hole in the floor outside at the rear of the property, which had been covered by a board. We were told by the acting manager that a new gas metre had been installed. We saw that the area was not accessible to people that used the service, but it required a proper covering to ensure everyone's safety. This was a breach of Regulation 15 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 end of the report.

In the main bathroom, parts of the bath seat around the fixings were dirty although the seat itself was clean. The communal toilet and bathrooms had only linen towels for people to use which did not ensure safe hygiene for people. Clinical waste bins in bathrooms were large and industrial-looking, yet the lids were poorly fitting and did not ensure waste was stored safely.

The laundry room had no identified dirty or clean areas and the floor and wall surfaces were old and worn so that they could not be easily cleaned. Paint was flaking off the walls and where there were tiles some had been broken. This was a breach of Regulation 12 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 end of the report.

However, staff had completed infection control training and their individual practice was safe and considered. They had personal protective equipment available to use and they used it when necessary to ensure risk of infection was reduced.

Staff told us they had followed appropriate procedures for obtaining their jobs at Rose Park. We saw that their files contained the necessary documentation and checks for suitable recruitment. However, we saw that one staff had not received their Disclosure and Barring Service clearance until two days after they had started working. Another staff only had one reference in their file. This was a breach of regulation 21 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 end of the report. We saw that two files contained contracts and terms and conditions of employment but a third one did not.

Staffing levels were an area of concern. Because of the low occupancy numbers there were only two care staff each shift throughout the week and two 'sleeping' care staff at night. The acting manager told us they worked as a third staff member for three days of the week but as the second staff member two days.

The staffing rosters we saw, which covered four weeks from Monday 3 November 2014, were not complete. They had no indication of who was doing the 'sleeping' duty. They were not an accurate reflection of who was working each day. The registered manager was recorded as working 9am to 4pm Monday to Friday and in their absence the acting manager was covering those hours. Although their name did not appear on the rosters we acknowledged they were covering these duties.

We saw that some weeks the acting manager worked as the second care staff for four to six hours over several days. For example the acting manager was a care staff for 26 of their 35 hours in week commencing 10 November 2014 and for 14 hours week commencing 24 November 2014. This meant they were supplementing care hours and were unable to carry out management responsibilities during those hours.

Overall we saw that care staff worked an average of 193 hours per week, plus sleeping hours of 110 per week which totalled 303 hours. This did not equate to the minimum 336 hours that would be covered by two staff on duty all of the

Is the service safe?

time in a working week. This also demonstrated that the manager was supplementing care hours each week. We assessed that there were insufficient care staffing hours provided to meet people's needs.

We found the impact on people that used the service was that they were not having their needs met because they could not easily take part in social activities in the community. The acting manager explained they had been trying to introduce more spontaneous and planned social outings for people to remedy this. Therefore on the first day of our inspection three people went out on a shopping trip with two care staff. However, while these people enjoyed their shopping trip and lunch out this left the acting manager in the home alone with three other people.

This presented a second impact on people that used the service. Because they were supervised by only one staff member they were at risk. People had health conditions like epilepsy and diabetes and there were no contingency plans for an emergency situation that could arise during times when only one staff was present in the building.

This was a breach of Regulation 22 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 end of the report.

The PIR we received from the provider told us about staff training in safeguarding people from abuse, staffing levels on duty and details of the building security. It said there was to be a review of the environment including redecoration and some changes to policies and procedures in readiness for the changes in inspection methodologies. It did not mention how people were safeguarded from harm, how risks were reduced, how medication was managed or how infection control systems and practices protected people.

All seven staff had received training in 'safeguarding adults from abuse' and the four staff we spoke with were knowledgeable about the types and signs and symptoms of abuse and the relevant reporting procedures. One staff said "I would report any concerns to management." Two others told us, "I would report abuse to my manager or to the social services department, if necessary" and "We have a social services number to contact if our manager is unable to make a referral about safeguarding."

Staff had also completed training in the local authority's new safeguarding thresholds introduced in the last two months. There had been one safeguarding referral in the last year, which had been notified to us. The acting manager had handled and recorded the incident appropriately. People were protected from harm because staff knew their responsibilities to keep people safe and were trained in safeguarding procedures.

We saw in care files that people had personal risk assessments in place. These were in the form of one document for each person covering the environment, their personal medical conditions, mobility and falls (if appropriate), going out, shopping, engaging in activities of daily living (cooking in the kitchen, using the laundry, cleaning bedrooms) and engaging in social activities. We saw that the risk assessments were mainly statements about people's care needs. For example, one stated, '(The Person) tends to shuffle their feet so is at risk of falls…staff are to be aware they have fallen once when out at centre…but has had no accident while at Rose Park.' Another stated, 'Eats a good diet and has put on weight, so no nutritional risk.' These documents did not clearly state the action to take in order to reduce the identified risks for people.

We discussed people's safety with those that went out unaccompanied and found there were no protocols in place for checking that they were alright while out in the community on their own. This is an area the provider could improve upon to ensure staff and people know what to do if a person had a problem while out in the community or if they did not return at the expected time.

Staff understood about people having the right to take risks and make their own decisions and staff told us they would always try to allow people to be independent in such cases.

We found that the layout of the property was not ideal as it did not ensure people's absolute safety when in the kitchen. One person who used the kitchen independently said, "Sometimes I find it hard to keep myself safe in the kitchen with other people coming through all the time." People passed through the kitchen each day to use the dining room and the conservatory or to visit the office. However, the risks were deemed low because everyone that used the service had always had access to the kitchen at all times of the day or night. They were used to avoiding it when staff were preparing the main meal of the day at 4pm.

Inadequate

Is the service safe?

It was also deemed a low risk having people use the kitchen because they had the capacity to understand that the kitchen was a potentially unsafe place and all of them used it to either make their own breakfast, snacks and meals, or to join in with baking activities. Added to this low risk was an additional risk with food hygiene. However, there were risk assessments for baking and engaging in daily living skills and staff were vigilant to ensure people had good hygiene when facilitating them in the kitchen. Staff had completed food hygiene training. Any future alterations to the layout should consider changes to ensure the kitchen is not a thoroughfare to other parts of the building.

The acting manager told us people had their own small safe in their bedrooms, which we saw. However, keys were only held by the acting manager and usually people had to ask for them. A check of the accounting systems in place to manage the safe handling of people's finances showed there were no areas for concern. Last year's inspection had shown these systems were inaccurately maintained. This year people had a list of their expenditure, receipts were kept and people knew how much money they had. These systems ensured people were protected from the risk of financial abuse.

We looked at medication systems; ordering, storage and administration of medicines and found these to be satisfactory. People came to the office for their medication at the appointed time and were prompted by staff if necessary. All staff were trained in giving out medication and followed safe practices. Usually two staff were present when medication was administered and both signed the medication records, which we saw. Medication records were accurately completed. Two people administered some of their medication themselves, which was risk assessed and monitored. This enabled them to maintain some independence. We were told by the acting manager that no one required any controlled drugs.

A pharmacy audit had been completed on medication systems in October 2014 and an identified improvement had already been satisfactorily implemented.

We recommend that the provider ensures staff follow written guidance on keeping vulnerable people safe while out and unaccompanied in the community.

We recommend that the provider carefully considers any future plans for alteration of the property taking into consideration the layout of facilities that are accessible to people that use the service.

Requires Improvement

Is the service effective?

Our findings

We found that the service was not effective in ensuring people had a suitably designed premises and so their comfort was not always assured. There were shortfalls in the staff supervision and appraisal systems.

One person that used the service said, "We could do with some new curtains in the lounge." Another person told us, "The bathroom I share with X on the second floor needs modernising." Staff said, "Updates of the environment are needed" and "The place could do with some modernisation taking place, to make it easier for us to keep clean."

We saw that the premises were not always well maintained and that furnishings and fittings were old and worn. Two en-suite toilets and one communal toilet had exposed pipes and brickwork. The first floor bathroom had a hole in the plaster caused by the door closer hitting it. There were damp smells in the ground floor bathroom and three of the bedroom en-suites. One bedroom ceiling also had signs of damp, which the acting manager explained had been caused by a water leak on the floor above, but assured us there was no longer a leak. Another bedroom had damp patches on the sloping ceiling gable.

The staff toilet had broken tiles, which meant surfaces were not easily cleaned. The ground floor shared bedroom had three broken wall lights, a badly fitting carpet and old furniture. All of these findings meant people did not have a suitable and pleasant environment in which to live. The communal toilet near the ground floor bathroom had a one penny size hole in the door and there was no lock. Neither of these ensured people had suitable privacy when using the toilet.

All of this was a breach of Regulation 15 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 end of the report.

The PIR we received told us that people were fully involved in their care, received support with health appointments, and had health care plans in place. It said people were able to make their own decisions about daily living, made their preferences known and influenced the menu choices. It told us that staff worked closely with health care professionals. It said the provider wanted to improve people's opportunity to have a say in the decoration of the property and what the new menus would look like and to do more in the community. The PIR had no information about staff induction, training or qualifications.

We found that staff had skills to care for people with a learning disability. They had completed mandatory training as required by the provider. Staff knew how to care for and support the people that lived at Rose Park because they had experience of working with them and had learned about their particular health needs and conditions. However, when we asked the acting manager about following best practice and guidance they were unable to identify any particular models of care used.

Staff had completed an induction to their roles and had received some supervision. We saw records of staff supervision and appraisal in the staff files we looked at, and they showed staff had received two or three supervisions in the last year. However, when we spoke with staff one of them told us they had not had supervision since starting their job in May 2014. They said they were not worried because the acting manager was very approachable and they could tell them or ask them anything at any time. This was an area where the provider could make improvements.

The appraisal system did not show staff capability but was a list of staff's own personal subjective ratings given against work activities: providing personal care, cooking, cleaning, key-working, giving one-to-one care, completing records, escorting people and communicating. The registered manager had then rated the staff against the same work activities, agreeing or disagreeing. There was no detail of any discussion about performance. However, one staff said, "My last appraisal went really well. I was told I had a good approach with people, had no weaknesses and was given a higher rating than I had given myself." The appraisal recording system was also an area the provider could improve upon to ensure staff had their competence and capability discussed and recorded.

One staff said, "I've completed training in diabetes and epilepsy awareness, first aid, health and safety, medication management, safeguarding adults from abuse and supporting people that have unmet complex needs." Another said, "I have done the mandatory training, including infection control and first aid. I have asked for some training on death and bereavement, which the (acting) manager is going to arrange."

Requires Improvement

Is the service effective?

The staff training information we saw showed there was a lack of training in nutrition awareness, end of life care, infection control and positive behaviour support or conflict management. These gaps in training were an area the provider could improve upon.

We found that communication within the staff team was open and honest. Staff used a handover system, recorded the information they needed to pass to each other and always shared information on a daily basis while supporting people. Staff were loyal towards the acting manager who kept them informed at all times and sought their views daily. This ensured staff knew about people's daily needs and requests.

A concern we expressed to the acting manager was for people's comfort. We found there were misshapen and flat pillows, thin bed linen, and shrunken (so wrinkled) continence aids on poorly made beds. This and neglected decoration meant that bedrooms did not look or feel cosy or homely as you would expect bedrooms to be. Bedrooms were in need of redecoration to make them brighter and bedroom furniture was old and needed replacing. People's comfort was an area the provider could improve upon.

We found the three settees in the lounge were damaged in the seating area and so sitting on them was like sitting on a wooden frame. The stuffing and springing was badly damaged. Fortunately two of these were replaced before the second day of our inspection. People's comfort when in the lounge was partially and quickly improved by the provider's action, but a third replacement settee was still required to ensure sufficient comfortable seating for everyone.

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 the human rights of people who may lack capacity to make decisions are protected.

People's files contained information about their capacity in an MCA assessment form. It showed that people were able to make their own decisions about daily living and some situations in their lives. People had signed these assessments in agreement to them where possible. Staff told us they had completed training in the MCA and demonstrated some understanding of how it impacted on people. They said, "If people are capable of doing so then they have the right to make their own decisions." They had not known of any 'best interest' meetings having been held for anyone. We were told by the acting manager that there were no people with a DoLS restriction in place.

Staff understood their responsibilities to ensure people gave their consent to care and support. Documents in care files were signed by people where possible. We observed people making requests for support and agreeing to support they were offered and also deciding if any of it was good enough. If not they spoke up about it.

Staff provided people with their medication. One person said, "The staff give me my medication when I go to the office for it, so it is given in private. I signed a consent form." We saw this form in the person's care file and they had signed it. We also saw the person had a family member with 'lasting power of attorney' for control of both their finances and care. The provider used appropriate legislation to ensure people's rights were upheld.

We saw that people had nutritional risk assessments in their files, along with their food likes and dislikes. There was information about diets and allergies: diabetes, celiac and dairy intolerance. Staff told us they were well aware of these nutritional and dietary needs.

People told us they were quite satisfied with the food provision. They said, "The food is ok. I like most things", "The food is nice. We can choose what we have" and "I cook my own breakfast and can choose what I want." Those people that attended day centres told us they took a packed lunch with them. We saw that people ate a hot meal at the end of the day which was cooked by the care staff.

Menus were due to be changed and we were given copies of the new ones but staff were still 'loosely' following the old ones. The acting manager said that new ones would soon be implemented. People told us that they had been asked about their choices for the menus and believed these would be incorporated into the new ones.

One person we spoke with told us they were quite self-sufficient. They went out and about in the community on their own and bought and prepared their own food. They had a weekly food budget to use which they told us was insufficient for their needs.

We saw that people had health action plans to tell staff how to assist individuals to maintain their health and

Requires Improvement

Is the service effective?

wellbeing. People had signed their agreement to these, where possible. Some people took responsibility for their health care needs with the support and guidance of the staff. This included people visiting their doctor, dentist and optician or giving own medication and applying creams and ointments. Health care was appropriately monitored so people received the health care they required.

We recommend that the provider ensures staff supervisions are used effectively: regularly and consistently.

We recommend that the provider makes improvements to the appraisal system.

We recommend that the provider ensures all staff receive the training they require to carry out their roles effectively.

We recommend that the provider ensures people have comfortable furniture to sit on and their comfort is assured when in their bedrooms.

Requires Improvement

Is the service caring?

Our findings

We found that aspects of the service were caring because staff had a caring approach to people and had established trusting relationships with them. People's wellbeing was monitored. However, privacy and dignity was not always adequately maintained.

Privacy and dignity on a personal level was well managed for people and the staff were vigilant when encouraging people to maintain their dignity in such as dressing appropriately and meeting strangers. However, it was the physical environment that let people and staff down with regard to dignity; referring to the communal toilet door with a hole in it and no lock, which meant people had no privacy when using the toilet.

Staff displayed kindness and were compassionate and obviously knew about people's likes and dislikes. One person said, "Staff are caring and kind and I can talk to them." Others said, "Living here is fine. Twenty-four hour care is good and something I need because of my health problems" and "It is nice living here, I have some friends. The bathrooms are shared but only between the two of us on our floor, so at the moment it is like having my own place."

One person told us they were independent and preferred to lead a singularly private life, so they did not want too much involvement from staff. We saw that staff gave them the space and freedom they needed to come/go and act as they pleased. Staff checked they were alright on occasion.

One person's care plan said they did not like 'bossy' people and when we asked them about this they said, "It's true I don't like bossy people, but there are none here. We are not told what to do or where we should go. It is good."

The PIR we received from the provider told us that staff spent time with people and involved them in the running of the service. It said people assisted with daily living tasks where possible, there was an 'open door' policy in operation and people or their relatives could discuss any concerns, anytime, anywhere with the acting manager. Some of the information was not appropriate for this section of the PIR. It told us the provider wanted to improve staff training in 'end of life' care, enable people to produce a personal journal of their lives and enable people to become more expressive with things they didn't always tell the staff.

Staff told us they were aware of people's individuality and recognised their right to be different. Staff said, "I try to ensure people are happy, they interact with us and each other because it is important to reduce their loneliness. Sometimes a couple of people like to sit quietly and watch DVDs but their concentration span might be short and so they soon move on to something else. It's about knowing these things and responding to them."

We saw that staff gave people choices with decisions of daily living and people made them routinely. People chose drinks, meal options and the time of day they ate. They decided where to sit, who with and what to do. We discussed with one person their need for specialist hearing equipment to enable them to listen to the television at high volume in their bedroom and they told us they were satisfied with the arrangements put in place to help them sort this out. We saw in care files that people had agreed particular aspects of the support they received and had agreed to be involved where they were able. One person, for example, had agreed in their health action plan to administer their own insulin injections. They confirmed with us that they did this daily.

Staff told us they were very aware of the need to ensure people's wellbeing and good health was maintained. They supported people with good personal hygiene and oral care, encouraged regular eating and assisted with health monitoring at the dentist, optician and the GP surgery. This was so people continued to be well.

Social wellbeing was also addressed and while people said they were content with things the way they were we did not see evidence in their files they had experienced anything better than the service offered.

We heard and saw staff providing explanations to people about their care and support and giving them time to respond and make decisions. We saw there were no advocacy services displayed in the service and people were not routinely offered these because they all had a level of communication that enabled them to express their needs. We asked the acting manager about this who said people communicated their choices on a daily basis, family members were consulted to assist with more difficult decisions and staff knew about people's preferences having worked with them several years.

One person's visitor told us, "The staff always ring me up if there is anything I need to know or do for (my relative)."

Requires Improvement

Is the service caring?

They went on to say, “The atmosphere here is always good. I visit at mid-day mostly and the place is calm and quiet. (My relative) has one particular staff who they think the world of.”

We saw that people were attired in clean and appropriate clothing. The gentlemen that wished to be clean shaven appeared so. People’s requests for assistance with hairdressing or changing clothes to go out were met by staff. All support from staff was provided in private. We saw that staff were thoughtful regarding people’s individual needs; one person chose a completely different meal to the others and this was facilitated. Another person wanted to use the washing machine and staff ensured it was available to them, as they were independent in this. A third needed their hair setting before they went out shopping and this was done.

We saw and heard people and staff chatting together and sharing jokes. People were relaxed and expressed their needs openly. Staff showed they cared for people by being attentive, available with support and taking interest in their views and wellbeing.

We recommend that the provider ensures people’s privacy and dignity are maintained at all times.

Requires Improvement

Is the service responsive?

Our findings

The service was not responsive. People's care followed their recorded needs, but care plans were inadequately reviewed.

We saw that people had care files with assessments of need, care plans and risk assessments in place. Care plans contained person-centred information that reflected people's needs well. However, some of the factual details had not been reviewed and updated regularly enough. For example, one person told us their key worker had changed and their GP had also changed. These details were passed to the acting manager so that the person's file could be put up to date.

We found that the files contained a lot of unnecessary or repetitive information and a lot of out of date information. For example there were 'mood charts' in people's files who had not experienced any incidents in months and these were still being completed. There were several care and support plans that were unused and information that was dated back to 2010. The acting manager told us they had re-organised the care files and felt this information was helpful in showing peoples' development over the last few years.

We saw that care plans and risk assessments had been reviewed in line with policy frequency, though not all documentation had been updated, so reviews had not been as thorough as expected.

The PIR we received told us about staff assisting people to appointments, that 'best interest' meetings would be used for any particular decisions people couldn't make and that the provider would like to improve the care plans to include an end of life plan so that people's wishes could be respected. Some of the information was not appropriate for this section of the PIR. There was no information about how assessments of need were carried out, how care plans were used or how complaints were managed.

We found that people were not having their needs met for engaging in meaningful, chosen activities. One person told us, "I like to play snooker and do so with my support worker that visits me regularly. I like to swim and bike ride. I like bowling, but can't remember when I last went." When we asked about bike riding they said, "My bike is in the garage, it has been broken for months." This person was only engaging in one of the four activities they liked doing that we saw listed in their care plan.

People's hobbies and interests mainly took place outside the home in the day centres they attended. One person said, "I keep busy with keep fit, arts and crafts and sometimes swimming." This reinforced our findings that people engaged in limited activities with the staff. People told us that relatives visited regularly. We saw a visitor take one of the people out for their lunch.

People told us they liked to bake or cook and one person told us they shopped for their own food on a weekly allowance and prepared all of their own meals. We heard two people asking when they would next be able to bake and choosing the type of cakes they would make.

People we observed were not taking part in any meaningful activities during our visits, but they told us they did engage in pastimes in the evenings. We saw the cakes that people had made the night before our visit and staff confirmed a baking session had taken place. There was lots of friendly banter between them and the staff but three people just watched television in a small dining room nearly all of the time. People did not engage in any person centred activities while we were there. They listened to a music channel via the television at times, and sang along. We saw that they enjoyed the music, singing along, dancing or swaying in their seat.

When we asked staff about pastimes they told us they usually had time after tea to engage with people in baking, crafts, games, making music like a rock band using a keyboard and drums, or watching DVDs and television programmes like 'The X Factor'. They said people usually enjoyed snacks and drinks then as well. People had already told us they baked and made their own music. We saw the keyboard and drums available to them.

We observed that people made choices wherever possible about what they did, where they went and what they ate. One person was very autonomous and came and went as they pleased and prepared their own food when they wished. Another kept going in and out of their room and alternating this with visits to the lounge. Each person had their own routines and expressed their individuality in their likes and preferences.

Requires Improvement

Is the service responsive?

There was a written complaint procedure in place, which some people could understand, but some people were not sure what the process was for making formal complaints. People felt they had good relationships with the staff. Everyone we spoke with said they felt well looked after and had no complaints to make. No one we spoke with had any concern or reason to complain but all felt they could always talk to staff if anything arose. One person said, "I don't have any problems but if I did I would talk to staff." Another said, "Staff would act upon concerns I may have."

A relative we spoke with told us, "I did have concerns about my relative's room being on the upper floor of the house and spoke with the provider about it. They allocated them a room on the ground floor and I have been much happier with this. So has my relative."

Staff told us they could speak to the acting manager any time, about anything and we saw them doing this throughout our inspection. One staff said, "I would have no hesitation raising any concerns about colleague's behaviour with management. You just have to be truthful."

We saw that two complaints had been received and dealt with appropriately. One concerned a person's bedroom being inadequate and the other was about ensuring safe access and egress to the building for another person. Both complainants were recorded as being satisfied with the outcomes.

We recommend the provider ensures people's care plans are kept up to date and reflect their current needs.

Requires Improvement

Is the service well-led?

Our findings

Some aspects of the service were not well-led. People had opportunities via satisfaction surveys to make their views about the service known and there were some care audits carried out. However, peoples' views and information obtained were not adequately analysed and acted upon in order to improve the service overall.

We saw in documentation held that sometimes people received changes to their support and care on an individual basis following information they had provided in surveys. One person with mobility needs, who always came and left via the rear exit to the service, expressed dissatisfaction being asked to use the main entrance on one occasion. They were given assurances this would not happen again and staff were instructed to ensure the person's usual practice prevailed. Another person had verbally expressed needs regarding their hearing and this had been addressed. Both cases were fully documented.

When we asked the staff about the culture within he service they said, "There is a family feel to the place and it is welcoming. People are comfortable. It is 'free and easy' living here" and "We make sure people are happy and there is a nice atmosphere. We ensure there is no bullying. We ensure the place is clean." A third staff member said they felt listened to and they had regular staff meetings where possible. They said, "I can put my views across and they are acted upon". They believed the culture of the home was "Kind and caring".

We found that people were relaxed and satisfied with the service. They smiled and chatted to each other sharing jokes. They related well with the staff who offered them the support they required.

The PIR we received told us there was an 'open door' policy for access to the management team and information, the acting manager had care management qualifications and people and staff had access to a company advisor regarding legislation and information. There was no mention in the PIR of the promotion of a positive culture and no details about quality monitoring or assessing the service.

We noted the registered manager was still on a planned absence from work. We had not received a written notification of this but had been informed via telephone in February 2014. An acting manager was overseeing the day to day running of the service. The acting manager told us they had submitted an application to become the registered manager in May 2014. Our records however, did not indicate that an application had been received.

We assessed that the acting manager had insufficient time to manage the service properly because they were often working as the second staff member. We found that the acting manager had successfully undertaken work to revise the staffing rosters to reduce the number of double shifts worked by staff. They had also established good working relationships with outside healthcare professionals. These actions helped to ensure staff worked more efficiently and there was good healthcare support for people when they needed it. We saw that other work to re-organise people's care files and help to ensure people had care plans that reflected their needs, had not been as successful.

The acting manager had not been able to attribute time to ensuring there was an effective quality monitoring system in place to identify shortfalls in the service and put them right. The acting manager told us they carried out some audit checks on fridge temperatures, the emergency call bell, the fire safety systems and care plans. Medication systems were checked by the acting manager each month when they received new stocks of medicines. However, there were no records to evidence these audits had taken place or to show what changes had been made as a result of the findings.

We saw that in September 2014 a survey had been given to people that used the service and to their relatives. On the returned surveys from relatives comments included, "I am very happy with (the person's) care" and "My relative is happy and content, the staff are very nice to them and they are helpful whenever I visit." One relative's survey showed positive answers to all the questions, with the exception of three: these were 'is the service good?' 'is the lifestyle good' and 'are you happy with the person's appearance?' They had answered "50/50" to these three questions. We saw no evidence that these comments had been responded to.

When we asked people about completing surveys they said that nobody had been asked to fill in a questionnaire or survey about their care. However, we saw that returned surveys from people that used the service had comments that included "I do more things here than I ever did at my previous place," "I like everyone in here and I get on well with the staff" and "I'd like some new curtains, as they are

Requires Improvement

Is the service well-led?

always coming down." We asked the person about their curtains and they said these had not been replaced yet. Another person said, "We could do with some new curtains in the lounge" and "I would like trips out."

We saw there was no analysis of information gathered in surveys or audits, no action plan in place to improve the service where shortfalls had been identified and no feedback to people that had contributed information. This was a breach of Regulation 10 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 end of the report.

We found the acting manager and staff were open with each other and with us about their practice. They shared information, questioned each other and communicated well in order to ensure people's needs for personal care, nutrition and some entertainment were met. People had some links with the community, attending day care services, visiting the local pubs and restaurants and going to the shops.

When we asked the acting manager about 'visions and values' of the service they told us there were none written down, but staff told us they upheld people's rights to their freedom, independence and for making choices.

We found that records relating to people's care were insufficiently clear because files contained information that was no longer necessary or was out of date and needed revising. There was no detailed training record to show what training staff had completed and when, or to show what training they needed to refresh or complete as new. Staff files did hold evidence of training in the form of certificates of attendance and qualification.

We recommend that the provider resolves the situation of having no registered manager managing the service on a daily basis.

We recommend that the provider improves in the area of record keeping.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control People that used the service and others were not protected against the risks associated with the maintenance of appropriate standards of hygiene in relation to equipment and materials. Regulation 12 (1) and (2)(c).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers People that used the service were not being protected by the operation of effective recruitment procedures, as information about staff specified in schedule 3 was not available at the time they started working in the service. Regulation 21 (a) (b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing People's health, safety and welfare were not safeguarded because the provider had not ensured, at all times, there were sufficient numbers of persons employed for carrying on the regulated activity. Regulation 22.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

This section is primarily information for the provider

Action we have told the provider to take

People that used the service and others were not protected against the risk of inappropriate care by means of an effective system to make changes to the care provided. Regulation 10 (2) (c).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises How the regulation was not being met: People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Regulation 15 (1) (c).

The enforcement action we took:
We sent the provider a Warning Notice in respect of regulation 15 (1) (c) with a timescale of 09 February 2015 by which time the provider must have taken action and complied with the Warning Notice.