

Accept Care Ltd

# Accept Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 25, 26 February and 1 and 3 March 2015 and was unannounced.

This was the first inspection at this location.

Accept Care provides personal care and support to people with learning disabilities and mental health needs across three sites. Station House is located in Bear Park and is a house for four people with learning disabilities. Esh Hall located in Esh Winning is a large building converted into 19 self-contained flats for people with learning disabilities who require supported living. In Consett, 41 – 45 Ashgrove is a group of buildings providing personal care for people. Houses 41 and 42 provide communal living. People with learning disabilities and physical disabilities live in house 41 whilst people with mental health conditions live in house 42. The remaining houses are divided into self-contained flats for people with additional learning needs.

There was a registered manager in post who was also the registered provider. 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.

Staff spoke to us about actions they would take to keep people safe in the service. This included taking any safeguarding concerns they had to the managers.

The registered provider had in place a robust recruitment process which included the involvement of service users and which was followed up by continuous assessment of staff who were newly employed.

We found people's risk assessments needed to include more personal information to ensure the risks to people had been fully assessed.

With regard to eating and drinking we found practices across the service varied. We observed people who needed support to eat and drink received the support. Other people who needed to be taken shopping were also supported. However where staff were expected to support other people in planning healthy menus we found this had not taken place.

People were supported by staff who treated them with respect and explained to them the support they were providing.

We found staff knew people well. They were able to tell us about people's backgrounds and their likes and dislikes.

The registered manager agreed to look into one site of the company having in place a different complaints policy to the other's with different threshold in place for complaints. The policy which the registered provider and the registered manager expected to be used had been used for people wishing to make a complaint. We saw investigations into peoples' complaints had been carried out. People had received the outcome of the investigation into their complaint.

We found the writing of peoples' care plans varied across the service. In one part of the service we found the plans were person-centred and described the person's needs. However in another part of the service the care plans did not document peoples' needs in detail. This meant staff did not have the required guidance for writing person centred care plans.

We found staff had been trained in models of mental health care, but these models had not been implemented in the service. This meant the service was not utilising tools to monitor peoples' mental health.

We found peoples' activity planning varied across the service. Some people had an activities plan, whilst for others activities were more ad-hoc without the safety net of staff being able to suggest a range of options for people.

We saw people had regular access to dentists, opticians and other primary health care professionals such as epilepsy nurses, speech and language therapy staff and behaviour management specialists.

The service and family members worked together to ensure people were supported to attend medical appointments.

The registered manager spoke to us about the work they had carried out to date to put in place a cultural change and improve the service. We found further work was required to achieve this change.

We saw the registered provider had set up a staff forum as a way of engaging staff in the service. The registered manager told us there was still work to be done with the forum.

Staff told us they found their respective managers approachable and felt they were supported by them if they needed to raise any issue.

We found that the service had in place contacts with a variety of different professionals including GP's, practice nurses, occupational therapists, SALT to improve and support peoples' well-being.

The service had in place quality audits carried out by house managers. We saw the managers had identified ways to improve the service, however their findings did not reflect those of the inspectors.

We found not all of the documentation used by the service was accurate or up to date.

During our inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

We found the service had in place a number of risk assessments. When these risk assessments related to people using the service we found these were not personalised to give relevant information about people.

Staff were aware of actions to take if they had any concerns about people.

The registered provider had in place a robust recruitment process which included the involvement of service users, and which was followed up by continuous assessment of staff who were newly employed.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

We found consent had not been obtained from people or their representatives to deliver care.

We saw staff had received a range of training relevant to their role and were supported by staff through supervision.

We observed staff supporting people to eat and drink. People told us staff took them food shopping. However in another unit where peoples' care plans indicated staff were to help them prepare menus we were unable to find any evidence of this taking place

### Is the service caring?

**Good** ●

The service was caring.

We heard staff address people respectfully and explain to people the support they were providing.

Staff were able to tell us about peoples' backgrounds and their likes and dislikes.

We saw people had care plans in place which had been informed by family members. The service involved family members in the care of people. Family members worked with the service to take people to medical appointments.

### **Is the service responsive?**

The service was not always responsive.

The registered provider had in place a complaints policy and had carried out investigations into peoples' complaints. People had received the outcome of the investigation into their complaint. However on one site we saw the registered provider had in place a different complaints policy with a different threshold for complaints. The registered manager agreed to look into this.

Practices in the writing of peoples' care plans across the service varied. We found some care plans described peoples' needs whilst other care plans lacked specific detail.

Some people had weekly activity plans in place whilst staff depended on others to manage their money better to be able to go out.

**Requires Improvement** ●

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

The service was not always well led.

The registered provider had set up a staff forum as a way of giving and receiving feedback to staff. The registered manager told us there was still work to be done with the forum and they needed more staff members.

The service had begun to carry out quality surveys of the experiences of people who used the service. The surveys were themed around CQC key questions. Based on the responses of the surveys actions had been put in place to improve the service.

Not all of the records in the service were accurate and up to date.

**Requires Improvement** ●

# Accept Care 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.

The inspection took place on 25, 26 February and 1 and 3 March 2015 and was unannounced.

The inspection team consisted of three adult social care inspectors and a Specialist Advisor. The specialist advisor on the inspection team had a background in working with people with learning disabilities.

Before we visited the home we reviewed the information we held about this service and the registered provider, for example we looked at the inspection history, safeguarding notifications and complaints. We also contacted the local authority commissioners and no concerns were raised by these professionals.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During the inspection we looked at nine peoples' records including their care plans and risk assessments. We spoke with ten people who used the service and carried out observations of people who could not speak for themselves. We also checked five staff recruitment files and looked at staff supervision records.

We spoke with the registered manager, the nominated individual, the quality manager and house managers. We also spoke with 10 care staff who were on duty during our inspection days. We spoke with three other professionals.

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 used this information to plan our inspection

# Is the service safe?

## Our findings

People spoke with us about how they felt being supported by Accept Care. One person told us, "I like living here." Another person told us how they were unable to go out on their own and staff made sure they were safe. We observed people who were unable to speak for themselves approach staff and engage with staff in a manner which suggested they felt safe with their carers. One person described to us about not feeling comfortable with named staff members. We passed this on to the management team who agreed to take action.

People at Ashgrove were supported by staff allocated to cluster hours which meant staff were supported by people allocated to each house and then they received additional hours for one to one support. One person told us they were aware not everyone was getting their one to one hours and said, "There are loads of rotas, always changing." We saw a staff rota in place for the one to one support. Staff told us they would seek people out for their personal hours but not everyone wanted them. We checked peoples' records to see if they were receiving their allocated hours and found the records did not include if people received their specified service. This meant we could not ascertain from the records if people were in receipt of care that met their needs.

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

At Esh Hall we saw peoples' medication administration record (MAR) charts had been completed in a consistent way, however we found there were gaps on one person's topical medicine on a separate chart. We found one person at the Ashgrove had been administered antibiotics; staff had tried to give the person their medicines when they were in their room and in bed. On a number of mornings staff had written on their MAR the person had refused their medicines. This meant the person did not receive a consistent level of antibiotics as prescribed. We spoke to the registered manager about putting in place arrangements with the person to ensure their medicines were timed to meet their needs. They agreed with our findings.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the registered provider had put in place individual risk assessments for people. At Station House we found the risk assessments were pertinent to the people who were cared for at that home. At Esh Hall we visited one person in their flat and the member of staff on duty told us about the risks to the person whilst they were eating. We saw the risks were documented and observed the member of staff following the guidance in the risk assessment. At Ashgrove we saw risk assessments in place and found these were not personalised. For example in three peoples' risk assessment we found three people with the same transport risk assessment details when there was no indication there were risks in transporting people.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service also had in place risk assessments appertaining to the premises. We saw actions were put in place to ensure people were kept safe.

Accidents and incidents were monitored by the registered provider. We found they had been recorded and actions taken to prevent a reoccurrence.

We spoke with staff about safeguarding adults and action they would take if they witnessed or suspected abuse. Everyone we spoke with said they would have no hesitation in reporting safeguarding concerns. One staff member said "I would go straight to the manager if I had any concerns." Staff told us they had all been trained to recognise and understand all types of abuse.

Other staff members told us, "I would report things straight away to the local safeguarding team, or even direct to the CQC" and "We also have an in house process I would feel supported, even if I had to contact police directly. I would have no problem doing this if I had to".

We also spoke with staff about whistle blowing. Staff told us they had a whistle blowing policy. One staff member told us, "I know about that, I would go to the manager, but I could totally skip that too, if I needed to". Another staff member said, "I know about that, and yes I would feel confident in making a complaint". The registered manager confirmed there were no current investigations into concerns raised by staff.

We discussed the staff recruitment process with the training officer and house manager. They stated that a two stage interview process had recently been introduced whereby if the applicant's interview had been successful with the registered manager, a second informal interview would be carried out involving people using the service. We spoke with people who confirmed they had been panel members during the second stage. The registered provider required prospective staff members to complete an application form detailing their previous experience and learning. A Disclosure and Barring Services (DBS) check was carried out by the registered provider. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

During the inspection we saw sufficient staff were available to meet peoples' needs effectively at Station House. All of the people receiving the service required 24 hour support. We saw that support staff hours had been arranged to provide this and to effectively meet peoples' needs. None of the staff we spoke with expressed concerns regarding the number of staff available to support people and we saw documentation that showed us staffing was arranged in advance to ensure sufficient numbers of staff were available to meet peoples' needs. At Esh Hall we saw staffing arrangements had been put in place to respond flexibly to peoples' needs. People had time allocated for their personal support but this was arranged on a flexible rota so staff could support people when they wanted.

The service had a medication policy in place. At Ashgrove we observed staff contacting other staff in other houses to ask them for help in giving people their medicines. They explained to us two staff members were required to give people their medicines and not everyone on duty in the house was trained in medicines. This meant the staff were following the policy.

We saw there were regular management audits to monitor safe medicine practices. Where people required 'as and when medication' for example in relation to their epilepsy, we saw detailed medication administration plans were in place to guide staff on what medication should be given and when. Staff responsible for administering medication had received medication training, which involved observations of their practices to ensure their competency. At Station House we checked peoples' Medication and



Administration Record (MAR) and found these were fully completed, contained required entries and were signed. At Ashgrove we found staff had failed to put in arrangements to ensure a person completed a course of prescribed medicines.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the registered provider had in place a disciplinary policy and they demonstrated to us how they had used the policy in recent months. During our inspection one person told us they thought a staff member had acted oddly. We raised concerns about staff members and the registered provider demonstrated to us what their next course of action would be in line with their disciplinary policy. This meant people who used the service were protected by the registered provider.

## Is the service effective?

### Our findings

We observed people who were unable to speak for themselves enjoy their food as they were supported to eat by staff. We observed one person being given encouragement throughout their meal, and although the person had profound disabilities the lunchtime appeared to be a positive experience with the person enjoying their food. "Staff prepared breakfast for other people and one person told us they enjoyed their toast every morning. Another person was given a bacon sandwich by a member of staff who gave them choices about their sandwich and they told us it was, "Good". One person showed us their fridge which they had bought. They told us the other fridge in their flat was, "Too small and useless" and they needed a bigger fridge for all their food. They told us staff supported them to shop for food and we found their fridge was full of a range of foods to indicate a healthy diet.

We looked at peoples' diets and what arrangements the registered provider had in place to support people have a healthy diet. The registered provider sent us a copy of a person's booklet called, 'My Menu Book'. In it we saw listed the foods the person liked and disliked. It included information regarding their food intolerances. We visited Esh Hall at peoples' evening meal time and found people engaged in cooking different meals they had chosen and which consisted of healthy options.

We found people had in place food and fluid charts which were not completed properly for example where one person with a dementia type condition had a drink staff had written juice without a quantity. This meant staff could not monitor a person's fluid intake and therefore were unable to establish if a person was at risk of dehydration.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At Ashgrove we found a number of people who in their care plans required support with healthy eating, sometimes to lose weight. We spoke with staff on duty who told us people did what they wanted to do and sometimes they did not want to look at menus. We looked at peoples' food intake records and found these did not reflect healthy diets. We saw people were prescribed medicines where weight gain was a possible side effect. One person required staff to assist them with shopping every week. We looked at their activity records for five weeks and found there was no shopping recorded. Staff emailed us a person's menu sheet. We showed the menu sheet to the person who told us they had not seen it before. We found that whilst people had in their plans objectives to have a healthy diet staff had not engaged people to complete menus.

We looked at peoples' files in house number 42 and found there was a space for people or their representative, care manager to sign to say their plans were correct. No one had signed the documents. We pointed this out to the registered provider that we did not see anyone's signature to say they agreed and had consented to the care plan in place. We spoke with the registered manager about whether the service sought consent from people to deliver their care. The registered manager told us they thought this was up to social services.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found one manager did not demonstrate a detailed understanding of the Supreme Court judgment about people who lived in supported living arrangements who received 24 hour support and did not go out unsupervised. On this site we found external gates and house doors were kept locked preventing people from independently leaving the service. We spoke with another staff member on a different site who told us, "No one goes out of this house alone, all the doors are locked with a key fob system". We asked them what they knew about the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). They told us they had not heard of DoLS. This meant staff were not aware if people were able to and had given their consent to have their care provided by Accept Care.

However, we did see that where people did not have the capacity to make decisions in relation to their health care, their friends, family and care co-ordinators had been involved. This process had helped and supported people to make informed decisions where they were unable to do this by themselves.

We asked support staff to describe the training and development activities they had completed. They said, "They are very good with training" and, "They are spot on with training". All of my training is up-to-date." They also described training which included the use of conflict management and physical intervention. They told us how they used distractions and positive behaviour techniques in the first place and only used physical intervention as a last resort. They told us how they completed Maybo refresher training and how important this was because, "We may not use it often and it keeps us up to date." 'Maybo' was training to enable staff to deal with conflict and the use of physical interventions. In addition staff told us they had received specialist training in epilepsy, autism awareness and National Vocational qualifications in Care (NVQ) so they could effectively meet the needs of the people they supported.

The staff we spoke with told us they received supervision and appraisals to enable them to identify their training needs. One support worker said, "It's the best it's ever been here with supervision with this manager. I feel supported." The house manager also stated that they were undertaking a Level three qualification in autism awareness and had arranged for additional training in this area to be provided to the team of staff in this service.

We spoke with the manager responsible for training. They showed us a training matrix and told us about Accept Care's mandatory training which included health and safety, food hygiene, emergency first aid, Mental Capacity Act, safeguarding, and conflict management. One staff member said "I have had basic mental health, first aid, MAYBO, health and safety and fire awareness". Another person said. "Had loads of training, I did MAYBO, buccal training, first aid, fire safety, moving and handling and medication training". The staff were positive regarding the training and development activities they completed. This meant staff were being supported to complete training and development activities that would assist them in delivering

effective care to people who used this service.

We found staff had induction training which is normally carried out when the registered provider has six to ten new starters. New staff did their training and shadowed more experienced staff in their first few weeks. The house shifts include an element of training of the new staff as they shadowed other workers. We found new staff were then matched to client needs for example Mental Health, Diabetes or Autism. Each new starter had supervision with the training manager for the first six months of employment. At the time of our inspection they were supervising 22 people, they told us eight staff were about to be passed over to the house managers to supervise. We asked staff about their supervision meetings. One staff member said, "Yes this is done by [manager's name], it happens every 3 to 6 weeks". Other staff members said, "I feel supported" and "I can raise issues and would feel comfortable to raise difficult issues too". This meant staff felt supported by their managers.

# Is the service caring?

## Our findings

One person said, "All the staff are nice. It's like having 100 mams." Another person said, "The staff look after you." During our inspection we observed staff practices as they supported people who could not speak for themselves. We heard staff address people respectfully and explain to people the support they were providing. Staff were friendly and very polite and understood the support and communication needs of people in their care.

When we asked one staff member about what was good about the service they told us, "The relationship people have with the staff." They also told us about work with the local police to reduce the risk of local bullying and improve peoples' well-being.

Staff supported people during the inspection to communicate with the inspectors and reassured people about the presence of the inspectors. This meant staff explained to people about our presence.

We found staff knew about peoples' preferences and could describe to us their likes and dislikes. For example one person liked to go out to play bingo, another person like to go out shopping. This meant staff understood how people liked to be cared for.

On the day we visited Station House we found the atmosphere was calm. All four people using this service were out in the community enjoying individualised activities. When people returned home at different times of the day with their support staff we saw staff interacting with people in a very caring and professional way. Staff knew the people they were supporting very well. They were able to tell us about peoples' life histories, their interests and their preferences. We saw all of these details were recorded in peoples' support plans.

We also observed caring interactions between people and staff. For example one person was brought into a kitchen in their wheelchair and the staff member chatted to the person whilst preparing them a drink. A member of staff offered kind and attentive support to a person who was feeling unwell. In other sections of the service we observed staff members knocking on peoples' bedroom doors before they entered. One staff member called out, "Hello" to elicit a response from the person before going in their room. One member of staff responded to a person repeatedly asking the same question about what they were doing that day. They skilfully engaged the person in an alternative conversation when the person began to ask personal questions about them. In another unit staff approached people about activities. We observed one instance of staff engaging in a neutral, non-enthusiastic fashion with one person who used the service but this was not representative of the interactions we observed

We spoke to staff about advocacy arrangements and saw that the service had engaged with people and provided advocates. We found one person had made a complaint about not having the required confidential time with their advocate due to staff being present. We discussed with the management team the issue of confidentiality in the advocacy process. Whilst providing an explanation for the member of staff's approach they considered if other approaches might have been as equally effective to support the person's confidentiality.

During our time at Esh Hall we observed a number of people come to the manager's door. The manager responded to each person and provided information and explanations to people about what was happening.

We saw that peoples' independence was promoted. People were supported and encouraged, for example in one home to shop and cook for themselves. On one of our visits to Esh Hall one person told us they were, "Busy cooking their tea." Another person told us when they went shopping with staff to buy food.

We observed the interaction of staff and saw they worked as a team. For example, we saw staff communicated well with each other and organised their time to meet peoples' needs.

We saw people had care plans in place which had been informed by family members. The staff worked with one person's family had had arrangements in place to jointly care for the person. To this end homely remedies supplied by the person's family to improve their well-being were documented and used appropriately. In another person's records we saw family members were engaged in collecting a person's prescribed medicines. This meant the service included family members in the support provided to people.

At the time of inspection there was no one on end of life care.

## Is the service responsive?

### Our findings

One person told us, "Clients help each other out more that staff do." Another person in response to a question about how do staff help them said, "The staff are very good. It is much better living here." Another person said, "The staff know me and know what I am like."

We saw the registered provider had in place a complaints policy and they had carried out an investigation and provided a response to the complainant. At Esh Hall we noted in the back of peoples' files there was a complaints policy. The policy stated only complaints which were 'serious or substantial' were investigated. This policy was different to that shown to us by the registered provider. We asked a staff member for the complaints file and we were told there was no file as they dealt with peoples' complaints as they arose.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the registered provider had in place hospital passports. These are pre-prepared documents so when a person needs to attend hospital information is readily available and can be taken with the person to inform medical staff about their needs. We saw the passports used a traffic light system with the red page containing the most important information on the top. We found one person's hospital passport had been stapled together in the wrong order. This meant important information was not readily available for medical staff. In another person's passport we found information on one of their conditions was on the back page whilst their mental health conditions were not explained. This meant the documents were not fit for purpose.

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

At Station House we viewed two care records and saw documentation that showed us peoples' needs were assessed before they received the service offered by Accept Care. The house manager told us before any new person received a service, they always obtained a copy of the person's risk management plan from their care co-ordinator (or social worker). We saw if peoples' physical or mental health needs changed, referrals were made to other health professionals to ensure peoples' needs were met. The house manager told us they had recently introduced a 'health champion' whose role it was to ensure peoples' health care checks were kept up-to-date.

We also found there were sections covering peoples' communication, their daily routines, physical and mental health needs, behaviour management plans including triggers to peoples' behaviour, signs when the person became agitated, steps to be taken to prevent the person becoming agitated and action to be taken if the person became upset. The plans described in detail the support people required throughout each day, peoples' routines and how their condition affected them, which is very important for people who have autism.

We saw reviews of peoples' care plans had taken place. The house manager at Station House stated it was their responsibility to carry this out whenever there was a change to a person's support needs. We saw each person had a key worker whose role it was to work alongside each person. We spoke to support staff about their role as keyworker. They described how they worked with the service user and their relative.

We looked at nine peoples' care records. Whilst we found some good examples of care planning we found some peoples' care and support plans on the Ashgrove site repeated information and were not coherent. For example in the middle of a section on healthy eating on a person's risk assessment it was written, 'I must be prompted to have a shower and maintain good personal hygiene, please encourage me to do this during my support hours'. In the same risk assessment we found under medicines a list of general tasks for staff to carry out including, 'Staff to be aware of my normal routines regarding medicines management.' However we found the normal routines were not described in the person's care plan.

People had in place a three page pen picture. Pages one and two gave assorted information about people. Page three was entitled 'To support me to meet my needs and wishes to keep me safe you must'. Thereafter the document said, "Safeguarding you must be aware of safeguarding processes and know when to seek help' and 'attend and complete all training to ensure you are equipped to meet my needs'. We found page three of each pen picture was not person centred but rather gave staff a list of instructions normally found in a job description.

People who used the service spoke of their behaviours. In one person's care plan it stated, 'When in behaviours just say OK to whatever I say and leave it'. In another person's care plan it stated, 'I have no behaviours'. We found there was a generic term of 'behaviours' used in the service and which people themselves used to suggest people had challenging behaviour but these were not personalised.

We saw people had food and fluid charts in place but we found in one person's chart fluid intake had not been recorded and there were no totalled fluids in place. When this was pointed out to the team manager they said, "I will talk to the care manager to see if it is still needed." The person had dementia. This did not indicate the registered provider had due regard for their well-being.

We asked staff about peoples' mental health diagnoses. Regarding one person a staff member told us they, "Had a bit of everything." When a potential diagnosis was suggested to another member of staff they said, "We don't have anyone that bad here." Subsequent discussions with care managers confirmed people were diagnosed with mental health conditions. This meant staff were not aware of peoples' conditions and therefore did not understand how people should be supported. The registered manager told us people had been trained in mental health conditions. However we found the training had not been translated into practice.

The service had put in place training for new staff; this included a powerpoint presentation for new staff on mental health. The training provided new staff with information on the recovery model and relapse prevention. We found this had not been implemented in the service. Staff therefore received training they could not put into practice. One member of staff said they were aware of the relapse prevention model but did not know how it was implemented. We asked the member of staff if they used for example the recovery star. This is a recording tool used to measure peoples' mental well-being. The member of staff said "Yes" but could not give any evidence as to when or how often it was used. We found there were no relapse prevention plans in place.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



One person had in place a detailed morning plan. The team manager confirmed to us it was the morning plan used by staff. We found advice had been given by the person's GP regarding their fluid intake due to their diabetes. We found this was not on the person's morning routine. We pointed this out to the team manager who said they would look at it.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw each person in Station House had an individualised activities plan. Additional staff were provided each day and allocated to each person to enable people to enjoy a range of community activities. We saw that if people participated in activities this was recorded within the care documentation. Activities people were regularly involved with included trips to a local farm to feed the animals, walks around the Derwent Reservoir, swimming, reflexology and trips to Beamish museum. The house manager told us, and we saw, that detailed plans and procedures were in place for emergency epilepsy medication in order to facilitate community activities. This further demonstrated how the service provided personalised care.

In other parts of the service we did not find similar activities planning. One staff member said, "They can do what they like." They told us people were not always able to manage their finances and did not have money left for activities. We spoke with the registered manager about staff seeking out potential opportunities for people. The registered manager acknowledged it would be useful for staff to have a bank of activities which they could use with people rather than giving people choices when they did not feel motivated. The registered manager also told us about a new facility they were opening in Stanley where people could go to do a range of activities.

We saw staff write down the support provided to people each day in the 'daily records.' The daily records we looked at were used to monitor any changes in peoples' care and welfare needs. This meant the service was able to identify changes and respond to those changes promptly.

We saw people had regular access to dentists, opticians and other primary health care professionals such as epilepsy nurses, speech and language therapy staff and behaviour management specialists. We saw staff had assisted people to make GP appointments when required.

## Is the service well-led?

### Our findings

Staff told us they could approach the registered manager and one staff member said, "I can go and talk to [registered manager]." Another person told us the registered manager had tried to improve the service. They said, "They have bought a bus so people can get out."

The service had a registered manager in place who was also the registered provider. 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.

On Accept Care's website we saw the service had in place goals to inspire lives, deliver person centred care and empower people. The registered manager and the nominated individual spoke with us about their passion for the service and their wish to transform the culture. They told us they had set high standards for their staff and subsequently had to spend time focussing on training and when required staff disciplinary issues. They recognised there was further work to be achieved for the service to reach its potential. The registered manager told us they aspired to a service where all staff practices put people at the centre of the service and people were empowered to make their own decisions. We found they had put in place some improvements to systems within the service but that care was not yet to the standards required.

We spoke with staff about their immediate line management. Staff described how they felt one house manager managed the service effectively, understood professional boundaries yet supported the staff, allowing them to make decisions. One person said "It's the best ever with this manager." Another staff member described their line manager as, "Approachable" and "You can talk to them about anything." Staff in another section of the service also described their manager as approachable. We observed one staff meeting which the house manager chaired and responded to staff questions.

During the inspection we saw one house manager was active in the day to day running of the service. We saw they interacted and supported people who lived there. From our conversations with the house manager it was clear they knew the needs of people. We observed the interaction of staff and saw they worked as a team. For example, we saw staff communicated well with each other and organised their time to meet peoples' needs. Other house managers were able to tell us about people in their care and we observed one house manager patiently responding to everyone who knocked on their office door.

The service had recently begun to carry out quality audits with staff, people who used the service, other professionals and family members. The surveys were themed around the CQC five key questions – safe, effective, caring, responsive and well led. The survey on 'Safe' had been completed and analysed and actions put into place to ensure there were improvements to the service.

We saw the registered provider had set up a staff forum as a way of giving and receiving feedback. The registered manager told us there was still work to be done with the forum and they needed more staff

members. At the staff forum meeting held in February a list of issues were recorded and what actions were being taken by management. It was recorded staff commented how managers were speaking to staff in a more pleasant way. The registered manager felt that staff were developing more positive relationships with their managers.

Each house manager had their own set of audits. We saw that they regularly carried out personal file audits, finance, medication, cleanliness and maintenance. Actions had been put in place by the house managers to improve the service. However the audits did not reflect our findings.

We saw that in addition to paper records information was stored electronically in a 'cloud'. A cloud is an electronic storage system. The registered manager assured us all peoples' personal information is "electronically stored on the cloud and instantly accessible". We asked for information from the cloud and staff were able find it for us.

We found a number of deficits with regard to records. Not all records were up to date and accurate. We found menu charts and activities charts were incomplete. In one person's file who required assistance with menu planning their menu book was blank. We found staff had not signed peoples' care plans to state they understood the plans. This meant records were not up to date, accurate or contemporaneous.

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

We found that the service had in place contacts with a variety of different professionals including GP's, practice nurses, occupational therapists, SALT to improve peoples' well-being. We saw peoples' care managers were also involved with the service. This meant the service had contact points in place to support peoples' needs.

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
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider had not obtained consent to deliver people's care.
Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  The provider had not acted on all complaints

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
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Not all of the care and treatment of service users was appropriate, met their needs and reflected their preferences. Not all care and treatment of services users was designed with a view to achieving service users' preferences and ensuring their needs were met.</p>

**The enforcement action we took:**

Warning Notice

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure care and treatment of service users was provided in a safe way.</p>

**The enforcement action we took:**

Warning Notice

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure an accurate, complete and contemporaneous record was held in respect of the care and treatment provided to each service user.</p>

**The enforcement action we took:**

Warning Notice