

Forward Care (Residential) Limited

Hill Farm

Inspection report

15 Keycol Hill
Bobbing
Sittingbourne
Kent
ME9 8LZ

Tel: 01795841220






Date of inspection visit:
17 August 2016

Date of publication:
26 September 2016

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

The inspection was carried out on 17 August 2016. Our inspection was unannounced. This inspection was to check that the provider had made improvements to the service.

Hill Farm is located on the outskirts of Sittingbourne and staff provided care and support for up to nine people who have a range of physical disabilities and learning disabilities. People had sensory impairments, epilepsy, limited mobility and difficulties communicating. Accommodation is set out over two floors with lift access to the first floor. On the day of our inspection there were seven people with learning disabilities living at the home.

Hill Farm had a 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 and associated Regulations about how the home is run.

At our previous inspection on 07 March 2016, we found breaches of Regulation 9, Regulation 17, Regulation 18 and Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us information in June 2016 which evidenced that they had made some improvements to the service.

This inspection found that improvements had been made to care and support, activities, staff support and training. However, improvements to some areas were still required.

People were unable to verbally tell us about their experiences. Relatives gave us positive feedback about the service and the management of the home.

Risks to people's safety had not always been adequately assessed and action taken to reduce the risks in relation to window safety. Some risk assessments had not been completed. Bathing risk assessments relating to risks of scalding when using baths and showers were not completed.

Medicines had been administered following the provider's medicines policy and following good practice guidance. Medicines records were not always accurate and complete.

Systems were in place to enable the provider to assess, monitor and improve the quality and safety of the service, however these had not been fully embedded, which meant further improvements were required.

There were enough staff on duty to meet people's needs. Recruitment practices were safe, relevant checks had been made to check that staff were suitable to work with people. Staff had undertaken training relevant to their roles. Staff had received regular supervision and support. Staff induction to new roles varied. We

made a recommendation about this.

Staff had received training about protecting people from abuse and showed a good understanding of what their roles and responsibilities were in preventing abuse.

People enjoyed the food; meals were served according to people's assessed needs. People helped to choose the food on the menu.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA), which included steps that staff should take to comply with legal requirements. Staff had a good understanding of the MCA to enable them to protect people's rights.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority and had been approved.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner. The staff ensured people received effective, timely and responsive medical treatment when their health needs changed.

Interactions between people and staff were positive and caring. People responded well to staff and engaged with them in activities. People were encouraged to take part in activities that they enjoyed. People were supported to be as independent as possible.

People and their relatives had been involved with planning their own care. Staff treated people with dignity and respect. People's information was treated confidentially and personal records were stored securely.

People's view and experiences were sought during review meetings and key worker. Relatives were also encouraged to feedback through surveys.

People's care plans had been reviewed and updated to ensure that their care and support needs were clear and their preferences were known. People were encouraged to take part in activities that they enjoyed, this included activities in the home and in the local community.

Communication between staff within the home was good. They were made aware of significant events and any changes in people's behaviour.

The provider and registered manager had notified CQC about important events such Deprivation of Liberty Safeguards (DoLS) applications in a timely manner.

We found 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.

Risks to people's safety and welfare were not well managed to make sure they were protected from harm. Risks associated with missing window restrictors and bathing had not been appropriately managed.

People's medicines were stored safely and securely. Medicines had not always been well managed. One person's changed medicines prescription had not been updated on the medicines records. Not all medicines had been appropriately recorded.

People were protected from abuse or the risk of abuse. The registered manager and staff were aware of their roles and responsibilities in relation to safeguarding people.

Effective recruitment procedures were in place. There were enough staff deployed in the home to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff had received training relevant to their roles. Staff had received supervision and good support from the management team. Induction systems needed some improvement.

People had choices of food at each meal time which met their likes, needs and expectations.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People received medical assistance from healthcare professionals when they needed it.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect. People's

confidential information was respected and locked away to prevent unauthorised access.

People were involved with their care. Peoples care and treatment was person centred.

Relatives were able to visit their family members at any reasonable time. Feedback from relatives was positive.

Is the service responsive?

Good ●

The service was responsive.

The service was flexible and responded quickly to people's changing needs or wishes. People participated in activities which met their needs.

People received care that was based on their needs and preferences. People were supported to lead their lives in the way they wished to.

The service had a complaints policy and peoples relatives knew how to complain. People were unable to express their views on the service and were therefore unable to complain themselves.

Is the service well-led?

Requires Improvement ●

The management team and provider carried out regular checks on the quality of the service, actions from these audits had not always been completed in a timely manner.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

The service had a clear set of values and these were being put into practice by the staff and management team.

Hill Farm

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 was carried out on 17 August 2016. Our inspection was unannounced. This was a comprehensive inspection to check that the provider had made improvements to the service.

The inspection team consisted of three inspectors, one of whom carried out telephone calls to relatives.

We gathered and reviewed information about the service before the inspection including the provider's action plan, information from the local authority and our last report.

During our inspection we observed care in communal areas to help us understand the experience of people who could not talk with us. We observed staff interactions with people and observed care and support in communal areas. We spoke with one relative, eight staff including the cook and the registered manager. After the inspection we telephoned four relatives to obtain their views about the service their family members received.

We looked at records held by the provider and care records held in the home. These included four people's care records, risk assessments, four weeks of staff rotas, three staff recruitment records, meeting minutes, policies and procedures, satisfaction surveys and other management records.

We asked the registered manager to send additional information after the inspection visit, including fire risk assessments and relatives telephone numbers, these were sent in a timely manner.

Is the service safe?

Our findings

At our last inspection on 07 March 2016, we made a recommendation to the provider about following good practice guidelines in relation to handling medicines.

At this inspection we found that the practice in relation to handling medicines had improved. However, we identified new concerns in relation to risks to people's safety and medicines management.

People were unable to verbally tell us about their experiences. We observed people were relaxed around the staff, people were able to move freely around the home and access the secure garden. Relatives told us their family members received safe care. Comments included, "We're really happy with the care"; "I do feel that he is safe at the home and always has been. I visit regularly this is the best place he has been at since he has been in care" and "I do feel that [person] is safe there, the staff know him well, there are times when he may get bashed or something, but all the people there have complex needs and that cannot be helped, but there are staff around and they do their best to prevent anyone being harmed".

Medicines were kept safe and secure at all times. Daily checks were made of the medicines rooms to ensure the temperature did not exceed normal room temperatures. The medicines fridges were also checked and daily records maintained to ensure the medicines remained within normal range. We observed a trained staff member administering people's medicines during the morning medicines round. The staff member wore disposable gloves when handling medicines. The staff member checked each person's medication administration record (MAR) prior to administering their medicines. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. When medicines had been administered appropriate records had not always been made. We found that one person's Macrogol Compound medicine had not been accurately recorded on the MAR chart at the beginning of the medicines cycle on 15 August. The person's GP had increased their medicine on the 25 July 2016. The information had not been transferred on to the new MAR chart, no one had signed for the medicine for the 15 or 16 August which meant the person was at risk of becoming unwell. Whilst reviewing MAR charts for the previous month for all of the people, we found that three people's medicines had not been signed for on the 08 August and 09 August 2016. People had medicines protocols in place which described when they needed PRN (as and when required) medicines. This meant that medicines were not consistently well managed.

People's safety had not always been suitably assessed. We found windows on the ground floor which did not have window restrictors fitted. The windows faced a busy road. The window to the lounge had a chair in front of it. During the inspection we heard furniture moving in the lounge. We observed a person who lived in the home moving furniture by the window to climb on to the table. The staff member who also witnessed this told us that this person frequently climbed up on the furniture. Actions had not been taken to reduce the risks of this person climbing out of the window into the busy road. We reported this to the registered manager. They agreed people were at risk. After the inspection we received confirmation that they had ordered window restrictors for these windows and put a risk assessment in place to ensure people were safe from harm. We also found blank risk assessments in people's care files in relation to bathing risks and water

temperature.

One area of the home smelt strongly of stale urine. We spoke with the registered manager about this; they told us that one person had been urinating outside of their bedroom in the corridor. The registered manager went upstairs to check the area and agreed that it did smell. They spoke with the provider about this who agreed to replace the carpet and check the underlay and floor boards to see if they needed to be cleaned or replaced.

The failure to ensure care was delivered in a safe way was a breach of Regulation 12 (1)(2) (a)(b)(d)(g)(h) of the health and social Care Act 2008 (Regulated Activities) Regulations 2014.

Other risks to people and staff had been appropriately checked, recorded and reduced. Risk assessments had been undertaken to ensure that people received safe and appropriate care. Risk assessments included a list of assessed risks relating to day to day support and activities. For example, risk assessments were in place to detail risks relating to eating, taking medicines, moving and handling and health conditions. Risk assessments gave clear guidance to staff about safe working practices and reducing risks to people.

The provider followed safe recruitment practice and procedures. We looked at three staff files. All of which contained a full employment history and all gaps were explained. All staff files showed that the provider had gained a minimum of two references before staff were able to start employment. The provider had carried out Disclosure and Barring Service (DBS) checks prior to employment and there was evidence in all files of staff's identity and the right to work in the UK. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. A new member of staff had started work before relevant checks had been made through the Disclosure and Barring Service (DBS). The provider's recruitment policy detailed that any offer of employment made was conditional until the relevant checks had been made. The registered manager explained that a risk assessment had been put in place to reduce the risk to people, we viewed this. Staff without appropriate checks were not allowed to work alone and were not able to provide personal care to people. Robust recruitment procedures were followed to make sure that only suitable staff were employed.

There were suitable numbers of staff on shift to meet people's needs. The staffing schedule showed that consistent staff were allocated to work with people. Staff knew people well, the provider employed some agency workers. The agency workers had worked consistently in the home for several years and knew people well. This meant that people knew the staff that provided them care and support.

People were protected from abuse and mistreatment. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure for Kent and Medway. These policies provide guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager understood their responsibilities and knew to report safeguarding concerns to the local authority. Safeguarding concerns had been reported appropriately. Staff understood the various types of abuse to look out for and knew who to report any concerns to in order to ensure people were protected from harm. One staff member said, "I feel I can report things [safeguarding concerns] and they'll be dealt with, I've not always felt this in the past".

The home had been suitably maintained. The home employed a maintenance person who made repairs as and when they were required. Records showed that regular checks were made on the gas safety within the home, electrical equipment, the lift and fire extinguishers. Regular fire drills and fire tests had taken place. The water was monitored to prevent legionella. This meant that the home had been suitably maintained.

Accidents and Incidents had been documented, reviewed and shared with the relevant people, such as local authority care managers. Body maps had been completed to show where on a person's body they had been injured. This meant the registered manager had notified the relevant people.

Is the service effective?

Our findings

At our last inspection on 07 March 2016, we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to provide support and supervision to staff and staff had not all received training they needed to provide care and support. We also made a recommendation to the provider about ensuring appropriate systems were in place to track and monitor Deprivation of Liberty Safeguards (DoLS) applications.

At this inspection we found that improvements had been made.

People were unable to verbally tell us about their experiences. We observed that people were supported to eat and drink at meal times to ensure they had enough to eat and drink. The atmosphere was calm and relaxed and people were smiling.

Relatives told us their family member's received effective care which met their nutritional and healthcare needs. Comments included, "He enjoys the food, especially sausages"; "Healthcare needs are well met"; "They call the doctor if he is unwell, he goes for all his check-ups, not long ago he had his well man tests"; "The staff at the home know him well and they understand his complex needs including his health issues. They know when he needs to see a doctor and they would arrange that" and "I would like to think the home looked after his health needs". One relative told us how the registered manager had helped them to fight against a funding decision. They were grateful for the support and help.

Staff told us they received regular supervision. Supervision records were available on staff files. One staff member said they had sourced some additional training to support their role, other staff shared that they had been offered opportunities to complete work related qualifications. They made a request to the provider and this had been approved. One staff member said they had regular supervision and they were able to "Talk to [registered manager] every day". There had been one staff meeting since we last inspected Hill Farm, the records showed that eight staff attended. The records evidenced that staff and the management team had discussed important issues, provided updates and information and the records showed that staff were able to ask questions and raise items.

Staff had received training and guidance relevant to their roles. Staff demonstrated that they had a good understanding and awareness of their job roles. Training courses and events were advertised in the diary and planned dates were in place for medication. Training records evidenced that 15 staff had attended food hygiene training, health and safety and infection control. Training records also showed that 11 staff had completed medicines training, 12 staff had completed safeguarding training and 14 staff had attended first aid training. The provider still had some work to do to ensure all staff had the relevant training as only three people had attended person centred care training, eight staff had attended autism training, four had attended epilepsy training and six had attended training in relation to managing challenging behaviour.

Staff had an induction when they started work. This included shadowing experienced staff providing care and support, reading policies and procedures, completing the Care Certificate (which includes completing

course work and observations of practice) and undertaking training. Some staff had not always shadowed experienced staff for very long. There was no coordinated approach to ensure staff had adequate support and time to complete their care certificate, which meant that some staff were further ahead than others. The provider had a 'Safe to leave' policy which detailed that staff would be observed and assessed after induction to ensure they were safe to work unsupervised with people. The policy had not been followed by the registered manager. The registered manager planned to coordinate these observations and assessments to ensure staff were suitable to be working with people unsupervised. The registered manager explained that some 'Adhoc' supervisions had taken place; which were observations of practice. We saw records of these. However these had not been linked to their induction and the Care Certificate modules.

We recommend that the provider follows good practice guidance in relation to induction for new staff.

Most staff and the registered manager had a good understanding of the Mental Capacity Act. 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. Staff told us how they supported people to make everyday decisions about foods, drinks, clothing and activities. For example, one staff member detailed how a person would happily accept socks if they were offered them and would put them on. However when they were offered shoes, the person would throw them indicating they did not want to wear them. Records evidenced that capacity assessments and best interests meetings had been held to check whether people had capacity to make more complex decisions. Relatives confirmed that they had been involved in decision making processes. One relative said, "We have been involved with his care because it is not always possible for him to make important decisions".

People were only 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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Appropriate applications and authorisations to deprive people of their liberty had been made to reapply for DoLS as required once they had expired. Some relatives we spoke with confirmed they had been involved in the DoLS application process. They said, "I was involved in the DoLS application, you see he has to be cared for 24/7" and "I was involved in the DoLS application, we were approached by an independent social worker on behalf of the local authority". The registered manager had put together a list of when people's DoLS were due to be renewed; the system they had put in place was not robust and could lead to gaps and omissions. We spoke to the registered manager about this and they agreed to put in place a better system to ensure that they were adequately monitoring DoLS and notifying CQC when required.

Staff were clear about people's dietary requirements. There were clear records of people's likes and dislikes in the kitchen. The cook explained how they catered for different people with regards to preparing foods that were softer and moist for those people who needed it. People who had been assessed as needing to lose weight were given smaller portions of food to support them. People's weights had been regularly recorded and monitored. We noted that people's weights had been checked bi-monthly instead of monthly, which meant that that service would be slower to pick up any changes in weight loss or gain. We observed that people were given choices of meals. There were small print pictorial menus in place, which enabled people to see what the meals looked like. People had access to drinks when they needed them. Staff regularly offered people hot and cold drinks during the inspection. People were able to have their meals in the main dining room or in a smaller room if they preferred to eat their meals away from the larger group.

Staff were engaged with people while they were eating their meals and there were friendly interactions between staff and the people who lived at the home. People were supported to have a meal out regularly.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. During the inspection one person was supported to attend a hospital appointment to have tests following a recent check up with their consultant and GP. Records evidenced that staff had also contacted the GP, paramedics, hospital, district nurses, social services, physiotherapists and relatives when necessary. People received effective, timely and responsive medical treatment when their health needs changed. Referrals had been made to Occupational therapists (OT's) and Physiotherapists for people who needed it. People had seen an optician on a regular basis to check the health of their eyes. The GP had reviewed everyone's medicines.

Is the service caring?

Our findings

People were unable to verbally tell us about their experiences. We observed that staff interacted with people in a respectful, polite and engaged manner which was person centred. Staff asked people if they could sit next to them and engaged people in conversation. People were relaxed and their facial expressions indicated that they were happy.

Relatives told us the staff were kind and caring towards their family members. Comments included, "The staff are very caring, they are kind, they treat all the people living there with respect. If people get upset the staff sit with them talk calmly, often find them something they like to do"; "I find the staff very caring and considerate of people's needs"; "The staff seem to be caring enough"; "They always seem to treat him and the others aright when we have been there. The staff talk to him and the others all the time, they reassure them" and "All the staff in my view act professionally and are very caring".

People's personal histories were detailed in their care files which enabled new staff to know and understand people and their past.

Staff treated people with dignity and respect. Staff gave practical examples of how they respect people's dignity, such as covering people with a towel when they supported people with their personal care and ensuring people were covered up when leaving their bedrooms to go to the bathroom for a bath or shower. Staff explained how they respected people's privacy by knocking before entering rooms. One relative told us, "I would say they (the staff) treat all the people there with respect now, this has improved over the last six months".

Staff spent time actively listening and focussing on people and responding accordingly. People were encouraged to take things at their own pace and were not hurried or rushed. Staff supported people by providing reassurance to their questioning, which supported the person to feel comfortable and calm. Staff members told us that they enjoyed their jobs. This was evidenced through their enthusiasm and approach.

People had different ways of communicating and staff recognised this. One staff member told us how one person rubbed their arm if they wanted their jacket on. Another member of staff told us that one person led them to the back gate if they wanted to go out. Communication information in people's care files had been developed with as much input as possible from the person they were about and we saw that they were individual. They included specific preferences for activities that people liked to do and the kind of situations that they might find challenging. Communication information for some people had been developed alongside healthcare professionals.

People's bedrooms had been decorated to meet their individual needs. Each room was unique.

People's relatives had been involved with planning their family members care. The registered manager told us how the staff had worked with relatives to find out information about people's past and how they had acted on this. For example, one relative had shared that their family member had loved jam sandwiches

when they were growing up. The staff had noted this down and had given the person a jam sandwich, they observed this person still liked jam sandwiches.

Relatives told us they were kept informed about their family members. Relatives gave us examples of the staff sending pictures and DVD's showing their family member participating in activities. We heard the registered manager on the telephone talking to a relative sharing health news with them. One relative said, "I am kept informed about my son, they ring me if there are any problems or he is not well".

The provider had a detailed policy which outlined the process for appointing an advocate if it was identified that this was necessary to support people who lived at the home. Advocates actively worked with six people in the home, they visited regularly to provide support and to observe that people were supported to be as independent as they could be.

Staff spoken with were aware of the need to maintain confidentiality. People's information was treated confidentially. Relatives confirmed this. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office to make sure they were accessible to staff.

Relatives told us that they were able to visit their family members at any time, they were always made to feel welcome and there was always a nice atmosphere. People were supported to maintain relationships with their relatives. One relative told us, "I visit at least once a week I am made to feel welcome and I can visit whenever I want". Another relative said, "I am encouraged to visit, by the way I am welcomed at any time I visit".

Is the service responsive?

Our findings

At our last inspection on 07 March 2016, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that care plans were person centred. Care plans did not show people's preferences, likes and dislikes.

At this inspection we found that improvements had been made and care planning and activities had improved.

People were unable to verbally tell us about their experiences. We observed that people were supported to access activities in the local community. Staff listened to what people wanted and picked up on signs that people wanted to go out such as key words and actions.

Relatives told us they had been involved in developing and reviewing care. Relatives knew who to contact if they were unhappy about the service their family members received. Comments included, "I have been involved in the way he receives his care and that continues a couple of times a year we sit around a table and discuss his care and other aspects of his life" and "I have never had cause to complain, but I would if I needed to".

People took part in a number of activities based on their individual preferences. This included gardening, sensory, meals out, music, discos, massage, trips out to places of interest and attendance at local day services. People were supported to access leisure activities in the local community. Some people were supported to undertake activities at a local day service, this meant they were supported to engage with their peers and take part in activities which they enjoyed. The provider had employed an activities coordinator who had worked hard to widen the choices of activities for people. The activities coordinator had arranged visits to local places of interest to make the most of the good weather.

Photographs had been displayed on boards around the home showing people enjoying trips such as visits to the beach, castles, museums, bird sanctuaries, barbeques and birthday parties. The activities coordinator explained that they were recording people's interaction and reactions to activities through film or photographs to gain feedback about whether they enjoyed it, as people were unable to verbally express their views. The photographs and footage were also used to provide updates to people's relatives. Relatives told us, "That has really improved, he is always going out now, they have him involved in different clubs, he goes out with the staff to different places, it has made such a difference I think"; "He does a lot, day trips, places of interest such as visiting a castle. He has therapy sessions such as sensory, he has a full social life. This is possible because of the amount of one to one time he has" and "He does go out, I had a card with photos, they were at a pub near the sea and he had a roast dinner".

The service had developed a 'Resident of the day' system. This was where once a fortnight one person was assisted to have one to one support to go out into the community, to shop for clothes and items needed, have lunch and then activities in the afternoon. The rota confirmed that this was scheduled and feedback from staff showed that this had taken place. This gave people opportunities to shop for items they needed

and spend time away from people they lived with doing things they enjoyed. The activities coordinator explained how they had supported one person to spend time with their relative on their day, this included buying flowers and meeting for a meal at a pub.

People had regular timetables based on their preferences. If a person had chosen not to take part in a particular activity, it was documented that they had opted for a different activity on that day. This showed that the home was responding to the wishes of the people and respecting their right to change their mind.

Care plans and documentation had been reviewed, revised and developed to ensure everyone's were up to date and reflected their choices, likes and dislikes. The registered manager explained that local authority care managers had carried out reassessments for most people, one was being arranged with the care manager and NHS. One person had shared their goal was to go on a holiday, we checked with the registered manager and this had not yet happened. They told us that they would talk to the provider to get this arranged.

People had behaviour management guidance in place. These plans documented what made people happy and outlined how a person showed that they are happy. The plans also included information about how people communicated and anything that would make them anxious. We observed staff following these strategies when working with people. This meant staff were aware of how they should support people in a positive manner.

Relatives were encouraged to provide feedback about the service provided to their family members. We viewed five completed feedback questionnaires, which showed that the relatives were satisfied with the service their family member's received. Relatives comments included, 'Thank you for looking after him and taking him out'; 'Very happy, well looked after, in all aspects of care'; '[Person's] days are always filled with opportunities to go out to various destinations and explore the area, to include him in different activities'; 'We are both pleased with the care [person] is getting can't find any fault' and 'Now that [person] has access to his own mobility car, this has created better opportunities for him to access his community – hoping this is maintained'.

One relative fed back that they had raised concerns about their family member's weight and impact that this had on their health. They said they had not had any feedback. We saw that the home had sought advice and guidance from a dietician and advice was being followed, the home had not contacted the relatives to share this information and to provide reassurance that they were being listened to.

We recommend that the provider improves communication with relatives.

People were not able to verbally express their feedback about the service they received. Each person had a key worker. The keyworkers produced a monthly report about the people they worked with which detailed their activities, health, medicines and other important information. Keyworkers based their reports on observations of the person interacting, engaging and participating.

People's care packages were reviewed regularly. Records of reviews held evidenced that relevant people had attended the reviews including relatives, staff and local authority care managers. A local authority care manager arrived at the home to undertake a reassessment and review during the inspection. Relatives confirmed they attended reviews when they could, however those that lived further away were not always given the opportunity as they were not always informed of the dates in good time.

The provider had a complaints policy and procedures which included clear guidelines on how and by when

issues should be resolved. It contained the contact details of relevant external agencies, such as the Local Government Ombudsman and the Care Quality Commission. The complaint procedure was not displayed in the communal areas, copies of the complaints information was available on each person's file. Relatives knew they could complaint to the manager if they needed to. There had not been any formal complaints about the home since our last inspection, one member of staff had used the complaints system to raise an issue with the provider and this was being dealt with, the complaint had been acknowledged within the provider's timescales.

Is the service well-led?

Our findings

At our last inspection on 07 March 2016, we identified breaches of Regulation 17 and Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider needed to make further improvements to assess, monitor and improve the quality of the service. The provider had failed to display their rating on their website and within the home.

At this inspection we found that some improvements had been made. The provider had carried out monitoring of the home. People were unable to verbally tell us about their experiences. We observed that the registered manager spent time in the home and knew people well; the registered manager's office was still located on the ground floor of the home, which meant they were more involved and had an awareness of what was happening each day.

Relatives told us the service was well run. Comments included, "The home seems well run, there have been improvements with the communication, and administration"; "I think it is well run but I have not been there that often"; "There is always someone to talk to if I want to ask about my son"; "I always speak to the manager or the staff in charge when I visit"; "The manager has always been there when I have visited"; "I find the staff are professional" and "The manager and staff are always approachable".

At the last inspection the provider had made improvements to the quality of the service but needed to make further improvements. At this inspection we found the same. The provider had carried out several audits and identified actions required for the registered manager to complete. These actions had mostly been completed. No external audits had taken place since the last inspection. Contractors had been called in to undertake works to check the suitability and reliability of systems such as the fire alarm and fire safety. Actions identified within these inspections had not been completed within the recommended timescales. This meant the provider and registered manager needed to make improvements and changes to the service to ensure the service was safe. The provider had developed a number of new policies and had reviewed policies in place. They had not always identified when practice differed from their policy. For example, the induction policy was not being followed and the disclosure barring service (DBS) policy stated that DBS checks would be retained but not on the employees file, however the DBS checks were on staff files. Medicines audits that had been undertaken, the audits had not picked up on missed signatures on medicines records which might indicate that people had not had their medicines as prescribed.

Further improvements were required to monitor the quality of the service. There was a breach of Regulation 17 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Health and safety audits and infection control audits had been completed on a regular basis. These showed that when issues were identified they were addressed in a timely manner. For example, where it had been identified that work was required, job sheets showed that contractors had been arranged to complete the work.

The provider is required to display their inspection rating following a CQC inspection. At the last inspection

we found that the inspection rating for the previous inspection was not displayed on the walls of the home or on the provider's website. At this inspection we found that the rating of our last inspection in March 2016 was on display in a prominent place in the home. However it was still not on display on the provider's website. We spoke with the registered manager about this and they made arrangements for this to be updated.

We recommend that the provider updates their website to ensure that the rating is clearly displayed.

The registered manager explained they felt more supported by the provider and was able to demonstrate they had sought and gained support and guidance from the local authority. The provider and registered manager were no longer using an external consultant who had been used to provide support to the registered manager.

The registered manager had demonstrated that they had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries and Deprivation of Liberty Safeguards (DoLS), as these had been made in a timely manner.

Staff were positive about improvements at the home. Staff told us, "We have staff meetings, if I can't attend there's a memo plus we have a hand over in the morning. We're all very vocal here"; "If I did something wrong I'd be told about it. I like my supervisions. I get positive feedback. I get supported by everyone really"; "It's improved 70 to 80% I would say, to what it was last year"; "Morale has gone up quite a lot. Everyone wants to build the home up. We've all worked hard. It was a disaster, and it needed to be done"; "People are starting to work as a team including the agency workers" and "We can always go to the senior or the manager. We all work as a team. I feel very supported in my role. I've never felt so comfortable in a home".

Staff reported that the director regularly visited the home and they found them approachable. Staff also expressed confidence that they would be supported if they raised concerns or made suggestions to the registered manager. Staff knew about the homes whistleblowing policy and that they could contact other organisations such as the CQC if they needed to blow the whistle about concerns.

The statement of purpose for the organisation stated 'Our aim is to provide a service that will meet the needs of the people who use or might use the services to experience independence, community opportunities, become equal individuals with choice and recognition'. We observed that the staff had embedded these values in to their work, they were motivated to improve the lives of people and keen to encourage and enable people to have choices and be independent.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that medicines were well managed. The provider had not managed risks appropriately to make sure people were safe. The provider had not ensured that they had prevented, detected and controlled the spread of infection adequately. Regulation 12 (1)(2)(a)(b)(d)(g)(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 had not embedded systems fully to effectively monitor and improve the service. Regulation 17 (1)(2)(a)(b)(c)</p>