Voyage 1 Limited

# Glen Eldon

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

This inspection took place on the 14 and 15 January 2016 and was unannounced. We carried out an unannounced comprehensive inspection of this service on 9 December 2014 and found several regulatory breaches. Following the inspection, the provider wrote to us to say what they would do to meet these legal requirements. During this inspection we checked whether the provider had completed their action plan to address the concerns we had found. We found the provider had made the required improvements, however at this inspection we identified some other improvements were required.

Glen Eldon is a care home registered to provide accommodation and personal care for nine adults with learning disabilities or autistic spectrum disorder. At the time of our inspection there were five people living in the service some of whom had severe learning, communication, emotional and behavioural difficulties.

The home is located in a rural area five miles from the town of Alton. There is no public transport nearby. The home has a large living room, a dining room, a kitchen and three shared bathrooms. People were accommodated in single bedrooms.

The service did not have a registered manager in post as required for this location. The provider had informed us on 1 December 2015 that the service was being managed by a deputy manager from another of their locations. The provider has now successfully recruited to the post of manager and this person has submitted an application to become the registered manager. 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.

Our inspection of December 2014 found the arrangements to protect people if there was an emergency were not robust. At this inspection we found Improvements had been made. For example; people had personal evacuation plans in place that detailed information important to support them safely in an emergency. Information was available about people's needs should they require an admission to hospital. Improvements had also been made to people's care plans. People's care plans including their risk assessments had been reviewed and updated to reflect their current and specific needs. People's relatives were confident that people were cared for safely and staff knew how to manage the risks affecting people's safety and welfare.

Improvements had been made to the governance system to ensure actions taken in response to health and safety risks were completed. Records showed that regular health and safety checks were carried out and action was taken to remedy any faults identified.

Improvements had been made to the organisation and accuracy of people's care records. This had been achieved through a review of people's care plans. Records showed the correct service user guide was included in people's records which had been missing at the last inspection.

Appropriate arrangements were not in place to ensure people's legal rights were always protected by proper implementation of the Mental Capacity Act 2005 (MCA). Where people lacked the capacity to consent to their care and treatment the required procedures had not always been followed, for example, in relation to the use of CCTV. Where people were unable to give their consent to decisions made on their behalf the provider had not assured themselves of the legal authority other people held to make such decisions.

Staff completed training to meet people's specific needs to ensure they were cared for safely. An on-going training programme was in place so staff skills and knowledge were regularly refreshed. We were told Makaton was one of the communication methods used by all people living at Glen Eldon to some degree. Makaton is a language programme using signs and symbols to help people to communicate. However, not all staff had completed training in the use of Makaton. Use of Makaton by all staff would support people to maintain the communication skills they had developed. The operations manager told us the provider was sourcing this training.

People were supported by staff who understood the signs of abuse and how to report any concerns. Staff were aware of how people may communicate mistreatment when they could not do so verbally. Information and guidance on how to report safeguarding concerns was displayed within the home including the relevant contact details.

There were sufficient staff to meet people's needs and care for them safely. There were three staff vacancies at the time of our inspection. These were being covered by existing staff wherever possible, the providers' bank staff and the occasional use of agency staff. Staffing levels were calculated to meet people's individually assessed needs to ensure they received the appropriate level of support.

People's medicines were managed safely. Where people required emergency medicine to be taken as required staff understood how and when this should be administered. Procedures were in place and followed for the safe storage, ordering, administration, disposal and recording of people's medicines.

New staff completed an induction to their role that included shadowing more experienced staff to get to know the needs and behaviours of the people they supported. This helped to ensure people received effective care when staff changes occurred. Staff were supported in their role through regular supervision, appraisal and on-going training. However, for staff in a leadership role access to further professional qualification training was limited. This could mean people were supported by staff who had not obtained further qualifications appropriate to any leadership role.

People's nutritional needs were assessed and they received the appropriate support to manage risks from eating. People were supported to eat as independently as possible and to participate in choosing food. People's dietary preferences were catered for.

People were supported to meet their healthcare needs by a range of healthcare professionals. Where healthcare treatment was required staff ensured people's needs were met promptly. Records showed annual health checks were completed and important information about people's healthcare needs was available and up to date.

The provider was consulting with people's relatives about relocating the service to new premises. Following feedback from people's relatives improvements were being made in order to maintain the current environment to a suitable standard.

People received kind and compassionate care from staff who were knowledgeable about people's

preferences and needs. People were supported to make decisions about their daily routines as much as they were able to. People's privacy was respected in line with their assessed safety needs and staff knew how to provide dignified care.

Care plans were person-centred and included information about people's preferences. This guided staff on how to provide appropriate care and support. People were supported in line with the guidance contained in their care plans.

People's needs were reviewed monthly and their changed needs were communicated to all staff. People's care plans were updated as required.

People engaged in a variety of activities to meet their needs and preferences. People were given the opportunity to try new activities and to choose an alternative if they did not want to do their planned activity. People's relatives spoke positively about the activities provided by the home and the importance of this aspect of the service for their loved ones.

A complaints policy and procedures were in place. There had not been any formal complaints since our last inspection. People's relatives told us they felt confident to raise their concerns with the manager and the provider.

The provider operated a quality assurance system to monitor the quality of the service people received. Actions were taken to resolve and improve the areas identified through this system and progress was checked by the operations manager and the provider's quality and compliance team. This system was used to drive continuous improvements to the quality of the service people received.

A new manager had been appointed and people's relatives were unable to comment on how well the service would be managed by them. However, they told us the manager had made a positive start through building relationships with people using the service, communicating with relatives and listening to them. The manager told us she was adequately supported by the provider in their new role.

People's relatives and staff were asked for their feedback on the service and staff had recently been asked for their feedback at the time of our inspection. People were supported to contribute to service development through the advocacy of their relatives and by staff observation of people's behaviours and responses.

People's relatives told us the culture in the home had improved since our last inspection and was open and honest. Relatives told us there had been a willingness to improve by the provider and the leadership in the home over the past year had been strong and achieved positive results for people.

During our inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked 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?

Good

The service was safe.

People were cared for safely. People's care plans and risk assessments reflected their individual needs and risks and staff knew how to provide safe care.

People were safeguarded from abuse as staff had completed training and knew how to report concerns.

There were sufficient staff to meet people's needs. Staff were deployed to meet the individual needs of the people they supported so they received a safe and appropriate level of care.

People's medicines were managed safely. People received emergency medicines as and when they needed them. Procedures to guide staff on the management of medicines were followed, and staff were assessed as competent to administer people's medicines.

### Is the service effective?

Requires Improvement

The service was not always effective.

Where people lacked the capacity to consent to their care and treatment the requirements of the Mental Capacity Act (2005) had not always been met.

Staff completed training to ensure they could meet people's specific needs safely. However, not all staff had completed training in Makaton. Use of Makaton by all staff would support people to maintain the communication skills they had developed.

Action was being taken to maintain the environment to a suitable standard.

People were supported to meet their nutritional and hydration needs

People were supported to access health care services in response to their assessed needs.

## Is the service caring?

Good

The service was caring.

People experienced positive relationships with staff who were knowledgeable about their needs and preferences.

People were supported to make choices about their daily needs.

People's privacy and dignity was respected without compromising their assessed safety needs.

## Is the service responsive?

Good

The service was responsive.

People received person centred care. Care plans were regularly reviewed and updated to meet people's preferences and individual needs. People were supported to engage in a range of activities

There was a complaints process. No recent complaints had been received. People's relatives told us they were able to raise concerns and these were responded to appropriately.

## Is the service well-led?

Good

The service was well led.

Quality assurance processes were in place to monitor and assess the quality and safety of people's care. They were used to drive improvements where these were identified.

People's records were organised, accurate and stored appropriately.

People's relatives and staff were asked for their feedback on the service. People were supported to contribute to the development of the service through the advocacy of their relatives and by staff acting on the observed needs of people.

Relatives told us the culture was open and honest and the provider had demonstrated a willingness to improve over the past year. This had resulted in positive outcomes for people.

# Glen Eldon

**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 14 and 15 January 2016 and was unannounced. The inspection was carried out by one adult social care inspector. Before the inspection we reviewed the information we held about the service. This included previous inspection reports and statutory notifications. A notification is information about important events which providers are required to notify us by law.
We did not request a Provider Information Return (PIR) before our visit. The PIR 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. We obtained this information during the inspection.

People living at Glen Eldon were not able to tell us about their experiences of care, so we spent some time observing interactions between people and staff. We spoke with two members of staff, the manager and the operations manager. After the inspection we telephoned four relatives of three people to ask them about their experiences of care. We also reviewed three people's care records, four staff files, the staffing rota from 26 October 2015 to 3 January 2016, as well as people's Medicines Administration Records and other records relating to the management of the home.

Good

# Is the service safe?

## Our findings

Our inspection of December 2014 found the arrangements to protect people if there was an emergency were not robust. There was important information missing from people's personal evacuation plans such as; people's needs and preferences and how to keep them safe. Not all staff knew where these were kept. The emergency grab bag did not contain sufficient information such as; written details relating to the people living at the service, emergency contacts, or a floor plan of the premises. Some people's hospital passports omitted important information that hospital staff would need should someone require an emergency admission. This meant people were not adequately protected should an emergency situation arise. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we found improvements had been made and emergency information had been updated. There were personal evacuation plans in place for each person and these were kept in the emergency grab bag and in people's care plans. Staff knew where this information was kept and had signed to confirm they had read and understood each person's evacuation plan. Personal evacuation plans included a step by step account of how to encourage and support each person to leave the building in an emergency. These procedures were practised at regular fire drills with people to support their safe evacuation.

The contents of the emergency grab bag had been improved and included written details relating to people's needs. For example; a care plan document entitled 'a typical day' was included. This document contained important information about people's needs and preferred routines. A list of family and other important contacts was included along with details of people's current medicines. There was a floor plan of the premises and emergency contact details to assist staff in managing an emergency situation.

People's hospital passports had been updated and contained personalised information so this was available to hospital staff if an emergency admission was required. Procedures were in place to guide staff and others to support people safely and reduce risks to people in an emergency.

Our inspection of December 2014 found that people's care plans had not all been reviewed to ensure all the risks to each person had been assessed. At this inspection we saw that people's care plans had been reviewed and included risk assessments related to people's specific needs. Risk assessments detailed the management plans in place to minimise risks to people's safety and protect themselves and others from harm. A person's relative said "I am confident all the staff are managing the risks to my relative well and some of the staff are exceptional".

Staff were knowledgeable about risks affecting people and described to us how they supported people safely. For example; how they supported people when they experienced seizures and when people presented behaviours that challenged others. The information staff gave us about people's support and safety needs was consistent with the guidance in people's risk assessments and support guidelines. This demonstrated staff understanding of managing the risks.

Support guidelines included a summary of what staff should never do and should always do to minimise

risks. For example; a person's risk assessment for receiving person centred care stated they should never be left unsupervised and always encouraged to do as much as they can for themselves. This ensured risk assessments were balanced between actions to promote safety and supporting people's independence.

We spoke with staff about how they recognised the signs of abuse when people may not disclose abuse or mistreatment. A staff member said "You would know by body language, moods, behaviour, and their reaction to others. I would make sure the person was not alone and report to the manager". Records showed all staff had completed safeguarding training which was refreshed annually. The provider had a policy and procedures in place to guide staff on their responsibilities in protecting people from abuse. Information on reporting concerns was displayed in the home. A staff member said "I would raise it with the manager and if I wasn't happy with their response, the operations manager. The information is on the notice board so I could call the safeguarding team". People were supported by staff who understood the indicators of abuse and how to report their concerns.

People's relatives and staff told us there were enough staff to meet people's needs safely. A relative said "There has been a significant improvement in staffing which has resulted in more individualised care". Two people required individual staff support at all times. Other people required individual staff support for some of their needs or activities. The manager told us "The company decided to have one to one staffing as far as possible".

The provider aimed to have a daily staffing level of five support staff. There were three staff vacancies at the time of our inspection which meant the staffing level of five staff was not always achieved. However, the manager confirmed that people's needs could be met by four staff on duty and they were also available to provide additional support if required. Staff vacancies were covered by existing staff as far as possible, with the provider's bank staff and the occasional use of agency staff filling rota gaps. The manager said that agency staff use was kept to a minimum because it was important that people had familiar and consistent staff. A staff member said "We work as a team, if there are not five it stretches you but the manager will come and assist. I have never felt unsafe here and I have confidence in my colleagues". We observed people were supported promptly when they required assistance. People were supported by enough staff to meet their needs safely.

People's relatives told us they were satisfied with the management of their relatives' medicines by staff. Where people were prescribed medicines to be taken as required, detailed guidelines were in place to inform staff how and when to use them. Staff were trained in the administration of emergency medicines that were used to treat people with epilepsy and knew when this was required.

Procedures were in place for the ordering, storage, disposal and recording of medicines and these were followed. Staff completed training in the administration of medicines and were assessed as competent to do so by the manager. Training was repeated annually and included a competency check to ensure staff continued to administer medicines safely. Staff were aware of how to report a medicines error. A staff member said "You tell the manager and contact medical services if required. If you do the right checks you shouldn't make mistakes. Help and advice is only a phone call away". People's medicines were managed safely.

Requires Improvement

# Is the service effective?

## Our findings

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.

Appropriate arrangements were not in place to ensure people's legal rights would always be protected by proper implementation of the MCA. For those people who could not consent to for example, personal care, management of finances and dental treatment, the provider had made lawful best interest decisions on their behalf involving people who knew them well. However, we found improvements were needed in the way the service assessed and recorded one person's mental capacity and the decision to use CCTV surveillance to monitor their seizure activity at night. This decision had been made on the person's behalf without completing a mental capacity assessment to show they lacked the capacity to make this decision themselves. Although the manager told us their social worker and relatives had been consulted there was no record of a best interest meeting having taken place. A best interest decision is made when someone does not have the capacity to make a specific decision about their life. In these circumstances people who know the person or who have been appointed by the court to make such decisions are involved in discussing and deciding what would be in the person's best interests.

The provider could not evidence as required by the MCA, whether other less restrictive options had been considered, and whether the impact of this monitoring on the person's privacy was taken into account when making this decision. Though the previous registered manager had made a DoLS application to the local authority she had not assured herself this person could not agree to this surveillance before asking relatives to agree to the DoLS. There was a risk that restrictions might be placed on people unlawfully, while the provider awaited the assessment from the local authority to determine whether the restriction was needed and lawful.

In order to make certain decisions on behalf of a person who lacks the capacity to make their own decision, those acting on their behalf may require the legal authority to do so. For example to be appointed as a deputy by the Court of Protection, or hold lasting power of attorney. It was not evident the provider had checked and recorded the legal authority that people's relatives and representatives may have to make decisions on the person's behalf. This meant people could be at risk of having unlawful decisions made on their behalf if all the relevant information was not held by the provider.

The failure to ensure decisions were made in accordance with the Mental Capacity Act (2005) is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection of December 2014 it was noted the need for staff training in Makaton communication skills had been identified and was planned. At this inspection we found Makaton training had not been completed by all staff. Makaton is a sign and language programme using signs and symbols to help people to communicate. Some relatives were concerned about this because people used Makaton at varying levels to communicate their needs. People's care plans included guidance for staff on how to support people with their communication needs and this included the use of Makaton. For example; how to support people with their decision making by using short sentences, photos and symbols and Makaton. People were able to communicate their needs using other methods. However, use of Makaton by all staff was important so that people were encouraged and supported to maintain all of the communication skills they had developed. The operations manager told us training was being sourced by the provider.

Records showed that staff were supported in their role and development through an on-going training programme, supervision and annual appraisal. Staff told us they were satisfied with the provider's training programme and felt they were adequately supported in their role. However, staff access to professional development training such as recognised qualifications in health and social care was limited. One staff member in a leadership role had applied for qualification training in August 2015 and told us they had not received a response. Records showed this had been raised at their appraisal in November 2015 and they were on a waiting list. The operations manager acknowledged resources were limited and appreciated staff may become frustrated by this. Staff access to further qualifications was limited. This could mean that people were supported by staff in a leadership role who were not enabled to obtain further qualifications appropriate to the work they performed.

At the time of our inspection the provider was consulting with people's relatives about plans to relocate the service to new premises. Relatives told us they welcomed this proposal and agreed people would benefit from improved facilities and being closer to local amenities. However, all the relatives we spoke with wanted action taken to improve the decoration and facilities in the current premises as the timescale for the move was uncertain. The operations manager said their priority was to maintain the safety of the environment and relatives confirmed actions were taken to address safety issues. People's relatives said that while some new furniture and equipment had been purchased they felt people would benefit from further improvements. We spoke with the operations manager about this who told us whilst there would not be extensive investment in the current premises relatives feedback had been acted on and further improvements would be made. Records showed action had been taken over the past six months to make internal improvements and address defects including the replacement of furnishings where required. The manager was working to a dated action plan that detailed further planned improvements that included; redecoration of an upstairs bathroom and hallway. Action was being taken to maintain the environment to a suitable standard.

New staff were supported to complete an induction programme before working on their own. A relative commented "There is more of an apprenticeship approach with new staff who shadow others before being let loose". Experienced staff told us how important it was for new staff to work alongside them to understand people's needs and provide support for any behavioural changes brought about by a change in staff.

Records showed new staff completed a programme of induction training within the first 12 weeks of their employment. This included training in; health and safety, infection control, medicine administration, equality and diversity, food safety, safeguarding and the Mental Capacity Act (2005). The provider had introduced the Care Certificate for staff new to care to complete. The Care Certificate sets out the learning

outcomes, competences and standards of care that care workers are nationally expected to achieve. People were supported by staff who received an induction into their role and people's individual needs.

People had complex needs including behaviours that may challenge others. Staff completed training in the Management of Actual or Potential Aggression (MAPA). This ensured staff had a consistent approach and the skills required to support people safely when they exhibited these behaviours. Staff told us how this training had supported them to learn techniques to support people in these circumstances. A staff member said "I learnt about stances – for example standing to the side, and always leaving a door open so people can leave, that has been helpful". Another staff member told us how a behavioural therapist had delivered a training session on the specific behaviours of a person and this had helped them to use supportive interventions with the person to prevent their behaviour escalating. A relative said "People's behaviours are managed appropriately, this has really improved. Staff handle it well and the atmosphere is much calmer". Staff were also trained in the administration of emergency medicines and how to support people who experienced seizures. People were supported by staff who completed training to support them effectively.

People's nutritional needs were assessed and a nutritional screening tool was used to check people maintained good nutritional health. People were involved in choosing a daily menu and options were available if people wanted a different meal. Pictures were used to help people identify the meals they wanted and information was displayed on healthy options. People were supervised by staff when eating to support people not to eat too quickly and so prevent a choking risk. Where required people had the equipment to assist them to eat independently such as; easy grip cutlery and plate guards. People's relatives told us the food available at the home had improved. They said food was freshly prepared and included a variety of fresh fruit and vegetables. Where people enjoyed participating in the preparation of food this was encouraged. A relative said "I am really pleased my relative is involved in helping to cook. They love this and it is good for keeping the mobility in their hands".

Records showed people had all received an annual health check with the GP and health checks for the year were planned in the diary. This included a review of people's medicines. People had a Health Action Plan (HAP). The HAP detailed the actions needed to maintain and improve the health of an individual and any support needed to achieve these. This included all aspects of people's health needs and the healthcare professionals who supported them. For example; GP, hospital clinicians, opticians, dentist, chiropodist, nurse, and dietician. Information about people's health needs was person-centred and included their individual needs such as how they expressed they were feeling unwell. People's relatives told us they were satisfied with the management of people's healthcare needs. They confirmed staff acted promptly to ensure people received treatment as and when required. People were supported to meet their healthcare needs

Good

# Is the service caring?

## Our findings

People's relatives told us staff were caring and they had noticed improvements in the relationships between staff and people over the past year. One relative said "The change that has become apparent over the past year is that staff are really interacting with people as individuals". Another relative told us how they appreciated the attention given to the clothes their relative wore and said "More consideration has now gone into the choosing of their clothes and that's great, it is good to see her looking so lovely". People's relatives said staff had formed positive relationships with their loved ones who had benefitted from an individualised and consistent approach.

We observed staff treated people with kindness and compassion. For example; a staff member was supporting a person to understand what they were doing next. They checked the person's understanding and agreement and gave encouragement to the person to continue with the task. When a person became agitated a staff member immediately responded to them and engaged them in an activity. We observed staff used the techniques described in people's care plans to encourage people with their activities by, for example; using an object of reference, a cheerful and encouraging tone of voice and particular words that had meaning for the person.

Staff were knowledgeable about people's preferences and personal histories. Staff told us about the activities people enjoyed and what circumstances caused them distress. Staff were aware of people's important relationships and supported them to maintain these. For example; using electronic video links and telephone calls to have regular contact with their relatives, and attending a church where Makaton was used which enabled the person to participate and engage with people they knew well.

Staff told us that people struggled with changes. They were sensitive to people's needs when new staff were introduced. A staff member said "I let people know a new person [staff member] is around and I explain to new staff about people's behaviours such as how a person may touch you to say hello. Initially people have a behaviour change but we know individuals so can support them with this". People were supported by kind and caring staff who understood and supported their emotional needs.

People's relatives told us staff involved people in making decisions about their care as far as they were able. For example; relatives explained how people were offered choice with food and activities and were able to decide when they got up and went to bed. A person's relative told us "I know they listen to him because if they didn't he wouldn't respond or show you things in the way he does". Staff told us how they supported people to make decisions using their preferred method of communication. A staff member said "I use one hand for option one and one hand for option two. I use Makaton, speech and show objects such as bread or cereal. People can get up when they want and are asked. Each person choses the menu on different days and there is always an option if the menu is not wanted. We use laminated meal pictures which are better than words".

Some people required individual staff support and monitoring at all times. Other people were able to have privacy in their own room when they chose to. Relatives confirmed staff respected people's privacy as far as

possible in line with their assessed safety needs. Staff described how they respected people's dignity when supporting people with their personal care needs. The manager told us how they worked alongside staff to observe and ensure people were cared for respectfully as part of their quality monitoring process. People were supported in a dignified and respectful way

Good

# Is the service responsive?

## Our findings

Our inspection of December 2014 found there was inconsistency in the quality of care plans. Care plans did not always include information about people's specific needs and how best to provide care. Support guidelines were not always reviewed or accurate. This meant people could be at risk of unsafe or inappropriate care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we found improvements had been made and all people's care plans had been updated and reviewed to reflect people's specific and current needs. People's relatives told us that people received person-centred care to meet their needs. A relative said "The focus is now very much on the person as an individual. They (staff) are aware of their individual behaviours and respond to these". Another relative said "I am pleased they are being more dynamic and focused on their (people's) own needs".

People's care plans were person-centred and included information about how they preferred to receive their care and support. For example; care plans detailed what was important to the person such as giving people choice and interaction, staff being happy and energetic around the person, and ensuring access to sensory and other objects that gave people comfort and pleasure. Staff described how people preferred to be supported and we observed staff interacting with people in line with the information in their care plans.

Care plans included information on people's important relationships and what other people liked and admired about the person. Support guidelines were detailed and provided guidance for staff on how to meet peoples assessed needs and care for them safely. Guidelines were based on people's individual needs and abilities in areas such as; community skills, social skills, self-help skills, healthcare, managing money, sexuality and relationships, environment, and personal care. People's preferred routines and daily needs were described in a summary document entitled 'a typical day' which included how to support people to have a good day. People were supported to receive person-centred care and their care plans reflected their individual needs, preferences and abilities.

All aspects of people's daily care were recorded in a workbook for each individual. Each month this Information was reviewed and summarised to identify what people had accomplished and how their needs had been met. This included their health, emotional, personal care and social needs. Progress towards people's goals was noted and this information was reviewed by their keyworker and the manager. Information from these reviews was used to inform care plan changes and care plan reviews. Where people required daily monitoring in respect of eating, drinking, seizure activity and bowel movements, records were completed as required. This meant people's needs and their progress towards their goals were regularly assessed and reviewed.

At the time of our inspection an annual review of people's care plans was taking place. There had been some disruption to this process following the departure of the registered manager. However, records showed that care plans had been updated with people's current needs. For example; we saw that a recent change in the way a person received their care had been recorded in their care plan. Information about

changes were communicated to all staff via a communications book and staff handover. Staff signed to confirm they had read and understood people's support guidelines.

People engaged in a range of activities to meet their needs. Because of the location of the home and people's support needs people travelled to activities outside the home by car. The home has the use of three vehicles for this purpose. On the day of our inspection people were participating in activities such as; cycling, horse-riding and attending a sensory activity centre. People had individualised pictorial activity plans and these included alternatives so the person had a choice. Staff told us about the importance of activities for people and one staff member said "The most important thing I do is to keep people active and doing things in the community".

People's relatives told us they were generally satisfied with the level of activities people engaged in. One relative commented although they were satisfied with the level of activities outside the home, they would prefer more in-house structured activities. Other relatives felt the level of activities was good in and out of the home.

People were supported to try new activities. These were not always successful as some people preferred more familiar past times. People had been supported to try new things and accomplish new skills, for example a person's relative told us how their loved one was doing pottery which helped to improve the mobility in their hands. People were supported to participate in activities to meet their individual needs.

Information was displayed in the home on how to make complaints. The provider had a procedure in place which explained how complaints would be dealt with. The procedure included the monitoring of complaints by the provider's compliance team to ensure complaints were dealt with appropriately in line with their procedures. We looked at the record of complaints and saw none had been recorded since our last inspection.

People's relatives told us they had cause to complain in the past but have not raised formal complaints since our last inspection. Relatives told us they were confident to raise concerns and give feedback about the service. They acknowledged improvements had been made to the quality of care people received and one relative commented there had been more recognition and honesty from the provider in addressing areas where care had previously fallen below standards.

Good

# Is the service well-led?

## Our findings

Our inspection of December 2014 found that effective governance systems were not in place to ensure actions taken in response to health and safety risks were completed. This meant people were not adequately protected against the risks of unsafe or inappropriate care. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we found that improvements had been made to the governance system to ensure action was taken in response to identified health and safety risks. Monthly checks were completed to ensure safety was maintained in a range of areas such as; water temperatures, first aid supplies, fire alarm system, and legionella. Legionella is a bacterium which can cause illness if present in contaminated water. Actions required were recorded and signed when completed. Reports were sent to the provider's property support department when faults were identified and these were monitored for completion. We looked at some examples of these checks and saw faults had been remedied as required. For example; a fire door was not closing properly and a low water temperature had been detected and these had been resolved.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. Records showed this included audits by the provider's quality and compliance department, the operations manager and the service manager. Actions arising from audits were compiled into a consolidated action plan which was reviewed quarterly by the operations manager. The auditing system was based on the requirements of the Health and Social Care Act Regulations (2014) called the 'fundamental standards'. We reviewed the action plan for October – December 2015 and saw actions were being completed as required, for example where staff needed to complete training and where staff competency checks needed to be carried out. Actions had been completed as required. This ensured a system was in place to drive continuous improvements to the service people received.

Our inspection of December 2014 found that people's care and treatment records were not managed effectively to ensure they were accurate, up to date and relevant. This meant people could be at risk of inappropriate care. The service user guide was out of date and did not reflect the ownership and management of the home at the time of this inspection. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we found that improvements had been made to the management of people's care and treatment records. People's care records were well organised and had been reviewed to ensure they accurately reflected people's care and treatment needs. Although we saw evidence of reviews we noted that not all documents were dated to reflect this, and we have asked the provider to remedy this. Each person's care plan included a copy of the current provider's service user guide.

At the time of our inspection a registered manager was not in post. The last registered manager left on 30 November 2015. The provider notified us of this event on 1 December 2015 and informed us recruitment was underway. Management cover was provider by a deputy manager from another of the provider's services and this person had since been successfully recruited to the post of manager. The manager has submitted

an application to us for registration.

People's relatives did not feel they were able to comment on the way the service was managed by the new manager because they felt it was too early to tell. People's relatives were disappointed that another management change had occurred and spoke positively of their experience of the outgoing manager. A relative commented the new manager had formed a positive relationship with their relative and had already made an improvement to their care. Another relative told us "The new manager is very communicative and listens to me. The most important thing is my relative really likes her". The manager told us they were being well supported by their line manager in their new post and said "I feel comfortable talking to the operations manager about any problems and incidents. Support is always on the end of a phone".

Staff were supported through the processes of induction, supervision and team meetings to know and understand what was expected of them in their role. Induction included an explanation of the standards staff were expected to adhere to such as; their attitude and conduct, appropriate dress and their relationships with people. The operations manager told us the emphasis of induction was on "How to succeed in their role". Records showed team meetings included discussion on people's needs, health and safety issues, whistleblowing, training requirements, communications and knowledge checks.

People's relatives were asked for their feedback via an annual satisfaction questionnaire. We looked at the responses from the questionnaire carried out in September 2015. People's relatives had commented positively on the care and support people received. Suggestions for improvement included; more Makaton training for staff and requests for the environment and facilities in the home to be upgraded and improved. The manager had compiled an action plan based on this feedback and was in the process of responding to this at the time of our inspection. Target dates had been set for actions to be completed. The manager had prioritised regular communication with people's relatives to ensure they were kept informed of relevant issues and to work on making improvements were possible. People's relatives confirmed the manager had communicated with them and kept them updated.

The manager told us they involved people in developing the service through observation of how people responded. For example; they had noticed a person did not like sitting on large sofas and preferred a smaller armchair. They purchased one for the person and said "They have now made it very clear it is their own space". People's relatives advocated on their behalf for improvements to the service. Relatives were asked for their opinion on what was working well and not working well at people's reviews. We looked at an example of where a relative had raised some points for improvement at a review and these had been addressed. This included staffing numbers at weekends, the decoration of their relative's room and improved frequency of communication between manager and relatives. The views of people and their relatives informed the care people experienced.

The manager had asked staff to give their feedback about the service. Staff had commented positively on their experience of teamwork in the home and the need for more permanent staff. This was being addressed through recruitment at the time of our inspection.  People, their relatives and staff contributed to the development of the service.

Staff told us their focus was to provide the best possible outcomes for the people they supported. This was consistent with the provider's values which stated they were passionate about delivering personal outcomes for people. The operations manager told us they always asked managers to bring with them one great outcome people had achieved at their regional managers meetings and we saw this was also discussed in team meetings at the home. People's monthly workbooks included a review of their achievements such as; improvements in their relationships and abilities in activities or tasks. This system

helped to ensure the provider's values were embedded in practise and had meaning for the people they supported.

People's relatives said there was an open and honest culture in the home and this had improved. Relatives told us the willingness to improve by the provider and leadership in the home over the past year had been strong and had achieved positive results for people.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>The registered person had not acted in accordance with the Mental Capacity Act 2005 to ensure they had assessed the capacity of a person to make a decision about their care and treatment. They had failed to follow the correct decision making process to ensure the decision made considered all the relevant factors. Regulation 11 (1)(3) |