Miss Amanda Sutherland

Burlington Care and Support Services

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Burlington House is registered to provide accommodation and personal care for up to 13 people with a learning disability. At the time of our inspection there were 11 people living at the home. Burlington House does not provide nursing care. Where needed this is provided by the community nursing team.

This inspection took place on the 9 and 13 December 2016; the first day of our inspection was unannounced. One adult social care inspector carried out this inspection. Burlington House was previously inspected in May 2014, when we found the provider did not have effective systems to identify, assess and manage risks to the health, safety and welfare of people or to regularly assess and monitor the quality of service provided. At this inspection, we found that although some improvements had been made further improvements were needed.

The registered provider is also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

Following our last inspection, the provider had introduced a new quality auditing system. We found this had introduced some improvements but was not fully effective to assess and monitor the quality and safety of the services provided at the home. Although some systems were working well. risks to people's health and wellbeing had not always been identified, assessed or mitigated. People's individual needs were not always assessed or planned for. Whilst support plans and risk assessments reviews were taking place monthly, these had not identified the lack of information or instruction for staff in how to meet people's needs. Where people had specific needs relating to their behaviour or lifestyle choices, risk assessments did not identify the risk of potential harm to other people living at the home, the person, or contain guidance for staff on how to manage these risks.

We looked at the personal emergency evacuation plans (PEEP) which were in place for people who lived at the home. The purpose of a PEEP is to ensure staff know how to assist each person to leave the building safely in the event of an emergency. We found these had not been completed for all people currently living at the home. This meant staff did not have all the key information they needed to assist people from the building in the case of an emergency.

We have made a recommendation that the provider keep the system for identifying risk and mitigating risk under review.

The registered manager had not always notified the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities; this included the notification of safeguarding concerns.

People said they felt safe and well cared for at Burlington House; their comments included "I do feel safe," "I'm very happy," "It's my home, and I like it here." Relatives told us they did not have any concerns about people's safety.

People were protected from the risk of abuse. The registered manager had developed an easy read document, which told people how they could seek advice or raise a concern. Staff had received training in safeguarding vulnerable adults and demonstrated a good understanding of how to keep people safe. Recruitment procedures were robust and records demonstrated the home had carried out checks to help ensure staff employed were suitable to work with people who are vulnerable due to their circumstances. Everyone we spoke with felt the staff were well trained and able to meet their needs.

Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in maintaining people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions. People were involved in their care and support, attended regular reviews, and had access to their records.

Although we noted some inconsistencies in people's care records, as detailed within the 'Safe' section of this report, People's support plans were informative, detailed, and designed to help ensure people received personalised care. Support plans were reviewed regularly and updated as people's needs and wishes changed. People were supported to follow their interests and take part in social activities. People received their prescribed medicines on time and in a safe way. There was a system in place to monitor the receipt and stock of medicines held by the home. Medicines were disposed of safely when they were no longer required. Staff had received training in the safe administration of medicines.

People told us they enjoyed the meals provided by the home. People told us they were involved in planning the menu and we saw care staff supporting people to choose what they wanted to eat. Where people required a soft or pureed diet to reduce the risk of choking, this was being provided. Staff were aware of people's preferences, nutritional needs and allergies. People were freely able to access the kitchen to make drinks and snacks if they wished.

People, relatives, and staff spoke highly of the service manager and registered manager, and told us the home was well managed. Staff described a culture of openness and transparency where people, relatives and staff, were able to provide feedback and raise concerns.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The home was not always safe.

Risks to people's safety had not always been appropriately identified, assessed and managed.

People received their medicines as prescribed and these were managed safely.

People were protected by robust recruitment procedures and appropriate checks were undertaken before staff started work.

People were protected from harm as the provider had systems in place to recognise and respond to allegations of abuse.

People said they felt safe and there were sufficient numbers of skilled staff on duty to meet people's needs.

Is the service effective?

Good

The service was effective.

People were supported to make decisions about their care by staff who had a good understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were cared for by skilled and experienced staff who received regular training and supervision, and who were knowledgeable about people's needs.

People's health care needs were monitored and referrals made when necessary.

People were able to choose their food and drink and were supported to maintain a balanced healthy diet.

Is the service caring?

Good

The service was caring.

Staff promoted people's independence and respected their dignity.

People's privacy was respected and they were able to make choices about how their care was provided and where they spent their time.

People and their relatives were involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

Concerns and complaints were managed well. People felt comfortable to make a complaint and there was a variety of ways for people to make suggestions and share ideas.

People were able to make choices about all aspects of their daily lives. Staff took account of people's previous lifestyles and wishes when planning and delivering care.

There was a programme of activities and social events meaning people were well occupied and stimulated.

Is the service well-led?

Requires Improvement

Aspects of the service were not well-led.

The registered manager had not ensured CQC had been informed about incidents that affected people living at the home in line with their legal responsibilities.

Quality assurance systems in place to monitor care and plan on-going
improvements were not always effective, although the manager had a plan in place to further improve these.

People benefited from being supported by staff that worked well together and understood their roles and responsibilities.

The management team were approachable and people felt their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the home.

Burlington Care and Support Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 9 and 13 December 2016; the first day of the inspection was unannounced. One adult social care inspector carried out this inspection. Prior to the inspection, we reviewed the information held about the home. This included previous inspection reports and notifications we had received. A notification is information about important events, which the home is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the home, what the home does well and improvements they plan to make

During the inspection, we spoke with five people individually and met with most people who used the home. On this occasion, we did not conduct a short observational framework for inspection (SOFI) because people were able to share their experiences with us. However, we did use the principles of this framework to undertake a number of observations throughout the inspection.

We looked at the care records for four people to check they were receiving their care as planned and how the home managed people's medicines. We also reviewed the staff recruitment, training and supervision files for three staff. We reviewed the quality of the care and support the home provided, as well as records relating to the management of the home. We spoke with five members of staff, the service manager and the registered manager who was also the owner of the home. We looked around the home, including some people's bedrooms with their permission, as well as the grounds. We also spoke with three relatives of people currently supported by the home. Following the inspection, we sought and received feedback from one health and social care professionals who had contact with the home.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection in May 2014, we identified the provider did not have an effective system to identify, assess and manage risks to the health, safety and welfare of people who used the home. At this inspection, although we found some improvements had been made further improvements were needed.

People may not always be protected from the risk of harm. We found risks such as those associated with people's behaviours had not always been identified. In some cases guidance was not provided to staff to mitigate these risks. For example, one person's daily records and incident reports showed they had been displaying aggressive behaviours towards other people living at the home. Risk assessments did not identify the risk of potential harm to other people or contain guidance for staff on how to manage these risks. However, staff we spoke with were aware of the risks to other people living at the home, and said that all incidents were recorded, and discussed with the Intensive Assessment and Treatment Team (IATT). Records we saw confirmed this. Staff were able to describe how they supported this person during these times and told us when they became distressed, anxious or physically aggressive; they encouraged the person to return to their room.

Another person living at the home was a smoker, although staff recognised people's rights to make choices and take everyday risks. Staff had not identified the potential risks to the person or others because of their lifestyle choices, or taken any action to mitigate these risks. We reviewed this person's support plan and found that it did not contain a risk assessment relating to the potential hazards associated with smoking or having a lighter in their room. We discussed this with the service manager and registered manager who told us they would take immediate action. Following the inspection the service manager confirmed they had reviewed and up dated people's risk assessments and provided guidance for staff where required.

We looked at the personal emergency evacuation plans (PEEP) which were in place for people who lived at the home. The purpose of a PEEP is to ensure staff know how to assist each person to leave the building safely in the event of an emergency. We found these had not been completed for all people currently living at the home. This meant staff did not have all the key information they needed to assist people from the building in the case of an emergency. Following the inspection the service manager confirmed that everyone currently living at the home had PEEP in place.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there had not been reasonable steps taken to identify or mitigate the risks to people who used the home.

Other risks were managed. Each person had a number of detailed risk assessments, which covered a range of issues in relation to people's needs. For example, risks associated with choking, poor nutrition, mobility and road safety. These risk assessments contained information about the person's level of risk, indicators that might mean the person was unwell or at an increased risk, as well as action staff should take in order to minimise these risks. People's records indicated their risk assessments were being regularly reviewed and up dated as their needs changed.

People said they felt safe and well cared for at Burlington House; their comments included "I do feel safe," "I'm very happy," "It's my home, and I like it here." Relatives told us they did not have any concerns about people's safety. One relative said, "I have no concerns about the care of [person's name]." Another said, "People always looked well cared for when we visit."

People were protected from the risk of abuse. The registered manager had developed an easy read document which told people how they could seek advice or raise a concern. Staff had received training in safeguarding adults and whistleblowing. They demonstrated a good understanding of how to keep people safe and how and who they would report concerns to. The policy and procedures to follow if staff suspected someone was at risk of abuse or harm, was easily accessible. They contained telephone numbers for the local authority and the Care Quality Commission. Staff told us they felt comfortable and confident in raising concerns with the service or registered manager. Staff knew which external agencies should be contacted should they need to do so.

Recruitment procedures were robust and records demonstrated the provider had carried out checks to help ensure that staff employed, were suitable to work with people who use care and support services. These included checking applicant's identities, obtaining references and carrying out DBS checks (police checks).

People living at the home, their relatives and staff all told us they felt there were sufficient staff on duty to meet people's care needs. One person said, "There is always someone here to help if needed." A relative said, "there is always plenty of staff, when we visit." On the day of the inspection, there were two care staff on duty, which were supported by the deputy and service manager. The registered manager told us staffing levels were determined according to people's needs and adjusted accordingly. Staff confirmed that when people's care needs increased, for instance, if they were unwell, staffing levels were increased to ensure people's care needs were met safely. Records showed were people had been funded additional 1:1 care and support, this was being provided by additional staff, which we saw happening. Two sleeping staff supported people during the night.

People received their prescribed medicines when they needed them and in a safe way. People were given time and encouragement to take their medicines at their own pace and staff always sought people's consent. There were safe systems in place to monitor the receipt and stock of medicines held by the home. Staff had received training in the safe administration of medicines and records confirmed this. Medicine stock levels were monitored monthly and the home had appropriate arrangements in place to dispose of unused medicines, which were returned to the local pharmacy. We checked the quantities of a sample of medicines against the records and found them to be correct. Medicines that required refrigeration were kept securely at the appropriate temperature. We looked at how the home managed people's topical medicines or creams. We found each person had clear guidance and body maps indicating which creams should be used when and where and staff had signed to confirm they had been applied.

Where people were prescribed medicines to be given "as needed," such as for the management of pain, guidance had been provided for staff as to when this should be used. In addition each person's file contained a number of easy read medication information leaflets to help people to understand more about the medicine they had been prescribed. For example, what the medicine was for; what the medicine would do and what the possible side effects were.

People were kept safe because the registered manager and staff carried out a range of health and safety checks on a weekly and monthly basis to ensure that any risks were minimised. For example, fire alarms, fire doors, emergency lighting, equipment, and infection control. Accidents and incidents were recorded and reviewed by the registered manager. They collated the information to look for any trends that might indicate

a change in a person's needs and to ensure the physical environment in the home was safe.

Good

Is the service effective?

Our findings

People spoke positively about the care and support they received at Burlington House. People told us they were happy, well cared for, and had confidence in the staff supporting them. Comments included, "I am very happy here", "the staff are nice and kind", "I like living here." A relative said, "The manager and staff are very professional." Another said, "They seem to know what they are doing, I have never had any concerns about the way they look after [person's name]."

People were able to see a range of health care services when needed, and had regular contact with dentists, opticians, chiropodists, district nurses and GPs. People's support plans contained details of their appointments. Where changes to people's health or wellbeing were identified, records showed staff had made referrals to relevant healthcare professionals in a timely manner. For example, records showed that one person's medicine had been recently reviewed and adjusted by their GP. This change had significantly affected the person quality of life; they became sleepy and disinterested with daily activities, which they had previously enjoyed. Staff had quickly recognised the negative impact this was having on the person and contacted the GP to seek further advice. Following this conversation, the person's medication was reduced.

Each person's support plan contained a health passport, which contained detailed information of the person's care and support needs. This helped to ensure people's wishes and needs were respected in an emergency, where their rights might otherwise be compromised. For instance, in the event of an admission to hospital.

Staff received regular supervision and annual appraisals with a named supervisor. Supervisors assessed staffs' knowledge by observing staff practice and recording what they found. Supervision gave staff the opportunity to discuss how they provided support to people to ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. Staff told us they felt supported and valued by the home's management team. One staff member said, "Supervision is really useful, it gives us time to talk about people and it's a great opportunity for us to ask question and increase our knowledge."

People were supported by staff who were knowledgeable about their needs and wishes and had the skills to support them. Relatives told us that staff had the skills and knowledge required to support their family members. One relative told us, "I don't know what training staff have but they appear to be well trained and knowledgeable about the work they do." Records showed new staff undertook a detailed induction programme, which followed the Skills for Care framework, including the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. There was a comprehensive staff-training programme in place and individual training records showed staff received regular training in various topics including, safe medicine practices, first aid, infection control, moving and handling, nutrition, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff showed a good understanding of the Mental Capacity Act (MCA) and their role in maintaining people's

rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions. Staff told us how they supported people to make decisions about their care and support. One member of staff said, "It's really important that we treat people as if they have capacity and don't just assume that they do not just because they have a learning disability."

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 told us they were involved in their care and support, attended regular reviews with their key workers, and had access to their records. People's care and support plans contained assessments of people's capacity in relation to specific decisions that had been carried out, when people's ability to make their own decisions were in doubt. If the person had been assessed as not having the capacity to make a decision, a best interests decision had been made which ensured that the principles of the MCA were followed. For instance, one person's care records showed that staff, in conjunction with family and medical professionals, had recently undertaken a mental capacity assessment and held a best interests meeting to decide if the person should have a surgical procedure.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service manager told us no one currently living at Burlington House was being deprived of his or her liberty or subject to restrictions placed upon them because of their care and support needs. They assured us that should this situation change they would make an application to the local authority in accordance with the homes policy and procedures.

People said they helped with the shopping, preparation and cooking of some meals. One person said, "The staff cook a lot of the meals, but I always make my own breakfast." People told us they enjoyed the meals provided by the home. Comments included, "the staff cook good meals", "very nice," and "there's always a choice." One person said, " The food is very good here and plenty of vegetables which I enjoy." The daily menu was displayed in pictorial format on a board in the main dining room. People said they were involved in planning the menu and we saw care staff supporting people to choose what they wanted to eat. People were able to have their meals in the dining room or in their own rooms if they wished. Meals were freshly made, well balanced and nutritious with a variety of options for people to choose from, people, who did not wish to have the main meal, could choose an alternative.

Where people required a soft or pureed diet to reduce the risk of choking, this was being provided. Each food item was processed individually to enable the person to continue to enjoy the separate flavours of their meals. Staff were aware of people's preferences, nutritional needs and allergies. We heard staff offering people choices during meal times and tea, coffee, and soft drinks were freely available. People were freely able to access the kitchen to make drinks and snacks if they wished.

We walked around the building with a senior member of staff. We looked at all communal areas and in some bedrooms with people's permission. We found the environment needed some attention as the building and decoration were dated in places and in need of attention. We raised our concerns with the service manager, who told us the registered manager (who was also the owner) was aware that some parts of the building were in need of redecoration and there was a clear plan in place to address this. The registered manager was committed to making improvements. This was evident by the extensive work, which had recently been carried out within the kitchen, which involved a complete replacement. Plans included turning a downstairs

bathroom into a wet room.

Good

Is the service caring?

Our findings

People told us they were happy living at Burlington House. One person said, "I like it here, it's my home." Another person said, "I like my key worker [person name] she my friend and she helps me." Relatives told us they were happy with the care and support people received from staff." Comments included, "The staff are very competent, friendly and kind," "Staff really care about the people they support." People looked well-groomed and well dressed, which indicated their personal care needs, were being met.

There was a relaxed and friendly atmosphere within the home. Staff spoke about people with kindness and affection. Staff knew how each person liked to be addressed and used people's preferred names when speaking with them. Throughout the inspection, staff had the time to sit and spend time with people and showed a genuine interest in their lives. People were relaxed in the company of staff and it was apparent that staff knew people well. We observed a lot of smiles, laughter and affection between people and the staff supporting them. People told us they were happy with the care and support they received and said staff were friendly and kind. One person said, "Everyone is nice to me." Relatives spoke very highly of the staff. One relative said, "[person name] is well cared for, I have never had reason for concern." Staff told us they enjoyed working at the home. Staff comments included, "We have a good team," "Everybody's there for the same reason, the guys we support."

People were involved in making decisions about their care. People told us they made choices every day about what they wanted to do and how they spent their time. One person said, ""I get up and go to bed when I want. I choose what clothes I wear and choose what I want to eat." Each person had a keyworker who took the lead in planning his or her support. A staff member described this role as, "It's my responsibility to make sure [person's name] has got everything they need." People were able to tell us who their key worker was. People met regularly with their key workers, discussed their support, any future plans, and shared any concerns. Staff told us how they encouraged people to make choices about the way their care was provided and respected people's decisions and personal preferences. People's support plans were clear about what each person could do for themselves and how staff should provide support. People's preferences were obtained and recorded during their pre-admission assessment. Staff demonstrated they knew the people they supported and were able to tell us about people's preferences. For instance, staff were able to describe people's interests, what they liked to eat, when they liked to get up and go to bed.

People told us staff treated them with respect, maintained their dignity and were mindful of their need for privacy. We saw staff knocked on people's doors before entering and doors were closed when people were being supported with their personal care needs. When staff needed to speak with people about sensitive issues this was done in a way that protected the person's privacy and confidentiality. For instance, when one person requested help with their personal care, staff approached the person sensitively and promptly, and supported the person in a calm and relaxed manner. A staff member said, "We support people the way they want to be supported, which is important, their adults and we need to respect their decisions."

People's bedrooms were personalised, and furnished with items, which were meaningful to them. People were supported to maintain relationships with their families and friends and support plans contained

information about dates and events, which were important to them. Relatives told us they were able to visit at any time and were always made to feel welcome.

Good

Is the service responsive?

Our findings

People and relatives, were involved in identifying their needs and developing the care plan to support care provision. The registered manager carried out an initial assessment of each person's needs before and after they moved into the home. This formed the basis of a support plan, which was further developed with the person and their relatives, after the person moved in and staff had got to know them.

People's support plans were informative, and designed to help ensure people received personalised care that met their needs and wishes. Support plans provided staff with detailed information on people's likes, dislikes and personal preferences, personal care needs and medical history. Each area of the plan described the person's skills and the support needed by staff. Support plans were written using the person's preferred name and reflected how they wished to receive their care and support. This helped staff deliver care and support in a consistent and personalised way. For instance, records for one person who had limited verbal communication contained clear step-by-step guidance for staff in how they should provide this person's personal care. Another person support plan stated their personal appearance was important to them and they liked to wear their necklace, bracelet and rings each day, which we saw was happening.

Each person's support plan had been regularly reviewed to ensure it accurately reflected the person's current care needs. When a person's needs had changed, this was documented during the review process and additional guidance provided for staff on how to meet the person's changing needs. For instance, one person's records showed they had recently been assessed by an occupational therapist following a number of falls. This had resulted in the person being issued with a walking frame to aid their mobility. Records showed changes had been passed on to staff through handovers and this information had been used to update the person's support plan and risk assessments.

Records showed staff had taken action quickly to respond to changes in people needs or behaviours. For instance, were people had specific needs relating to their behaviour or were known to become distressed or anxious. The 5 manager had sought advice and developed a positive behavioural support plan. These provided staff with clear guidance on how to de-escalate situations, reduce people's anxiety, and minimise the impact this might have on the person and others. During the inspection, we observed staff skilfully interacting with people in ways, which reduced their anxiety and agitation.

People told us they were involved in developing their care and support and were asked how they felt about the care they received. One person said, "Yes this is my plan, it's all about me and what staff need to do to support me." People were given the opportunity to sign and encouraged to take ownership of their support plans and contribute to them as much or as little as they wished. Relatives told us staff actively encouraged their involvement in people's care and kept them fully informed of any changes. Each person had a designated key worker who was responsible for reviewing people's care and support. Key workers meetings were held monthly, these meetings focussed on the progress people had made in reaching their goals, wishes and aspiration as well as any challenges or changes in their individual support needs. Staff shared with us some examples of how they supported people to achieve individual gaols, for instance improving their cooking skills, increasing their independence or arranging holidays.

People were encouraged and supported to lead full and active lifestyles, follow their interests and take part in social activities. Each person's support plan included a list of their known interests and staff supported people on a daily basis to take part in things they liked to do. Throughout the inspection, we saw people coming and going from the home either independently or supported by staff. Each person had an activities planner for the week; these were flexible depending on people's choices and well-being. People told us they were supported and enabled to make suggestions for new activities with their key workers. The home made use of local community based activities wherever possible and people chose if they wanted to do them individually or as a group. For instance, one person liked to go to a day care centre twice a week and particularly enjoyed the swimming sessions. Another person told us they attended the local Gateway club where they were able to take part in a range of activities and socialise with their friends. Other activities included shopping, trips into town for coffee, church and bingo at the local hall.

People were encouraged to take part in household tasks to develop their life skills such as laundry, tidying their rooms and helping prepare meals. People were supported to plan holidays. One person was keen to tell us about, and show us pictures of, their most recent holiday where they were able to follow their passion for line dancing. Staff told us how they supported another person to go on a cruise, which had been a lifetime ambition. The registered manager told us they regularly arranged meals out and parties to celebrate special events such as people birthdays, with the latest being a Christmas meal planned for the day after our visit, which people told us they were looking forward to.

People and relatives were aware of how to make a complaint, and felt able to raise concerns if something was not right. People we spoke with told us they were encouraged to share their views and raise concerns. One person said they would speak to their key worker if they were unhappy or worried about anything. Another said, "I have no complaints, if I did I would tell [registered managers name]. Relatives we spoke with were confident that the service manager or registered manager would listen to them. One relative said, "I have no concerns about the care [person's name] receives, but I would be confident in speaking to the staff or manager if I did. I am sure they would sort any problems." Staff told us the management team were approachable and they felt able to express their views and raise concerns with confidence.

The home's complaint procedure clearly informed people how and who they could speak with if they had any concerns and what to do if they were unhappy with the response. The easy read version of the complaints procedure was accessible to people. This helped ensure people were provided with important information to promote their rights and choices. We reviewed the home's complaint file and saw that the home had received no complaints within the last 12 months.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in May 2014, we identified the provider did not have an effective system to regularly assess and monitor the quality of service provided. At this inspection, we looked to see what action had been taken. Although we found some improvements had been made, further improvements were needed.

Following the last inspection the provider sent us an action plan telling us they planned to introduce a new quality audit system. This involved regular service user, staff and visitors surveys, regular staff and service user meetings, and regular audits. For instance, infection control, medicines, accident and near misses, health and safety, care planning and risk assessments. This would enable the home to clearly identify areas of improvement and inform their annual development plan. Although some systems were working well others had not identified a number of concerns we found at this inspection.

For example, whilst care plan reviews and audits were taking place, these had not always identified that risks to people's health, safety and wellbeing had not always been identified. The system had not identified that some care plans lacked detailed guidance for staff, in how to manage risk. . In some cases this had led to insufficient action being taken to mitigate some risks. For instance, Risks such as those associated with people's behaviour or smoking had not always been identified or guidance provided to staff to mitigate these risks. In addition risk relating to fire had not been sufficiently well identified through assessment and the use of personal emergency evacuation plans (PEEP) for all people living at the home.

We recommend that the provider keep the system for identifying risk and mitigating risk under review.

We raised our concerns about quality assurance systems and governance with the service manager and registered manager. The service manager fully accepted that the quality assurance system had not identified our concerns and said they would take immediate action. The registered manager told us that in addition to the above systems they planned to carry out weekly visit to the home. These visits would focus on a specific area each time. For example, medicines, record keeping, care planning, risk assessments, fire safety, infection control etc. Action and outcomes of these visits would be formally recorded and where any actions had been identified an action plan would be agreed with the service manager.

The registered manager had not always notified the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities. This included the notification of safeguarding concerns.

This was a breach of regulation 18 of the Care Quality Commission (registration) Regulation 2009.

People and staff told us the home was well managed and described the management team as open, honest and approachable. Relatives told us they were very visible within in the home and had an excellent working knowledge of people who lived there. Staff were positive about the support they received and told us they felt valued.

The management team told us their vision for the home was to support and enable people to develop to their maximum potential. The homes vision was underpinned by a clear set of core values that include honesty, involvement, compassion, dignity, independence, respect, equality and safety. Staff had a clear understanding of the values and vision for the home and told us how they supported people to be as independent as possible and live their life as they chose. Staff spoke passionately about their work, the people they support, and their achievements. One person said, "All the staff here go that extra mile, we really want people to do well."

The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the appropriate level made decisions about people care and support. Staff knew who they needed to go to if they required help or support. There were systems in place for staff to communicate any changes in people's health or care needs to staff coming on duty, through handover meetings. These meetings facilitated the sharing of information and gave staff the opportunity to discuss specific issues or raise concerns. Specialist support and advice was also sought from external health and social care professionals when needed, for instance, from the local authority learning disability team.

The service manager told us they felt supported by the registered manager, who they met with regularly and discussed resources, support needs and any maintenance needs at the home. Records showed the service manager and registered manager held regular staff meetings. Staff meetings were used to discuss and learn from incidents, highlight best practice and identify where any improvements where needed. For instance, we saw from the minutes of the last meeting the registered manager had discussed concerns relating to people's finances, infection control, communication and confidentiality.

People told us they were encouraged to share their views and were able to speak to the registered manager or service manager when they needed to. The registered manager told us they encouraged feedback from people and their relatives and used this information to improve the quality of care provided. Annual questionnaires were sent out to people, relatives, staff and other representatives who were asked to rate various aspects of the home, for example, staffing, safety, food and activities. We looked at the results from the latest survey undertaken in 2016, and found the responses of the people, relatives staff and stakeholders surveyed were positive.

The service manager told us they kept their knowledge of care management and legislation up to date by using the internet and attending training sessions. In addition, they used contacts within the local learning disability team for exchanging information, ideas and sharing best practice. The registered manager was aware of their responsibilities under the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.

Records were stored securely, when we asked to see any records, the service manager was able to locate them promptly.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered manager had not notified the CQC of significant events in line with their legal responsibilities. Regulation 18 (2)(e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's safety were not always identified, assessed or properly mitigated. Regulation 12 (1) (2) (a)(b) (g)(f)