

UK Healthcare Group Limited

Seabrook House Limited

Inspection report

Seabrook Court
Topsham Road
Exeter
EX2 7DR
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Website:

Date of inspection visit: 24 and 25 August 2015
Date of publication: 28/09/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

This inspection was unannounced and took place on 24 and 25 August 2015. The inspection was carried out by one inspector. The last inspection of the home was carried out on 19 and 22 November 2013. No concerns were identified with the care being provided to people at that inspection.

Seabrook House Limited provides accommodation and personal care for up to 26 adults with mental illness. They have chosen to provide support only to men. At the time of this inspection there were 26 men living there. Accommodation is provided in two buildings - Seabrook

House and Seabrook Cottages. In addition Seabrook House Limited is registered to provide a personal care service to people who live in the community. At the time of this inspection they supported two men who required personal care who shared a flat in a residential area of Exeter.

During our inspection we case tracked six people and spoke with five people who lived at Seabrook House in depth. We also met and spoke briefly with many of the other people who lived there. We also visited two people

Summary of findings

who shared a flat in the community and received personal care and support from Seabrook House Limited. The service they received is usually referred to as 'supported accommodation'.

There is 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.

People who lived at Seabrook House had been involved and consulted in drawing up and agreeing a plan of their care and support needs. Their care plans set out their goals and showed the steps they had agreed to enable them to gain greater independence. Risks to their health and safety had been assessed and measures were in place to reduce the risks where possible. However, care plans for those people who received personal care did not provide sufficient information on their health, personal care and support needs. Risks had not been fully assessed and there was no guidance to staff on how to support each person to minimise the risks.

There were enough staff to meet people's complex needs and to care for them safely. People were protected from the risk of abuse and avoidable harm through appropriate policies, procedures and staff training. Staff received relevant training to effectively support each person's mental and physical health needs. Staff were positive and enthusiastic.

Overall Seabrook House and Seabrook Cottages were maintained to a reasonable standard although some areas were in need of redecoration and refurbishment. All equipment such as gas, electrics, water and fire alarms were regularly serviced and checked. The maintenance records showed repairs were carried out promptly and there was a plan in place to redecorate and improve many areas of the home both inside and out.

Medicines were securely stored and administered safely by staff who had been trained and competent. People who were able to administer their own medicines were supported to do so safely.

People were supported to be fully involved in the local community. They lead active lives and participated in a wide range of activities each day. Each person had agreed a weekly timetable of the activities they regularly wanted to do, and they received the support they needed from staff to ensure their planned activities took place. People told us they were happy living there, and their comments included "They motivate me when I need it" and "They help me with the things I really need support with."

People were supported to maintain good health. People had regular health checks and the service received good support from a wide range of healthcare professionals. Local health professionals visited the home when this was requested. Staff from the service supported people to attend hospital and community appointments when needed.

The provider had a range of monitoring systems in place to ensure the home ran smoothly and to identify where improvements were needed. People were encouraged to speak out and raise concerns, complaints or suggestions in a variety of ways. Regular resident's meetings were held and people told us they could speak out in these meetings. People were also asked to complete survey forms seeking their views on all aspects of the service. We also saw evidence of formal complaints raised with the manager and these had been investigated and responded to.

You can see what action we told the provider to take at the back 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?

People who lived in supported accommodation and received a personal care service did not receive a service that was safe. Risks had not been fully assessed or managed. Staff did not have sufficient information to ensure people remained safe.

People who lived at Seabrook House who received accommodation and personal care received a service that was safe. Risks were identified and managed in ways that enabled people to lead fulfilling lives and remain safe.

People were protected from abuse and avoidable harm.

There were sufficient numbers of suitably trained staff to keep people safe and meet each person's individual needs.

Requires improvement



Is the service effective?

The service was effective.

People were supported to live their lives in ways that enabled them to learn new skills and work towards greater independence.

People received effective care and support from staff trained in topics relevant to the needs of the people who used the service. People were supported to access specialist healthcare professionals when needed.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

Good



Is the service caring?

People were treated with kindness, dignity and respect. Their rights to make choices and decisions about their lives were respected.

People were supported to be fully integrated in the local community, and to keep regular contact with friends and family.

Good



Is the service responsive?

The service was not fully responsive.

The support needs of people who received a personal care service were not fully assessed or recorded clearly in their care plans. This meant staff did not have sufficient information or guidance on how people wanted to be supported.

People who lived at Seabrook House were involved in the assessment and planning of their care. Each person had a key worker with particular responsibility for ensuring the person's needs and preferences were understood and acted on.

Requires improvement



Summary of findings

People, relatives and staff were encouraged to express their views and the service responded appropriately to their feedback.

Is the service well-led?

The service was well led.

The service promoted an open and caring culture centred on people's individual needs.

People were supported by a motivated and dedicated team of management and staff.

The provider's quality assurance systems were effective in maintaining and driving service improvements.

Good



Seabrook House Limited

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 24 and 25 August 2015 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service. At the last inspection on 19 and 22 November 2013 the service was meeting the essential standards of quality and safety and no concerns were identified.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During our inspection we spoke with the registered manager and five staff who worked at Seabrook House. We also spoke with two staff who provided a personal care service to two people who lived in the community. We looked at the care records and spoke with five people who lived at Seabrook House and two people who received a personal care service. After the inspection we contacted nine health and social care professionals to ask their views on the service.

We also looked at records relevant to the running of the home. This included staff recruitment files, training records, medication records, records of money held by the service on behalf of people who lived there, maintenance records, complaint and incident reports and performance monitoring reports.

Is the service safe?

Our findings

People who lived in supported accommodation and received a personal care service did not receive a service that was completely safe. Two people had complex health and personal care needs, but risks to their health and safety had not been fully assessed, monitored or reviewed. For example, one care plan said the person's food and fluids should be monitored. However, there were no nutritional risk assessments to support this statement, or any explanation to show how staff should monitor their food or fluid intake. There were no records to show the person had been weighed regularly, or evidence of any actions taken to identify or address any weight gain or loss. The person suffered from diabetes, but there was no risk assessment in place explaining the risks associated with diabetes or how the diabetes should be monitored. The records did not explain the foods the person could eat safely, or their dietary preferences.

We spoke with two members of staff who worked in the supported accommodation service. One member of staff had worked in the service for a year and the other member of staff had worked there for a total of seven years. They knew each person well and they were able to explain the risks associated with their health and welfare and how they supported each person to remain safe. However, the lack of risk assessments and information in the care plans meant people could not be confident that new staff would have the information necessary to help them remain safe and healthy.

This is a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

People who received accommodation and personal care at Seabrook House could be confident that potential risks to their health or safety had been assessed and agreed with them. Care plans contained risks assessments that explained the measures that had been put in place to minimise risks where possible. This included activities both inside and outside the home. All risk assessments had been reviewed every month.

A social worker we contacted after the inspection told us, "I was impressed by the documentation that the establishment's staff team and keyworker were able to share by post with me, especially around their in-house risk

assessment and risk management plans. These were documented thoroughly and were detailed and tailored appropriately to the individual concerned; they appeared to have been periodically reviewed by residential staff. The risks concerned here relate to both the client himself and to others and are numerous and relatively complex reflecting both physical health concerns and behavioural issues.!

People living at Seabrook House told us they felt safe living there. Comments included "It's a very safe place to live. I never lock my door because I do not feel I have to" and "They are pretty good here. They do listen." People told us they knew who to speak with if they had any concerns and they were confident staff would make sure their concerns were fully investigated and acted upon.

Risks of abuse to people were minimised because the provider made sure prospective new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and checking that job applicants were safe to work with vulnerable adults. Staff we spoke with confirmed their recruitment process was thorough and they had not been allowed to start working with people until all checks and references had been completed and were satisfactory. Comments included "Yes, my recruitment was thorough. They waited for my references and DBS (Disclosure and Barring Service) before I started work".

Staff told us, and records we saw confirmed that all staff received training on how to recognise and report abuse. Staff received workbook based training during their induction on safeguarding and their understanding was checked when they completed the workbook. They also attended classroom based training courses on safeguarding at the earliest date the training could be arranged. For example, two staff we spoke with had only been working at Seabrook House for a few weeks. They told us they had a full day classroom based training course booked for the following week on Safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff we spoke with had a clear understanding of what might constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One member of staff told us they had a card which gave contact details of the authorities to contact if they had a safeguarding concern. Where

Is the service safe?

allegations or concerns had been brought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

People were supported by sufficient numbers of staff to meet their needs. There were enough staff on duty to support people with a wide range of activities both inside the home and out in the community. People receive support either in small groups or on a one-to-one basis. Comments for the people we spoke with included, "Yes, there are enough staff. There are always staff here if support is needed." Another person told us about many improvements they had seen in the home since they first started living there, including a significant increase in the number of staff.

Some people held and administered their own medicines after a risk assessment had been completed to ensure they were able to do so safely. Where people had agreed to let the home hold and administer their medicines, their care plans contained goals explaining the procedures that had been agreed to help them work towards holding and administering their own medicines safely. Secure storage was in place in bedrooms for those people who administered their own medicines.

Medicines were supplied by a local pharmacy every four weeks. The pharmacy also supplied printed medication administration records. Most medicines were supplied in monitored dosage packs. Some medicines that could not be supplied in monitored dosage packs were supplied in individual bottles and packets. The staff had found the most efficient way to store and organise these was to keep them in individually named plastic storage boxes alongside the monitored dosage packs. This meant there was an

efficient system that enabled staff to locate each person's medicines and administration records quickly and easily. All medicines were securely stored in a large padlocked metal cabinet.

Medication administration records had been completed after each medicine was administered. Where medicines had not been administered, for example when a person had refused the medication, there was a clear record of why the medicine had not been administered and the actions taken. Medicines entering the home from the pharmacy were recorded when received. All unused medicines including creams and lotions were returned to the pharmacy at the end of each four week cycle and the amounts of each medicine returned had been checked and recorded. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. Additional stock checks of medicines were also carried out at least once during each four-weekly period to ensure medicines had been administered correctly in accordance with each person's prescription. We checked the stocks of medicines held for one person and found balances were correct.

Medicines were administered by staff who had been trained and their competency checked. Where people suffered from Diabetes and were insulin dependent this was only administered by staff who had been trained by a specialist community nurse, and whose competency had been checked.

Some people were prescribed medicines on an 'as required' basis. There was clear guidance in each person's records to explain when these should be administered.

At the time of our inspection no controlled drugs had been prescribed for people living at the home. Secure storage for controlled drugs was in place if needed in the future.

Is the service effective?

Our findings

People who lived at Seabrook House told us they were confident they were supported by staff who had the skills and knowledge to meet their needs. They were informed about, and involved in the training staff received. One person told us “Staff are well trained here” and went on to tell us about the training courses staff had attended, for example “There is a whole list of staff doing first aid training.” Another person told us “Staff are well trained. If staff attend training I ask if I can attend too.”

The registered manager gave us a copy of their training records which showed the training given to each member of staff. This showed the staff had received a wide range of training on all required health and safety related topics, and also topics relevant to people’s health and personal care needs.

Staff told us they had received thorough induction training at the start of their employment, and they were given plenty of opportunity to receive further training on topics relevant to the needs of the people who used the service. One member of staff who had recently been employed told us “Staff are knowledgeable and well-trained. I feel safe asking staff for advice. I feel I am being well-trained.” Another member of staff said they felt their induction had been good and included a period when they ‘shadowed’ an experienced member of staff. They told us about the range of training they had received since they started working there which had included both workbook based training and classroom based training. The manager told us they were in the process of introducing the Care Certificate for all new staff.

Staff told us they were well supported. They received monthly supervision sessions during their induction, and after that they received supervision every two months, and also an annual appraisal.

Staff meetings were held every month and staff told us they found the meetings were an opportunity for staff to speak out. A member of staff told us “Opinions are listened to and valued.”

People who lived at Seabrook House were consulted and involved in planning menus that provided them with balanced and varied diet. The menus were discussed with people every six months during resident’s meetings and the menus were adjusted according to people’s preferences

and suggestions. After the new menus were introduced further checks were carried out with people to make sure they were happy with the new menus. If people did not like the meals offered they were able to ask for an alternative. Those people who were able or wished to cook their own meals were supported to do so. People who lived in Seabrook Cottages were supported to plan and cook their own meals. Comments from people included “Food is good here.” Another person told us the staff encouraged him to eat healthily. They said that without the staff support they would eat food such as Pot Noodles, but instead the staff encouraged him to eat healthy meals such as lamb chops and fresh vegetables.

People who received supported accommodation were able to choose the food they wanted on a daily basis before each meal. There were no menus to show how meals were planned, but staff were able to tell us about the meals people enjoyed and how people chose the foods they wanted.

Most people who lived in the home were able to make decisions about what care or treatment they received.

People were always asked for their consent before staff assisted them with any tasks. Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

People who received a personal care service were unable to leave their flat without support from staff. Applications had been submitted to the Court of Protection for authorisation. The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Where a person is being deprived of their liberty authorisation must be given by an appropriate authority. In this case the appropriate authority is the Court of Protection.

At the time of this inspection there were no people living at Seabrook House whose liberty was restricted in any way. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS)

Is the service effective?

which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

Staff supported people to see health care professionals according to their individual needs. Care records contained evidence of appointments and meetings with health and social care professionals.

Is the service caring?

Our findings

People who lived at Seabrook House and Seabrook Cottages praised the staff who supported them, and assured us the staff were always caring and respectful. They told us how the staff motivated and supported them to address their issues and problems and work towards independence. Comments included “They are all good here. They let me do what I want,” and “Staff are not bossy. They motivate me when I need it.” Another person said “They are alright. I like everyone here.”

A social worker told us “The staff members I met with when I telephoned or visited were both friendly and helpful and I felt there was evidence of a positive interpersonal relationship between staff and client during my visit.”

People talked about the improvements to their lives since they moved to Seabrook House. They told us about their lives before they moved there and how their lives had been changed for the better with the support from the staff team. For example, one person told us “This place is more my thing. The staff are pretty good here, helping me. This place is ideal for me – lots of things to do. My support worker pushes me.” The person described how staff had supported and motivated them to work towards independence. They told us about their plans to get a job, and move on to more independent accommodation and they were confident this will be achieved in time, with support from the staff.

Staff were enthusiastic about their work and described a happy, friendly and caring environment. Comments included “In this job I feel I am their friend”, “People are well supported. Staff are kind,” and “Everyone is really sweet

and so helpful. The staff are kind and caring towards the people living here.” A recently employed member of staff said “Everyone is happy here. It is quite homely. People have much more freedom than I expected.”

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people’s care needs with us they did so in a respectful and compassionate way. For example, one member of staff talked about a person they regularly supported. “I think I am the right keyworker for him. He does come and talk to me and tells me things. He knows what he wants to do with his day.” They talked about a sense of achievement when people reached their goals, for example when a person learnt to cook their own meals.

We saw staff interacting with people who lived at Seabrook House and Seabrook Court throughout our inspection. There was lively and friendly conversation, and at all times staff were supportive, cheerful and positive. People were offered choices and given encouragement to do things, and staff respected each person’s right to refuse if they wished. People’s privacy was respected. Staff knocked on people’s doors and sought their permission before entering. There were locks on all bedroom doors.

People told us they were able to have visitors at any time. They talked about friends and family and how they were supported to keep in touch. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. Alternatively there was a conservatory where people could speak with visitors in private.

Is the service responsive?

Our findings

People who received a personal care service did not receive a service that was fully responsive to their needs. People were at risk of having restrictions imposed on them. For example one person was restricted in the number of cigarettes they smoked each day. The care plans did not provide information on how or why the restrictions had been put in place, although we were given assurance this had been discussed and agreed with the person. There was a lack of detailed information and guidance in the care plans about how to support people who may present behaviours that challenged staff. Daily records were sometimes written in a way that were not always respectful of the person, for example “(The person) behaved well today, or “(The person) has been good.” This meant there was a risk staff may take a 'parental' approach that did not respect the person's right to make choices about the things they wanted to do, rather than offering guidance or alternative choices.

The care plans for people who received a personal care service did not provide evidence of any 'best interest' meetings with other professionals to agree restrictions. This meant there was a risk staff may impose rules and restrictions on people who received a personal care service instead of offering support and guidance. Information in the care plans was not always filed or presented in a way that was easily accessible for staff. For example, letters and documents at the back of the files from health and social care professionals provided useful information about each person's history, including medical and personal details. However, this information had not been transferred to the plan of their daily support needs. We spoke with the registered manager who told us they would review the care plan files and ensure they provided all the information staff needed to help them understand and meet each person's needs. After the inspection they gave us evidence to show they had taken prompt action to improve the support plans and instructions to staff.

Every person who received a service (both residential and supported care) had their needs assessed before an agreement was reached to provide them with accommodation and/or personal care support. This ensured the service was appropriate to meet their needs and expectations. Care plans for people who lived in Seabrook House and Seabrook Cottages were detailed,

well laid out, and provided a good level of information to staff about each person's needs. At the front of each care plan file there was a laminated sheet giving details of the person's history and background. This information provided invaluable information to staff to help them understand the person and their individual personality and support needs.

People who lived at Seabrook House and Seabrook Cottages told us they had been fully involved in drawing up and agreeing a plan of their care needs. For example, one person told us they looked at their care plan every day. “I will not sign it off until I have read it fully, understood and agreed everything.” He went on to say “The file is worn out because I use it so much!” The care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes.

The care plans for people who lived at Seabrook House and Seabrook Cottages clearly set out agreements that had been reached on the expected behaviour of each person. For instance, where people had a history of violent or offensive behaviour, use of drugs or excess use of alcohol, there were clear statements about acceptable behaviour. There was also a plan of how they would be supported to achieve these behaviours.

Review meetings were held at least once a month with each person to review their care plan and discuss progress towards their goals. The care plans were adjusted where necessary, for example one person told us their care plan had been reviewed and updated regularly, although they said there had been no changes recently. They said “Staff have supported me with all my plans. They have allowed me to push myself and be independent.” Another person said “If I really want to do something staff will not stop me. We agree things together.” Daily reports completed by staff also showed how each person had worked towards their agreed goals.

Staff understood each person's needs and the support they wanted. For example one member of staff told us “We have to look at goals. People are treated as individuals.” They went on to explain the different diagnosis of people living there, such as Asperger's, and the support they needed. Another member of staff described how they supported a

Is the service responsive?

person to work towards their goals. They described how they had encouraged the person to go shopping and buy things they needed, such as suitable clothing. They also supported the person to keep their room clean.

A social worker told us “In my contact with Seabrook.....I found the service to be really good. Staff committed to and seeming to take real pleasure in the progress of my client. They were efficient with information sharing and easy to contact.” Another professional told us the staff were very good at contacting them immediately after any incidents, no matter how small. They also said staff were always helpful and supportive.

People received care that was responsive to their needs and personalised to their wishes and preferences. They were able to make choices about all aspects of their day to day lives, for example their daily routines, the things they wanted to do, the food they ate, and the places they went to. They told us how staff had supported them to save money towards holidays of their choice each year. Destinations had included Malta, Corfu, Africa, Dublin, Edinburgh and Turkey. One person told us he had never been abroad before, but they were looking forward to going to Tenerife or Lanzarote later in the year. They said this had only been possible because of the support they had received from staff to help them achieve the things they had only ever dreamed of before. Another person said they had chosen not to go on a group holiday and instead they independently travelled around the country supporting their favourite football team.

People were able to take part in a wide range of activities according to their individual interests. For example, on the first day of our inspection a group of people went out to do voluntary work restoring a listed building that had fallen into disrepair. Another group of people went to work on a farm nearby. One person told us about their weekly

timetable which included swimming, working on local farms twice a week, playing badminton, running, and cycling. They also told us staff supported them to clean their room, do their laundry, and learn to cook meals. Other people talked about work and learning opportunities, and social clubs they attended. People spoke with pride of their achievements and the skills they had learnt.

We also heard how people were supported in their individual religious beliefs. For example one person told us about religious services they regularly attended.

The registered manager sought people’s feedback and took action to address issues raised. People were asked to complete questionnaires regularly on all aspects of daily life in the home. The responses were collated and the outcomes and actions were discussed with people in the regular residents meetings. People told they were able to raise issues, or make suggestions and they felt their opinions were listened to and acted upon.

Each person received a copy of the complaints policy when they moved into the home. They told us they knew who to speak with if they had any concerns or complaints and they were confident these would be acted upon. One person said they had a few concerns in the past but these had been addressed, saying, “If a member of staff does something wrong they put it right.” A record of all formal complaints had been maintained and this provided evidence to show that complaints had been listened to, investigated and actions had been taken to address the issues.

We recommend the provider reviews the information, instruction and training given to staff who provide a personal care service. This is to ensure people are supported in a manner that promotes their rights to make choices and decisions about their daily lives.

Is the service well-led?

Our findings

People told us the service was well-led. Comments include "I reckon it's well-led. So far no major problems." Another person who had lived there for a number of years told us about the improvements to the service since they first started living there, saying "The improvements have been astronomical! It's the best it's been managed for quite a while." A health professional told us it was "Definitely a good service" and a social worker said "Communication on a professional level has always been very good and reliable. I feel the unit is well run, and enabling towards residents to progress towards their own recovery."

There was a staffing structure in the home which provided clear lines of accountability and responsibility. Staff told us they enjoyed their work and felt the home was well-managed. They told us they felt they could speak with the registered manager or any of the senior staff at any time if they had any queries or concerns.

Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. Audits and checks were in place to monitor safety and the quality of care. Checks on the care records for two people who received a supported service had failed to pick up issues identified in this inspection. However, the registered manager took actions immediately to address this. Evidence of improvements to the care plans for two people were provided by the manager after the inspection.

Where shortfalls in the service had been identified, actions had been taken to address these. For example, some areas of Seabrook House appeared tired and worn, while other areas such as some bathrooms had recently been upgraded. Another bathroom was in the process of refurbishment. The registered manager showed us a copy of the maintenance plan which showed they had identified areas that needed redecoration and refurbishment and had a plan in place to address the refurbishments. A maintenance person was employed at the home and the maintenance log showed repairs were carried out

promptly. Decorators were about to redecorate all areas of the property both inside and outside. Bedding and towels were replaced every three months. New furniture was planned to replace items that were worn or broken.

Monitoring checks were carried out monthly by the registered manager and reports were drawn up and shared with the provider. Information on all aspects of the service was recorded and analysed, for instance accidents and incidents, medication administration, and care plan reviews. .

Records of safety checks were well maintained, including fire safety equipment checks. There were efficient systems in place to ensure all equipment was regularly serviced and maintained, including gas and electrical equipment.

There was a lively atmosphere in the home with people out and about and involved in the local community. Many people regularly went out without staff support, either to shops, clubs, meet with friends. Some attended local work or leisure facilities in the community. Staff also offered support and transport on a daily basis, for example to participate in a variety of sports or to watch sporting events. People were involved in voluntary work locally, and were encouraged to learn new skills by attending courses and adult education classes.

The registered manager told us their vision and values for the service was is to provide the best level of care possible, and to provide a level of service that all staff would be happy for their relatives to receive. They wanted each person to achieve as much as they could, and to be as independent as possible. They also wanted to give each individual a high quality of life and experiences they may not have experienced before.

The registered manager kept their skills and knowledge up to date by on-going training and reading and they told us they passed on any updates to their staff. They were in the process of obtaining a relevant qualification in management of a social care service which they hoped to complete within the next year. I pass on any updates to the staff team. They were supported by a specialist company on all Health and Safety and employment law who provided monthly updates on legislation and run a 24 hour advice service with regards to employment and health and safety.

Is the service well-led?

The registered manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The risks to people's needs have not been fully assessed or reviewed and there was no clear plan to show how the staff should support people to minimise risks where possible.</p>