Royal Mencap Society

Royal Mencap Society - 155-157 Upperton Road

Inspection report

155-157 Upperton Road
Leicester
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Website: www.mencap.org.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection visit took place on 29 July and 1 August 2016. The visit was unannounced.

155 Upperton Road is a residential home which provides care to people with learning difficulties. It is registered to provide care for up to eight people. At the time of our inspection there were seven people living at the home.

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

People using the service we spoke with said they thought the home was safe, although this view was not shared by one relative and a social worker for one person living in the home. Staffing levels were not always sufficient to ensure people's safety.

Staff had been trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area.

People's risk assessments provided staff with information on how to support people safely.

People using the service told us they thought their medicines were given safely and on time.

Staff were subject to character checks to ensure they were appropriate to work with the people who used the service.

Staff had been trained to ensure they had the skills and knowledge to meet people's needs.

Staff understood their main responsibility under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have an effective choice about how they lived their lives.

People had plenty to eat and drink and everyone told us they liked the food served.

People's health care needs had been protected by referrals to health care professionals when necessary.

People told us they liked the staff and got on well with them. We saw many examples of staff working with people in a friendly and caring way, although we witnessed one situation where this was not the case and one relative had a previous concern about the attitude of one staff member.

People and their representatives were involved in making decisions about their care, treatment and support.

Care plans were individual to the people using the service and covered their health and social care needs.

Activities were organised to provide stimulation for people and they took part in activities in the community if they chose.

People told us they would tell staff if they had any concerns and were confident these would be followed up.

People, staff and most relatives we spoke with were satisfied with how the home was run by the registered manager. One relative and one social worker had concerns about the provision of care to one person.

Management carried out audits and checks to ensure the home was running properly to meet people's needs, though not all essential issues had been audited.

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 consistently safe.

Staffing levels were not always sufficiently in place to protect people's safety.

People told us said that they were safe living in the service. People had risk assessments in place to protect their safety. Staff recruitment checks were in place to protect people from unsuitable staff. Staff knew how to report any suspected abuse to their management, and staff knew how to contact safeguarding agencies if abuse occurred. Medication had been supplied to people as prescribed.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to enable them to meet people's needs. People's consent to care and treatment was sought in line with legislation and guidance. People had sufficient quantities of food to eat and drink and told us they liked the food served. There was positive working with and referral to health services

Is the service caring?

Good

The service was caring.

People, and outside professionals we spoke with, told us that staff were friendly and caring. We observed this to be the case in all the interactions we saw, except one. Overall staff protected people's rights to dignity and privacy. People had been involved in planning and deciding what care they needed.

Is the service responsive?

Good

The service was responsive.

Care plans contained information for staff on how to respond to people's needs. Care had been provided to respond to people's needs when needed. Activities based on people's preferences

and choices were available to them. People told us that management listened to and acted on their comments and concerns.

Is the service well-led?

Good

The service was well led.

People told us that management listened to them and put things right. Staff told us the management team provided good support to them and had a clear vision of how friendly individual care was to be provided to meet people's needs. Not all health and social care professionals thought that the home met the needs of people. Systems had been audited in order to provide a quality service though audits had not resulted in producing high quality services in some areas.

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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 29 July 2016 which was unannounced and on 1 August 2016, which was announced. The inspection team consisted of one inspector and one expert by experience who spoke with people to get their views about the service they received. An expert-by-experience is a person who has personal experience of caring for people with learning disabilities.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We contacted commissioners for social care, responsible for funding some of the people who used the service and asked them for their views about the agency. No concerns were expressed about the current provision of personal care to people using the service. We also spoke with a social worker of one person living in the service. Concerns were expressed about whether the person had enough structured opportunities to fulfil their potential and prevent behaviour that challenged the service.

Before the site visit, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. The PIR was returned to us and set out how it aimed to provide quality care to the people living in the home.

During the inspection we spoke with six people who used the service, three relatives, two community nurses, the registered manager and three care workers.

We also looked in detail at the care and support provided to three people who used the service, including their care records, audits on the running of the service, staff training, staff recruitment records and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they were safe living in the home. One person told us, "Yes I feel safe." Another person said, "I feel safe." A person told us, "If the fire alarm sounds I have to go straight outside."

A relative told us, "Yes, I'm sure she feels safe. If there was a problem I would speak to her key worker or manager." Another relative told this, "Yes, he is safe in the home."

We saw instances where staff kept people safe. For example, the registered manager prompted a person to stir his meal and wait for it to cool down before eating it, as the food was hot.

We saw that people's care and support had been planned to ensure their safety and welfare. Care records contained individual risk assessments completed and regularly updated for risks. The staff we spoke with were aware of their responsibility to report any changes in people's needs and act on them.

For example, one person was assessed as having behaviour that challenged the service. The risk assessment included relevant information such as how to manage the behaviour if the person became distressed. Staff were aware of the steps they needed to take to manage this behaviour and to keep people safe. This showed that proper information was available to staff, and staff knew how to keep people safe. In the person's care plan, there was information a script from a specialist agency directing staff how to respond to this behaviour. This was also discussed with staff in staff meetings to maintain their awareness of how to manage these situations. This meant there were resources in place to be used to keep people safe.

Staff gave us examples of how they would keep people safe. For example, to supervising a person when they were eating to ensure they did not choke on their food. To monitor people in the kitchen so they did not scald themselves on hot water. And making sure that people who did not have the capacity to protect their own safety could not walk out of the home on their own.

During the visit we saw no environmental hazards to put people's safety at risk from, for example, through tripping and falling. Health and safety audit checks showed that equipment had been checked, and fire records showed that there was a regular testing of equipment and fire alarms. Regular fire drills had taken place, fire equipment had been serviced, and systems had been regularly checked, such as fire extinguishers and fire bells. A health and safety check was in place covering relevant issues such as first aid, water hygiene and control of hazardous substances.

Staff recruitment practices were in place. Staff records showed that before new members of staff were allowed to start work at the home, checks had been made with previous relevant persons and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. This meant people were protected from receiving care from unsuitable staff who might pose a risk to their safety.

A relative told us that they did not think there were always enough staff on duty to meet the needs cope with

the behaviour of their relative. We spoke with a social worker who voiced similar concerns with regard to this person. They told us that there was not always enough staff on duty to deal with this behaviour. In addition the social worker stated there was not enough evidence of a proper structure of activities for the person. This meant the person could become bored and therefore exhibit behaviours that challenged the service. When we observed the person we found that they frequently demanded attention but were not always involved in structured activities to meet their needs. However, the staff we spoke with thought there were sufficient staff on duty to ensure that people were safe.

We looked at staff cover. The service operates as two separate houses. From morning to mid-afternoon there was one staff member on duty for each house with another staff member who assisted in either house where needed. However, there were periods in the late afternoon and evening where only one staff member was on duty in each house with no other staff member available. In effect this meant that the staff member in one house was alerted and went to the other house to assist, leaving that house without staff to meet people's care needs for that time period.

We saw information from the registered manager that indicated another staff member was available if needed to provide support for people to be able to have activities in the evening. This was confirmed by staff and by looking at the staff rota. This also indicated that if situations occurred where more staff were needed, a member of staff was on call and available locally to assist. However, it would take some time for the staff member on call to get to the home which could compromise people's safety.

We were later informed by the registered manager that a review of this situation had taken place and more one-to-one staffing hours would be put into place. This will then help to protect the risk to people's safety, although it did not mean that three staff would always be on duty throughout at all times throughout the day and evening.

A procedure was in place which indicated that when a safeguarding incident occurred, management staff were directed to take appropriate action. Referrals would be made to the local authority and other relevant agencies with CQC being notified, as legally required. This meant that other professionals outside the home were alerted if there were concerns about people's well-being, and the registered manager and provider did not deal with them on their own.

We spoke with staff about protecting people from abuse. Staff knew how to recognise the signs of possible abuse and their responsibility to report it. One staff member said, "If no one took any action I would go further, either to the police or social services." The provider's safeguarding (protecting people from abuse) policy properly set out the roles of the local authority in safeguarding investigations. The whistleblowing procedure set out information for staff to follow if they did not feel confident that the management of the service would act appropriately to keep people safe, they could then contact relevant agencies directly such as the local authority or CQC. However, there were no contact details for these agencies and the police were not stated as a relevant agency to contact. The registered manager said this procedure would be reviewed to include this information.

A person told us how they took their medicine, "Yes I do my own drops."

We saw that a system was in place to ensure medicines were safely managed in the home. Medicines were kept securely and administered by staff trained and assessed as being able to do this safely. Staff told us that medicines were delivered in good time by the pharmacist so that people did not run out of their medicine and they were always available for them to take.

We looked at the medication administration records for people using the service. These showed that medicines had been given and staff had signed to confirm this. Medicine stock for one person was checked and it was found that this had been supplied to the person, as prescribed.

Information about people's allergies was recorded to ensure medicine that could be a danger to people's health was not supplied to them. There were medicine audits undertaken so that any errors could be identified. These systems ensured that people were safely protected from the risk of not receiving their prescribed medicines.

Good

Is the service effective?

Our findings

A relative told us, "Yes, I think the staff seem to be well trained. There's never been any problems."

Staff said that the training they had received had been effective in giving them the right skills and knowledge to enable them to support people appropriately. One member of staff said, "I think we are well trained. We can always go to the manager and ask for more if it is needed." A staff member told us, "We are in the process of having more detailed dementia training."

Staff training information showed that staff had training in relevant issues such as autism, medicines administration, health and safety and dealing with behaviour that challenged the service. There was also evidence that staff had been provided with information about a person's health condition to ensure staff had the proper knowledge to be able to effectively meet people's needs.

The registered manager informed us that new staff would be expected to complete the Care Certificate induction training, which covers essential personal care issues and is nationally recognised as providing comprehensive training. To achieve the certificate care workers must successfully complete 15 training modules by demonstrating that that they have the right skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. We saw evidence this had happened for the last staff member employed.

We saw that staff had received training to be aware of their responsibilities in relation to the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The DoLS are a law that requires assessment and approval to ensure that any restrictions are in people's best interests, to keep them safe. Staff we spoke with were aware of their responsibilities in relation to the MCA and DoLS.

At this inspection we found evidence of people's mental capacity being formally assessed to make sure it had information for people with formal assessments which made sure that people's capacity had been taken account of. We saw evidence of proper applications being made to the relevant authority with regard to restricting people's ability to leave the home independently, in order to keep them safe. We asked staff about how they ensured that people consented before they provided care to them. They said that they talked with them, and asked for their consent before supplying personal care. This showed us that they understood had awareness that they needed to check with people as to whether or not they wanted to receive care from staff.

All the people we spoke with said they liked the food they were offered. A person told us, "(There are) nice meals. I have drinks in my room if I want one." Another person said, "I can choose. I do like the food. If I'm thirsty I just help myself." We saw information in people's care plans about how they wanted to eat their meals. For example, a person wanted to use their fingers or he's a spoon to eat as they found this easier to do than using a knife and fork. A person's care plan contained guidelines from a specialist service to assist

them to eat. Staff were aware of taking this guidance into her account when we asked them about the person's needs.

We saw a handwritten list of dinners on a kitchen notice board, so this menu was not in a user friendly format. The registered manager stated that a menu showing photos of meals for the coming week would be displayed, so that people had more understandable information about the food to be provided.

We observed people having lunch. There was evidence that people could have a choice of meal. We saw that a person making their own lunch. This consisted of a jam sandwich. There was no evidence that the person had been encouraged to have a healthier choice. The registered manager stated that the person often chose to have food such as this and often did not want a healthier choice. However, staff would be reminded to encourage this in future.

A person said, "I can make a drink if I need to." Everyone said that drinks were available at any time. People told us that they could come into the kitchen at any time and make themselves a drink. We saw people doing this. This helped to keep people hydrated.

People told us their health needs were met. One person said, "The nurse is coming later. Staff tell me." Another person told us, "I'll be having a flu jab. If I have a headache I ask for a tablet." And "Staff have looked after me. The boss is kind to me. The nurse comes in." One relative told us, "They take care of her healthcare and dental needs." Another relative told us, "They support him with health appointments. I was concerned with weight gain so the manager arranged for him to see a dietician."

We looked at care records which showed that medical agencies had been appropriately referred to when needed. A staff member told us of an incident where a person had been found in a collapsed state. Emergency services were had then been alerted and the person went to hospital for treatment. This brought about a change in medicine so that the person's health needs were more effectively met. This showed that staff had acted quickly to ensure this person received effective healthcare.

One person told us that there was always staff support if they needed to go to see any health professionals. Staff told us that the GP would be contacted if a person was not feeling well. There were health plans in place which confirmed people were supported to access health services, such as hospital appointments, GPs, dentists, opticians and chiropodists. Information sheets were in place to provide important information about people's health needs to hospital staff if they were admitted for treatment or assessment. We also saw in a person's care plan that there had been referral to an occupational therapist to assess them for specialist to provide equipment to meet their needs.

We spoke with visiting community nurse s about the standard of health care at 155 Upperton Road. They stated that staff had followed guidance on issues relating to a person to effectively meet the person's health care needs. We looked at accident records. Only a small number of accidents have taken place in the past 12 months. We saw that staff had ensured a person showing signs of serious illness received hospital treatment.

These issues showed people were provided with an effective service to meet their health needs.

Good

Is the service caring?

Our findings

People told us that staff were caring and they liked living in the home. One person said, "I am happy with my bedroom. The staff come and see if I'm all right. Staff are all right." Another person told us that when they had been in hospital, "Staff came to see me in hospital every night." They were pleased that staff did this for them.

A relative told us, "They are extremely accommodating and helpful. Staff offer the very best care. Staff keep me involved. They phone me and we chat when I visit. Yes, I do see the care plan and I am involved in reviews. They take on board my views." The relative went on to tell us that they were always welcomed by staff when they visited and had never had any problems about visiting arrangements.

Throughout our inspection we noted that staff demonstrated an awareness of the likes, dislikes and care needs of the people who used the service. We saw that staff were interested in what people said to them. We saw many positive interactions when staff provided support to people, asking them what they wanted to do and what food they wanted, having ordinary everyday conversations and joking with people. We saw that the registered manager provided support and talked with people in a respectful and kind manner throughout our visit.

Medical professionals we spoke with also stated that they had noted that staff were friendly and supportive to people living in the service. However, we saw an instance whereby a staff member in trying to explain to a person why they were not allowed to do something, used an exasperated tone of voice to the person, when the care plan stated that staff needed to be calm or situations could become antagonistic. This did not promote a caring attitude. The registered manager agreed and said this would be followed up.

One relative told us they had been concerned about how one staff member had spoken to her relative, saying this had been abrupt and unhelpful. They had spoken to the registered manager about the incident, who agreed that this attitude should not have been displayed. The registered manager told us that this had been followed up with the staff member concerned.

The type of care provided at the home was set out in the literature of the service . This emphasised respect for people, encouraging independence and respecting privacy. This helped to ensure staff provided a caring service.

People and their relatives told us they were involved in setting up people's care plans. Care records showed people had signed to show they agreed with the support planned to meet their needs.

People told us of the different ways they were independent. One person said, "I do my own washing. Then I put it in another machine to dry it. I do that all myself." We saw people using the kitchen to make themselves a drink thereby giving them an opportunity to be independent. A care plan we saw noted that a person was able to clean their own room. This told us that the service was interested in promoting people's independence.

People were also able to choose their own lifestyles. One person said, "I have beer in the garden. " A staff member also told us of a person, "He likes to take a beer outside sometimes and relax." Other people told us that were able to make their own drinks and prepare their own meals.

Staff said that people were able to choose their own lifestyle such as when to get up and went to go to bed, choosing their own clothes, whether they want to take part in activities and being able to go out when they wanted. One person told us that they were due to have a shower the previous evening, but they felt tired so chose not to have one. We saw records of discussions with staff about relevant issues such as people's right to vote. These issues showed that staff respected people's choices of lifestyle.

Staff told us that they respected people's privacy and dignity. They described how they would preserve people dignity and privacy by always knocking on doors and waiting before entering people's bedrooms, and closing curtains when assisting with personal care. However, one staff member told us that they did not ensure that the shower room door was locked when they were assisting a person. This did not protect the person's privacy. The registered manager said this would be followed up with staff to ensure people's was always protected.

We found that staff respected people's religious requirements. A person told us they were able to go to church to practice their religion. People's preferences had been recorded in their care plans to make staff aware of their lifestyle choices.

These issues showed that most staff, overall, presented as caring, supportive and friendly to people and respected their rights.

Good

Is the service responsive?

Our findings

People told us that staff looked after them. A person told us that they moved bedroom is due to their changing needs, "I used to be upstairs but I've had to move downstairs because I can't manage the stairs any more. I'm happy with my room."

Another person told us, "Staff always help me shave and shower. Sometimes I don't get a shave." We checked the person's records. We found that most of the time, staff had recorded that the person was assisted with a shave. The registered manager thought this was a recording problem rather than staff not assisting with this task, but said he would follow this up.

A relative told us, "My relative is due a […]hip operation and we worried that she would need a bedroom downstairs but the only one is used by another resident. But the manager said if necessary they could turn the lounge into a bedroom."

We saw situations where staff responded to people's needs. For example, a person had a runny nose and staff gave them a tissue to help them with this. Staff encouraged a person when they were using the stairs. The weather was warm and staff frequently offered people drinks to prevent dehydration. .

We looked at care plans for three people using the service. People's needs had been assessed prior to them moving to the service. The information gained from these assessments was used to develop care plans to aim to ensure that people received the care and support they needed.

We saw that care plans had included lots of detail about people. For example, about their personal histories, what they were good at, what they found it difficult to do and what they wanted to do. This gave staff information about how to support people and to help them to achieve what they wanted. When we spoke with staff about people's needs, they were familiar with them as were able to provide information about people's preferences and their likes and dislikes. There was also information about meeting people's communication needs in terms of assisting people with getting regular sight and hearing checks and how people needed to be supported to communicate, such as giving people time to speak.

Care plans were in place and were reviewed. For example, we saw a care plan which outlined that the needs of the person had changed as they now needed help with brushing their teeth.

We looked at a care plan for a person assessed as needing a soft diet due to their health condition. There was dietary information as to what constituted a safe texture of food for them to eat. There was specific information within the care plan to indicate whether this had been discussed with the people concerned and to seek their agreement to follow this. We spoke with a relative. No concerns were expressed about the person not having an appropriate food to deal with their condition. This meant that plans contained relevant information for staff as to how to respond to people's needs.

We also saw evidence that the registered manager had a one-to-one meetings with people to check that

people were happy in the home, that they had activities of their choice provided and whether there was anything else the person wanted to do. This meant there was a system in place to ensure that people's needs could be responded to.

Staff told us that the registered manager asked them to read care plans and they were able to tell us important information as to people's needs. They said that information about people's changing needs had always been communicated to them through handovers and recorded in the handover book, which we saw.

People and their relatives told us they felt confident that they could approach the registered manager and issues would be dealt with. A person told us, "I've never had to complain." They said that if anything caused them to worry they would speak to staff. A relative told us that there were rarely any issues but when they had come up, staff had dealt with them quickly and effectively.

We looked at the complaints book. No complaints had been recorded for the previous 12 months. There was information in the complaints procedure that if a complaint had been made this would be properly investigated with proper action taken if any issues were identified. This information provided reassurance that the service responded to concerns and complaints.

The provider's complaints procedure was user-friendly and invited people to express any concerns so they could be investigated. We saw that when people took part in residents meetings they were asked if they had any concerns. These processes meant people were encouraged to express any concerns so they could be properly followed up. The procedure directed people to complain to the local authority. There was also information setting out the role of the local government ombudsman if the person was not satisfied with the action taken by the local authority.

People told us of their activities, such as going to pubs, discos and going on shopping trips. There was also information in people's care plans as to the activities that they liked doing such as going out to buy a newspaper, going out to cafes and pubs and watching TV. A person told us, "I went to the pork pie factory. We brought a big pork pie back with us." Another person said, "When my toiletries run out staff help me to buy it. We go together and choose." Another person said, "Staff asked me if I want to go out and eat today."

A social worker told us that a person assessed as needing a structured activities programme through one to one attention from staff to keep them from getting bored did not always receive this. We found this to be the case as we observed the staff member delegated to carry this out with another person in another house for over an hour. The registered manager stated that this would be followed up.

A person told us that they worked at a local supermarket. The registered manager confirmed that this was not a formal arrangement, but the person enjoyed doing this and supermarket staff were accommodating to the person's needs. Two people told us they went to church and had outings.

We saw evidence of people being offered community activities. There was evidence that staff had advocated on behalf of a person when their day care activities had ended by another provider. This showed us that staff had attempted to respond to the person's needs by supporting them.

A relative told us that their relative liked to go dancing and staff took him to the sessions, which he greatly enjoyed.

A person told us their TV was not working. We told the registered manager of this who then asked a staff member to look at this and the picture was restored. The person said that staff had arranged for them to

have a cycle shed erected so to keep the person's bike safe. This showed that staff had responded to a person's needs.

Staff also told us that there were not always enough staff to be able to provide one-to-one support to some people who wanted this. However, this had improved as there were now extra staff hours to take people to activities in afternoon and evening periods. They thought they were enough staff to respond to people's care needs and that these were met within good time. This meant people did not have to wait for too long time to have their needs met.

Good

Is the service well-led?

Our findings

A person told us, "We have meetings sometimes in the dining room." The person showed us the meeting record book in the lounge. This recorded that people were asked whether they liked living in the home and asked for suggestions. A relative told us, "I would recommend the home."

A person said they had no anxiety about approaching the staff or the registered manager if they needed to and felt sure they would get a positive response. There was evidence of one-to-one meetings between the registered manager and individual people living in the home. This checked relevant issues such as whether the person was happy living in the home, what activities they wanted to do and whether they were satisfied with the food. This told us that the registered manager promoted personalised centred support for people using the service.

During the visit we observed that the registered manager and staff members were knowledgeable about the people that use the service. The registered manager was able to describe the overall culture and attitude of the service as meeting people's needs and promoting their choices and welfare.

The staff members we spoke with said they were well supported by the registered manager. This view was reinforced by the low staff turnover we found which is an important aspect of a well- led service. A staff member told us, "If I need any advice I can go to the manager and I will get it." All the staff we spoke with told us they could approach the registered manager about any concerns they had. They felt their opinions would be properly listened to.

Staff members we spoke with told us that the registered manager always expected people to be treated with dignity and respect. They all told us they would recommend the home to relatives and friends because they thought the home was well run and the interests of people living at Upperton Road were always put first.

We spoke with health professionals who said the service appeared to be well run by the registered manager. However, a social care professional did not think her client, a person living in the home, had received structured activities and that staffing had not always been sufficient to ensure the safety of the person.

We saw evidence that regular residents meetings had taken place. The issues discussed were relevant to what people thought important, such as activities. However we did not see that there was a process in place to inform people of how these issues had been followed up. The registered manager said this would be put into place.

Staff had been supported through staff meetings which contained relevant issues such as the care supplied to people, equipment needed to meet people's needs, and staff training. Staff confirmed that the registered manager took into account their views and opinions during the sessions.

We saw that people and their relatives had been asked their opinions of the service by way of completing satisfaction surveys. We noted a high level of satisfaction with the running of the service. There were a small

number of issues that were identified as needing attention such as people having the opportunity to learn new things. We did not see any action taken to follow up these issues. The registered manager said this would be reviewed to clearly indicate what action had been taken.

The registered manager understood their legal obligations including the conditions of their registration. This included ensuring there was a system in place for notifying the Care Quality Commission of serious incidents involving people using the service.

Management had implemented a system to ensure quality was monitored and assessed within the service. We looked at a number of quality assurance audits. These included a medicine audit where relevant issues such as whether medicine was provided to people by trained staff. There was a health and safety audit which covered relevant issues such as first aid, accident reporting and staff training. Care plans were reviewed to ensure they were still relevant to people's needs. The provider had visited to carry out a check on the running of the home. This had included relevant issues such as identifying that more staff training was needed, and there was evidence this had been organised. There was a monthly audit in place carried out by the registered manager. This included issues such as checking that residents meetings had taken place and that fire systems were tested though there was no audit in place to assess whether staffing levels were always sufficient to meet people's needs and keep them safe.

The monthly audit also included checking the premises. However, we found there were some issues with regard to the condition of the premises. One person's room was dusty and the surface around the wash basin was flaking off. Another person's room was also dusty, particularly so on skirting boards. In one house there were old drawers on a garden table and the table and chairs looked unclean. The corner of the kitchen floor in one house was unclean. Kitchen units were chipped in places and cupboards and not aligned. Curtains in a dining room were longer than the window size and had accumulated dirt at the bottom of them. There appeared to be some evidence of damp in a lounge and a bedroom. There were marks around door handles. Grouting was discoloured in bathrooms where some tiles were damaged or missing.

The registered manager said issues such as the stained carpet were on the maintenance list to be attended to. He acknowledged there had been issues with taking swift action to rectify issues, and we saw evidence of this. He acknowledged there were issues with the property which he said were being addressed. He also said he would follow up all the issues we identified during our inspection. We also saw information in the staff handover book which covered routine cleaning in the home. However, this was not fully effective in practice.