

Phoenix Care Homes Limited

Phoenix House

Inspection report

The Drove
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Deal
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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 5 and 12 September 2018 and was unannounced.

Phoenix House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Phoenix House provides accommodation and personal care for up to 24 people who need support with their mental health needs in one adapted building. There were 15 people living at the service at the time of the inspection.

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

The service was placed in special measures following our inspection in July 2017, when the service was rated inadequate in all domains. We took enforcement action and placed a restriction on the provider's registration so they could not admit any people to the service without prior written consent from CQC. We inspected the service on 06 March 2018 to check that the provider had complied with their action plan and confirm that they now met legal requirements. Improvements had been made but there were continued breaches and a new breach of regulations.

We found breaches of Regulations 9, 10, 12, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks to people had not been identified, assessed and mitigated. The provider had failed to ensure that care was provided in a safe way to people. The provider had failed to ensure that staff were safe to work with people. The provider failed to ensure that staff were suitably qualified, competent, skilled and experienced. People's independence and autonomy was not fully promoted. The provider had failed to consistently involve people and their relatives in planning their care and people did not always receive person-centred care. The service had not sufficiently improved or developed. The provider had failed to maintain accurate and complete records. The provider had failed to establish and operate systems to assess, monitor and improve the quality of the services provided and reduce risks to people. The registered manager had not been working full time at the service for some months, and the service had not sustained improvement and was rated Requires Improvement overall and Inadequate in well led.

The provider sent us regular updates and action plans with timescales stating they would be compliant with the regulations. We undertook this inspection to check they had followed their plan and to check that they now met legal requirements. Improvements had been made and the service now met legal requirements but some further improvements were needed for the service to be rated Good overall. This is therefore the

fifth time the service has been rated Requires Improvement or Inadequate.

Previously, the registered persons had failed to monitor, support and have oversight of the service. The registered manager was now working full time at the service and the provider completed a monthly audit of the quality of the service. The registered manager had completed checks and audits, shortfalls had been identified and action had been taken. However, there was no action plans in place to identify what needed to be done, who was responsible and when it should be completed by. This was an area for improvement.

There had been a towel rail that was very hot and there was a risk of scalding, at this inspection, it had been covered. Regular audits had been completed on the building and any shortfalls had been rectified.

At this inspection, improvements had been made relating to the management of risk, there was now detailed guidance for staff to follow including about health conditions such as diabetes and blood thinning medicines. However, there was not a plan in place with guidance about how staff support one person to self-administer their medicines safely. Staff could describe how they supported the person to keep them safe. On the second day of the inspection, a plan was in place.

There were now details about what people could do and what they wanted support with. People were involved in reviewing their plans with staff and professionals and had signed the plan to confirm this when they were able. The plans contained information about how people should be supported to be more independent. The plans did now contain goals for people to achieve, but these were vague and did not have information about how staff would know if the person had reached their goal. This was an area for improvement.

At this inspection, when one person came back to the service from hospital, the registered and deputy manager had assessed the person's needs.

The registered manager had rectified the concerns about staff references, from the last inspection. Recent staff recruitment had been completed in line with legal requirements. Staff now received training appropriate to their role, including online and face to face. Staff attended additional training from the Health Authority and Care Home Nurse Specialists. Staff received regular supervision and appraisals, these were used to discuss and review staff performance. There were sufficient staff to meet people's needs.

At this inspection, life style was discussed at resident meetings, meals were now low fat and portions had been reduced, people had lost weight and their health had improved. People were supported to eat and drink a balanced diet. People had not always been empowered to be as independent as possible, staff now supported people to clean their rooms, simple cooking and do their own laundry. Staff were reminded in staff meetings and supervision, that this was an essential part of the support given to people.

People's physical and mental health was monitored by staff, any changes were reported to health professionals. Staff supported people to attend appointments and followed the guidance from professionals. Incidents had been recorded, analysed and patterns identified. The registered manager had acted and the incidents had reduced, this included referrals to health professionals. However, the action taken was not always recorded in detail, this was an area for improvement.

People's dignity and privacy was respected and treated with compassion. People and staff had developed friendships, people were supported to take part in activities they enjoyed such as fishing or swimming. However, there was still no formal activities plan for each individual, this continued to be an area for improvement.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in place supported this practice.

People were protected from harm and abuse. Staff knew how to recognise signs of abuse and how to report these concerns. Staff were confident that the registered manager would deal with the concerns appropriately. The registered manager had reported any concerns to the local safeguarding team and followed the advice given to reduce the risk of them happening again.

People received their medicines safely and when they needed them. The service was clean and there were procedures in place to protect people from infection. The service had been adapted to meet people's needs and there were plans for further improvements.

People and staff attended meetings where they discussed the service and made any suggestions. The registered manager understood the requirement to discuss with people their end of life wishes, where people had been happy to do so this was recorded.

There was an open and transparent culture within the service, people knew the registered manager and were happy to talk with them when they were anxious. People told us they knew how to complain; the complaints policy was displayed in the service. This and other information was not available in easy read format, this was being developed by the registered manager and was an area for improvement.

Professionals had been asked their opinions on the service and the feedback had been positive. The registered manager had developed good working relationships with outside agencies. The registered manager attended local forums and registered manager meetings to keep up to date and continuously improve the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The provider had submitted notifications to CQC in an appropriate and timely manner in line with guidance.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. That is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the entrance hall and on the website.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Potential risks to people's health and welfare had been assessed but there was not always detailed guidance for staff to follow to mitigate risk.

Environmental risk assessments had been completed.

People were protected from harm and abuse. Concerns were reported to outside agencies.

Staff were recruited safely. There were sufficient staff to meet people's needs.

Incidents were recorded and analysed to identify trends and patterns. Action was taken to reduce the risk of them happening again.

Medicines were managed safely and people received their medicines when they needed them.

The service was clean and people were protected from the risk of infection.

Is the service effective?

Good 

The service was effective.

People had been assessed when they returned to the service, to make sure staff could meet their needs.

Staff had received appropriate training for their roles. Staff received supervision and appraisal to develop their role.

People were supported with their health care needs.

Staff worked within the principles of the Mental Capacity Act 2005.

People were supported to eat and drink a balanced diet and

have a healthy lifestyle.

The building had been adapted to meet people's needs and improvements were ongoing.

Is the service caring?

Good ●

The service was caring.

People were supported to be as independent as possible and develop life skills.

People were involved in decisions about their care.

People were treated with dignity and their privacy was respected.

Staff were kind and caring. People and staff were comfortable in each other's company.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People were supported to take part in activities but these were not planned or organised.

People received care and support in the way they preferred. There was detailed guidance for staff about people's choices and preferences.

People were asked about their end of life wishes but some people were not happy to discuss them.

Complaints had been investigated and responded to following the provider's policy.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider completed regular audits on the quality of the service. The registered manager completed audits, shortfalls had been identified but action plans had not been developed.

There was an open and transparent culture at the service. Professionals told us that they were kept informed of any concerns or incidents.

People, staff and relatives were asked for their opinion of the service and for suggestions to improve the service.

The registered manager attended local forums to keep up to date and continuously improve the service.

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

The inspection took place on 5 and 12 September 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed the PIR and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law, like a death or a serious injury.

We met most of the people living at the service and had conversations with six of them. The registered manager was not available on the first day of the inspection, we planned the second day of the inspection for when they were available. We spoke with the registered manager, deputy manager, business manager three care staff and the cook. Before and after the inspection we had feedback from two professionals that had contact with the service. We spoke with one visiting professional during the inspection.

We observed how staff spoke with and engaged with people. We looked at how people were supported throughout the inspection with their daily routines activities. We reviewed five care plans and looked at a range of other records including medicine records, four staff files and audits to assess and monitor the quality of the service.

Is the service safe?

Our findings

At the last inspection on 06 March 2018 we found breaches of Regulation 12 and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks to people had not been identified, assessed and mitigated. The provider had failed to ensure that care was provided in a safe way to people. The provider had failed to ensure that staff were safe to work with people.

At this inspection, improvements had been made. Some people displayed behaviours that challenged, support plans gave details of the triggers and the behaviour that people may display. There were guidelines for staff to follow about how to de-escalate the person's behaviour and the actions they should take.

Other risks such as smoking had been assessed, staff had acted to reduce the risk and keep people as independent as possible. Staff had put a metal locked box in the smoking area, to keep one person's cigarettes and lighter, the person had a key so they could access their cigarettes when they wanted. Some people were living with diabetes, there was guidance for staff about the signs and symptoms of high and low blood sugar and what action should be taken. Each diabetes support plan had details of the person's normal range of blood sugar readings. One person was prescribed medicines to thin their blood, there was detailed guidance for staff about what symptoms to look for if the person was unwell and what action to take.

However, not all new risks had been recognised and assessed. One person had requested support to self-administer their medicines, an assessment of their ability to self-administer and the support they needed had been completed. The deputy manager told us how they supported the person and that staff observed the person to make sure that they took their medicines safely. However, the guidelines agreed with the person to reduce the risks had not been recorded and there was a risk that not all staff would support the person as agreed. This was an area for improvement. On the second day of the inspection, a plan was in place.

Environmental risk previously, had not been assessed and mitigated. The shower room that people used, had an uncovered towel rail that was very hot. This was now covered. Other environmental risk assessments had been completed and action had been taken to make the risks identified safe for people, for example, a fence was put round equipment to ensure people could not get to them.

Incidents had been recorded and analysed. The registered manager had identified patterns and trends to the incidents. They had acted to reduce the risk of them happening again. One person had been referred to health care professionals and their medicines had been changed. The incident analysis showed that the incidents involving the person had reduced following the intervention. We discussed with the registered manager about how much detail should be included in the analysis about the action taken and how staff were told about the action, they agreed this was an area for improvement.

At the last inspection, staff not been recruited safely. At this inspection, improvements had been made and references were now checked and a risk assessment put in place if any issues had been identified. Staff who had been employed since the last inspection had a checklist in place to make sure that each recruitment file

had the appropriate information. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There were sufficient staff to meet people's needs. Care staff were supported by the registered and deputy manager and cook during the week. At weekends the number of care staff was increased to undertake the cook's role. The deputy manager managed people's appointments and brought in extra staff to be able to support people. Agency staff were used to cover any gaps in the staffing. The deputy manager told us that they tried to use regular agency staff and this was confirmed by timesheets.

People had received their medicines safely and when they needed them. Staff received training to administer medicines and their competencies were checked. The temperature of the rooms and fridge where medicines were stored were recorded to ensure they were within the recommended limit for the medicines to remain effective. One person's medicines were kept in a locked cupboard in their room, the temperature had previously exceeded the recommended limit. Action had been taken to ensure that the temperature remained within recommended limits such as using ice packs.

Staff signed the medicines administration record (MAR) chart to record medicines had been given. The number of medicines in stock confirmed that medicines had been given as prescribed. Some people needed to have their bloods checked regularly when receiving some medicines and some people went to specialist clinics for injections. Staff supported people to attend appointments to make sure they received their medicines safely.

Some people were prescribed medicines on an 'as and when' basis, these included medicines for pain and to keep people calm. There was guidance in place for staff about when to give the medicines and the maximum dosage allowed. Some medicines were prescribed 'as and when' but staff were giving them on a regular basis as this had the best result for people. Staff had not requested a review from the GP to change the medicine to a regular medicine. This was an area for improvement.

Some people were prescribed creams to keep their skin healthy. Staff had guidance about where the cream should be applied and when, this was recorded on a MAR chart.

Staff knew how to recognise signs of abuse and how to report their concerns. Staff told us they were confident that the registered manager would act on their concerns appropriately. The registered manager had consulted with the local safeguarding team when concerns had been raised. They followed any recommendations made to address the concerns raised. People were protected from financial abuse; some people could take control of their own money. Other people's money was kept securely on their behalf. We saw records that were accurate and up to date.

The communal parts of the service were clean and smelled fresh. People were encouraged and supported to clean their rooms and do their own laundry. Some people did not want to do this and were happy for staff to clean their rooms. Staff followed the infection control policy and used personal protection equipment such as gloves as needed.

Is the service effective?

Our findings

At the last inspection on 06 March 2018 we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to ensure that staff were suitably qualified, competent, skilled and experienced.

At this inspection, improvements had been made. Staff received training face to face for subjects such as safeguarding, moving and handling, challenging behaviour and fire awareness. All other mandatory training had been online, the business manager maintained a training matrix to identify when staff needed refresher training.

Staff were now allocated time to complete their training, this was recorded on the duty rota, so the time was protected and this was confirmed by staff. Staff were now completing refresher training regularly including diabetes awareness and equality and diversity. The registered manager had identified the subjects that staff were especially interested in and had arranged for them to attend training so they could become 'Champions' in those subjects. Two staff had attended a two-day training on infection control by the Health Authority, to become infection control champions and support the service to meet best practice guidelines. Other staff attended training by the Care Home Nurse Specialists, including communication and the difficulties people may have and the support they might need. Following the training, staff had identified three people who should be referred to the speech and language therapist, these referrals were in progress.

The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected in health and social care workers. New staff now completed the Care Certificate, five staff had completed it so far.

Staff received regular supervision from the registered manager and senior support staff that had received training to provide supervision. Staff told us that they felt supported by the registered manager and their door was always open for them to discuss any issues they may have. Supervisions were used to discuss staff practice and records showed that improvement plans were put in place when required and reviewed at each supervision. The registered manager had completed appraisals for staff who had worked at the service for longer than two years. The appraisals were used to identify people's training and development needs. The registered manager received supervision from the provider.

No new people had been admitted to the service, however, one person had returned from hospital, the registered and deputy manager had completed an assessment before they returned to the service. The pre-admission assessment document included all aspects of the person's needs including cultural, emotional and behaviours. When the person returned from hospital, their support plan was reviewed and changes made to reflect their current needs.

People were supported to manage their healthcare needs. The deputy manager managed people's appointments and ensured there were staff available to support people. Staff supported people with attending appointments for blood tests. When there were issues with receiving a stock of medicines, staff worked with professionals to ensure that the person received the medicines they needed.

Staff monitored people's physical and mental health and when needed referred people to healthcare professionals. On the first day of the inspection, we observed the deputy manager contacting one person's healthcare professionals as they had been refusing their medicines. Staff followed the guidance given by the professionals to keep the person safe and healthy. People were supported to attend optician, dentist and GP appointments. A healthcare professional told us, staff contacted them as soon as the person started showing signs of being unwell and were knowledgeable about people's health.

People's lifestyle was discussed at 'resident' meetings, people were given information about giving up smoking, literature was displayed around the service. One person had decided to try 'vaping' instead of cigarettes, but they had decided they did not like it, and went back to cigarettes.

People went out with staff to buy the food for their meals, food was no longer delivered by a supermarket. People were supported to make their own evening meal and bake cakes. We observed people in the kitchen helping to make drinks and prepare meals.

People were now encouraged to eat a healthy diet. The meals were now lower in fat and smaller portions were being served. The results of this had been seen, several people had lost weight, one person had lost enough weight not to be treated as diabetic any longer. People told us they felt better and enjoyed their food. People enjoyed eating their meals together in the dining room, meal times were sociable.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Some people had DoLS authorisations in place and any conditions were being met.

Some people could make their own decisions and this was respected by staff. Decision specific capacity assessments had been completed for some people, however, these had not completed for people who had a DoLS in place. We observed people being given choices and supported to make decisions and these being respected.

Phoenix House was a large house within its own extensive grounds. The provider had a plan to make improvements to the service. People had been able to choose new furniture for the lounge and dining room. The provider had arranged for work around the service including a new conservatory and the damaged glass in windows had been replaced.

Is the service caring?

Our findings

At the last inspection on 06 March 2018 we found a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's independence and autonomy was not fully promoted, people were not being encouraged and supported to be as independent as possible and learn new skills. At this inspection, improvements had been made. The registered manager had focused staff on supporting people to do as much as possible, this had been successful.

Most people were now cleaning their bedrooms, they were either helping staff or doing it themselves and were supervised by staff. More people were now able to do their own washing, people told us how staff went with them to the laundry and they put their clothes in the machine and drier. People were encouraged to lay the table and clean the communal areas. One person enjoyed sweeping and washing the dining room floor after meals.

Previously, staff had made hot drinks for people when they asked, people now, poured their own drinks from insulated urns when they wanted. The registered manager told us, they planned to assess people and devise plans to support people to use the kettle, so they would be able to make their own drinks. People were now able to choose and supported to make their own breakfast of cereals and toast. Staff supported people to make their tea, usually sandwiches or salad. People regularly made cakes for their tea. One person told us, how they enjoyed making birthday cakes when people had a birthday party.

People were more confident, one person told how pleased they were to take their medicines independently and was looking forward to doing more things in the future. The registered manager told us they planned to assess everyone to identify others who would be able to self-administer their medicines.

People told us that the staff were kind and the service was like a family. One person told us, "They are good, I like them all."

People were encouraged to express their views about their care and support. People were involved in the reviews of their support plans, they signed the review sheet to confirm this. One professional told us that they reviewed people's care with them and staff so that people could agree the plan. People told us, staff asked them what they wanted and supported them as they preferred.

There was a calm and relaxed atmosphere in the service, we observed kind and caring interactions between staff and people. During the inspection, people and the registered manager were sat in the smoking area chatting, laughing and singing. People told us that they would often listen to music and sing along and talk about the memories they had. One person told us two of them were coming up to the anniversary of them moving into Phoenix House and that the registered manager had agreed to have a party. The person was excited and had already started planning what they wanted.

People were treated with compassion and given emotional support when needed and there was a strong

bond between people. One person had recently had a loved one die. The registered manager supported them to arrange the funeral. The registered manager had recorded the person's memories and what music was important to them, this was included in the funeral service. Some people attended the funeral with staff as they wanted to offer support and show they cared for the person.

People helped each other, for example, during the inspection we observed people pouring each other drinks. People told us they enjoyed spending time with staff and doing activities such as fishing. One member of staff told us, "I like spending time with them, I feel that we are friends and I support them."

People's rooms had their own possessions including bed clothes and photos. People told us they liked their rooms and that staff knocked and waited before they entered. We observed staff knocking on people's doors and waiting to be asked in. People could spend their time how they wanted and could move around the house as they wanted. Staff respected people's decisions, one person decided to eat in the garden but it had been raining, staff made sure that the person sat on something dry.

People were supported to maintain relationships with people who were important to them. People told us their loved ones visited when they wanted and were made to feel welcome. Staff knew about people's backgrounds and life events.

When people needed additional support to make decisions about their care and support an advocate was available. An advocate is an independent person who can help people express their needs and wishes, weigh up and make decisions about options available to the person. They represent people's interests either by supporting people or speaking on their behalf.

Is the service responsive?

Our findings

At the last inspection on 06 March 2018 we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to consistently involve people and their relatives in planning their care and people did not always receive person-centred care.

Since the last inspection, people's support plans had been reviewed and rewritten. There was now a new format being used, the plans were split into sections. These were 'need or aspiration' and the action that needed to be taken and how the person should be supported. The support plans gave details about how people should be supported to be more independent. However, there was not a clear goal for people to achieve. One person required support to do their own laundry, there was detailed guidance for staff about how to support the person but not how to enable them to become more independent or if they had reached their full potential. This was an area for improvement.

People's support plans contained detailed information about people's choices, preferences and how they liked to be supported. There was information about how people liked to be supported with their personal care and the toiletries they liked to use. There were places on the paperwork for people to sign to say that they had been involved in the plan, this had been completed when the plan was reviewed.

The service was not currently supporting anyone at the end of their life. There was a document being put in place 'When I die' which asked people about their wishes at the end of their lives. The document and the reason for asking about people's wishes had been explained and discussed at the resident's meeting. Some people had completed it but others had refused.

People told us that the staff supported them in the way they wanted. One person told us, "They help me when I want it and know what I want."

The registered manager understood the need to develop an activity plan for individuals and for there to be more organised activities for people. Support plans gave details of what the individual liked to do and take part in, but did not give details of how the person would be supported to take part in these activities. The registered manager showed us the activity plans they were developing and agreed this was an area for improvement.

During the inspection, we observed people and staff playing bingo and board games. People told us they were enjoying the games, people were smiling and laughing. People suggested a pet and a Guinea pig had just been brought by the service. People had decided its name and were involved in looking after it.

People told us they enjoyed the 'Learning French' activity, this included learning to cook, this happened each week. At meetings, people had suggested activities including a walking group and games such as 'Swingball' and table tennis. The deputy manager told us that the walking group was being organised. 'Swingball' had been purchased and had been used in the warmer weather. People told us how they had enjoyed playing the game. People had gone to Age Concern for singing sessions, people told us how much

they had enjoyed the time.

People told us that they would speak to staff if they had any complaints and these had always been sorted out quickly.

From April 2016 all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Information was displayed around the service including the complaints policy. This information was not in an easy read format, to help people to understand what was being said. The registered manager recognised that this was an area that needed to be improved. The registered manager had started to develop easy read documents, resident meeting meetings had been completed and other documents would follow.

People were encouraged to raise any complaints they may have during and after resident meetings. There had been two complaints since the last inspection, the registered manager had investigated complaints in accordance with the provider's policy and a satisfactory outcome was achieved.

Is the service well-led?

Our findings

At the last inspection on 06 March 2018 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service had not sufficiently improved or developed. The provider had failed to maintain accurate and complete records. The provider had failed to establish and operate systems to assess, monitor and improve the quality of the services provided and reduce risks to people.

At this inspection, improvements had been made and breaches of the regulation had been met, but further improvements were needed.

Checks and audits had been completed on all aspects of the service including care plans, medicines and recruitment. These audits had identified shortfalls and action had been taken to rectify these. However, the audits and action plans required development to give more detail about the action taken. We discussed this with the registered manager, who agreed that this was an area for improvement and they would be developing an action plan for the whole of the service. The provider visited the service monthly and completed checks on different areas of the service. An outside care consultant completed audits on the whole service. Some shortfalls had not yet been fully rectified as they were still present at the inspection and needed further improvement.

People told us, that the service was improving. Resident meeting minutes confirmed that people were happy at the service. Staff told us, that they felt the service was continuing to improve and they felt supported.

People and staff could attend regular meetings, to discuss the service and make suggestions for improvements. People were asked what they would like to do and these suggestions had been put in place, such as the games being brought that people wanted. Staff meetings discussed staff practice and how to enable people to increase their skills. The registered manager reminded staff about best practice guidelines and how to improve people's involvement in the service. During the inspection, we observed people being given choice and being supported to be as independent as possible.

Quality assurance surveys had been sent to people, staff, health professionals and family. The feedback from professionals that had been received in August 2018 had been positive. One stated, 'The registered manager has a determination to make a difference to the lives of the residents.' Another stated, 'The registered manager has been very transparent and the staff team have improved since I started visiting the service.' People's responses had been positive and the registered manager had acted on their suggestions including getting more pets.

There was an open and transparent culture within the service. People and staff told us that they could speak to the registered manager about any concerns they may have and were confident that they would deal with them. People looked relaxed in the registered manager's company and chatted with them. During the inspection, people were comfortable to knock on the registered manager's door to chat or seek reassurance

when they felt anxious.

The registered manager had a vision for the service, they wanted people to eventually be able to run their own service. People told us that they felt involved in the service and were part of making decisions such as the shopping. The registered manager understood how important it is for people to be involved in the community. The local bus service had been stopped and people were being supported to join in the petition to have the bus service reinstated. The registered manager had plans to develop people's community involvement.

The registered manager understood the need for the service to continue to improve and for them to continue to learn and increase their knowledge. The registered manager had attended local forums and registered manager's groups to keep up to date with changes and best practice. They were completing a diploma in human resources management, to develop their management skills.

The registered manager had developed good working relationships with other agencies. Professionals had given feedback about how the service had improved and was working well with them including the local mental health authority and safeguarding.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The service submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

It is a legal requirement that a provider's latest CQC report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the reception of the service and on their website.