

Abilities Development Ltd

# Abilities Short Breaks - Respite & Residential

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Good</b> 

# Summary of findings

## Overall summary

Abilities Short Breaks - Respite & Residential is a small care home registered to provide accommodation for persons who require nursing or personal care for a maximum of four people. The home is owned and managed by Abilities Development Limited who provide a similar service in one other care home in North West London.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection took place on the 7 and 11 April 2016 and was unannounced. At the last inspection on the 27 April 2015 we found the registered manager was not meeting four regulations in relation to investigating any possible incidents of abuse, management of medicines, reviews of people's care and no quality assurance system in place to monitor the quality of the service being provided to people who use the service.

Following the inspection the registered manager sent us an action plan telling us how they were going to address the concerns identified. During this inspection we found that the registered manager had taken sufficient action to meet the breaches. Reviews of people's care had been conducted, there were processes in place for the safe management of medicines and investigating any possible incidents of abuse and there were some processes to measure the quality of service being provided.

However further breaches of regulations were found in relation to complete and clear records not being kept in relation to people's needs and the premises not being properly maintained.

At the last inspection, the home consisted of people living there on a permanent basis alongside people who came to the home for respite purposes. During this inspection, we observed the set up of the home had changed and there were now four people living at the home permanently and no respite service.

This provided a more settled and comfortable environment for people using the service. People had their own rooms and set routines for their daily life. One relative told us there was "Homely" feel to the home.

At the last inspection, we found there was a lack of leadership in the home. During this inspection, we found there was a deputy manager at the home who worked alongside the registered manager. Staffing levels appeared to be more settled as there was a management structure in place which was the registered manager, deputy manager and a team of core permanent care workers.

There were processes in place for the proper and safe management of medicines.

There were safeguarding and whistleblowing policies and procedures in place and training records showed

staff undertook training in how to safeguard adults. Staff we spoke with were able to identify different types of abuse and were able to describe what action to take if they suspected abuse.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable.

Some risks to people were assessed and guidance was in place for staff to follow to minimise the risk to people being harmed.

Records showed and staff told us they received regular training and received regular supervision and appraisals. However there were no spot checks in place to effectively assess the competency of staff to ensure they were able to provide people with the appropriate care and support they needed.

There were some arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans contained some information about people's mental state, levels of comprehension and the support needed for a person in areas where they may lack the capacity to give consent. Appropriate Deprivation of Liberty Safeguards [DoLS] authorisations were in place for people using the service as it was recognised that there were areas of the person's care in which the person's liberties were being deprived.

Records showed people had access to health professionals to make sure they received effective healthcare and treatment.

Reviews of people's care were being conducted with the involvement of people's relatives. All aspects of people's care had been discussed and a plan of action noted for any actions agreed.

There was positive engagement between people using the service and staff. People smiled and laughed with staff. Staff spoke to them in ways that people were able to understand. One relative told us "They speak to [person] respectfully."

Care plans were person centred however complete and contemporaneous records had not been kept about people's care and support they needed and had received. The registered manager told us a new electronic system was in the process of being implemented which will have every aspect of people's care uploaded. However, in the interim the paper copies of the care plans were still being used.

People were supported to maintain links with the wider community and were accompanied to go out for various community outings.

There were procedures in place for receiving, handling and responding to comments and complaints. Records showed the registered manager had responded promptly to any issues raised.

There were some arrangements in place to monitor the quality of the service being provided to people using the service. Feedback was obtained from relatives using questionnaires.

There some arrangements in place to ensure the home was maintained, however we found some parts of the premises were not secure and properly maintained which could raise a number of risks to people using the service.

We made two recommendations about assessing the competency of staff and risk management.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered manager to take at the back of the full version of this 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?

Aspects of the service was not safe. Some risks to people had been identified however information was limited as to how the risks were to be managed. In some instances risk assessments had not been updated.

There were some procedures in place to investigate accidents and incidents and respond appropriately to any possible incidents of abuse.

There were now suitable arrangements in place to manage and administer medicines safely.

There were effective recruitment and selection procedures in place

There was a core team of permanent staff to ensure there was consistency in the care being provided and familiarity to people using the service.

**Requires Improvement** ●

### Is the service effective?

Aspects of the service were not effective. People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. However there were no spot checks in place to assess their competency.

Some parts of the premises were not secure and properly maintained which could be of risk to people using the service.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service.

People were supported to maintain good health and have access to healthcare services and receive on going healthcare support

**Requires Improvement** ●

### Is the service caring?

The service was caring. Reviews of people's care were being conducted with involvement from family members.

**Good** ●

Positive caring relationships had developed between staff and people using the service.

People were being treated with respect and dignity.

### Is the service responsive?

Aspects of the service were not responsive. Complete and contemporaneous records had not been kept about people's care and support they needed and had received

People were supported with maintaining relationships with family members and to maintain links with the wider community.

The home had procedures for receiving, handling and responding to comments and complaints.

**Requires Improvement** ●

### Is the service well-led?

The service was well led. A clear management structure was in place which consisted of a team of permanent care workers, a deputy manager and the registered manager

There were some systems in place to monitor the quality of the service

Staff were supported by the registered manager and told us they felt able to have open and transparent discussions with her.

**Good** ●

# Abilities Short Breaks - Respite & Residential

## **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 manager 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 provide a rating for the service under the Care Act 2014.

This inspection was carried out by two inspectors. Before we visited the home we checked the information we held about the service including notifications and incidents affecting the safety and well-being of people.

There were four people using the service all of whom had learning disabilities. People using the service were not able to verbally communicate with us therefore we spent time at the home observing the experience of the people and their care, how the staff interacted with people and how they supported people during the day and meal times.

We spoke with two relatives. We also spoke with the registered manager, the deputy manager and two care workers. We reviewed four people's care plans, six staff files, training records and records relating to the management of the service such as audits, policies and procedures.

# Is the service safe?

## Our findings

At our last inspection on the 27 April 2015, we found that the registered manager did not ensure there were effective processes in place to investigate any possible incidents of abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager sent us an action plan setting out the actions they would take to meet the regulation. At this inspection, we went through the action plan and looked at the work the registered manager had completed. The registered manager had taken sufficient action to meet this regulation.

The registered manager had updated the Accident and Incident reporting policies and procedures which detailed actions that needed to be taken by staff including reporting to the relevant people such as the GP, the local authority safeguarding team and the Care Quality Commission [CQC].

Records showed accidents and incidents were recorded by staff and there was some evidence of follow up by further monitoring of the person to ensure they were okay.

Records showed the registered manager conducted an investigation into a medicines error and reported to the local authority and CQC. In one staff file, we noted the registered manager had taken disciplinary action against a member of staff for not following the correct procedure for reporting an incident which was raised by a staff member. Records showed the registered manager had carried out an investigation and instigated disciplinary action against the member of staff. This demonstrated the registered manager took the appropriate action.

Minutes of a meeting with staff shortly after the previous inspection showed the concerns raised during the inspection were relayed to them to ensure they understood what they needed to do to safeguard the people they supported. The minutes showed the procedure required staff to do visual checks, to log any signs of marks, scratches or bruises, to raise an alert to the manager and then an investigation would take place.

When speaking to staff, they were able to tell us what action they needed to take. One care worker told us "We always record on the incident form and progress notes. Any marks, bruises, incidents, we have to note. I will speak to the manager. We must act and ask what happened. Everything is to be recorded that's what [registered manager] has told us. We have the CQC, Police and Social Services we can also contact."

There were safeguarding and whistleblowing policies and procedures in place and training records showed staff undertook training in how to safeguard adults. Staff we spoke with were able to identify different types of abuse and were aware of what action to take if they suspected abuse.

We did note however in people's care plans numerous body maps that had been completed in people's care plans that had not been followed up to try and establish how the bruises, marks and scratches occurred, whether the incident would need further investigation and if any external agencies would need to be notified. For example, for one person, the body charts showed on two instances dated the 9/6/15 and

14/10/15 they came home from college with bruises and scratches. No follow up action by the registered manager was recorded. For another person, a body map dated 22/6/15 showed the person had painful sores on their back in three areas and on another body map dated the 18/10/15 it showed the person had red marks on their arm. Once again, no follow up action by the registered manager was recorded. For another person, a body map dated 13/10/15 showed they had two bruises on their right arm and two bruises on the back of their right leg but no follow up action taken by the registered manager.

The registered manager told us that when staff noticed a mark on a person, they would record it and monitor the person and the mark to ensure they were okay and if they needed further attention this would be followed up and a GP called if needed.

She also told us and records showed that body maps were now being completed on the new electronic system in place. Shortly after the inspection, the registered manager was able to show us evidence that body maps were now being completed on the new electronic system and there was evidence of recording of what action had been taken by the registered manager which included contacting social services and the local authority.

At our last inspection on the 27 April 2015, we found that the registered manager did not ensure there were effective processes in place for the proper and safe management of medicines. This meant the registered manager was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager sent us an action plan setting out the actions they would take to meet the regulation. At this inspection, we went through the action plan and looked at the work the registered manager had completed. The registered manager had taken sufficient action to meet the breach of this regulation and processes were in place for the proper and safe management of medicines.

Medicines were stored in a locked facility upstairs and each person's medicines were stored separately. We looked at a sample of the Medicines Administration Record (MAR) sheets and saw they had been signed with no gaps which indicated people received their medicines on time. Records also showed that checks on the MAR sheets and amounts of medicines received and in stock was being recorded by two members of staff during each shift.

People using the service were registered with a GP which ensured all medicines were prescribed appropriately. Some people's medicines were now in dosette boxes to manage people's medicines more effectively. Records also showed a PRN [medicines administered when needed] protocol had been completed by a GP for one person using the service. There were now arrangements in place in relation to obtaining and disposing of medicines appropriately with a local pharmaceutical company. The registered manager also told us they were in the process of arranging someone from the pharmaceutical company to come to the home and conduct a full audit on the medicines.

Records showed that medicines audits had also been conducted by the registered manager. A medication audit carried out on the 21/7/2015 showed issues had been identified concerning the miscalculation of tablets. Records showed the registered manager had taken action. Records showed another medicines audit had been completed on the 17/12/2015 however we did not see any records of any further audits conducted. The registered manager told us that a medicines audit was due and will ensure this was done promptly.

Records also showed an investigation the registered manager had conducted in relation to an incident in

which a person was not given their medicines. The registered manager carried out an extensive investigation and issued disciplinary action. The registered manager also ensured that the relevant authorities were also informed such as the local safeguarding team and CQC.

Records showed that staff had received medicines training. There were medicines policies and procedures in place which staff had signed to confirm they had read. We saw in one staff file, records which showed the member of staff had received an initial assessment of practical competence in administering medicines. The registered manager told us that medicines competency assessments were being conducted for every member of staff administering medicines and records of this will be kept in their staff files.

When speaking with one care worker, they were able to talk through the procedure to administer medicines. They told us "We count the medication before we start against the previous sheet. There are always two people to do the medicines to witness that everything is correct. Each person has their own little container and we place the medication in there for people to take. After administering we sign the medication form on new system."

We asked what they would do if a person refused their medicines. They told us "I would record it on the form that they have refused and report it to the management. I also have to ensure this is accounted for when we do the medicine count."

Care plans showed some risks to people were assessed and guidance was in place for staff to follow to minimise the risk to people being harmed. Risk assessments were personalised to people's needs. For example, in one person's care plan there was a specific risk assessment as they were at risk of choking as they had a tendency of eating inedible objects. Other risk assessments included access in the community, road safety and cooking.

Records showed people's needs were being monitored and care plans updated however we found in some instances risk assessments were not being updated. For example for one person using the service, as part of their review of care, it was identified that they were at risk of choking as food would get stuck and that the person would trip and stumble when walking as a result of not focusing. Although the risk assessments were reviewed as part of the care review, the risk assessment had not been updated with these details.

In only one person's care plan, we saw some information that showed the person could easily bruise but there was no information in the person's care plan or risk assessment to show how the person could bruise easily and what measures were in place to minimise the risk of the person getting bruised. Body maps showed the person has sustained some bruising but risk assessments had not been updated to reflect this.

There were risk assessments in place for people when receiving personal care however some of the information was limited. For example, in one person's care plan it states 'Please support [person] to set the water temperature before shower and bath however it did not provide any detail about what the safe temperature of the water should be and what it means for staff by 'setting the water temperature'. During the inspection, we found the water temperature in the home was not controlled and set at a safe temperature which meant people were at risk of being potentially scalded. The registered manager told us that care workers always checked the water before providing people with personal care but will ensure this information was included in people's risk assessment.

During the inspection, we noted there was a small swing door in place which restricted access to the kitchen. We asked why the door was in place and the registered manager told us it was a precautionary measure as one person using the service if left in the kitchen would overeat. However this was not included

in the person's risk assessment. The registered manager told us she would ensure this was added to the person's risk assessment. Although the door was in place, we observed the door was mainly kept open and people using the service were not restricted to go into the kitchen as the care workers were present to appropriately supervise if needed.

The registered manager told us that the care plans and risk assessments were going to be transferred over to the new electronic system and reviewed and any updates on people's care would be incorporated.

We recommend that the service seek advice and guidance from a reputable source about effective risk management.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for six care workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults. Two written references and proof of their identity and right to work in the United Kingdom had also been obtained.

When speaking with staff, we asked about the current staffing levels as there were concerns at our last inspection that a number of agency staff were being used which led to inconsistencies in the care being provided to people. One care worker told us "Yes, we use some agency staff but we have a full team of permanent staff. I explain to them at the beginning of the shift. We share the work together. They are no issues now. They do know what is expected from them. It goes well."

The registered manager told us that they had reduced the number of agency staff utilised and if they needed to be used, it would only be agency care workers that have already worked at the home. The registered manager told us the rota is emailed to staff on a weekly basis and they now used an electronic shift planner where care workers would have to acknowledge and confirmed their shifts. Rotas showed that a minimum of three staff were on duty each day with a staff member working a waking night shift. The deputy manager was also on shift three times a week. This level of staffing was also observed to be sufficient during both days of this inspection.

There were arrangements in place to manage the finances of people using the service. Records showed that people's finances were managed by family members. When speaking to relatives, they confirmed this. The individual support people needed with their finances was described in each person's care plan. We saw appropriate records were maintained of people's finances including their spending. We checked the balance and records of two people's money and found they were accurate and stored securely. To reduce the risk of financial abuse senior staff carried out regular checks of people's monies. We noted that receipts were not numbered so it was not easy to link receipts with records of purchases. The deputy manager told us she would in future number each receipt to address this issue.

## Is the service effective?

### Our findings

When speaking with relatives, we asked if they felt staff were competent in their roles. We received mixed feedback about this. Relatives told us staff were "Really good, very friendly" and "Some staff I am happy with and are very competent. Some staff aren't as good. Some staff have a certain standard that I know they have and a certain level of detail which I do not think other staff have. I can always tell the difference."

Training records showed that care workers received an induction and completed training in areas that helped them when supporting people. These included safeguarding, infection control, food safety and medicines. Records showed that care workers received regular supervision and some staff had obtained National Vocational Qualification [NVQ] qualifications in health and social care. People using the service had learning disabilities and at times could display behaviours that challenged the service. We noted records showed staff had received some training in learning disabilities in June 2015 but the training provided did not include training staff about supporting and managing behaviours that challenge. The registered manager told us she would ensure training in these areas will be arranged for staff to attend.

We looked at six staff files and saw care workers received supervision and an annual appraisal. However there were no spot checks in place to monitor and assess care workers performance and effectiveness of the training they received to ensure staff were suitably competent enough to provide the level of care and support to meet people's needs effectively.

We recommend the registered manager implement effective measures to assess the levels of competency of their staff.

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.

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. There were some arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans contained some information about people's mental state, levels of comprehension and the support needed for a person in areas where they may lack the capacity to give consent. For example, in one person's care plan, it stated "I can make simple choices for myself including choosing my own clothing, what to eat and places to go." Areas in which a person was unable to give verbal consent, records showed the person's next of kin and healthcare professionals were involved to ensure decisions were made in the person's best interest.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes which protect the rights of people using services by ensuring that if there are any restrictions to their

freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. We saw people using the service were not restricted from leaving the home. There was evidence that showed people went out and enjoyed various activities and community outings.

Records showed the registered manager had applied for DoLS authorisations for the people using the service. We saw the relevant processes had been followed and standard authorisations were in place for people using the service as it was recognised that there were areas of the person's care in which the person's liberties were being deprived. For one person using the service, we did not see a DoLS in place however there was a 'consent to care and treatment as a child document' produced by the local authority. The person is now 18 years and the registered manager has to apply for a DoLS authorisation. The registered manager told us she would contact the local authority for a re assessment.

Records showed people had access to health professionals including GPs, opticians, behavioural specialist and psychologist to make sure they received effective healthcare and treatment. Relatives told us they were informed of healthcare appointments when people using the service had attended and if there was anything wrong, staff would let them know promptly.

People's dietary needs and preferences were recorded in their care plans. For example one person using the service was on a gluten free diet and we saw gluten free products were available for them. Care plans also highlighted any specific support people needed with their eating and drinking. For example in a care plan, it stated 'Please help me to cut up my food in small pieces so I can eat safely and remind me not to put too much in my mouth.' Records also showed that any risks to people were also identified such as for one person using the service, staff had observed the person placing too much food in their mouth and was at risk of choking. The care plan had been updated to state that a smaller utensil be used so the person did not place too much food in their mouth to reduce the risk of choking.

In the kitchen people have their own cupboards allocated to them which they could store preferred food items and choose what they wanted to eat from. An environmental risk assessment dated April 2015 stated that staff should check use by and best before dates of food and 'not use food that has expired.' However, during this inspection we found several food items that were out of date and there was a spillage that hadn't been cleaned. For example there was a cold meat sealed package with a use by date of 14/3/2016, a packet of wafer thin ham was opened and the use by date was the 6/4/16, and a 6 pack of yoghurt 6 pack had a use by date of 27/3/16.

Staff told us that the fridge was checked and cleaned as part of their shift but could not explain the out of date food. The registered manager said she would ensure staff kept records which showed when the fridge was cleaned and that checks of the freshness of food in the fridge were carried out.

There was no set menu in place as the registered manager and staff told us people chose what they wanted and this was cooked for them. The registered manager showed us a record was made on a daily basis outlining what people had eaten and drank throughout each day and evening. However, the recording of people's weight was inconsistent, for example for one person their weight had been recorded for September and November 2015 but not in October. In another person's care plan, it showed their recorded weight as 72kg in Aug 2015 and 63 Kg Nov 2015 but there was no comment made on weight about the loss of weight in the care plan. We noted for this person, that as part of their care review in April 2015, a goal of checking their weight on a weekly basis was agreed, however there were no records to confirm the weekly checks had been conducted.

The registered manager told us people's weight was now recorded on the new electronic system. She also

told us that the new electronic system will allow them to monitor people's weight more effectively as the system will produce a graph which shows at a glance the weight trends of each person. The registered manager was able to show this and that people's weight was checked on the electronic system during the inspection. One relative told us that the staff were managing a person's weight. They told us "[Person] is looking well and they are managing their weight well."

We observed people using the service were given drinks and snacks when they arrived back from the day centre. People using the service ate independently and ate everything on their plates indicating they enjoyed their food. We saw people were not rushed and were left to eat at ease and at their own pace. Care workers respected and adhered to people's choices and wishes. In the evening, people enjoyed a take away pizza which one person using the service confirmed by saying "Yes" when prompted that pizza was one their favourite meals.

We saw there were systems in place for the maintenance of the building and equipment to monitor the safety of the service. Portable Appliance Checks (PAT) had been conducted on all electrical equipment and maintenance checks. Fire drills and testing of the fire alarm completed. Records showed an environmental risk assessment completed in April 2015 which identified hazards in several areas of the home such as furniture, use of cooker, footwear, preparation of hot drinks, general food preparation, slippery floors and administration of medicines.

We discussed the décor of the home at the last inspection and the registered manager told us that this would be addressed and discussed with the landlord of the home as well to improve the layout of the home. However, during this inspection, there was out of date food in the fridge and there was a spillage that had not been cleaned. We found radiators were not covered in bathrooms throughout the home, this could risk a person standing against them and burning themselves. The bin in the kitchen had no lid and the toilet roll holder in the upstairs bathroom was broken. The stair bannister was wobbly and there was a risk of it breaking and potentially someone falling and the fire extinguisher near the kitchen area was standing freely and not on an appropriate fixture so could have been at risk of falling and injuring someone..

We also noted the temperature of the water was quite hot. We discussed this with the registered manager and maintenance person who told us he would check the settings of the water. The registered manager told us the staff were always there to supervise however we could not see any records being made of water temperatures and there were no thermostats in the bathrooms. When speaking to one care worker they told us they did check the water before providing personal care and was aware that the water temperature should not be over 39°C. However there is a risk of a person being potentially scalded as the water was not at a controlled temperature. The registered manager told us staff always checked the water before and were always there to supervise people in the bathroom but will ensure that records are maintained of water temperatures and thermostatic valves were fitted.

People using the service are young people however the décor was bland, there were no bright colours or pictures and there was no lampshade in the lounge. We discussed this with the registered manager and she told us they were wary of hanging things as people using the service would pull them down. When we spoke to one relative they confirmed this. They told us "The décor is functional but I know [person] pulls things down. The home and the room is clean and tidy and bedsheets are always changed."

The registered manager acknowledged that the décor was not suited for younger people but they were in the process of looking for another property and may move from this location.

The home has a maintenance person who came to the home every week. During the inspection, we noted

the registered manager promptly arranged for the radiators to be covered, the fire extinguisher was mounted and on an appropriate fixture. New cushions, pictures and a lampshade were put up. The maintenance person also confirmed to us he was also in the process of fixing the stair bannister.

The registered manager had some arrangements in place to ensure the home was maintained. However, the environmental risk assessment in place and checks conducted of the home were not robust enough as we found some parts of the premises were not secure and properly maintained which could raise a number of risks to people using the service.

This is a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service caring?

### Our findings

At our last inspection on the 27 April 2015, we found there were no arrangements in place which showed people and their relatives had been involved and supported in planning and making decisions about the person's care and treatment. Reviews of people's care had not been conducted. This meant the registered manager was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager sent us an action plan setting out the actions they would take to meet the regulation. At this inspection, we went through the action plan and looked at the work the registered manager had completed. The registered manager had taken sufficient action to meet the breach of this regulation.

Records showed that reviews of people's care were being conducted with the involvement of people's relatives. All aspects of people's care had been discussed and a plan of action noted for any actions agreed. We also noted areas such as medicines and DoLS protocols, care plans and risk assessments were also reviewed. Care plans had not been signed. However, relatives had signed the review forms to state they had reviewed them. Relatives told us "We are having a review meeting next week" and "We haven't had one recently but we did initially. It is useful to have a formal structure of communication in place." The visitor's book and people's care plans showed that people's relatives regularly visited people using the service and people also stayed with their relatives. Relatives confirmed this and told us there was regular contact with the home.

During this inspection, we observed people were relaxed and were free to come and go as they pleased in the home and appeared to be at complete ease. We observed care workers provided prompt assistance when needed. When speaking to one care worker, they were aware of the importance of treating people with respect and maintaining their dignity. They told us "You make sure the door is closed. We sometimes get them to wash themselves where they can as they can do it. We give them the towel and make sure they are covered. We ask 'are you dry' to make sure. We always keep explaining to them what we are doing and always prompt them." One relative told "Yes the staff are caring. For example when [person] has a shower they always make sure and check if they have washed properly. They will keep asking 'have you washed', have you put your cream on etc'. [Person] is always clean and smells really nice."

People using the service were unable to verbally communicate with us. However people's care plans contained information which showed how staff should communicate with them. For example, in one person's care plan, it stated 'I understand what you say to me but if you speak too quickly or use too many words. I may not understand you. Please use simple sentences. Prompt me if I seemed confused.' One care worker was able to tell us how people were able to express themselves and how they supported people to do so and make choices. They told us "We always observe the way they [people] do things. For example I ask them if anything is wrong. Sometimes they point, nod their head or put their hand on the area if there is any discomfort. When they are hungry, they will come to the dining table or kitchen. I will show items of food from their cupboards and ask what they would like and they pick what they want. I always work with them."

During the inspection, we saw positive engagement between people using the service and staff. People smiled and laughed with staff. Staff spoke to them in ways that people were able to understand. One relative told us "They speak to [person] respectfully."

## Is the service responsive?

### Our findings

Relatives told us "They do keep in touch and let me know what's going on" and "They managed to settle [person] very well in the house."

We looked at the four care plans for people using the service. Care plans were person-centred and specific to each person and their needs. We saw that people's preferences were reflected and contained information on people's various needs such as mobility, toileting/continence, eating and drinking, behaviour and emotional needs, medical and medicine needs. The care plans also showed how people communicated and how people's independence was encouraged by providing prompts for staff to enable people to do tasks by themselves. For example, in care plan it stated 'I need some prompting and help to brush my teeth.'

However we found the information in care plans was not clear and sometimes contradictory and inconsistent. The care and support required and received by people was not recorded accurately. Care plans had not been signed by the family members to ensure the care and support detailed was in agreement with family members and was in the best interests of people using the service.

For example, in one person's care plan, we noted a behaviour monitoring chart concerning a particular incident. The chart detailed what behaviours were displayed, the possible triggers and the action taken was the 'Person was left alone'. There was no information recorded to show if any further action had been taken.

However in another person's care plan who displayed some behaviour that challenged the service, records showed the actions taken by staff and the possible triggers as to why the person may have displayed such behaviours. Records showed that this was followed up by the registered manager by ensuring the person's behaviour was continually observed and recorded in the person's daily notes to ensure the person was all right and minimised the risk of such behaviours escalating.

Some of the language used in the care plans was poor which could mean care workers could easily misinterpret this information and manage people's behaviours in different and inappropriate ways. For example in two people's care plans, the information detailed for supporting them with behavioural needs stated 'Be firm', 'Let me know the consequences of my behaviours and follow through with them' and 'Give me clear choices.' There was no further information to state what such statements meant, there was no clear guidance for care workers to follow and neither was there any information that this had been agreed with family members.

However in another care plan, the information for managing a person's behaviour was clear and provided guidance care workers to follow. For example 'Please give me space but monitor me closely. Do not leave me alone as I tend to engage in behaviours such as pulling down curtains' and 'I may throw myself on the floor and refuse to move. I may not respond to the person working with me at the time so please allow a new face to encourage me to get up'. In the person's progress notes, it also mentions positive distractions for care workers to use to help de escalate behaviours such as encouraging the person to use their IPAD [electronic tablet], to play with one of their dolls and offer the person a drink or some crisps of their choice.

Care workers had not received training in managing behaviours that challenged the service so are not aware of the actions they must take. Therefore having inconsistent information would mean people are at risk of receiving care and treatment that was inconsistent and not appropriate to their needs.

Care plans and risk assessments had been reviewed as part of the care reviews that had taken place however the recording of the information was not complete. For example we noted in a care plan update on the 20/12/15 for one person recorded the person had 'Frequent loose watery stools.' There was no detail recorded of the action taken or if a GP appointment had been made. Previous to this, it was also noted on the 9/11/15 a record of loose watery stools [4x day]. Records only showed the manager was contacted but no further detail was recorded.

Records showed that additional risks had been identified by family members during care review meetings however risk assessments had not been updated to reflect these risks and how these were to be managed by the service. For example for one person using the service, as part of their review of care, it was identified that they were at risk of choking as food would get stuck and that the person would trip and stumble when walking as a result of not focusing. The risk assessments for both these areas had not been updated.

The registered manager told us the care plans and risk assessments were going to be transferred to the new electronic system and all records would be electronic. In the meantime, the paper copies of the care plans were being used. The registered manager also told us the system was put in place a couple of months ago and staff were getting used to using the system. All staff members had a separate log in and staff training was to be completed at the end of April. The registered manager was able to show an example of how the system worked and that staff had started to log in the daily notes on the system. For example, if an observation was made with regards to a person's eating and drinking, this would then be automatically linked to the persons eating and drinking profile and updated. The registered manager also told us that she was in the process of learning to use the monitoring reports the system enabled her to produce on any aspect of people's care so she could monitor people's needs but also the quality of information being recorded by staff which had been an issue at the home.

During the inspection, we observed the deputy manager and care workers using the system. One care worker told us they had a team meeting the previous week in which the registered manager showed them how to use the new system.

Although arrangements were in progress to move over to using an electronic system to complete, review and monitor people's needs, the above evidence and having two systems in place, electronic and paper records demonstrates that currently complete and contemporaneous records were not being kept about people's care and support they needed and had received. This would place people at risk of receiving inconsistent and inappropriate care.

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

People were supported to follow their interests and maintain links with the wider community. Two people using the service attended a day centre Monday to Friday and two people were attending college. Records showed that staff accompanied people to go out for lunch and spend time in the park. One relative told us "[Person] goes to the day centre, swimming once a week and goes to the pub for lunch. It would be good for staff to do something outside of this as well, like for a treat and take them to the cinema for example." The registered manager told us she would look into other activities that could be arranged for people.

There were procedures in place for receiving, handling and responding to comments and complaints. Records showed the registered manager had responded promptly to any issues raised. One relative told us "There was one thing I did report to them that I wasn't happy about. [The registered manager] responded quite quickly and it felt things were taken seriously" and another relative told us "I have no complaints."

## Is the service well-led?

### Our findings

Relatives spoke positively about the management of the home. One relative told us "They are approachable. I can talk to them." Another relative told us "The [deputy manager] is fantastic. She gets it right every time."

At our last inspection on the 27 April 2015, we found that there were no effective quality assurance system in place to monitor the quality of the service being provided to people who use the service. This meant the registered manager was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager sent us an action plan setting out the actions they would take to meet the regulation. At this inspection, we went through the action plan and looked at the work the registered manager had completed. Since the last inspection, the registered manager had made a number of changes to improve the quality of service being provided to people and sufficient action had been taken to meet this regulation.

At the last inspection, the home consisted of people living there on a permanent basis alongside people who came to the home for respite purposes. This could have been potentially disruptive for the people who lived at the home permanently. During this inspection, we observed the set up of the home had changed and there were now four people living at the home permanently and no respite service. Two people using the service were already living at the home and two people had moved in between October and November 2015.

This we observed provided a more settled and comfortable environment for people using the service. People had their own rooms and set routines for their daily life. People using the service were all from a similar age group and during the inspection appeared to be comfortable around each other.

One relative told us there was "Homely" feel to the home. The registered manager has two locations and she told us they had transferred all the permanent people they had to this location and the respite service was now provided in the other location. The registered manager told us it was better for people using the service and it was easier to manage this way as she was able to get set up protocols and place structures in place more effectively.

Since the last inspection, the registered manager has addressed the concerns raised against the management of medicines in the home and care reviews with family members were now taking place. Questionnaires are also sent to family members to gain feedback about the service. We saw a sample of these questionnaires and positive feedback was given overall. One relative confirmed this and told us "Yes we have a survey that we need to complete for feedback. If I have ever had to speak to them about something, they always make the time to sit down and go through things. They are very good like that."

The registered manager had completed an audit to assess the quality of service being provided. Records showed a Quality Management Report dated 5/3/2016 was produced as a result of this audit. The report

covered areas such as updating risk assessments, medicines, staffing and accidents and incidents. An action plan had been produced which detailed corrective actions to improve the service.

Records showed staff meetings were being held and minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. One care worker told us "We had a team meeting last week and the manager was showing us how to use the new system and all the new forms we now have to complete. I can tell [registered manager] anything. She does listen."

Records also showed the registered manager has discussed with staff the areas of concern raised during our last inspection and ways in which improvement was expected from them.

At the last inspection, we found there was a lack of leadership in the home. During this inspection, we found there was a deputy manager at the home who worked alongside the registered manager. She told us that she worked at least three days a week at the home. Records showed the registered manager and deputy manager had shared responsibilities to enable effective management of the home. Staffing levels appeared to be more settled as there was a management structure in place which was the registered manager, deputy manager and a team of core permanent care workers.

We did note however that the registered manager was not often at the home as she tended to be busy elsewhere. Feedback from relatives confirmed this but told us she was contactable and they would always get a response from her when needed. One relative told us that it was sometimes difficult to know who to contact regarding certain things and although the registered manager did respond, it was sometimes at odd times of the day.

The registered manager told us that the new electronic system will further improve monitoring of the home once everything has transferred onto the system. She told us she would be able review people's care needs more effectively using the system as everything can be checked and monitoring reports can be produced in any area of a person's care.

The registered manager did confirm that she was still learning how to use the system herself alongside the staff however staff have their personal log in details already and were using the system for recording daily logs so using the system is being embedded amongst staff. During the inspection, we did observe staff using the new system and records of daily logs completed on the new system.

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 15 HSCA RA Regulations 2014 Premises and equipment  The registered manager did not ensure the premises were secure and properly maintained.  Regulation 15 (1) (b) (e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Complete and contemporaneous record in respect of each service user and of decisions taken in relation to the care and treatment provided were not completed.  Regulation 17 (1) (2) (c)