

# Milewood Healthcare Ltd

## Hawthorn House

### Inspection report

135 The Village  
Strensall  
York  
North Yorkshire  
YO32 5XD  
Tel: 01904 499123  
Website:

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

Hawthorn House is registered to provide accommodation for persons who require nursing or personal care. The service can support up to nine people who may have a learning disability. It is a detached property and is situated in the village of Strensall, near to the city of York.

The inspection took place over two days on 15 and 16 April 2015. The inspection was unannounced.

At the last inspection on 8 and 15 July 2014 we asked the registered provider to take action to make improvements to their quality assurance system and to the respecting

and involving of people who used their service. After the comprehensive inspection on 8 and 15 July 2014 the registered provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches of regulation. Their action plan stated that the service would be compliant by 31 January 2015. These actions have now been completed.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager in post whose application to register was

# Summary of findings

being processed by the Care Quality Commission (CQC); their registration was completed on 23 April 2015. 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.

We found unsafe practices around the administration, recording and disposal of medicines. You can see what action we told the provider to take at the back of the full version of this report.

We found that people were protected from the risks of harm or abuse because the provider had effective systems in place to manage issues of a safeguarding nature. Staff were trained in safeguarding adults from abuse and the majority of staff understood their responsibilities, but some staff would benefit from further training. We have made a recommendation in the report about this.

We found the premises to be safe and well maintained; people had their own bedrooms and access to a garden area.

There were sufficient numbers of trained, skilled and competent staff on duty although the manager was relying on bank staff and staff from other homes to fill staff vacancies until new staff were recruited. The registered provider did have robust staff recruitment procedures in place.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. The plans of care were individualised to include preferences, likes and dislikes. People who used the service received additional care and treatment from health professionals based in the community.

People spoken with said staff were caring and they were happy with the care they received. They had access to community facilities and most participated in the activities provided in the service.

Staff received a range of training opportunities and told us they were supported so they could deliver effective care; this included staff supervision, appraisals and staff meetings.

The manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns. Improvements were needed to ensure the progress being made by the service was documented appropriately.

We found that there was a need to develop the use of advocates within the service to help people to become more aware of their own rights, to exercise those rights and be involved in and influence decisions that are being made about their future. The provider had made some progress with this, but further improvement was needed.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe.

We found unsafe practices around the administration, recording and disposal of medicines. This meant people were put at risk of harm from potential medicine management errors.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures. However, some staff would benefit from further safeguarding of vulnerable adults training to improve their knowledge and confidence in carrying out their responsibilities.

There was sufficient staff on duty to meet people's needs and staff had been recruited safely so people were protected from risk of harm.

Requires improvement



### Is the service effective?

The service is effective.

Staff received relevant training, supervision and appraisal to enable them to feel confident in providing effective care for people. They were aware of the requirements of the Mental Capacity Act 2005.

People said they had a good choice of quality food. We saw people were provided with appropriate assistance and support and staff understood people's nutritional needs. People reported that care was effective and they received appropriate healthcare support.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Good



### Is the service caring?

The service was caring.

People were supported by kind and attentive staff. We saw that care workers showed patience and gave encouragement when supporting people. People were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day to day needs.

We saw that people's privacy and dignity was respected by staff and this was confirmed by the people who we spoke with.

Good



### Is the service responsive?

The service was responsive to people's needs.

Good



# Summary of findings

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People were able to make choices and decisions about aspects of their lives. This helped them to retain some control and to be as independent as possible.

People were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

## Is the service well-led?

Some aspects of the service were not well-led.

The manager made themselves available to people and staff. People who used the service said they could chat to the manager and staff said they were approachable.

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their registered manager.

The manager regularly checked the quality of the service provided, but written documentation to show that the information gathered had been analysed and appropriate action had been taken required improvement.

It was identified there was a need to develop the use of advocates within the service to help people to become more aware of their own rights and the provider had made some progress with this, but further improvement was needed.

**Requires improvement**



# Hawthorn House

## 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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 15 and 16 April 2015 and was unannounced. The inspection team consisted of one adult social care (ASC) inspector from the Care Quality Commission and an expert-by-experience (with their support worker) on the first day of inspection and one ASC inspector on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who assisted with this inspection was knowledgeable about using learning disability services.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider, information we had received from the City of York (CYC) commissioners and safeguarding team. We did not ask the registered provider to submit a provider information return (PIR) prior to the inspection. The PIR is a document that the registered provider can use to record information to evidence how they are meeting the regulations and the needs of people who receive a service.

During the inspection we spoke with the manager, area manager and two care staff. We also spoke in private with four people who used the service and chatted with another four people in the communal areas of the home. We spent time in the office looking at records, which included the care records for three people who used the service, the recruitment, induction, training and supervision records for three members of staff and records relating to the management of the service. We spent time observing interactions between people who used the service and staff in the communal areas and during meal times.

# Is the service safe?

## Our findings

The care staff informed us that they had received training on the handling of medicines. This was confirmed by our checks of the staff training plan and staff training files. We found that policies and procedures on the safe management of medicines were in place and we saw that medicines were stored safely and medicines that required storage at a low temperature were kept in a medication fridge. We saw that the temperature of the fridge and the medication room were checked daily and recorded to monitor that medication was stored at the correct temperature.

We looked at the medicine records for people who used the service. None of the people at Hawthorne House administered their own medicines, but we saw that each person had a risk assessment to check if they were able to do so. People told us that they were happy for the staff to give them their medicines. One person said “I get my medicines when I need them and I do not have to wait for them.”

We found unsafe practices around the administration, recording and disposal of medicines. We saw evidence that staff were giving people their medicines, but not always signing on the medicine administration record (MAR) to show that it had been administered. This was not safe practice and could result in errors being made. We saw that handwritten entries on the MAR had only one staff signature, which did not follow best practice guidance and the staff did not always record the quantities of medicines held for each person. This made it difficult to audit the medicine stock held in the home. We were informed by the staff that unwanted medicines were recorded in a book and returned to the pharmacy for destroying. We found the ‘returns’ book had not been countersigned by the pharmacy representative when the medicines were picked up from the home. This meant the registered provider did not have written evidence that the medicines recorded in the book had been safely disposed of.

**This was a breach of Regulation 12 (f) (g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).**

Not every person living in the home felt safe. Discussion with people who used the service indicated that they felt “Uneasy” about the behaviours of certain individuals who

used the service. Three people told us “I saw [person who used the service] hit a member of staff. I don’t like that”, “Nothing has happened to me but when [person who used the service] ‘kicks off’ staff ask me to go to my room. Why do I get punished for that person’s behaviour?” and “I am afraid of [person who used the service]. I don’t like how they speak to us, and especially how they speak to the staff. I have to go to my room when they get violent, but I don’t think that is right.”

We saw that a number of incidents around behaviour that challenged the staff and others who used the service were documented in people’s care files as part of their behaviour monitoring records or in the incident report book. Through discussion, the manager was able to demonstrate to us a good understanding about reporting safeguarding allegations. We saw that the manager kept a log book of all safeguarding referrals made by the service to the local authority safeguarding team. The log book started from January 2015 and showed two entries, one in January 2015 and one in April 2015. Information we held about the service showed that CQC had received five safeguarding notifications in the last 12 months and these were shared with the local authority safeguarding team. These had been investigated and none had required further action.

Our observations of staff interactions and interventions with people who used the service were positive. Staff were calm and patient with individuals and showed confidence when handling people who challenged. We saw staff use distraction techniques and firm instructions to individuals living at the home, to de-escalate confrontations between people.

Care files contained management plans for verbal and physical aggression. The care plans we saw had been updated onto a new format in January 2015, which gave much more detail about the behaviours for each person. For example, one management plan we looked at identified trigger points for the person’s behaviours and guidance for staff to follow to when the person displayed outbursts of aggressive behaviour. Checks of the number of incidents for this person between January and April 2015 showed that the staff interventions were working and the number of incidents were slowly decreasing month by month.

We discussed our concerns about the impact of one person’s behaviours on other people who used the service

## Is the service safe?

with the manager and area manager. Since our inspection we have been informed by the home and CYC that best interest meetings had been held and one person had moved from the service to a more suitable placement.

The service had safeguarding vulnerable adults from abuse policies and procedures in place, which were accessible to staff day and night. Evidence from the training plan and certificates in the staff files showed that all staff except one member had completed safeguarding of adults training. The remaining member of staff was to be booked onto the training as soon as possible. However, we had some concerns about staff's understanding of how to report safeguarding issues. None of the staff who spoke with us had raised any concerns, but one staff member's knowledge of how to do this was very 'patchy' and another could tell us about the procedure, but they were not confident about using it.

**We recommend that the service seek advice and guidance from a reputable source, about training for staff in relation to safeguarding vulnerable adults from abuse.**

There were no hoists or lifts in the service as people were independently mobile with no one requiring assistance with moving or transferring. Maintenance certificates were in place and up to date for the service. These records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. The equipment included a fire alarm system, portable electrical items and water, electric and gas systems. The registered provider employed a maintenance team who worked between the services owned by the registered provider and they carried out day to day repairs.

Staff within the service were monitoring and reviewing risks relating to people's mental and physical wellbeing. This meant people were kept safe and they received appropriate interventions as needed from health and social care professionals. For example, behaviour management charts were kept on file where needed. These were up to date and social services, the community mental health team and safeguarding team at the City of York Council (CYC) had been notified as needed of any incidents as they arose. Evidence of this was seen in the safeguarding files within the service and in people's care files. Behaviour management plans and risk assessments had been reviewed and updated in the care files we looked at.

Staff told us, "Risks are managed on a daily basis. Risk assessments are found in every person's care file, these are reviewed and updated constantly" and "Staff are aware of emergency procedures in terms of incidents to people, for example if someone collapses, or in terms of the environment, such as in the event of a fire. We do fire drills and training."

We found that the fire risk assessment was reviewed in February 2015. Fire drills were carried out in February and March 2015 but nothing was recorded for January 2015. Records showed that the staff checked the fire exit points each day and weekly / monthly checks were carried out for the fire alarm, fire extinguishers, fire doors and emergency lights. These environmental checks helped to ensure the safety of people who used the service. Each person who used the service had a personal evacuation plan in place.

Information in the accident records and care files indicated that falls and incidents relating to behaviours that challenged were being documented appropriately and action taken as needed. Relevant organisations were being notified of any incidents and people who used the service received input from health and social care professionals as needed. This helped reduce the risk of harm to people who used the service.

We looked at the recruitment files of three care staff recently employed to work at the service. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). These measures ensured that people who used the service were not exposed to staff who were unsuitable to work with vulnerable adults. Interviews were carried out and staff were provided with job descriptions and employment terms and conditions. This ensured they were aware of what was expected of them.

The staffing levels in the service were sufficient to meet the needs of people who used the service, but the vacancy levels in the service meant the manager was relying on being able to fill the gaps in the shifts with bank staff and staff loaned from other services operated by the registered provider.

Two people who used the service were able to go out of the home on their own, the other six individuals required a staff escort for their safety and wellbeing. One person required two staff with them when out and about in the community. Two people were funded for one to one staff support with



## Is the service safe?

social activities; one person received ten hours per week and they chose when this took place and the other person had seven hours a week. At the time of the inspection there were four staff on duty including the manager from 9am to 9pm. We were informed by the manager that the ideal staffing level at night was one staff awake and one sleeping. However, due to staff leaving at the time of our inspection there were two staff sleeping. We were assured that this was a temporary solution and that people who used the service were able to alert the staff if they needed anything during the night. This was confirmed by the people we spoke with.

The area manager told us that the staffing numbers were decided by the director of the company. The staffing numbers were worked out on a three people to one member of staff ratio, with the additional one to one hours as extra staff time. The manager was usually supernumerary but at the time of the inspection they were working Monday to Friday on shift. There were two night staff vacancies (80 hours in total). Two staff were on long term sick and their shifts were being covered by bank staff that the manager and senior staff loaned from other homes owned by the registered provider. We saw that there was an on-going recruitment drive and records showed that one new member of staff was waiting for their references to come back before starting their employment.

Discussion with the manager and staff indicated that the care staff were responsible for any ancillary tasks around the service such as cleaning, laundry and cooking duties. We saw that there were weekly planners for laundry tasks and room cleaning. Staff were responsible for cleaning the communal areas and cleaning schedules were in place.

We did not look at infection control in great detail during this inspection, it will be reviewed in full at our next visit to the service. Our observation of the service found it to be clean and tidy overall, but that some areas could be improved. For example, we saw that the dining room chairs were engrained with old food. These concerns were fed back to the manager during the inspection.

In July 2014 the community infection prevention and control nurse was contacted by the manager and they came out to assess the service. A report was given to the service, but we saw no written documentation to show what changes to practice had been made by the manager and staff following the infection control nurse's visit. Without this documentation the registered provider may find it difficult to evidence how the hygiene and cleanliness of the service had improved.

In January 2015 the manager completed an infection prevention and control audit, which they scored as 94% compliant. Again there was no action plan created from the audit, but the manager was able to show us and talk with us about the changes they made following the audit and the infection control report. The manager acknowledged that this information should have been in writing. We saw in the staff meeting minutes given to us that a discussion about infection prevention and control had been held with staff to ensure they were aware of their role and responsibilities around this area of practice.



# Is the service effective?

## Our findings

People who used the service received effective care and support because staff had a good knowledge about the people they cared for and how to meet their individual needs. Staff were able to give us information about people's needs and preferences which showed they knew people well. Most people who spoke with us felt their health needs were being met. One person told us "I go to see my GP regularly to have my blood pressure checked" and another person said "I can ask the staff for GP appointments if I feel unwell."

People were able to talk to health care professionals about their care and treatment such as their GP, dentists and opticians. We saw that people who used the service had access to specialists such as diabetic nurses, dermatology clinics, community psychiatric nurses and psychiatrists. All visits or meetings were recorded in the person's 'health action' care plan with the outcome for the person and any action taken (as required). The health action plan was available in a pictorial and clear print format making it easier for people who used the service to understand what the records said.

We looked at induction and training records for three members of staff (two new starters and one long term staff member) to check whether they had undertaken training on topics that would give them the knowledge and skills they needed to care for people who lived at the home. We saw that staff had access to a range of training both essential and service specific. Staff told us they completed essential training such as fire safety, basic food hygiene, first aid, infection control, health and safety, medicine management, safeguarding and moving and handling. Records showed that completion of essential training was at 97%. Specific training on learning disabilities, bipolar disorder, epilepsy, autism / Asperger's, psychology, diabetes, stigma and equal opportunities had also been made available to staff.

The manager told us that the induction programme was carried out over the 12 weeks probationary period for new staff. In the first two weeks of employment staff were expected to cover corporate issues in respect of employment and complete their essential training on subjects such as moving and handling, fire safety, infection control, food hygiene, health and safety and first aid. This was confirmed on the training plan and in the staff

personnel files. Two staff members told us "The training manager does all the training sessions" and "I feel the level of training is good and I am confident I have the skills to do my job."

Two staff told us they had supervision meetings and appraisals with their line manager. The manager showed us their supervision plan that indicated sessions took place every one to two months. This was confirmed by the records we looked at. Staff told us that they found the supervision sessions really helpful and they felt supported by the management team. However, we found the records did not include information to indicate that staff had input to the meetings and there were no action plans or timescales to show what had been agreed at the meetings.

We saw in the supervision records that when the manager had found that staff were not meeting expected standards of practice, this had been discussed with the individual staff and they were instructed to improve their practices. What was not evident was how or if the manager gave additional training and support to these staff members to help them develop their skills and knowledge. Feed back about our concerns was given to the area manager at the end of the inspection. They told us they would review the supervision process with the manager and ensure staff got the support they needed to achieve high standards of working practice.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected. Records showed that five people who used the service had a DoLS in place around restricting their freedom of movement. Each of the five people required an escort when leaving the service to keep them safe whilst out and about in the community. Documentation was completed appropriately by the manager who displayed a good understanding of their role and responsibility regarding MCA and DoLS. A further two applications had been submitted and were waiting for the local authorising body to assess and approve the documentation.

Staff had completed training on Mental Capacity awareness during the last year and were aware of how the DoLS and MCA legislation applied to people who used the service and

## Is the service effective?

how they were used to keep people safe. We saw in care records the home had taken appropriate steps to ensure people's capacity was assessed to record their ability to make complex decisions.

Staff followed the basic principle that people had capacity unless they had been assessed as not having it. In discussions staff were clear about how they gained consent prior to delivering care and treatment. One staff member told us "People have the right to make their own choices about everyday things. We would not make anyone do something they do not want to. People have the right to say no and we respect that." One person who used the service told us "I can get up when I like and go to bed when I like. I do go to my room early some days to watch DVD's, it is my personal space and it is nice to be alone some times."

When people displayed particular behaviours that needed to be managed by staff in a specific way to ensure the person's safety or well-being, this information was recorded in their care plan. On some occasions staff had to use restraint techniques to calm people down. Each of these instances of restraint had been recorded appropriately and most of the staff working within the service had received training on non-violent crisis prevention and intervention techniques. One member of staff said "I have not had restraint training yet, but it is booked and I have read notes about the use of restraint." Another member of staff told us, "Restraint is used as a last resort, but when we do need to use this technique we follow the appropriate guidance from the physical intervention training we have completed."

The manager told us there had been best interest meetings held for people whenever they were required. A best interest meeting may be needed where an adult lacks mental capacity to make significant decisions for themselves and needs others to make those decisions on their behalf. It is particularly important where there are a number of agencies working with the person, or where there are unresolved issues regarding either the person's capacity or what is in their best interest and a consensus has not been reached.

People who used the service were able to help themselves to breakfast and lunch from the communal kitchen. We were told by staff that people were able to make sandwiches, snacks and drinks at any time day or night and we saw this taking place during our inspection. People told us they were able to go food shopping on a weekly basis with support from staff. Information in the resident meeting minutes showed that people were being consulted about the menus and their care files recorded food likes and dislikes; risk assessments were completed for nutrition and food intake sheets were recorded daily. Checks of the kitchen cupboards and fridge freezer showed that ample supplies of provisions were readily available for staff to create healthy and nutritious meals on a daily basis. This meant people's hydration and nutrition needs were being met.

The design and adaptation of the service met the needs of the people who lived there. The service was sited in a three storey building; the manager's office and a staff sleeping in room was on the top floor. There were four bedrooms on the ground floor and five on the middle floor. There was no lift so people who used the service had to be mobile enough to climb stairs.

We looked at three people's bedrooms with the permission of the occupants. These were personalised and people had a key to their own bedroom. Observations showed that staff respected the fact that the bedrooms were people's own private space and they knocked and waited for permission before entering. All the bedrooms were en-suite with a shower or bathing facility.

We observed that people who used the service were very comfortable and relaxed with the staff who supported them. People were able to freely move around the environment and the garden area. The outside area was kept clean and tidy with a small garden, patio and smoking facility included within the space. The interior of the service was well maintained and we saw that one bedroom on the ground floor was being refurbished before a new occupant arrived in the service.

# Is the service caring?

## Our findings

All of the people we spoke with said they were well cared for. Comments included, “I like the staff and they are kind to me, especially my key worker. I can speak to any of the staff if I have any problems”, “The staff treat me well and with respect” and “The staff listen to me. I can make choices and decisions about my life and the staff respect these.”

People who used the service received effective care to support them in everyday activities of daily living. We saw staff offer gentle physical and verbal prompts to assist people who used the service to make drinks and simple snacks. We also observed people going out into the community; some were able to do this on their own and others were supported by staff. Individuals told us, “I am new to the service, but I like going to the shops with the staff. I am really happy here and I can be more independent here than at my previous home” and “I have a job in the community, but I like to go out with the staff when I can. We had a trip to Scarborough and I really enjoyed that.”

We observed that staff displayed kindness and empathy towards people who lived in the service. Staff spoke to people using their first names and people were not excluded from conversations. We saw that staff took time to explain to people what was happening when they carried out care tasks and daily routines within the service. We observed one of the senior care staff explaining in an appropriate manner what we were doing in the home and asking people who used the service if they would like to speak with us.

There were eight people who used the service at the time of this inspection. One person needed minimal support with their care from staff and the other seven people only required verbal prompts and encouragement to remain independent. Everyone who used the service was male and there was a mix of male and female care staff on duty during the inspection. This meant people who used the service were given a choice of staff to be their key worker. People living in the service were encouraged to wash and dry their own clothing and bed linen with support from their key workers. They were also able to make their own drinks and snacks in the main kitchen. This helped them develop their key living skills.

In discussions, staff had a good understanding of how to promote privacy, dignity, choice and independence. They said, “We close doors and curtains and gain consent for tasks. We always knock before going into a person’s room or bathroom as a number of people like some privacy at times. Everyone has different preferences and routines, so it is important we listen to what they want from us and ensure they have the opportunity to make their own choices.” This was confirmed by one person who used the service. They told us, “I get time to spend by myself and I have a key to my bedroom door so I can lock it and my things stay private and safe. Staff always knock on my door and wait for permission to come in.”

We saw that people and staff had a good rapport with each other. Observations of people in the lounge, dining room and around the service indicated that individuals were able to make their own choices about what to do and where to spend their time. People enjoyed chatting to each other and staff. There was a visible staff presence in the communal areas and the staff we spoke with displayed knowledge about each person’s care needs, choices and decisions.

We found that there was a need to develop the use of advocates within the service. We saw that there was little information for people who used the service and no one had access to this type of support. Advocacy is taking action to help people to express their views and wishes, secure their rights, have their interests represented, have access to information and services and explore options and choices. Having an advocate can help people to become more aware of their own rights, to exercise those rights and be involved in and influence decisions that are being made about their future. Discussion with the area manager indicated that the service had contacted York Advocacy Service to arrange a visit and training session for people who used the service. No date for this visit had been decided at the time of the inspection.

People were able to contribute their views of the service through the completion of satisfaction questionnaires and attendance at resident meetings. However, these were staff led and there was a need for these events to be more person centred and focus on people who used the service. One person told us that they took part in house meetings; they said they were about being independent but they did not know how often they were held.

## Is the service caring?

We found that there was a lack of feedback to those who completed the questionnaires, so people were not aware of all the issues raised by individuals and the action taken by the registered provider to resolve these. The area manager

told us they were aware of the need to improve this area of the service and told us that a quarterly company newsletter was sent out to relatives letting them know what was going on in the service.

# Is the service responsive?

## Our findings

At our inspection on 8 and 15 July 2014 we found that people's social, leisure and occupational opportunities did not meet their needs.

This was a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014(Part 3).

At the inspection on 15 and 16 April 2015 we found that the registered provider had followed the action plan they had submitted to the Commission following the July 2014 inspection. Sufficient improvement had taken place to meet the requirements of the regulation.

We found that since the last inspection the service has increased staffing hours and attempts had been made to offer people who used the service a better range of activities both in-house and in the community. Information on activities available was displayed on the notice board in the dining area (some leaflets were in an easy read format) and discussed with people who used the service. Weekly planners were completed and at high times of activity such as the day of our inspection when one person was celebrating their birthday, extra staff were on duty.

We saw that the manager had developed photographic records for each person to show what activities they had taken part in; this was used as a focal point for discussion and debate when planning future activities. One member of staff spoke with us about taking people who used the service to tea dances and quizzes at the local pub. We saw people playing board games with staff; they were laughing and enjoying themselves in each other's company. Other people were doing craft work and colouring in pictures. One person told us they were celebrating their birthday and would have a special tea with their friends who lived in the service.

People who used the service were encouraged to maintain links with their friends and families. One person whose care file we looked at went to visit their family on a regular basis and stayed with them for short breaks. Another person told us that their parent came to visit them at the service and they looked forward to their visits. Each care file we looked at had a section entitled 'Contacts important to me' and listed names and contact details of friends and family members.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs. The two care files we looked at were written in a person centred way. We saw that staff reviewed the care plans on a monthly basis, but people who used the service said they were not always involved in this monthly review process. However, they were involved in planning their weekly menus and activity calendar and individuals told us they could talk to their key workers about their care. The area manager told us that the registered provider was looking at different ways in which they could evidence people's input to their care files and decisions about their care.

We looked at two care files for people who used the service. Key workers recorded monthly summaries of how people were, looking at health, behaviour that challenged the service and finances. There were weekly diary planners showing what people would like to do activity wise, but our checks showed that these did not always correspond with the daily activities book. For example, one person's daily planner said the individual would like to bake the day before our visit, but the daily activities book indicated that this did not take place. Checks of the person's daily record of care showed that they frequently refused to take part in arranged activities and had indeed changed their mind about their planned baking session.

The care files we reviewed were up to date but very bulky in size. This made finding specific information for people quite difficult at times and staff told us that the care files were not easy to read. In an effort to reduce the size of the files the manager was archiving completed paperwork each month, but this meant there was a poor audit trail for anyone wishing to find evidence of professional input such as GP visits or health care professional visits. The area manager told us that the registered provider was looking at developing a pen picture for each person using the service, which would break down the care plans into a more manageable and user friendly format.

From discussions with people who used the service and carers everyone knew how to make a complaint. There was a policy and procedure that was available in pictorial format as well as written format. People who spoke with us were satisfied that, should they wish to make a complaint, the staff and the manager would listen to them and take

## Is the service responsive?

their concerns seriously. One person told us, “I would tell the staff if I had a complaint” and another person said “Staff would listen if I had a concern, if not then I would go speak to the manager.”

Staff told us they were confident about listening to and addressing any concerns raised by people who used the

service or relatives. We were told, “Complaints are discussed at every residents’ meeting and people are aware of this facility. People are usually vocal when they are unhappy about something and everyone living here has a key worker that they can speak with.”



# Is the service well-led?

## Our findings

At our last inspection on 8 and 15 July 2014 we found that records were poorly organised and needed to be reviewed and updated. This included staff recruitment files, staff training records and care records.

This was a breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

At our inspection on 15 and 16 April 2015 we found that the registered provider had followed the action plan they had submitted to the commission following the July 2014 inspection. Sufficient improvements had taken place to show that records in the service were now compliant with the regulation.

Discussion with the manager indicated that their application to register with CQC was being processed and their registration was completed the week following this inspection. We were told by the manager that they had previous experience of working with people with a learning disability and they were completing a qualification in management to help them carry out their role and responsibilities.

Evidence was seen that audits of the service had been completed. We saw that the manager had carried out audits for care plans, staff training, the environment and medicines in the last year. However, not all of the audits had an action plan in place to show how the issues raised in the audits were being managed or where an action plan was in place it had not been dated and signed. Without this evidence the registered provider may find it difficult to show how the service was being monitored and improvements made.

The manager was able to show and talk us through the changes they had made following the infection prevention and control report of 24 July 2014 and the service audit of 23 January 2015. We saw that improvements to hygiene and cleanliness in the service were being made. We were also able to see the improvements made as part of the provider's written action plan with regard to records and improving social activities within the service. The area

manager assured us that the audit process would be reviewed and action plans with dates and signatures against the actions taken would be put in place as soon as possible.

Although the registered provider had processes in place to enable people who used the service to voice their opinions and views of the service, these processes were service led and did not give people using the service autonomous and impartial ways of raising any issues. Satisfaction questionnaires were sent out in January 2015 to people who used the service, but people were asked the questions by staff and staff recorded their responses. We saw that meetings for people who used the service did take place on a regular basis, but these were staff led which meant people were not given the opportunity to participate in an open forum created and led by individuals using the service. The area manager informed us that the service was in the process of arranging advocacy input and training for people who used the service so their rights would be promoted and they would become more confident about expressing their views and opinions of the service.

Staff told us that communication within the service was good and they felt able to make suggestions. The service held regular staff meetings so that people could talk about any work issues and there were up to date policies and procedures regarding work practices that staff could easily access. Staff said there was a positive culture promoted by the manager and the area manager and that they were also given feedback at staff meetings in respect of any accidents, incidents and safeguarding issues. We were able to confirm this by reviewing the meeting minutes and policies and procedures. This indicated that there was some 'learning from events' taking place within the service.

We were not given any written evidence of the values and visions of the service or information about the culture within the service. However, discussion with staff, the manager and people who used the service indicated that the service was open and friendly and that confidentiality of private and personal information was respected. Individuals who spoke with us were confident that any issues they raised would be listened to and acted upon. Staff said that they felt well supported and were not asked to do tasks they were not confident about completing.



This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People who used the service were not protected against the risks associated with the improper and unsafe management of medicines.</p>