

# Mrs Sheila Mavis Mecklenburgh Evaglades

## Inspection report

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Date of inspection visit:  
11 February 2016

Date of publication:  
10 March 2016

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

This inspection took place on 11 February 2016 and was announced. The registered provider was given 48 hours' notice because the location was a small care home for adults with learning disabilities who are often out during the day; we needed to be sure someone would be in.

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Evaglades is a residential care home registered for up to 8 people with learning disability. The rooms are en-suite and are located on two floors with a staircase. The home is situated on the seafront in Morecambe close to local amenities. Care is predominantly provided by the family who also live on site. The registered provider employs one person who is not a family member.

At the time of inspection there were two people living at the home.

A registered provider was in post at the time of the inspection. A registered person is registered with the Care Quality Commission to manage the service. 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 service was last inspected 08 December 2014. The registered provider did not meet the requirements of the regulations during that inspection as breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were identified. Breaches were identified in requirements relating to workers, recruitment, assessing and monitoring the quality of service provision, Respecting and involving service users, records, consent and complaints.

During this inspection in February 2016, we found improvements to meet the fundamental standards had been made.

Risk assessments had been reviewed to ensure risks to people had been addressed and could be suitably managed. Staff were aware of the risks appropriate to each person and aware of processes to follow to promote people's safety.

Systems had been implemented to ensure all environmental risks were identified and addressed to promote safety. The registered provider had carried out appropriate fire alarm testing and had carried out evacuation drills with staff and the people who lived at the home. Records had been kept to evidence they had occurred and documented any significant findings.

The registered provider had developed an audit system and was carrying out checks around the property to ensure all areas were adequately maintained. Cleaning rotas had been developed and records of all cleaning undertaken were maintained.

Records relating to staff were up to date and detailed. New employees had been subjected to suitable

checks to ensure they were suitable for the employed role. All staff and family members who worked at the home had been subjected to a Disclosure and Barring check prior to commencing work.

Suitable arrangements were in place for administering of medicines. Medicines were stored securely when not in use and were only administered by staff that were trained to do so. People who lived at the home had access to homely remedies to manage any minor ailments. These had been discussed and approved with a relevant health professional. Audits of medicines were carried out by the registered provider.

Training had been implemented for staff and training progress was being documented on a training matrix. Staff told us they were offered training to meet people's needs. New staff were supported through an induction programme and was supported by management at the start of their employment. On-going support to staff was offered through supervisions and regular team meetings.

Procedures to lawfully deprive people of their liberty had been considered and applications had been made to the Local Authority for relevant parties.

Capacity and consent of all people who lived at the home had been reviewed. The registered provider had carried out Mental Capacity assessments for each person who lived at the home to determine their capacity and to look at how people could be involved in decision making. The registered provider recognised whilst people may lack capacity it was important to still involve them in decision making where appropriate.

Person centred care was provided at all times by staff who knew the people well. Staff knew of people's likes and dislikes and respected these whilst supporting people. Where possible people who lived at the home were encouraged to be involved in the everyday running of the home. There was an emphasis on building people's skills and promoting independence.

People who lived at the home were asked about the care provided. When people could not verbally communicate staff took the time to observe non-verbal cues to try and understand what the person was thinking and experiencing. This enabled staff to make assumptions on how satisfied people were with the service.

We observed people being kept active and stimulated throughout the day of the inspection. There was no structured formal activity plan on a daily basis but we observed staff taking time out and carrying out 1:1 activities with people during the day. We also saw evidence the registered provider had started to increase links with the local community. We were assured these links were going to continue.

Interactions between the people who lived at the home and the staff were positive. People were treated with respect. We also observed needs being met in a timely manner.

People's nutritional needs were met by the registered provider. Meals were prepared for people according to personal preferences and health needs. We observed people making requests for meals and these were granted. Support was provided where appropriate at meal times.

The registered provider had reviewed their complaints policy and had implemented a complaints log for all complaints to be recorded in. There had however been no complaints since the last inspection.

Quality assurance systems had been implemented since the last inspection. Feedback regarding service provision had been sought from professionals, relatives of people who lived at the home and the people who lived at the home. This was carried out to ensure people were happy with the care provided.

Staff who worked at the home told us communications with the registered provider had improved. Staff said they were now listened to and involved in making improvements to the service. Staff commended the new atmosphere in the home and the willingness of the registered provider to listen to suggestions.

The registered provider had improved standards of record keeping. Relevant documentation that was required to demonstrate compliance with the regulations was maintained and organised.

The registered provider had taken action to ensure the living premises were fit for purpose. A refurbishment plan had been drawn up by the provider to improve standards around the home.

The service will be expected to sustain the improvements and this will be considered in the future inspections.

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

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Systems were in place to ensure there were appropriate numbers of suitably qualified staff on duty to keep people safe.

Documentation to manage risk had been updated and reviewed.

Processes were in place to protect people from abuse. Suitable recruitment processes had been established to ensure only suitable people were employed. Staff were aware of their responsibilities in responding and reporting abuse.

The provider had suitable arrangements in place for storing, administering, recording and monitoring of people's medicines.

### Is the service effective?

Good 

The service was effective.

The registered provider had followed best practice guidelines to ensure people who lived at the home were not deprived of their liberty unlawfully. Consent and capacity had been reviewed for each person who lived at the home.

The registered provider had developed a training matrix and a staff training and development plan. Staff had been provided with some training to enable them to carry out their roles effectively. Plans were in place to provide ongoing staff training.

Health needs of people living at the home were met. Records demonstrated health professionals were consulted with for support and assistance whenever concerns were identified.

People's food and nutritional needs were met by the registered provider.

### Is the service caring?

Good 

Staff were caring.

One person who could verbally communicate told us staff were caring.

There was evidence people who lived at the home were provided with person centred care by staff, who knew them well. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Observations made during the course of the inspection showed us people were treated with patience and compassion. Privacy and dignity was promoted at all times.

### Is the service responsive?

Good ●

The service was responsive.

Each person who lived at the home had been involved in developing their own person centred care plan. Activities for each person were delivered in a person centred way.

Staff had a good knowledge of people who lived at the home and the routines each person had to make them feel safe. Staff worked hard to ensure routines for each person were adhered to.

People's care needs were kept under review and staff responded quickly when people's needs changed. People were involved in the development and review of their care plans.

Systems had been implemented to ensure any concerns were recorded and acted upon in a timely manner.

### Is the service well-led?

Requires Improvement ●

The service was well led.

Systems and processes had been established to ensure the service provided met the required regulations. Regular audits were now in situ. We noted however these were currently being inconsistently applied.

Staff told us the culture of the home had improved greatly since the last inspection and there was now a focus upon learning from each other in a bid to continually improve. Team meetings were frequently held.

# Evaglades

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health & Social Care Act 2008 as part of our regulatory functions and to check whether the provider is meeting the legal requirements and regulations associated with the Health & 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 was carried out 11 February 2016. We gave the registered provider 48 hours' notice of the inspection to ensure there would be someone at the home when we visited. The service against all five key questions we ask about services: Is the service safe, effective, caring, responsive and well-led?

The inspection was carried out by one adult social care inspector.

Prior to the inspection taking place we reviewed information regarding Evaglades from a variety of sources. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people who lived at the home.

We also spoke with the other agencies that had some involvement in working with the registered provider. This included the Local Authority contracts and commissioning team and the Local Authority safeguarding team. This allowed us to gain information relating to the quality and safety of service being provided and influenced our inspection planning. No concerns were raised during discussions with these parties.

Information was gathered from a variety of sources throughout the inspection process. We spoke with three staff members at the home. This included the registered provider and deputy manager and one staff member responsible for providing care. The registered provider was unable to be present for the full inspection process. The deputy manager was present to represent the registered provider in their absence.

We spoke with one person who lived at the home to obtain their views on what it was like to live there. We also observed interactions between staff and people to try and understand the experiences of the people who could not verbally communicate.

To gather information, we looked at a variety of records. This included care plan files relating to both people

who lived at the home. We also viewed two staff members' recruitment files. We also viewed other documentation including minutes of team meetings, cleaning schedules, health and safety certification, and staff training records.

We looked around the home in both public and private areas to ensure the home was conducive to the needs of the people who lived at the home.



# Is the service safe?

## Our findings

At the inspection dated December 2015 we identified a breach of Regulation 21 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010. (Now regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper person's employed.) The registered provider had failed to have appropriate systems in place to ensure people employed were of suitable character to work with vulnerable people. We noted information relating to employment histories of each staff member and references were not consistently sought by the registered provider. Also, some staff had been employed to work without a DBS check being carried out. A DBS certificate allows an employer to check the criminal records of employees and potential employees to assess their suitability for working with vulnerable adults. This prevents people who are not suitable to work with vulnerable adults from working with such client groups.

The deputy manager told us since the last inspection they had been involved in organising files and implementing paperwork to ensure the registered provider was compliant. They said, "We've made improvements to all relevant paperwork. People are now safe."

We found improvements to recruitment processes had been made to ensure people recruited by the organisation were of suitable character. We looked at staff files belonging to the two newest employees within the organisation. Both employees had been recruited since the previous inspection. We found DBS certificates were in situ for both staff members. The registered provider had also sought references from two people for each employee, including the person's last employer. When there were gaps evident in people's employment history these had been discussed by the registered provider and the discussion recorded. This showed the registered provider had taken action to ensure all required pre-recruitment checks were in place prior to a staff member starting work.

We spoke to a new member of staff; they confirmed they were not permitted to work without the necessary checks in place.

One person who lived at the home told us they felt safe at the home. They described the home as having a, "Comforting atmosphere."

People who lived at the home were safeguarded from abuse as the provider had systems in place to ensure people were kept safe. Records maintained by the registered provider showed all staff had undertaken safeguarding training in the past twelve months.

Staff we spoke with told us there were clear systems in place to keep people safe and were aware of what to do should someone suspect abuse. The home had a policy and procedure in place which gave staff clear direction on how to respond to suspicions of abuse.

Staff were confident they could identify abuse and knew what to do if abuse was occurring. Staff told us they had received training in safeguarding as part of their ongoing training and they would not be hesitant in

reporting any concerns. One staff told us they were fully aware of what to do as they had attended training and in a previous role had been party to reporting abuse. The staff member said, "I would report it immediately."

As part of this inspection process we looked at care documentation to see how the registered provider managed and assessed other risks in relation to the people who lived at the home. The deputy manager told us they had reviewed all paperwork relating to management of risk. We looked at both files for each person who lived at the home and noted new risk assessments had been carried out. Each risk assessment was person centred on the individual and their own specific needs. Topics covered included communication, personal care, promoting a person's independence and monitoring a person's mental health condition. The deputy manager told us a new process was now in place whereby at each team meeting one person's risk assessment and care plan was discussed by the team.

During the course of the inspection we noted an incident had occurred at the home which placed a person at risk of harm. This incident was documented in the persons care plan and risk assessment. We spoke with the staff member about the incident. They said they had been confident in dealing with the situation as it was addressed in the care records and they had simply followed the protocols in dealing with the incident. This demonstrated risks to each person were documented and staff were aware of how to manage risks appropriately.

We looked at how medicines were being stored and administered by the registered provider. We did this to ensure medicines were secure and people who lived at the home received the correct medicines. Medicines were prescribed in a medi-dose system from the pharmacy. One person had liquid medicines prescribed. This was pre-measured by the pharmacy. The deputy manager said the system was "brilliant" as it reduced the risk of misadministration. Medicines which were prescribed on an as and when basis were stored in original containers. All medicines were stored in a lockable cabinet.

We looked at medicine and administration records (MAR) relating to each person who lived at the home. We did this to ensure people who lived at the home received the correct medicines at the correct times. MAR records demonstrated staff were signing as and when required to show medicines have been administered. There were no gaps in MAR sheets which implied medicines had been administered accordingly. When medicines were not required this was also recorded on the MAR sheet.

Good practice guidelines in relation to PRN medicines administration were consistently followed. PRN medicines are medicines which are only administered on an infrequent basis. We saw the registered provider kept separate carers notes. These detailed the time the medicine was given and the reason for this.

Each person who lived at the home had a homely remedy sheet for over the counter medicines to treat minor ailments. We saw evidence the general practitioner (GP) had been consulted regarding these medicines to ensure they did not affect people's prescribed medicines. The homely remedy sheet detailed what each medicine was to be used for and had clear directions when to use it. The deputy manager told us homely remedies would be recorded on the back of the main MAR sheet when prescribed.

There was two staff on duty on the day of the inspection. Rotas we viewed indicated there was two staff on duty every week day. This reduced to one staff in the evening with one member of staff on stand-by. Staff told us they were confident the staffing levels met the needs of the people who lived at the home. Cover for staff absence was met by the staff team and agency was not used.

Observations made during the course of this inspection demonstrated people who lived at the home did not

have to wait for staff to meet their needs. If people requested help, there was staff on hand to assist.

At the inspection in December 2014, on the first day of inspection we raised concerns about infection control processes at the home. At this inspection we carried out a visual inspection of the home and noted there was a suitable standard of cleanliness. We noted no odours within rooms.

The deputy manager told us, since the previous inspection a cleaning rota has been implemented and staff were accountable for cleaning tasks. Cleaning records were maintained by staff and we were informed these were regularly audited by the registered provider.

During this inspection we viewed records in relation to equipment and appliances in use by the service. The registered manager had systems in place to ensure safety checks were up to date. We viewed gas, electrical checks, portable appliance tests and fire safety systems and noted they were all up to date.

Risks within the environment had been addressed. Thermostatic valves had been fitted to taps to prevent scalding. Restrictors were in situ on windows to prevent risk of falls from height. Systems were also in place for managing the risk of legionella.

The service had procedures in place to record accidents and incidents. When we undertook this inspection visit there had been no accidents or incidents recorded. During the course of the inspection we noted one incident had occurred two weeks ago. This had been recorded in a person's daily records but this had not been transferred to the accident book. We brought this to the attention of the deputy manager who said it had been an oversight and agreed to complete the accident book immediately.

# Is the service effective?

## Our findings

At the inspection in December 2014 the registered provider had failed to develop systems that allowed them to be confident consent had been received by appropriate means. The registered provider had failed to act within the realms of the Mental Capacity Act 2005. (MCA)

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

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

At the inspection in December 2014 we identified numerous restrictions in place for one person who lived at the home. We found legal processes had not been followed to ensure people's rights were lawfully upheld.

At this inspection carried out in February 2016, we looked to see if the registered provider was working within the principles of the MCA.

We asked the deputy manager what improvements had been made since the previous inspection. The deputy manager confirmed an application had been made for the person who lived at the home to be deprived of their liberty in accordance with the MCA. We were shown records to confirm this had occurred. We were informed the applications had not yet been processed by the Local Authority. The deputy manager told us they had kept an audit trail of all communications they had with the Local Authority to demonstrate they were monitoring the applications progress.

We checked care records to see how capacity had been assessed for each person and how decisions were being made for people who lacked capacity. We found evidence the registered provider had completed a capacity assessment for each person. Documents showed when a person lacked capacity they were encouraged to be involved in decision making as much as reasonably practicable.

We spoke with one staff member about the principles of the MCA. The staff member confirmed they had received training in this area since the last inspection and although they thought the act was "confusing" they were confident they had an understanding of the principles of the Act.

At the inspection in December 2014, we identified a breach to Regulation 23 of the Health & Social Care (2008) Regulated Activities 2010, now regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because suitable systems were not in place to ensure staff were equipped with the necessary skills to carry out their role. We found training was not routinely offered to staff to allow them to safely carry out their role. Staff also told us they were not provided with supervision to support them in their

role.

At this inspection carried out in February 2016, we found improvements to staff training had been made. The deputy manager had developed a training matrix to document all training provided to staff. We noted all staff had been trained in first aid, safe handling of medicines and safeguarding of vulnerable adults. The deputy manager had also highlighted additional training for staff. The deputy manager had also highlighted additional training for staff which they were in the process of organising.

New starters to the organisation had been inducted upon the care certificate and had just begun the course. The care certificate is a nationally recognised qualification that aims to equip people with the necessary skills to promote safe and compassionate care.

Alongside the training with the external organisation the registered provider had implemented an induction programme for new starters. We looked at records which set out the training requirements for each new staff member.

We spoke with a staff member about their induction. We did this to see if induction processes were in place to ensure they were supported within their role. The staff member told us they had been suitably inducted by management. They told us they undertook a period of shadowing before working on their own. This period of shadowing allowed staff to learn whilst being supported by a more experienced member of staff. This reduced any potential risks of harm occurring to people who lived at the home whilst staff were not fully trained to carry out their role.

Records maintained by the registered provider demonstrated staff were supported with bi-monthly supervisions with the registered provider. Staff confirmed they received regular supervision. Staff said the managers had an open door policy and they were not afraid to discuss any concerns they may have in between supervisions. One staff member said, "If I had any concerns I would discuss them with the registered provider. If anything needs sorting we would discuss it as a team."

We looked at supervision records and noted any concerns about staff performance was openly discussed and addressed within supervisions.

During the course of this inspection we looked to see if the provider was meeting the dietary needs of the people who lived at the home. To do this we made observation over a lunch time and looked at people's care records. We also spoke with one person to see if they were satisfied with the food.

One person who could verbally communicate gave us positive feedback and told us, "The food is good." Another person at the home could not verbally communicate but observations made at lunch time demonstrated the person became excited when the meal was served.

People who lived at the home had their lunch in a dining area of the front room. We observed one person who lived at the home being involved in setting the table. The table was laid with a table cloth and people also had drinks alongside their meal.

Staff were suitably deployed at lunch time, we noted staff were present but gave people space to eat their meals without any unwanted interference. One staff member told us it was important they had oversight as one person was at risk of choking. They therefore supervised the person eating but did this discreetly.

People were not offered any choices at lunch time. The staff member explained they had a list of everyone's

favourite meals and lunch was prepared around the list of people's likes and dislikes. In the afternoon we did over hear one person making a request for egg and chips for tea and the staff member agreed to make this for them.

We observed drinks being offered during the course of the inspection. People who lived at the home also requested biscuits and these requests were met. One person who lived at the home was openly encouraged to become involved in making the drinks.

People's dignity was also promoted over lunchtime when people were offered the opportunity to wear protective clothing to protect their clothes from becoming stained. People were also offered hand wipes at the end of lunch to clean their hands prior to leaving the dining table.

The registered provider kept a diary of all foods eaten by people who lived at the home. This allowed for more effective meal planning and a means to monitor what people ate.

During this inspection we checked people's health care needs were being met by the registered provider. We looked at care records relating to both people who lived at the home. Records showed the registered provider liaised with other health professionals to ensure people's health care needs were met. Care records detailed evidence of people receiving support from doctors, dentists and opticians. We noted when staff had noticed a change in one person's mood they had referred the person to their GP to seek a referral from the Mental Health Nursing Team for further advice and guidance.

# Is the service caring?

## Our findings

One person who lived at the home told us, "The staff are kind." And "[Registered provider] and [Registered provider's husband] look after me."

At this inspection in February 2015 we observed positive interactions throughout the inspection between staff and people who lived at the service. We observed staff taking time to sit with people to enquire if they were comfortable or had any requests for support. When one person looked tired we observed a staff member coming over and asking the person if they would like to put their feet up. On another occasion a person who could not verbally communicate was trying to gain the attention of a staff member. As soon as the staff member realised they went to see the person immediately. They sat down with the person who lived at the home laughed and put their arms out for a cuddle. The staff member reciprocated and offered the person comfort. In the afternoon we observed staff offering one person the opportunity to go to their room for a lay down as they looked tired.

Staff responded in a timely manner when people sought assistance. We observed one staff member offering to find new activities for one person to partake in when they were showing signs of being bored with an activity. On another occasion one person made a request for a DVD to be put on. The staff member responded immediately.

We observed staff bending down and communicating with people at eye level as a means to promote communication in a non-threatening way. One staff member also used some Makaton with one person as a means to promote communication. Makaton is a language system using signs and symbols to enable people to communicate.

Staff also took pride in ensuring people who required support with their personal care received appropriate support. People were dressed in clean clothing and well presented. We observed staff making adjustments to people during the course of the inspection to enable them to look suitably tidy. This demonstrated staff were aware of promoting peoples dignity.

We spoke with a staff member about promoting dignity on an everyday basis. The staff member said they tried to promote privacy and dignity wherever possible. They gave an explanation about not over-crowding a person and allowing the person time and space alone in the bathroom. The staff member said they gave the person distance but they could still over-see the person. This promoted privacy but managed risk.

We observed one person who lived at the home discreetly requesting some support from staff. Staff responded immediately and was aware of the need to also respond in a discreet manner to promote confidentiality, privacy and dignity.

Staff were aware of people's likes and dislikes and engaged in conversation with people about their interests. One staff member held a conversation with a person about their family and explained to them they were coming to visit shortly. The person was excited at a prospective visit and a trip out.

Staff spoke fondly about the people who lived at the home. Both staff likened the people who lived at the home to "family." One staff member said, "I treat them like I would treat my own family. We have good values here."

The deputy manager explained people who lived at the home were treated as family members and were invited to family outings. The previous day they had arranged for a surprise social gathering between people who lived at the home and the registered providers family.



# Is the service responsive?

## Our findings

At the inspection in December 2014, we identified a breach to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2010, now regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014, Person Centred Care. People were not being encouraged to participate in activities.

At this inspection carried out in February 2016, we looked at care records relating to the people who lived at the home to check improvements had been made. Daily records demonstrated people had been offered opportunities to try out new activities. One person's records showed the person had commenced swimming and both people who lived at the home had been taken to a local social group to go dancing. People had been attending these groups on a regular basis.

We spoke with one person about activities. They told us they no longer went swimming and they expressed no desire at returning. The staff member explained there had been an incident at the swimming pool which had put the person off attending. The staff member said they hoped to try the activity once again when the weather improved.

Care records also evidenced people had stopped going to the local dancing group. Staff said this had stopped because of recent bad weather but said they hoped to start going once again soon. They said one of the people really liked going and got a lot from the group just "people watching."

We discussed the reasons with the deputy manager why some activities had stopped. The deputy manager said it was sometimes difficult to get people involved. They said people were not always motivated to partake in activities and often chose to not engage.

Care records demonstrated people were offered a variety of activities during the day. People undertook arts and crafts, listened to music, had reminiscence sessions and played music. People were also supported to go out on trips to cafes and have meals out. We saw photographs taken on days out. One person was starting a memory book which contained pictures from all days out.

We noted each person who lived at the home had been involved in a person centred review. People were encouraged to talk about personal goals and what was working well within the service being provided. For one person who could not verbally communicate staff were encouraged to reflect on what they knew about the person and what they thought the person liked and disliked. This demonstrated the registered provider was committed to promoting and enhancing communication.

Following the person centred review the registered provider had developed a person centred care plan for staff to refer to when providing care. Care records were consequently person centred and included peoples likes, dislikes and favoured routines.

During the course of the inspection we observed staff providing support according to the person centred

plan. One person's plan indicated the person liked helping around the home. We saw the person being offered opportunities to do this during the day. Another person enjoyed sitting by the window and watching people outside. We observed the person doing this whilst carrying out activities of their choosing.

Staff told us since the last inspection they had focussed on building independence skills of people who lived at the home and had worked with both people to build skills. One person had since learned to wash themselves when in the bath. This promoted independence and dignity. The deputy manager said, "Things have changed, it feels like we now try to promote and support people."

At the inspection in December 2014, we identified a breach to Regulation 19 of the Health and Social Care Act (2008) Regulated Activities (2010) because the registered provider had failed to establish and operate an effective complaints system.

At this inspection carried out in January 2016, we looked to see what improvements had been made by the registered provider to ensure any complaints received were managed appropriately. The deputy manager explained a new complaints log had been set up for all complaints to be recorded in. There had been no complaints made since the last inspection.

We asked a staff member if they were aware of what to do should someone complain. The staff member was aware of the process and the need to take any complaints seriously. They said, "I would try and resolve it myself if I could. If I couldn't I would speak to management."

## Is the service well-led?

### Our findings

At the inspection in December 2014, we identified a breach to Regulation 20 of the Health and Social Care Act (2008) Regulated Activities 2010, now Regulation 17 of the Health and Social Care Act (2008) Regulated Activities 2014, Good Governance. Procedures for storing of information were unclear and disorganised. The registered provider was unable to locate documents at our request.

At this inspection carried out in February 2016, we found improvements had been made to the management of records and paperwork. The deputy manager was able to source all documents requested. All files we viewed had been reviewed and tidied up to enable easy access to relevant documents.

At the inspection in December 2014, we also identified a breach to Regulation 20 of the Health and Social Care Act (2008) Regulated Activities 2010, now Regulation 17 of the Health and Social Care Act (2008) Regulated Activities 2014, Good Governance. The provider had failed to actively seek views and feedback from relevant persons.

At this inspection carried out February 2016 the deputy manager provided evidence to show the registered provider had tried to engage with people who lived at the home to gain feedback on service provision. One person had been able to communicate their satisfaction and staff had recorded their comments. Comments provided were complimentary about the service received. The other person was unable to verbally communicate but staff made a record of how the person responded with non-verbal cues in response to each question. The staff had also tried to use pictures of happy and sad to promote communication with the person.

The registered provider had also tried to seek feedback from a number of relevant people including health professionals and family relatives of people who lived at the home. We looked at feedback returned. Only three people had responded to a quality questionnaire feedback regarding performance of the service. Feedback was mixed ranging from one person who rated the service as adequate to another person who rated the service as outstanding. Feedback received included, "My [relative is looked after really well." And, "My [relative is very happy." Also, "Communication is very good."

The deputy manager said all comments fed back were taken on board by management and were used as a means to reflect on improving service provision. The deputy manager said, "We have an open culture now. We want to constantly improve." The deputy manager also said, "We can say what we want. We have easily flowing conversation."

At the inspection in December 2016, we found a breach to Regulation 10 of the Health and Social Care Act (2008) Regulated Activities 2010, now Regulation 17 of the Health and Social Care Act (2008) Regulated Activities 2014, Good Governance as the registered provider had failed to implement and carry out regular audits.

At this inspection we found the registered provider had implemented quality audits to regularly review the

quality of the service. Records demonstrated a variety of audits had initially taken place in June and July 2015 but these had not been carried out for some time. We noted finance audits, health and safety audits, training audits and staff competency audits had initially taken place. We spoke with the deputy manager about this. The deputy manager was confident all jobs were being carried out regardless of audits stopping and said, "Things have improved. We all work as a big team." The deputy manager told us they informally over saw audits to ensure all tasks were completed.

We spoke with the deputy manager to gauge their feedback on what improvements had been made since the last inspection. The deputy manager said there had been a lot of changes, all for the better. The deputy manager said, "We have a happier work environment and a good staff team."

The registered provider said team meetings had now been implemented and were held regularly. The deputy manager described the team meetings as brilliant and said they have changed the culture of the home. The deputy manager said team meetings allowed the team to openly discuss things and come up with solutions to problems.

We looked at team meeting minutes and noted meetings were being held monthly. Minutes demonstrated all staff attended the team meetings. The registered provider shared their enthusiasm to improve standards through the team meeting. The registered provider had said they wanted to see an "increase in standards of care." Discussions were then held to decide where improvements could be made. We saw evidence that one suggestion to make improvements had been carried out.

We spoke with one staff member they told us they attended the team meetings and felt their views were listened to and valued. The staff member said, "We all look after each other." And described teamwork as, "brilliant."

We spoke with the deputy manager about contingency planning in the event of the absence of the registered provider. The deputy manager said a plan was in place and support would be provided by either the deputy manager or the paid member of staff. The paid member of staff told us they were more than happy with these arrangements.