

National Autistic Society (The) Blackdown House

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 

Summary of findings

Overall summary

We carried out an unannounced inspection of Blackdown House on 7 and 8 June 2017. When the service was last inspected in June 2016 we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As a result of the findings of the inspection in June 2016, we served one Warning Notice in relation to safe care and treatment. This was a formal notice which confirmed the provider had to meet one legal requirement by 26 September 2016. We returned to Blackdown House in September 2016 to ensure action had been taken in relation to the Warning Notice served. The service had achieved compliance with this part of the regulation during that inspection.

In addition to the Warning Notices, we set requirement actions in relation to the other three breaches of regulations. Requirement actions are actions the provider must take to ensure they are compliant with the regulations. The provider wrote to us in August 2016 to tell us how they would achieve compliance with these requirements, which we reviewed during this inspection. During this comprehensive inspection whilst we found some improvements had been made there were still areas of the service that needed improving.

Blackdown House is a large detached bungalow situated in the extensive grounds of Somerset Court. The home accommodates up to 12 people who have autism and complex support needs.

The home comprises of the main building and two self-contained flats attached to the home. During our inspection there were five people living in the main part of the home and one person living in each of the flats. People living at Blackdown House can access all other facilities on the Somerset Court site which include various day services.

There was a registered manager responsible for the service. 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.

Whilst we found improvements had been made since our last comprehensive inspection in June 2016, there were still areas of the service that needed to be improved. We found the service had not improved in line with the provider's action plan. The provider had acknowledged this and put additional management support into the home and had a revised improvement plan for the service.

Staff felt the service had improved a lot in the last year, but they knew they still had improvements to make.

People were supported by a sufficient number of skilled staff to keep them safe and to meet their needs. However, staff did not always follow people's guidelines when responding to them when they were anxious.

The registered manager had addressed this is a staff meeting.

We received mixed feedback about how staff felt about incidents when they occurred. One staff member commented they didn't feel entirely safe during some incidents, however they went on to say the staff team had supported them to develop their confidence.

Checks to the water system were not being consistently completed to ensure they remained within a safe temperature range. This meant people were at risk of being exposed to hot water.

People's cultural needs were not being fully met. Staff had plans on how they could support people to explore their religious beliefs.

Relatives told us they thought their family members were safe. Staff had the knowledge and confidence to identify safeguarding concerns. The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles.

Risks relating to people's individual care was assessed and planned for. Medicines were managed safely.

Where people lacked capacity to make decisions for themselves we found most of the decisions made for them had been made in line with the Mental Capacity Act 2005 (MCA). However, some restrictions to certain types of foods had not been assessed as being the least restrictive option for the person. The provider had identified further MCA assessments were required.

Where people had Deprivation of Liberty (DoLS) authorisations in place, we found not all of the conditions in one person's DoLS were being met. This meant their legal rights were not fully protected.

Staff did not always receive regular supervision with their line manager, however they felt supported and able to request a supervision if they needed one. Staff commented positively about the training they received.

People's health care was well supported by staff and health professionals. People were involved in planning their menus.

Relatives told us staff were "Well intentioned" and "Caring and willing." We observed staff interacted with people well and staff had a good knowledge of what was important to people. People were able to make choices about day to day aspects of their care.

People had care plans that identified the support they needed and what they could do for themselves. Some of the care plans included out of date information. The registered manager was in the process of reviewing and updating all of the care plans. Relatives told us they were involved in an annual review of their family member's care.

People were supported to follow their interests and take part in various activities and trips out. Relatives were aware of the complaints policy and felt able to raise any concerns with the registered manager.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 ●

Not all aspects of the service were safe.

Staff did not always follow people's guidelines when they became anxious.

People were supported by a sufficient number of skilled staff to keep them safe.

People's medicines were managed safely.

People were supported by staff who knew how to recognise and report abuse.

Is the service effective?

Requires Improvement ●

Some aspects of the service were not effective.

People's legal rights relating to their liberty were not always fully met.

People had access to a range of healthcare services.

Staff felt they had enough training to meet people's needs.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who knew the importance of treating people with dignity and respect.

People were supported by staff who knew them well.

People made decisions about their day to day lives.

Is the service responsive?

Requires Improvement ●

Not all aspects of the service were responsive.

People's care plans did not always include up to date information.

People had a access to a wide range of activities to meet their needs.

People's relatives knew how to raise concerns.

Is the service well-led?

Not all aspects of the service were well led.

The service people received was improving but it had not improved as the provider had planned since our last inspection.

People were supported by staff who felt the service was improving.

People were supported by staff who felt supported by their managers.

The quality assurance system in place to improve the service people received identified most of the shortfalls we found during our inspection.

Requires Improvement 

Blackdown House

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 review the rating of the service under the Care Act 2014.

This inspection took place on 7 and 8 June 2017 and was unannounced on the first day. It was carried out by two adult social care inspectors.

Before the inspection we reviewed the information we held about the service. We looked at the information we had received from the service including statutory notifications (issues providers are legally required to notify us about) or other enquiries from and about the provider. We did not request a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We requested this information during our inspection. We also obtained the views of service commissioners from the local council who also monitored the service provided by the home.

During our inspection we spoke with the provider's service lead manager, the provider's national quality, compliance and risk project manager, the provider's health coordinator, the registered manager, the deputy manager and six staff including relief and agency staff. We spent time with three of the people living at the service. They were unable to tell us directly about their experiences due to limitations in their communication so we observed their care throughout our inspection. We looked at the care records of four people living in the home.

We also looked at records relevant to the running of the service. This included five staff recruitment files, staff training records, medication records, and quality monitoring procedures. Following our inspection we spoke with three relatives and requested feedback from three visiting health and social care professionals involved people's care.

Is the service safe?

Our findings

At our last comprehensive inspection in June 2016 we identified that people were at risk of receiving unsafe care. This was because staff were not skilled, experienced or knowledgeable enough to respond to the complex needs of people. Staff did not always feel supported. At times there was not a suitable staff skill mix available to keep people safe. Important information relating to people was not easily available for staff and staff were not all aware of the actions they should take to ensure people remained calm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice to the provider.

At the focused inspection in September 2016 we found improvements had been made relating to this part of the regulation. During this inspection we found whilst the provider had taken some action to ensure improvements were made, we found there were still areas that needed to improve.

People were supported by a sufficient number of skilled staff to keep them safe and to meet their needs. The provider had introduced an induction process that enabled new staff to develop their knowledge and confidence around supporting people's complex needs. Each person had a 'grab pack' of information relating to them which included the essential information a staff member would need to know before supporting them. Staff told us they had read through this information before they started supporting people. One staff member commented, "The paperwork in place helps you to get to know people well."

People had complex needs and behaviours which sometimes led to incidents occurring at the home as people could become anxious. People had detailed behaviour support plans in place which identified what made them anxious, the signs that they were becoming anxious and how staff should respond. Staff completed an accident or incident form for each event which occurred; these were entered onto the provider's computer system. Incidents were analysed by the registered manager and behaviour coordinator where required. This meant each incident was recorded and reviewed.

We reviewed incidents that had recently occurred in the home. We found during most of the incidents staff responded in line with the person's guidelines, however there were three incidents where staff had not responded in line with them. The staff did not follow the specific guidance in place. We discussed this with the registered manager who told us they had identified this and discussed it during a team meeting in April 2017; records confirmed this. They also told us they would take the behaviour support plans to their next team meeting and go through them with the staff team.

All staff spoken with told us they used various methods to support people, such as giving them time to calm or helping them to focus on something else. Restraint was never used. One staff member said, "People here can be anxious. Staff do all they can to make sure people don't get upset. If they do, staff talk to them and help them to calm down." Another commented, "We know when [name] is getting anxious and distract them by offering a drink or make a drink. We don't use any restraint and we always use the least restrictive option."

We received mixed feedback about how staff felt about incidents when they occurred. One staff member

told us they did not always feel it was completely safe for people or staff when incidents were taking place. The staff member said, "Most of the time it's safe, but not always when there are incidents going on. [Name] can throw furniture and [different name] can hit and go for other people and staff. I was bitten twice a few months ago by one person." They went on to say one specific incident had "Knocked their confidence", but the staff team had supported them to work with the person again. Another staff member told us, "We don't have many incidents, when we do they are manageable. There is lots of support and we have a debrief."

Risks relating to people's individual care were assessed and planned for. Risks to people had been considered such as their specific health needs, accessing the community, travelling in a vehicle and community based activities. The registered manager was in the process of updating all of the risk assessments. The staff we spoke with were aware of the identified risks and the measures in place to reduce them.

Staff carried out a number of checks to ensure the premises were safe for people. We saw records which confirmed safety checks had been carried out on the fire alarm system, portable electrical appliances and on the home's electrical wiring. An external company had carried out a safety check on the hot water system in February 2017. This was satisfactory, but staff should also carry out weekly tests on hot water outlets, such as baths and showers; these were not being done. This presented a risk to people. Hot water outlets had a device fitted to prevent the water temperature from becoming too high, but these might fail and this would then be a scalding risk to people. It was also important to check water temperature to eliminate the risk of legionella forming (a disease which can cause serious lung infections). This was discussed with the registered manager who confirmed these weekly checks would resume immediately.

Relatives told us they thought the skill mix of the staff had improved since our last inspection, they also thought the staffing levels had improved. One relative commented this was particularly evident at the weekends where there were always senior staff on duty.

Rotas were planned in advance to ensure enough staff were on duty. The registered manager told us how they had recently redesigned the rota to better meet the individual needs of people. This involved staff working longer shifts which meant they were able to support people throughout the day with their chosen activity, rather than having to be back at the home for a handover shift in the middle of the day. Staff told us this was working well for people. One staff member told us, "The new rota is working well, [name of person] has one to one staffing all day now which means they can go out further afield. They have much more choice now."

Staff told us they thought there were enough staff available to meet people's needs and to keep them safe. They confirmed where shifts needed covering the registered manager arranged for regular agency staff to cover to enable a consistent staff team. One staff member said, "Staffing is generally ok, we have staff off sick at the moment we all pull together and try to cover the shifts with the same agency." Another commented, "Shifts are covered and we use the same agency staff, [name of agency staff] is like a full time member of staff." We saw there was an 'agency induction sheet' that had been completed by agency staff. This covered the important information agency staff would need to know about people before supporting them.

Staffing levels were determined based on people's individual needs. These were kept under review by the registered manager to ensure they remained safe and effective. We looked at the staffing rota and noted staffing levels varied, depending on people's plans for the day. Staffing was occasionally reduced, such as when staff were sick and we saw the shifts were covered with agency staff. Staff also told us the registered manager would stay on to cover shifts where needed.

Staff had the knowledge and confidence to identify safeguarding concerns. All staff spoken with were aware of indicators of abuse and knew how to report any concerns. Staff were confident that any concerns would be fully investigated to ensure that people were protected. One staff member told us, "We monitor things closely, I would raise any concerns with [name of registered manager] or [name of deputy manager] and I am confident they would respond. I've never seen anything like that here." Another commented, "I do think it's a safe place. I have never seen anything concerning. If I did I would report it to the managers."

Staff were also aware they could report concerns to other agencies outside of the organisation such as the local authority and the Care Quality Commission (CQC). The home had a policy which staff had read and there was information about safeguarding and whistleblowing available for people, staff and visitors. One staff member told us, "I would 100% report it and take it higher if needed. I know I can call the safeguarding team, there are posters around the home with the telephone numbers on." This meant people were supported by staff who knew how recognise and respond to abuse.

There were safe medicine administration systems in place and people received their medicines when required. People's medicines were supplied by a pharmacy on a monthly basis; a record was kept of all medicines received at the home. All medicines were stored securely and in line with the manufacturer's guidelines to ensure they remained safe and effective.

Staff administered medicines to people; no one self-medicated. Staff told us they helped one person at a time, which reduced the risk of an error occurring. Staff received medicines administration training and an annual competency check was also provided which staff had completed. This was confirmed in the staff training records. Medicine administration records were accurate and up to date. Each person had a detailed care plan which described the medicines they took, what they were for and how and where they preferred to take them.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Staff had to attend a face to face interview and provide documents to confirm their identity. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work; records of these checks were kept in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable people. References were also provided and checked. Staff were not allowed to start work until all satisfactory checks and references were obtained. This ensured staff were suitable to work in the home.

Is the service effective?

Our findings

At our last comprehensive inspection in June 2016 we found people's rights were not fully protected because the correct procedures were not being followed where people lacked capacity to make decisions for themselves. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice to the provider. At this inspection we found the provider had made some improvements.

The Mental Capacity Act 2005 (MCA) provides the legal framework for making particular decisions on behalf of people who may lack the 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 who lacked capacity had some decisions made in their best interests. Records showed their family members and staff at the home had made decisions for people. For example, one person was unable to make all of their own decisions about their care. Others had therefore made best interest decisions in relation to the medicines they took, how personal information about them was shared, how staff should support them if they became anxious or upset and how they spent their money. Clear records of each decision making process had been kept.

However, restrictions on people had not always been reviewed to ensure they were in people's best interests and were the least restrictive option. One person liked one type of food and would eat excessive amounts of this if they could, so this was locked away. They had to ask staff for it and did eat this; staff would try to offer healthier alternatives whenever they could. The person was unable to consent to this restriction and no best interest decision had been made in relation to this. We discussed this with the registered manager who told us they would complete capacity assessments and best interest decisions for the food being locked away.

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). 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.

At the time of the inspection there were three authorisations to restrict people's liberty under DoLS. The registered manager told us they had made four further applications to the local authority and they were waiting for their response. One person had a DoLS authorised in May 2017; there were specific conditions noted as part of the DoLS. We looked to see whether these were being met. We found the service had taken some action to ensure the conditions were being met, such as trying to engage with an art therapist to arrange art sessions. However, at the time of our inspection another one of the conditions was not being fully met. We discussed this with the registered manager who demonstrated they had plans in place to ensure the condition was going to be met.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us formal supervision (one to one meetings with their line manager to discuss their work) was irregular, although they could ask for supervision if they felt they needed it. One staff member said, "I don't have many supervisions. I think I have only had three or four in total in a year and a half. You can always go to [the registered manager] or [senior support worker] any time for support though." Records confirmed supervision had not been held regularly for staff. The registered manager told us staff should receive supervision every six to eight weeks, supervisions were not being held in line with this frequency. We discussed this with the registered manager who confirmed all staff had received supervision in May 2017 and they had plans to ensure staff received regular on-going supervision. Despite not receiving regular supervision staff spoken with felt well supported and well trained.

Staff told us they received an induction when they started working at the home. The induction programme was linked to the Care Certificate. The Care Certificate standards are recognised nationally to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The induction included a period of 'shadowing' experienced staff and reading people's care records. Staff said their induction was thorough and prepared them to work with people. One staff member said, "Yes, my induction was good. They took me through everything. I worked with one person at a time and would read their care plan. I was introduced to people slowly. People here are very complex, so you do take time to get to know them." Another commented, "The induction was good, it went through everything. I read the care plans and did some shadowing and it was enough for me, but I was given the chance to have more if I needed it."

Staff also received on-going training to meet people's needs and keep them safe. Staff were positive about the training they received. One staff member said, "The training is good. I've done a lot of training, some is on line and some isn't. I really enjoyed some of it like DoLS as it really opens your eyes." Another commented, "The training is very thorough and we have enough to do the job."

Training records showed all staff received basic training such as medicines, health and safety, equality and diversity and safeguarding. Staff had also been provided with specific training to meet people's care needs, such as how to support people who have autism or those who could become upset, anxious or distressed. We noted some staff required refresher training in some subjects. The deputy manager confirmed they had dates arranged for staff to attend these.

The registered manager told us how they had 'core teams' of staff working with individuals, they said this had provided a consistent and effective approach to supporting people. One staff member told us, "Before it was a struggle to get experienced staff to work with [name of person], but now we have a really strong core team of staff working with them."

People were not able to tell us about their thoughts about the food provided in the home. We saw there was a weekly menu displayed on a notice board in the lounge. Staff told us each person chose a meal for each night of the week by using pictures and a tablet computer. Staff told us they supported people to prepare meals. People could choose what they wanted to eat from the options available and if they did not want what was on the menu the staff would support them to prepare something else. We looked at the records of meals people had eaten and saw they were offered a balanced and nutritious diet.

People's health care was well supported by staff and health professionals. Records demonstrated people were supported to see their GP, dentist, optician and chiropodist. People were also supported to receive

specialist support from an epilepsy nurse and psychiatrist where required. Two people saw health professionals during our inspection. Staff acted on any advice given by professionals, which helped to ensure people maintained good health.

Each person had a Health Action Plan (HAP) in place. HAPs are a document that included an assessable personal plan that describes what people can do to stay healthy and the support that is available. We saw some of the HAPs were in need of updating, for example, one person's HAP did not include up to date details of their recent medicines change. One of the provider's senior managers was supporting people to reassess their health care needs, the support they required and review people's HAPs. For example, people with epilepsy were having their care needs and medicines reviewed by a specialist epilepsy nurse. This was being coordinated by the provider's senior manager. This meant there were plans to ensure people's health care needs were being met.

Is the service caring?

Our findings

At our last comprehensive inspection in June 2016 we found staff did not always record information about people in a way that promoted dignity and respect. We also found the service did not always support people with their cultural needs and they did not always consider people's privacy. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice to the provider.

At this inspection we found some improvements had been made. For example, records demonstrated people were referred to respectfully by staff and staff spoke to us about people in a respectful way. We also found people's privacy was considered. However, some improvements were still required to ensure people's cultural needs were fully met. Staff were trying to improve how they supported people's diverse needs.

For example, one person's first language was not English. We discussed with staff how they supported the person with their cultural needs. Staff described how the person had 'vocabulary cards' and a tablet computer application which used their first language. Staff went on to say this activity was self-directed by the person. The registered manager showed us the person's activity timetable and this was an planned activity twice weekly.

We looked at the person's records and found this was not being offered to them this regularly. We discussed this with the registered manager and they showed us a recording sheet they had planned on implementing to record when the person had been offered the activity and the person's response. They also told us they had placed an advert to recruit a staff member who spoke the person's first language. Following our inspection the registered manager sent us guidelines they had developed for staff to follow to ensure consistent use of the vocabulary cards and confirmed they had employed a staff member who was fluent in the language.

The UK general election was being held on the second day of our inspection. We saw people had been asked if they wished to vote in the election and those that did had the process and candidates explained to them in a way they understood. People who wished to, went out with staff to cast their vote. One member of staff told us they would like to support one person to explore their religious beliefs. The staff member said, "[Name] is Jewish but we don't really know if this is important to her. I would like to look into this and speak to her mum, as I don't think it has ever been done. Her faith could actually be very important to her and her family; we just don't know."

Relatives told us staff were caring and well intentioned. One relative said, "I am happy with how staff are with [name of relative]." Other comments included, "The staff are caring and willing" and "They are well intentioned staff."

The relationships between staff and people demonstrated dignity and respect. One relative told us, "Yes I think the staff are respectful." We observed many positive interactions and there was a good rapport between people and staff. Staff talked positively about the people they supported. We observed staff

prompting and encouraging people to do things for themselves rather than doing things for people.

People received care and support from staff who had got to know them well. Relatives thought the longer standing members of staff knew their family members well and the newer staff were getting to know them. People appeared relaxed in the company of staff. People used communal parts of the home and also spent time in their own room if they wished to. Staff knew if a person wanted or needed time to themselves and they respected this.

People were able to make choices about day to day aspects of their care such as when they got up and went to bed, meals and what personal care they wanted. Records demonstrated one person chose to have a bath in the afternoon, this was supported by staff. Staff told us that although they were allocated to provide people's one to one hours, if a person wanted another staff member to support an aspect of their care they could choose them. One staff member said, "[Name] has never really taken to me, they prefer females and that's their choice." Another commented, "People do what they want and we respect that."

People's independence was encouraged, such as with their personal care, in helping to cook and to clean their home. One staff member said, "We are trying to promote independence. We try to get people cooking, cleaning, to dress themselves and wash themselves if they can. As a team, we are trying to get people to do more but we have a way to go yet."

Staff described how they ensured people had privacy and how their modesty was protected when providing personal care. For example, closing doors and curtains and ensuring they had everything they needed before supporting the person with personal care.

Staff had a good understanding of confidentiality. We saw staff did not discuss people's personal matters in front of others; they made sure this was done in a private part of the home. People's individual care records were stored securely to make sure they were only accessible to staff.

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. People were supported to keep in touch with their relations. People's relations were sent a newsletter giving details about how people had been and what they had been doing. Relatives told us they used to receive these newsletters on a regular basis and one told us they found this "Really nice" as it meant they were kept up to date with what their family member had been doing. They went on to say the frequency of the newsletters had been a bit "On and off" recently and they were hoping these would return to a more regular frequency.

Relatives could visit when they wanted and there were no restrictions. One relative told us how they were always made to feel, "Very welcome" by the staff. A visiting health professional told us when they visited staff were welcoming.

Is the service responsive?

Our findings

Each person had a care and support plan. The care plans we read were personal to the individual and gave information to staff about people's needs, their routines, what they could do for themselves and the support required from staff. Care plans included life histories, personal care needs, likes and dislikes and how they communicated. We found some of the care plans included out of date information. For example, one person's care plan included guidelines for supporting two specific people if they were involved in an incident. These guidelines were written in 2014 and one of the people no longer lived in the main house.

The registered manager was in the process of reviewing all of the care plans and transferring them into a new format. They had audited the care plans and identified where documents required reviewing and updating. They acknowledged they were not where they wanted to be in relation to the updating of the care plans; however they had a plan in place to ensure the care plans were fully reviewed and updated. The staff we spoke with had a good knowledge about people's current individual needs.

People also had personal goal records. These were created annually with the person and reviewed six monthly to monitor their progress. People's goals included, attending a holiday, engaging in household chores and choosing activities. Staff told us how they were supporting one person to have their own cooker in their flat which would enable them to be involved in planning and cooking their own meals. We saw one person had arranged a meeting to review their goals. Staff had fully involved the person in the process with them choosing who attended and the food they would like to have during the review. The registered manager told us some of the reviews were overdue and they had plans in place to address this. This had also been identified in the provider's quality audit.

Relatives told us they were invited to annual reviews of people's care. They said they discussed their family members care plan and their thoughts about their care at the review .

Information was recorded about people every day by the staff. The daily records included information about people's well-being, health and how they had spent their day. This information helped to review the effectiveness of a person's plan of care and made sure people received care which was responsive to their needs and preferences.

People were supported to follow their interests and take part in various activities and trips out. Records showed people went shopping, for walks, to the cinema, day trips, lunches out, swimming and horse riding. We saw one person attended community based activities specifically designed to meet their sensory needs. Staff told us one person enjoyed church bells and they were looking into them attending a bell ringing group. Another person had recently purchased their own hot tub. People also chose to attend to some of the provider's day services on site such as art and craft, walking group and atmospherics. One person had their own car which staff took them out in; another person was also planning to have their own car. Other people used the home's vehicle to go out. One staff member said, "It can be really quite busy here; people are in and out all of the time. People love going out; most people go out every day." During both days of the inspection we observed people coming and going throughout the day.

People were not able to verbally raise concerns or complaints and needed to rely on staff or their family members to raise these on their behalf. Relatives told us if they had any concerns they would speak with the registered manager or deputy manager. There were pictorial complaints procedures displayed within the home stating who people should talk to if they had a concern. We discussed with staff how they supported people to raise concerns. One staff member told us how the team had noticed a person was becoming anxious because they were not always able to go out in a vehicle when they wanted, due to the availability of the house vehicle. They told us how they were supporting the person to have their own vehicle.

There had been one formal complaint since our last inspection. This was investigated by the provider and we saw there was learning as a result of the complaint.

The service had systems in place to receive feedback from people's relatives. This was completed on an annual basis. We looked at the feedback from 2016 questionnaires. Areas covered included; involvement in decision making, staff listening to them, activities, their family member's safety, staffing and how their views on their family member's progression. Some concerns were raised by relatives about the staffing levels particularly at the weekend. The registered manager told us they had taken action to improve this and relatives confirmed this. This meant people's relatives could give feedback on the service and action was taken as a result.

Is the service well-led?

Our findings

At our last comprehensive inspection in June 2016 we found effective systems and processes were not in place to monitor and mitigate risks relating to the health, safety and welfare of service users and others who may be at risk. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice to the provider. At this inspection whilst we found some improvements had been made, there were still areas that needed to improve. The provider had identified improvements were still required and had taken action to address this.

The provider had an improvement plan for the service, which had been shared with us and the local authority's improvement team who also monitored the service provided by the home. It was evident at this inspection the pace of improvement had not been as the provider had planned. We discussed this with the registered manager and the provider's national quality, compliance and risk project manager. The national quality, compliance and risk project manager told us they felt many improvements had been made, such as in staff practice and reorganising the staff rota to better suit people's plans and lifestyles. However, improvements were not being completed quickly enough and they wanted to be "Honest and open" about that. They described the additional measures put in place to support the management team at the home, such as providing additional senior manager support and mentoring, to ensure the improvement plan was completed.

Quality assurance systems were in place which were designed to monitor the quality of service being delivered and the running of the home. We looked at the audit from May 2017; the audit identified most of the shortfalls we found during our inspection. These included, lack of regular staff supervision, care documentation needing to be reviewed, cultural needs being covered in care plans, health action plans needing to be updated and further mental capacity assessments needing to be completed. The outcome of the audit included a recommendation plan that identified the improvements required and a timescale for these. We found however the provider had not identified the water temperatures were not being taken weekly to ensure they remained within a safe range.

Whilst we found improvements had been made since our last comprehensive inspection in June 2016, there still areas that needed to be improved. Some of these we had identified in our inspection in June 2016, such as people's cultural needs not being fully met. During this inspection we found suitable and timely action had not been taken in response to all of the concerns identified.

This was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were clear lines of responsibility in the management team. The registered manager was supported by a deputy manager and two senior members of the staff team; all had their own management duties. We saw staff often spoke with the registered manager and deputy manager about different issues and asked their advice. This gave the management team insight into how people's care needs were being met and the ongoing support staff needed.

Staff were positive about the management team and how the home was run. One staff member said, "[Registered manager] has worked really hard. I feel I can approach [registered manager] and [deputy manager] and talk about niggles I have. They do listen to you." Another staff member told us, "I would say the managers are very good here. They have all been very supportive to me."

Every member of staff spoken with talked about the "cultural change" taking place within the service. When asked about this, they explained they felt the service was now focused much more on the people who lived in the home. They also felt higher standards of care and conduct were expected from staff. One staff member said, "I'm glad there are more rules and protocols. Staff get pulled up on things now where they didn't before. It's people's lives and welfare we are involved in. Things I was unhappy about before don't go on any more. I think that is a good thing."

Staff felt the service had improved a lot in the last year, but they knew they still had improvements to make. None of the staff we spoke with said the service was as good as they wished it to be but they felt there was a clear improvement plan. One staff member said, "There have been massive changes. There's lots we need to do, but we are getting there. Sometimes it's hard changing attitudes, but I think all the staff here now are all here for the right reasons." Another commented, "Things have improved, it's a lot more positive here now people are getting more choices and it's more homely."

Relatives also told us they thought the home was making improvements and they were complimentary of the registered manager. Comments included, "Since [name of registered manager] has been there things have really improved" and "[Name of registered manager] is very approachable you can go to him with any problems." Relatives told us they thought the communication in the home could be improved, however they said this was better since the new registered manager was in post.

Staff meetings were held which were used to address any issues and communicate messages to staff. The registered manager told us they had just started to implement two weekly staff meetings. Meeting minutes demonstrated areas covered included; people's current and changing needs, records, training, policies, staff responsibilities, staff rotas and safeguarding.

The registered manager had recently shared the vision statement for the service with the staff team and the staff we spoke with told us they shared this vision. One part of their vision statement said they wanted to "Have a house where the people we support are at the centre of everything we do, that they are included, given a voice and supported in a way which enables them to achieve a quality of life they want and deserve." One staff member told us, "I am aware of the vision it has been shared with us and I totally agree with it." Another commented, "We want to make sure people are involved as much as possible, to live a full and good life." This meant staff had been made aware of and shared the vision for the service.

People were supported to access their community. They used community facilities such as local shops, supermarkets, cinema, cafes, pubs and local beaches. People went out into the community with staff support during our inspection. Staff worked in partnership with a range of external health and social care professionals. People required this support due to their complex needs.

Significant incidents were recorded and where appropriate were reported to the local authority. The service had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities. We used this information to monitor the service and ensured they responded appropriately to keep people safe.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The agreed conditions of one person's Deprivation of Liberty Safeguards authorisation was not being fully met. Regulation 13 (5) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The quality assurance systems were not always effective in ensuring that all areas for improvement were identified or that improvements were made. Regulation 17(2) |