

Caretech Community Services (No.2) Limited

Caretech Community Services (No 2) Limited - 22 Prices Avenue

Inspection report

22 Prices Avenue
Cliftonville
Margate
Kent
CT9 2NT

Tel: 01843293927

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced inspection of the service on 18 October 2016.

Caretech Community Services (No 2) Limited - 22 Prices Avenue provides accommodation and personal care for up to six people living with a learning disability and or autistic spectrum disorder. At the time of our inspection there were six people living at the service.

A registered manager was 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. The registered manager was not present on the day of our inspection.

The provider had no system in place to assess people's dependency needs. There were insufficient staff deployed to support people at all times. Safe staff recruitment checks were completed before staff commenced employment.

Concerns were identified with the cleanliness and the measures in place for the prevention and control of infections. Parts of the premises internally and externally were not safe and people were placed at risk of avoidable harm. The provider took immediate action to make the required improvements.

Not all people had their needs appropriately risk assessed or planned for. Risk plans in place were regularly monitored for changes.

Staff had received appropriate safeguarding training and understood their role and responsibilities to protect people. Accidents and incidents were recorded and external healthcare professionals were involved at times to provide support to staff about how to manage and reduce risks. People received their medicines as prescribed and these were managed correctly.

The Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS), had not been appropriately applied so that people's rights were protected. Staff received an induction, training and appropriate support.

People were involved in the menu planning and their nutritional needs had been assessed and planned for. People's healthcare needs had been assessed and were regularly monitored. The service worked with visiting healthcare professionals to ensure they provided effective care and support.

Staff were kind, caring and respectful towards the people they supported. They had a clear understanding of people's individual needs, preferences and routines. People were involved as fully as possible in decisions about the care and support they received.

There was a complaint policy and procedure available and confidentiality was maintained. People did not have access to independent advocacy services; however this was made available after our inspection. There were no restrictions on people visiting the service.

People were supported to participate in activities, interests and hobbies of their choice, independence was promoted. Some people accessed the community independently as they wished.

The provider had systems in place that monitored the quality and safety of the service but these were ineffective. There was a registered manager in place. The provider was not always meeting their regulatory requirements.

We found four 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 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?

Requires Improvement ●

The service was not consistently safe.

There were insufficient staff deployed to support people at all times. Safe staff recruitment checks were completed before staff commenced employment.

The prevention and control of infections including cleanliness of the environment did not fully protect people.

Parts of the premises were not safe and people were placed at risk of avoidable harm.

Not all people had their needs appropriately risk assessed or planned for.

Staff had received appropriate safeguarding training and understood their role and responsibilities to protect people. People received their prescribed medicines and these were managed safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People's rights were not protected because the use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were not fully adhered to.

People were supported by staff that received an appropriate induction, training and support.

People received choices of what to eat and drink and menu options met people's individual needs and preferences.

People had the support they needed to maintain good health and the staff worked with healthcare professionals to support people appropriately.

Is the service caring?

Good ●

The service was caring

People were cared for by staff who showed kindness and compassion in the way they supported them. Staff were knowledgeable about people's individual needs.

Independent advocacy information was not available for people but this information was later made available. People were involved in decisions about the service they received.

People's privacy and dignity were respected by staff and independence was promoted.

Is the service responsive?

Good ●

The service was responsive

People received care and support that was personalised and responsive to their individual needs. People were supported with activities, interests and hobbies.

People were involved in the development and review of their support plans and ongoing needs.

People received opportunities to share their views to further develop the service. There was a complaints procedure available should people have wished to complain about the service.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led

There were systems in place to monitor the quality, safety and improve the service provided, however, they were not effective.

Staff understood the values and vision of the service and were positive about the leadership of the service.

People received opportunities to share their views about the service they received.

Caretech Community Services (No 2) Limited - 22 Prices Avenue

Detailed findings

Background to this inspection

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

This inspection took place on 18 October 2016 and was announced. We gave the provider 24 hours' notice because the needs of people at the service meant that arriving unannounced may have caused them distress and anxiety. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the PIR and other information we held about the service, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service, health and social care professionals, and Healthwatch to obtain their views about the service provided.

On the day of the inspection we spoke with two people who used the service for their feedback about the service provided. We also observed staff interacting with people to help us understand people's experience

of the care and support they received. We spoke with a senior member of staff and two care staff. We looked at all or parts of the care records of three people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

After the inspection we contacted two people's relatives for their feedback about the service provided to their family member. We also spoke with the provider's representative, the area manager for the service.



Our findings

People did not raise any concerns about there being insufficient staff available at all times to meet their needs. However, we identified concerns that staff were not deployed appropriately to meet people's needs safely.

We asked the staff we spoke with about the staffing levels provided and looked at the staff roster. Staff told us that they picked up any shortfalls such as staff holiday and vacancies and agency staff were also used. One staff member said, "The weekends can be an issue to get shifts covered." Staff told us that there was one waking night staff rostered to work nights and that there was a duty system to provide emergency support if required. This meant that during a specified period, people were supported by one member of staff on duty. Staff said that there had been recent discussions with the registered manager about only one night staff on duty and that this was insufficient. One staff member told us, "We've had discussions with the manager about having a sleep-in member of staff to support but there is no room to accommodate this, it's being discussed with the provider."

We discussed people's dependency needs with a senior member of staff and looked at people's support plans and risk assessments. There was no dependency tool used to determine what staffing levels were required to meet people's dependency needs. We concluded that four out of six people that used the service had a high level of need associated with their physical, sensory, health and behavioural needs. There was a risk that the on-call duty system was not adequate enough to ensure people's safety because of the potential delay in support arriving.

After our inspection we discussed this further with an area manager. They agreed with our conclusion and said that they would provide an additional night member of staff with immediate effect. We asked for confirmation of this in writing but this was not provided. This meant that the provider had failed to provide sufficient assurance that people will be safe at all times by having sufficient staff available.

These were breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider operated an effective recruitment process to ensure that staff employed were suitable to work at the service. Staff we spoke with confirmed they had undertaken appropriate checks before starting work. We looked at three staff files and we saw all the required checks had been carried out before staff had commenced their employment. This included checks on employment history, identity and criminal records.

This process was to make sure, as far as possible, that new staff were safe to work with people using the service. This showed that the provider had appropriate recruitment processes in place to keep people safe as far as possible.

During the inspection we identified concerns with hygiene and cleanliness. For example the environment showed some heavily soiled furniture, dusty and dirty shelving and skirting boards. Some dining chairs were found to have the seat pad coverings to be ripped and peeled. This meant there was a risk of cross contamination because chairs could not be appropriately cleaned.

The laundry room was found to have soiled clothing on the floor and mops and buckets were not stored correctly. We found one mop outside and additional mops and buckets stored in a bedroom wardrobe outside. This told us that the measures in place for the prevention and control of infections were not fully being followed.

We looked at the cleaning schedules in place that showed large and frequent gaps indicating cleaning tasks had not been completed. A senior member of staff said that the night staff were responsible for deep cleans but said they were aware that this had not been happening. This meant that there was insufficient provision to provide and maintain a clean and appropriate environment.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People did not raise any concerns about the environment or premises. However, we identified safety concerns internally and externally of the premises. For example, an upstairs communal bathroom was found to have a broken window. A staff member said this had been like this for a couple of months. A communal bathroom was found to have heavily stained flooring and was poorly sealed. The bath and taps were also heavily stained, worn and showing signs of rust. We found several curtain poles were broken with curtains hanging poorly.

Parts of the premises were not safe and people were placed at risk of avoidable harm. We found the garden fence was broken in some places and missing in one area of the garden. This meant the garden was insufficiently secure. After our inspection we received information that showed the registered manager had contacted the provider 13 working days before our inspection to report these concerns. There was an uneven path at the side of the house and no path in the garden and an uncovered drain. The general appearance of the outside of the premises was untidy, the garden had been left to over grow, there was a large amount of rubbish and garden storage was poorly secured and maintained. We asked a staff member about cigarette ends that we found in the rear garden on the floor, they confirmed this was from staff smoking. We found located near the patio door leading to the rear garden, a bedroom wardrobe that was unlocked and had a hand garden fork and screwdriver. One person who used the service had a sight impairment and other people had limited personal awareness of danger and risks, which meant people were at risk of avoidable harm.

The internal environment was in need of redecoration, a staff member told us that staff had started to redecorate internal parts of the building. Some refurbishment work had taken place such as new flooring and some new furniture. However, there was no refurbishment plan in place that showed what action was being taken with timescales for completion.

Following our inspection we spoke with the area manager. They took immediate action to address the concerns identified at our inspection. The area manager forwarded us an action plan that showed us the

action being taken with timescales for completion.

Some people told us that they had no restrictions placed upon them and that they accessed the local community independently. One person said, "I'm independent, I can go out on my own if I want to." Two people told us that they were involved in discussions and decisions about how any identified risks were managed. One person told us, "I have meetings with my keyworker where we talk about how I want staff to support me and keep me safe." A keyworker is a member of staff that has additional responsibility for a named person who uses the service.

Individual risk assessments had been completed to meet people's individual needs. Risk plans provided staff with guidance and instruction of how to reduce and manage known risks and these were monitored regularly for changes. Examples of risk plans in place included people's needs associated with their eating and drinking and behavioural needs.

We identified a person who had risks associated with their skin and did not have a risk assessment or plan in place. This person had a pressure relieving cushion and mattress in place but no written instructions of their use. Information leaflets on pressure sores from the NHS were in the person's care records. However, this was not individualised to the person nor did it provide adequate detailed information for staff.

People told us that they felt safe living at the service. One person said, "Staff are around and I get on okay with the other people who live here. I have my own key for my bedroom so my things are kept safe."

Staff told us how they ensured people's safety. They were aware of the different categories of abuse and what their role and responsibility was in protecting people from abuse. One staff member said, "Anything we deem to be unsafe we have a duty to report it. The manager responds to any concerns and we work with external professionals and agencies to ensure people's safety."

We saw safeguarding incidents were recorded and these showed how the provider had worked with the local authority safeguarding team to investigate incidents that had occurred. Records reviewed confirmed staff had received adult safeguarding training and the provider had a policy and procedure to support staff. Accidents and incidents were recorded and analysed by the management team for themes and patterns, and appropriate action was taken to reduce risks. We saw examples where external healthcare professionals had worked with staff in managing risks that had been identified.

People had emergency evacuation plans in place that informed staff of their support needs in the event of an emergency evacuation of the building. The provider also had a business continuity plan in place and available for staff that advised them of action to take in the event of an incident affecting the service. Staff told us that there was always an on call manager on duty to provide support if required. This meant people could be assured that they would continue to be supported to remain safe in an unexpected event.

People received their prescribed medicines safely. People who used the service did not raise any concerns about how they were supported with their medicines. One person told us what their prescribed medicines were for. They also said, "Staff support me with my medicines, I always get them at the same time every day."

Records confirmed staff had detailed information about how each person preferred to take their medicines. This included information about what people's medicines were for, and clear instruction of the administration of medicines prescribed to be used as and when required for pain relief. Medicine Administration records (MAR) were used to confirm whether each person received their medicines at the

correct time and as written on their prescription. We saw these had been fully completed and confirmed people had received their medicines correctly. Each MAR was identified with a picture of the person. This meant staff could safely administer medicines to the correct person.

Staff told us they had received medicine training and an annual competency observation and assessment. Staff records confirmed what we were told. A senior staff member explained the process for ordering, safe storage and disposal of medicines. We saw medicines were safely and appropriately managed and stored in line with good practice guidance. The provider had an audit system that was completed daily to check medicines were being safely managed. These were checked by the management team daily. Where discrepancies were identified we saw the management team took immediate action to investigate. This told us that people could be assured that their medicines were safely managed.



Our findings

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

People did not raise any concerns regarding consent. A relative told us, "I've witnessed [name of family member]'s consent being sought before support was provided." They added, "Staff involve me when appropriate."

We saw that staff talked to people before providing support, and where people expressed a preference staff respected them.

Staff told us they had received training in the MCA and DoLS. They were able to discuss issues in relation to this and the requirement to act in the person's best interests. One staff member told us that no DoLS applications had been made as this had been deemed not appropriate. However, we had concerns that some people did have some restrictions placed upon their liberty.

After our inspection we spoke with the area manager. They told us that they believed DoLS applications had been submitted for all people. They sent us two copies of these applications that confirmed these had been made in September 2014. They were unable to confirm if the additional four applications had been submitted. The area manager said that they thought the supervisory body had acknowledged receipt of these applications but could not confirm this. They also stated that they believed that the supervisory body had not been out and assessed people's needs. We asked the area manager to contact the supervisory body and to forward us further information to enable us to be clear what the situation was. Whilst the area manager agreed to do this they did not provide any further information. This meant we could not be assured that appropriate action had been taken to protect people's freedom and liberty.

We found some examples where people lacked mental capacity to consent to their care and support and

MCA assessments had been completed. However, these were dated 2014 and did not include what the best interest decision was and how this had been concluded. No further review had been completed. This was a concern because the MCA had not been correctly followed which meant people may have not have been appropriately protected.

We were concerned about a person who lacked mental capacity to consent about a specific decision relating to the use of an iPad that gave them great pleasure. Staff told us it was in the person's best interest to have restrictions on the amount of time they had use of this equipment. We observed staff implement this restriction. However, staff were unable to explain how this decision had been made and who had been involved. There was no recorded information that assured us that the MCA had been adhered to.

These were breaches of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with were positive about the staff that supported them. One person said, "The staff are good, they help me." A relative told us, "I feel the core staff are skilled."

Staff told us about the induction they received when they started their employment. They said the induction was for four days with shadow shifts. This gave them the opportunity to shadow experienced staff. We saw records that confirmed new staff had received an induction that included the Skills for Care Certificate. This is a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff. Staff also confirmed that during their probationary period they had meetings with the registered manager.

Staff described the training opportunities they received. One staff member said, "Learning is beneficial, gives you a good grounding, I find the training opportunities to be good." Staff gave examples of the training they had received, this included, first aid, autism awareness and epilepsy.

The provider had a staff training plan which the manager monitored to ensure staff received refresher training when required, to keep their skills and knowledge up to date. We found staff received appropriate training opportunities for the people that they supported. Training certificates confirmed staff had received appropriate training as described to us. This told us that the provider supported staff to receive appropriate training to enable them to effectively support people.

Staff received appropriate support, supervision and opportunities to review their work and development. Staff told us they received planned opportunities to meet with their line manager to discuss and review their work, training and development. Staff also said that the registered manager was, "Approachable, supportive, their door is always open."

People were supported to eat and drink sufficiently and received a balanced diet based on their nutritional needs and preferences. People were positive about the meal choices. One person said, "We have a menu, I like it, we get a choice and I also have take away meals." Another person told us that staff asked them about their preferences and choices and this was used to develop the menu. They said that they sometimes helped staff with the shopping and cooking and that they could make themselves drinks and snacks when they wished. A relative told us, "[Name of family member] enjoys their food very much."

Staff were knowledgeable about people's preferences and needs and told us that some people had nutritional needs and had food supplements prescribed. Also some people had needs associated with their

eating and drinking; in particular they were at risk of choking. We saw people's food supplements and thickener for drinks were provided and stored appropriately.

Care records demonstrated people's dietary and nutritional needs had been assessed and planned for. These plans showed us that consideration of people's cultural and religious needs was also given in menu planning. People were supported to have their weight monitored so action could be taken if changes occurred.

We observed people were encouraged and supported with choices of meals and drinks and independence was promoted. For example, some people used adapted eating utensils to support their independence with eating. Some people required assistance with their eating and drinking and we found staff provided this support effectively. They encouraged the person, giving explanation of what they were eating and were patient and unrushed in their approach.

There was an easily accessible menu for people, this was in an easy to read format, with pictures of the food provided. We found food stocks were good and stored correctly and appropriate for people's individual needs.

People did not raise any issues or concerns in relation to the support they received to access external health services. People who used the service told us that staff supported them to attend health appointments if required and contacted the GP when they were unwell. One person said, "Staff go with me to health appointments, like going to see the doctor. I also go to the dentist and have my eyes checked." A relative told us, "Access to medical care is excellent."

Staff demonstrated a good awareness of people's healthcare needs. Care records confirmed people's health needs had been assessed and people received support to maintain their health and well-being.

We found care records gave examples of staff working with external healthcare professionals such as their GP, district nursing service, occupational and speech and language therapists and consultant psychiatrists. Staff gave examples of working with healthcare professionals when concerns had been identified. This told us that people could be assured that their healthcare needs were known, understood and appropriate action was taken when changes occurred.

People had a 'Health Action Plan', this recorded information about the person's health needs, the professionals who supported those needs, and their various appointments. In addition people had 'Hospital Passports'. This document provides hospital staff with important information such as the person's communication needs and physical and mental health needs and routines. This demonstrated people had been supported appropriately with their healthcare needs and the provider used best practice guidance.



Our findings

People had developed positive and caring relationships with the staff that supported them. People were positive about the approach of staff. One person said, "I like all the staff, my keyworker goes on holiday with me and talks to me about how I am."

A relative told us, "[Name of family member]'s current key worker is absolutely fantastic with them and they clearly relate to them extremely well." Another relative said, "I would describe the staff as very caring, they are aware of [name of family member]'s needs, their ups and downs and how to support them."

Staff spoke positively about working at the service, they were knowledgeable about people's individual needs, they spoke with compassion and had a clear understanding of what was important to people such as their routines and preferences. One staff member said, "There has been staff changes for the better, staff are really caring and the new staff have some really good experience that people who live here benefit from."

We observed staff to be caring and kind in their engagement with people. People were offered choices of activities and how they wished to spend their time, staff respected and acted upon these choices. We observed the afternoon staff come on duty, they greeted people with warmth and friendliness. One staff member commented on a person's appearance saying, "That's a nice jumper [name of person] it suits you." The person responded positively, clearly showing they were pleased and proud of the comment made.

We saw good examples of how well staff knew and understood what was important to people. One person had limited sight and got pleasure from tactile activities and sounds, in particular singing. We saw how they were provided with objects that they were familiar with that they enjoyed interacting with. We also saw a staff member sitting on the floor in front of the person singing. The person was thoroughly engaged showing they were relaxed and very happy with this one to one attention.

Another person frequently attracted the attention of staff who always responded positively with a smile and conversation about things of interest to them. The person was very relaxed with staff and showed they got great pleasure from the interactions they had with staff.

People used different communication methods to express themselves. This included, British Sign Language, Makaton another form of sign language, objects of reference this is where an object is used that symbolises the chosen activity, The Picture Exchange Communication System (PECS) and by gestures and facial expression. We saw examples of staff using different ways to communicate with people. We observed staff

communicate with people effectively using good listening skills and diversion techniques if people were becoming anxious. Staff respected people's choices and promoted independence as fully as possible.

People's communication needs had been assessed and support plans provided staff with detailed information to enable them to effectively communicate with people. We observed staff communicate with people effectively using good listening skills and diversion techniques if people were becoming anxious

A member of staff told us that there was not information available for people about independent advocacy services. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. However, they said that they would ensure that this information was made available for people. After our inspection we received confirmation from the service that this information had been made available.

Two people we spoke with told us that they were involved in discussions and decisions with staff about how they received their care and support. People were aware of their support plans and said they had been involved in their development and review. They had also signed them to show they agreed with what was recorded. People were confident that staff listened, respected and acted upon their views.

We saw care records that confirmed people were involved in discussions and decisions. For example, keyworkers had regular meetings with people about a range of things that were individual to the person and more general topics about the service provided. This told us that people received opportunities to express their view and opinions about the service they received.

People told us that they felt staff treated them with dignity and respect. One person told us, "Staff are nice and treat me properly; they are polite and respect what I say."

A relative told us, "The staff respect [name of family member] about what they want to do, like all of us they have different days."

Staff told us how they respected people's privacy, dignity and communication needs. One staff member said, "We value people and respect their differences and communicate using their preferred communication method." Another staff member told us how important it was to respect people's personal space and privacy and that they knocked on people's doors and waited for a response before entering.

Policies and procedures we reviewed included protecting people's confidential information and showed the service placed importance on ensuring people's rights, privacy and dignity were respected. The importance of confidentiality was understood and respected by staff and confidential information was stored securely.



Our findings

People who used the service received care and support that was personalised to their individual needs and in a way they wished to be supported. Two people told us that they had a choice of when they got up and went to bed and how they spent their time. They said that they felt staff supported them in a manner that was individual and important to them.

A relative told us, "I am always made to feel extremely welcome by staff." They added, "Staff are very caring towards [name of family member]. I genuinely feel they are loved by many of them. I feel the staff know [name of family member] far better than I do. I thought it was particularly wonderful that they built a chill out den for them."

Staff told us that they had appropriate information available to them about how to meet people's needs. They said this enabled them to provide an effective and responsive service. Staff said support plans were reviewed by the registered manager on a monthly basis and that they could contribute to this process to ensure they reflected people's current needs. We found people's care records had been regularly reviewed and amended where required.

People received a detailed pre-assessment before they moved to the service. This is important to ensure people's needs are known and assessed to ensure they can be met. Support plans were then developed that detailed people's physical and mental health needs, including diverse needs, routines and preferences. People told us that they were involved in the pre-assessment and ongoing review of their needs and records viewed confirmed this. This enabled staff to be aware of what was important to people and to understand their individual needs.

Two people told us about their individual interests and hobbies and how they spent their time. They said some activities they did independently but some the staff supported them with. One person said, "I go to church a lot and see my friends." Another person told us they went to social and leisure groups during the day and evening. That they had a voluntary work placement two days a week and attended a drama college course. People also said that they were supported by staff to go on holidays. We saw photographs on display that showed activities people had participated in.

During our inspection we saw staff supported people individually to access the local community for walks or to the local shops. People had access to a variety of activities such as their own individual iPads, an outdoor trampoline and indoor activities. We saw examples of how people's bedrooms had been individualised to

people's preferences. This told us that people were enabled to lead meaningful and active lives that were based on their individual interests, hobbies and what was important to them.

We saw copies of resident meetings that had taken place on a regular basis. We saw people had been consulted about things that were important to them. Meetings were also used as an opportunity for the registered manager to inform people about issues that affected the service such as staffing. We noted how people had been consulted in the colour choice for the painting of the hall, stairs and landing. A person told us about how they had requested a new bed. They said, [Name of registered manager] is helping me, we are going shopping in November to buy one."

This told us that the provider supported people to be involved in the development of the service.

People had information about how to make a complaint available and presented in an appropriate format for people with communication needs. People told us that they had no concerns raising any issues or complaints. One person said, "I would speak with my keyworker or [name of the manager]."

A relative told us, "When I had cause to raise a minor concern it was dealt with extremely well by the current manager." They added, "I know staff would contact me if there were any problems." Another relative said, "I've not had to make a complaint, but would plug into the complaint process if I needed to."

Staff were aware of the provider's complaint procedure and were clear about their role and responsibility with regard to responding to any concerns or complaints made to them. We looked at the provider's complaints policy and procedure that was detailed and informative. A senior member of staff told us that no formal complaints had been received. They said they were confident that the registered manager would respond appropriately if any complaint was made.



Our findings

The provider had a system to regularly assess and monitor the quality of service that people received. However, it was not effective as it had not identified and addressed the issues we found at this inspection.

There were no systems used to determine the staffing levels required to meet people's dependency needs at all times. During a telephone conversation with the area manager following our inspection, they confirmed that people's dependency needs had not been reassessed for a considerable length of time.

Whilst there were monthly health and safety audits in place completed by staff, these had failed to identify the multiple concerns identified at this inspection. It was not clear what additional checks the registered manager had in place to oversee the completion of these audits or if they completed daily checks themselves.

We were not sufficiently assured that people's rights in respect of their freedom and liberty had been reviewed or appropriate action taken. Where people lacked mental capacity to consent to specific decisions about their care the Mental Capacity Act 2005 had not been adhered to. Audits and action plans seen did not identify that this was an area of concern.

The cleaning schedules showed that regular cleaning of the service was not being completed. It was not clear what or if any action was being taken by the registered manager to address these issues or concerns.

These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A registered manager was in post. We saw that all conditions of registration with the CQC were being met. For example, the registered manager ensured we received notifications of the incidents that the provider was required by law to tell us about. However, upon review we did find one example where we were not notified of an incident when we should have been. We discussed this after the inspection with the area manager who could not give an explanation of why we had not received this.

People we spoke with told us they were happy living at the service, they said staff met their individual needs well, that they were happy, settled and involved in their care and support.

A relative told us, "In summary I feel [name of family member] is safe, happy and loved at Prices [the service]."

I am very happy with their care."

Staff were positive about the leadership and said that the registered manager had made many improvements since they had been in post, particularly in relation to people's support plans. Staff said these had vastly improved and enabled them to provide a better and responsive service. Staff also said that the registered manager and new staff that had experience in different communication methods, which had developed and improved staff's communication skills. We found on the whole people's support plans were easy to follow and provided detailed and informative information for staff. This enabled them to provide a person centred approach to the care and support they provided.

A whistleblowing policy was in place. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they were aware of this policy and procedure and that they would not hesitate to act on any concerns.

We looked at the service user guide and statement of purpose that informed people of what they could expect from service. This included the provider's values and philosophy of care; we saw that staff acted in line with those values.

We observed staff provided an environment that was relaxed and calm. We noted positive relationships between people who used the service and staff had been developed and this helped create a caring and warm atmosphere for people who used the service and visitors.

People who used the service also had regular opportunities to talk about the service they received. This was used as an opportunity to exchange information and consult people about any changes they wanted to see. We saw records that confirmed these meetings. This told us the provider enabled people to share their experience about the service they received and feedback was respected and acted upon.

Staff told us and records confirmed that they had staff meetings where they were encouraged to raise any issues, concerns and improvements. One staff member said, "You can talk freely, the manager listens to what staff say and will make changes. They are good they will consult us and ask what we feel needs doing."

We also saw records that confirmed the provider enabled staff to share their views about the service. A report named an Engagement Survey & Values –Feedback 2015, confirmed staff received opportunities to feedback and share their views to 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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care and treatment of people must only be provided with the consent of the relevant person.</p> <p>Regulation 11 (1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider must assess the risk of, and preventing, detecting and controlling the spread of infections, including those that are healthcare associated.</p> <p>12 (h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have an effective system to regularly assess and monitor the quality of service that people received.</p> <p>17 (1)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider must ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff are deployed in order to meet people's needs.</p> <p>18 (2) (a)</p>