

Leonard Cheshire Disability

Seven Springs - Care Home Physical Disabilities

Inspection report

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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?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection was carried out on 22 September 2015 and was unannounced.

Seven Springs - Care Home Physical Disabilities provides personal care and accommodation for up to 32 people who have a physical disability. There were 26 people living at the service at the time of our inspection.

There was a registered manager 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 supported by a deputy manager and a team of senior carers to ensure the daily management of the service.

Summary of findings

We last inspected Seven Springs - Care Home Physical Disabilities in October 2014. At this time we found that the registered provider was not compliant with the regulations. There were shortfalls in safeguarding, consent, records and the quality monitoring of the service. The registered provider sent us an action plan and told us they would make the improvements by 31st July 2015.

At this inspection we found improvements had been made. Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. However, some staff did not know how to contact the appropriate external agencies with any concerns should they need to. We have made a recommendation about this. People had been asked for their consent to their care and treatment. Where they had been unable to give this the requirements of the Mental Capacity Act 2005 had been followed to ensure a decision was appropriately made in their best interests. Accurate and complete records were maintained of the care provided to people.

The registered provider had made improvements to the systems for checking the quality and safety of the service. Regular audits were taking place and an improvement plan had been developed. However, they had not always ensured that action was taken to make improvements where needed. You can see what action we told the provider to take at the back of the full version of the report.

The registered provider had not ensured people's medicines were managed safely. There were shortfalls in the safe receipt and storage of medicines. You can see what action we told the provider to take at the back of the full version of the report.

Staff training was up to date and was renewed annually, and staff had the opportunity to receive further training specific to the needs of the people they supported. All members of care staff received regular supervision sessions, but had not received an annual appraisal to ensure they were supporting people based on their needs. We have made a recommendation about this.

Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow to make sure people were protected from harm.

There were sufficient staff on duty to meet people's needs. Staff had time to spend supporting people in a meaningful way that respected individual needs. Staffing levels were calculated according to people's needs and were flexible to respond to changes in need. There were safe recruitment procedures in place.

People lived in a clean and well maintained environment. Staff had a thorough understanding of infection control practice that followed the Department of Health guidelines, which helped minimise risk from infection. The premises had been designed to meet the needs of people with physical disabilities.

The service provided meals, in sufficient quantity that were nutritious and well balanced. People were offered hot drinks and snacks throughout the day. Staff knew about people's dietary preferences and restrictions.

People were referred to health care professionals when needed and in a timely way.

Staff communicated effectively with people and responded to their needs promptly. Staff treated people with kindness and respect. We observed frequent friendly engagement between people and staff and staff responded positively and warmly to people. People were satisfied with how their care and treatment was delivered.

Staff knew each person well and understood how to meet their support needs. Each person's needs and personal preferences had been assessed before they moved into the service and were continually reviewed. This ensured that the staff knew about their particular needs and wishes when they moved in.

People were involved in decisions about their day to day care. People's care plans were reviewed with their participation or their representatives' involvement. The staff promoted people's independence and encouraged people to do as much as possible for themselves.

People were supported to take part in activities that interested them and to access community leisure facilities.

The service took account of people's complaints, comments and suggestions. People's views were sought and acted upon.

Summary of findings

The service notified the Care Quality Commission of any significant events that affected people or the service and promoted a good relationship with stakeholders.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People's medicines were not managed in a safe way.

Staff were trained to protect people from abuse and harm. Not all staff knew how to report concerns to external agencies if needed.

Risk assessments were centred on the needs of the individuals and there were sufficient staff on duty to safely meet people's needs.

Safe recruitment procedures were followed in practice.

The environment was secure, well maintained and cleaned to a good standard.

Requires improvement



Is the service effective?

The service was not consistently effective.

Staff in care roles were trained and had a good knowledge of each person and of how to meet their specific support needs. However, staff were not given feedback about their performance as the organisations appraisal policy had not been followed.

People were asked for their consent to care and treatment. Where they were unable to make a decision the principles of the Mental Capacity Act were followed.

The registered manager had ensured that relevant applications to the statutory authority in relation to Deprivation of Liberty Safeguards office had been submitted.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable and nutritious food and drink. People were referred to healthcare professionals promptly when needed.

Requires improvement



Is the service caring?

The service was caring.

Staff communicated effectively with people and treated them with kindness and compassion.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's privacy and dignity was respected by staff.

Good



Summary of findings

Is the service responsive?

The service was not consistently responsive.

The service sought feedback from people and their representatives about the overall quality of the service, but this was not always done in a way that included people with communication difficulties. People did not always get feedback about the outcome of residents meetings.

Complaints were addressed promptly and appropriately.

People's care was personalised to reflect their wishes and what was important to them. Care plans and risk assessments were reviewed and updated when needs changed. The delivery of care was in line with people's care plans.

Requires improvement



Is the service well-led?

The service was not consistently well led.

There was a system of quality assurance in place, but this was not consistently effective in ensuring improvements to the service.

There was an open and positive culture which focussed on people. Staff understood their responsibilities and there was a clear management structure for the service.

Accurate records about the care provided were maintained.

Requires improvement



Seven Springs - Care Home Physical Disabilities

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 22 September 2015 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who took part in the inspection had experience of using services for people with physical disabilities.

We gathered and reviewed information about the service before the inspection, including information from the local authority and previous reports. We spoke with the commissioners of the service to gather their views of the care and service. We looked at notifications we had received from the provider. This is information the provider is required by law to tell us about.

During our inspection we spoke with eight people, two people's relatives and four staff. We looked at the care and support that people received. We looked around the premises and at people's bedrooms, with their permission. We looked at care records and associated risk assessments for four people. We observed medicines being administered and inspected medicine administration records (MAR). We looked at management records including two staff recruitment records and records of staff training and support. We observed the support provided to people during our inspection.

Is the service safe?

Our findings

People told us that they felt safe using the service. One person said, “I feel safe here” and another said “I feel safe, they can’t protect me from everything, but they do a good job.” Another person told us “We are well looked after here.”

People said there was enough staff to meet their needs. However, some people felt there was not always enough staff on duty at weekends to enable them to go out. One person said “We need more staff at weekends so we can do more things. They are very nice we just need more of them.” People told us that there was not a high turnover of staff and agency staff were rarely required. One person said, “We sometimes have agency staff, but not often and they are people we know.”

People told us that they received their prescribed medicines when they needed them. However, we found that people’s medicines were not always managed safely. There was a lack of systems in place for monitoring which medicines were received into the home. It was not possible to account for all medicines delivered to the service and there was a risk that medicines could go missing due to the lack of an audit trail. The medicines policy for the service stated ‘Recording of medication received and administered enables current stock levels to be checked with accuracy, will provide an audit trail and will assist in the identification of errors, theft or loss of medication.’ However, as an audit trail was not in place it was not clear that effective monitoring was undertaken.

Medicines were not always stored safely. One person’s medicine that required refrigeration was stored in a domestic fridge next to consumable items. Three people’s liquid medicines were not dated when opened so that staff would know when they needed to be disposed of. The manufacturer’s instructions for a person’s eye drops stated these were to be disposed of after a month of opening, but they had not been dated when opened. The supplying pharmacy had carried out an audit the previous week, which had also identified this issue. The temperature of the fridge’s where medicines were stored and the medicines room were monitored, but the medicines trolley was kept in another part of the service for a large part of the day. The temperature of this area was not monitored and staff said the room became hot in the summer. This meant that staff could not be sure that medicines were stored within the manufacturers recommended temperature range.

Two boxes for the safe disposal of sharps were not appropriately labelled. A burns treatment kit contained out of date supplies. There was a lack of instruction for staff within the medicine records about when to administer medicines that were prescribed to be given ‘As required’. Staff knew that one person would look up to indicate that they needed some pain medication, but this was not documented within their records for all staff to follow. Another person was prescribed a medicine for agitation, but when this had been given there was no record to detail the circumstances in which this had been given and whether it was effective. Medicines records were signed by staff when they gave a person their medicines. However, we found that handwritten medicines administration instructions had not been signed by two staff as required by the service’s policy.

People’s medicines were not managed safely. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to manage their own medicines if they wished to. Risk assessments were completed and staff made checks to ensure they continued to manage this safely. Competency checks for staff who administered medicines were carried out on an annual basis to ensure that they had suitable skills and knowledge.

At our last inspection we found that not all staff understood how to report safeguarding concerns. At this inspection improvements had been made. Staff training records confirmed that their training in the safeguarding of adults was annual and current. Staff were trained in recognising the signs of abuse and knew how to report concerns to their line manager or through the organisation’s whistleblowing phone number if they needed to. One member of staff told us “Staff are not afraid to report,” and another said “You can come to anyone [with concerns].” However, not all staff knew how to report concerns directly to the local authority safeguarding team if they needed to, but senior staff, who were present on each shift, were aware of this procedure. The whistleblowing policy for staff to follow to report any concerns about poor practice or abuse instructed staff to contact the whistleblowing helpline before speaking with any external agencies. This may discourage staff from whistleblowing and does not allow them to do so anonymously. **We recommend that the whistleblowing and safeguarding policy and procedure be reviewed to ensure staff are aware they**

Is the service safe?

can contact external agencies, such as the local safeguarding team or the Care Quality Commission, directly if they have concerns and they do not feel confident to report these to the organisation.

At our last inspection we found that people's risk assessments were not personalised to reflect their specific needs and the risks. At this inspection improvements had been made. Risk assessments had been reviewed and updated and were personalised. They gave detail about the risk to the person, how their needs impacted upon this and what action needed to be taken to reduce the risk. People at risk of losing weight had regular checks of their weight and risk assessments in relation to their nutritional needs. Each person had an emergency evacuation plan for staff to follow, for example in the event of a fire. These reflected individuals mobility and communication needs. People that needed bed safety rails had a clear risk assessment and action plan that was specific to their needs. A person who was at risk of falls had a risk assessment and management plan in place that took account of their health conditions that may impact on the risk of falls. Assessments of the risks to people's safety within the premises had been completed. There was a plan for emergencies, for example power failure or fire. Checks of the safety of the premises were carried out each month. The records of these showed that action had been taken to put things right when needed. The risks to individuals' safety and wellbeing had been assessed and minimised.

There were sufficient numbers of staff on duty to meet people's needs. Since the last inspection the registered manager had used an assessment tool to identify the numbers of staff required each day to meet people's needs. The staffing numbers for the morning shift had been increased as a result. Staff told us that there were sufficient numbers of staff on duty to enable them to care for people safely and effectively. In addition to the care staff the registered manager employed dining room assistants to provide people with additional support at mealtimes. There was a team leader in charge of each shift and a head of care. The rotas showed that the required numbers of staff assessed by the registered manager as needed for each shift, had been provided to ensure people's needs were met. However, we noted that, where there were shortfalls in regular staff and agency staff were used, this was usually at weekends. The registered manager told us that there had been problems getting staff to work weekends, but that some new staff had been employed

which would address the issue. During our inspection staff were available to respond to people's needs and requests within a reasonable time. People were supported by enough staff to meet their needs.

At our last inspection we found that safe procedures for recruiting new staff had not always been followed. Staff files did not contain photo ID and there was a lack of references for some staff. At this inspection improvements had been made. Staff recruitment practices were robust and thorough. Photo ID and references had been added to staff files. Before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Staff were interviewed by the manager to ensure they were suitable for the role and were issued with a contract of employment that outlined the requirements of the role. The provider had a disciplinary procedure in place to respond to any poor practice. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

People lived in a clean environment. People and their relatives told us that the service was kept clean. Housekeeping staff cleaned surfaces and vacuumed throughout the day. Weekly and monthly cleaning schedules were in place for the communal areas of the service and people's bedrooms. These had been correctly completed and signed by staff. Records showed there had been deep cleaning of bedrooms and carpet shampooing.

The service held a policy on infection control and practice that followed Department of Health guidelines and helped minimise risk from infection. Staff had a thorough understanding of infection control practice. They described the measures that were taken to ensure that the service was clean and free from the risk of infection. The laundry was clean and well ordered. Staff followed safe procedures to manage soiled laundry to ensure the risks of infection were minimised. Protective Personal Equipment (PPE) such as gloves and aprons were readily available and staff wore PPE when appropriate. Systems were in place for the safe removal of clinical waste. As the staff took necessary precautions, people's risk of acquiring an infection were reduced.

Is the service effective?

Our findings

People and their relatives told us that they felt the staff were sufficiently trained and able to meet their needs. One person said, “I would recommend this place, it meets my needs.” A relative told us “I’m very impressed, it’s surprisingly good.” People told us that they were supported to see a doctor or other health professional when they needed to. People told us they had a choice of meals and were satisfied with the food. One person said, “The food can be a bit repetitive, we get the same stuff. It’s all ok though.” Another said, “The food is generally ok, we have a choice each day.”

At our last inspection we found that people had not always been asked to give consent to their care and treatment and their plans had often been signed on their behalf by a staff member rather than an appropriate person on their behalf. At this inspection we found that improvements had been made. People had signed their own care plan where they were able to. People’s relatives had been involved in agreeing their plans where the person had been unable to do so. Staff understood how to support people who could not consent to their care or make their own decisions about their care and daily routines. They ensured that decisions were made in their best interests by appropriate people and met the requirements of the Mental Capacity Act 2005. Assessments of people’s capacity to make decisions had been carried out as needed, for example in regard to making decisions about where to live and to agree to the use of bed safety rails. Staff followed the principles of the Mental Capacity Act 2005 to ensure people’s rights were upheld.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. The manager understood when an application should be made and was aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. DoLS applications had been made as appropriate to ensure people’s rights were protected.

Staff had appropriate training and experience to support people and meet their individual needs. Staff confirmed they had received a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own. The registered manager was aware of the new Care Certificate, which is an assessment

based learning programme designed for all staff starting to work in care roles, but no staff had started this award yet. Staff told us that they worked alongside senior care staff to gain experience before they were allowed to work as part of the allocated numbers of staff on shift. Records showed that all essential training was provided and was current. This included core safety training such as safe moving and handling, safeguarding and first aid. Staff had the opportunity to receive further training specific to the needs of the people they supported, which included nutrition, dementia, communication and epilepsy. This ensured that staff were provided with the knowledge and skills they needed to provide safe and effective care to people.

Staff had a supervision meeting with their manager every three months. Staff said this was an opportunity to discuss their work and to identify any further training or support they needed. Staff had not had an annual appraisal of their performance, despite this being the policy of the organisation. The registered manager accessed relevant health and social care organisations, such as Skills for Care, to support staff learning and development. Staff told us they felt supported in their roles and a person using the service told us “The staff seem to work together as a team.”

We recommend that staff be provided with an appraisal as part of their ongoing learning and development.

People were provided with sufficient food and drink to meet their needs. They were provided with a choice of meals and records showed that people’s choices had been respected. People were provided with drinks upon request and those that were unable to ask were offered drinks regularly. People at risk of poor nutrition had their needs assessed and their food intake monitored to ensure any problems were acted upon quickly. People were able to prepare their own meals and drinks where they wished to. People had sufficient to eat and drink.

People’s wellbeing was promoted by regular visits from healthcare professionals. A district nurse came regularly to provide care for specific people. A person told us “If there is ever a problem X [head of care] will contact the district nurse for me.” People were supported to access the onsite physiotherapy service as required and those that needed specific treatment had a clear plan of care. People told us they could access the physiotherapy room when they wished to in order to carry out prescribed exercise. The service also included the use of an onsite hydrotherapy

Is the service effective?

pool. People had detailed care plans for the management of specific health conditions, such as diabetes. This included an assessment of the risks specific to the individual. Staff ensured that people's health appointments were made when they needed them and that they were supported to attend these. People were supported to attend specialist health clinics as needed. The outcome of health appointments was recorded within people plans so that staff knew what action to take. People had their health needs met.

The premises had been designed to meet the needs of people with a physical disability. The communal rooms and

hallways were large enough to accommodate people's wheelchairs and people's bedrooms and bathrooms were very spacious. We saw that people were able to move around the service easily and safely. However we noted that two doors to the grounds of the service were heavy and difficult to open for people using wheelchairs. Staff were available to open the doors for them. The head of operations, who was present during the inspection, said that they were reviewing the external doors to consider alternative options that people could find easier to use.

Is the service caring?

Our findings

People told us that the staff were kind and that they felt well cared for. They said, “The staff are very kind and caring”, “The staff listen and do what they can” and “The staff are a good bunch.” People’s relatives told us, “The staff are caring and compassionate”, “There is a caring and happy atmosphere” and “They go the extra mile, they took X to a football and cricket match.”

Staff were caring and kind in their approach towards people and they were sensitive to each individual’s needs, giving reassurance where needed and encouraging people. Staff had positive relationships with people that respected their individuality. Staff took time to chat with people during the day. Staff addressed people by their preferred names and were polite when talking with them. They also engaged in appropriate light-hearted conversations with people that created a relaxed and pleasant atmosphere. Staff involved everyone in conversations. Staff were heard to offer to find out when a rugby match was on for a person who was interested. People in the service seemed relaxed and happy. People had been supported to maintain relationships that were important to them. The service provided accommodation for couples who wished to live together. People’s care plans contained information about how staff should support them to maintain their important relationships. Staff responded positively and warmly to people.

Staff respected people’s privacy. Staff knocked on people’s bedroom doors, announced themselves and waited before

entering. People, when in their rooms, chose to have their door open or closed and their privacy was respected. People were assisted with their personal care needs in a way that respected their dignity. One person told us “I am not bothered who helps me with my care, but if I wanted a male or female staff I would ask and I could have one.” Staff respected people’s choices.

Staff promoted people’s independence and encouraged them to do as much as possible for themselves. During the inspection some people were cooking homemade soup for lunch from vegetables they had grown in the garden. One person told us, “It’s nice that we have a greenhouse, we can go out and pick fresh stuff for lunch.” Staff did not do things for people that they were able or wished to do for themselves. A staff member noticed a person had a problem getting their feet onto the foot rests of their wheelchair. They offered help, but did not assist until the person wanted them to do so. People were supported and encouraged to develop their skills and be as independent as possible.

People were involved in decisions about their day to day care. They had signed their care plans and the plans showed they had been involved in making decisions about their care. People’s relatives or legal representatives were invited to participate in the reviews. People’s views were respected and their plans designed to meet their preferences. Staff knew people well and had taken into account information about their personality, interests, culture and background when planning and delivering their care.

Is the service responsive?

Our findings

People told us that the service was flexible and provided care that met their needs. One person told us, “I know they would help me with anything I needed.” People told us they were asked for their feedback about the service and were confident to raise any concerns or make a complaint if they needed to. One person told us, “I have had no need to complain, but I would speak to X [head of care] if I was concerned.” Another person said, “If I was worried about anything I would speak to the manager, but I don’t usually need to as staff are always able to sort things out directly.”

Each person’s needs had been assessed before they moved into the service. This ensured that the staff were knowledgeable about their particular needs and wishes. People’s personal records included a pre-admission assessment of needs, risk assessments and an individualised care plan. People had been asked about their preferences for the delivery of care and support and they had signed to agree their plan of care. Care plans took account of people’s history, preferences and what was important to them. They included personalised information, such as ‘what people admire about me’ and ‘things that are important to me’. One person’s plan stated ‘direct my own care routines. I will ring if I need assistance.’ Staff provided care that was personalised. People could choose when and where they ate their meals. They addressed people in the way they preferred and knew what their preferences were in relation to their daily routine.

People’s care plans contained examples of detailed guidance for staff, such as assistance they needed with personal care and how to provide it in the way they preferred. The plan included information about areas in which people were independent. People’s plans detailed their mobility and communication needs and any specialist equipment they required. Staff adapted their communication methods to each individual to ensure they promoted effective communication. A staff member used their hands to indicate options to enable a person to make a choice. Staff knew what support people required and they provided care at the level people’s plans said they needed.

People were supported to achieve their goals. One person had an action plan as part of their care plan that included the social activities they wished to do. These goals had been achieved. People were able to access community

based activities using public transport or a vehicle provided by the service. A number of people raised concerns during the inspection about the cost of the transport provided by the service. The registered manager told us that they were aware of the concerns and a national forum had been held by the provider in August for people to feedback their views. The feedback was being analysed in order for a national response to the transport cost policy to be agreed. People told us they enjoyed the arranged activities provided. One person said, “They do some nice outings, I went on a river trip a few weeks ago.” People could use one of the three season tickets for a football club that were held by the service and people had attended other sporting events recently including cricket and rugby matches. Some people regularly visited the local cinema and theatres. There was a busy craft room within the service that people could access during the day. People had access to computer facilities with internet and there were TV’s in people’s bedrooms and communal areas. However some people did comment that this could be improved if the computer room was accessible after 4pm. We fed this back to the manager. People were able to choose how they spent their time.

At our last inspection we found that residents meetings were not held regularly in order to seek people’s feedback and suggestions about the service. At this inspection improvements had been made, but there were also areas where further improvements were required. Residents meetings had taken place regularly and minutes were available. The registered manager confirmed that the minutes of the meetings would be provided to individuals if they requested them, however some people were unaware of this and said they would have liked to have received a copy. The personalisation and involvement officer had visited the service regularly to help people have their say about their care and the service. Their contact details were displayed in the service for people to use. Some people, and their relatives, said that people who did not communicate verbally were not always effectively enabled to take part in the residents meetings. We asked the registered manager how they involved those that did not use speech. They told us that IT and other communication aids were available to help people communicate, but that this was not required for anyone currently. A resident’s survey had been conducted in 2015 in which people had said they would like the times of the residents meetings to be varied to accommodate everyone’s needs and social

Is the service responsive?

activities. An audit by service delivery auditor, carried out in June 2015, had also identified that people would benefit from varied meeting times and a quality audit identified that not everyone who wanted to receive a copy of the minutes had done so. Action plans were set for this to be completed, but action had not been taken to address these issues yet. **We recommend that the registered manager review the arrangements for residents meetings to ensure it meets people's needs.**

At our last inspection we found that people did not always feel their complaints were listened to or acted upon. At this inspection we found that improvements had been made. People told us that their complaints were taken seriously and resolved appropriately. One person's relative told us, "We had to make a complaint a few years ago, it was sorted out quickly. I think they take complaints seriously." There was a clear complaints procedure displayed, which included contact details of the relevant regulator. People

were provided with information on the noticeboard about advocacy services and local authority contacts. There was a free Customer helpline for people to use if they had any concerns or wished to make a complaint about the service. Since the last inspection the registered manager had introduced a "You said, we did" form. This allowed people to raise concerns or make suggestions and the action taken was reported back to the person. One person wanted had wanted more support to communicate, therefore a referral to the speech and language therapy team had been made. Another person had a new wheelchair that was higher than their ensuite toilet making difficult to transfer independently. A new lower toilet had been fitted in response. Resident meetings minutes showed that people had been reissued with a copy of the complaints procedure to ensure everyone knew how to make a complaint. People knew how to report concerns if they needed to.

Is the service well-led?

Our findings

People told us that there was always a member of the management team around for them to talk with. One person said, “I see the manager walking around quite regularly.” Another said “The manager is always around, but I usually go to X [head of care].” One person said, “I would always speak with X [head of care] and she always takes notice of what we say.” One person’s relative told us, “I feel as a service they are open and honest.”

At our last inspection we found that staff were not always supported in their roles. At this inspection improvements had been made. Staff told us they felt supported in their roles. They said the registered manager and the head of care were available for advice at any time. Staff were clear about their roles and responsibilities. There was a set of policies and procedures that were appropriate for the type of service, reviewed regularly, up to date with legislation and fully accessible to staff. Staff were confident in their roles and knew what support people needed. Staff told us that the frequency of staff meetings had increased, however minutes were not available for all the meetings. This meant that staff could not easily follow up on the required actions from the meetings.

Staff told us that their views were sought and listened to. An annual staff survey was carried out and an action plan developed to improve staff support. At the last survey it was identified that staff did not always feel the registered manager was visible in the service. As a result there was a plan in place to move the location of the registered manager’s office to a more central position in the service. Staff said the manager was approachable, but most staff said they consulted the head of care about day to day care matters. One staff said, “X [head of care] is always about if you need any guidance.” Another staff said, “You don’t have to wait for a supervision if you have a concern.” One staff member reported that they could ask for support from the head of care or registered manager even for personal matters and this contributed to them feeling supported.

At our last inspection we found that governance systems were not effective and the registered provider had not

always identified shortfalls in the service. At this inspection improvements had been made. The service had a clear vision and set of values that were person centred. Staff delivered care that reflected these values. The registered manager carried out unannounced checks of staff’s practice at weekends to ensure good standards of practice were maintained. A wide range of audits were carried out to monitor the quality of the service. Monthly checks were made of areas of the service, such as medicines, infection control and the safety of the premises to ensure that people were safe. The personalisation and involvement officer had conducted a visit that included seeking the views of people using the service. The audits and checks had identified where there were shortfalls in the service. However action had not always been taken to address these. A quality audit carried out in June 2015 required that staff meeting and residents meeting minutes be produced and made available to relevant people. Action had not been taken to address this matter by the timescale in the audit action plan. The head of operations was visiting the service weekly to monitor improvements since our last inspection. They did not routinely record their assessment of the quality of the service, but had made a record of their meeting with the registered manager.

Systems for monitoring the quality and safety of the service were not always effective in ensuring improvements. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager consistently notified the Care Quality Commission of any significant events that affected people or the service. They had displayed the quality rating for their service as required.

At our last inspection we found that records were not accurately maintained about people’s care and the running of the service. At this inspection improvements had been made. An audit of records in the service was carried out in June 2015. Care plans had been reviewed and updated and care records were completed with no gaps. Training records had been completed and were available for inspection. Policies and procedures had been reviewed. However, a record of staff meetings was not always maintained.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There was a lack of effective systems of governance in place that ensured identified improvements to the service were made.17(1)(2)(f)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People's medicines were not managed in a safe way. 12(2)(g)