

Ordinary Life Project Association(The) Ordinary Life Project Association - 15 Mossmead

Inspection report

15 Mossmead
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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

At the last inspection in July 2016 we found breaches in relation to Regulations 9, 11 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to make improvements on developing person centred support plans, to assess people's capacity to make complex decisions and to ensure records were up to date. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements. During this inspection we found some improvements had been made.

15 Mossmead is registered to provide accommodation and personal care for up to four people with learning disabilities. At the time of the inspection three people were living at the service.

This inspection was unannounced and took place on 11 October 2017.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Quality assurance systems were in place to monitor and assess the delivery of care. We found the registered manager had assessed the quality of the service and had found all standards fully met. However, medicine systems were not safe and continued improvements were needed with developing person centred support plans.

Audits of medicine systems were not effective. The internal audit carried out by the staff and records of medicines administered confirmed that there were persistent medicine errors. Protocols that gave staff clear and concise guidance on the application of "when required", creams were not in place. However, "the manager's self-assessment monthly audit" undertaken by the registered manager had not identified any shortfalls. The registered manager had indicated in the monthly audit that there was "evidence that medication procedures were adhered to".

We found records of medicines administered were not signed on two consecutive days but as these medicines were in syrup form it was not possible to assess whether the medicines had been administered. While accident forms were completed for missing signatures no immediate action was taken to safeguard people from unsafe medicine management.

"My working support" documents included person centred and communication support plans that were in picture format. Communication care plans gave staff guidance on how people expressed their emotions, how they made decisions and the support needs. Support plans included detail on how staff were to support people to meet their assessed needs. We saw people were able to manage aspects of their care and the support required from staff to meet their needs. Consent care plans detailed the decisions people were

able to make. However, life stories were not always included and continued improvements were needed with the support plans

One person told us they felt safe living at the service. Other people living at the service were not able to tell us what feeling safe meant to them. The staff we spoke with said they had attended safeguarding of abuse training. They knew how to identify abuse and the procedures for reporting their concerns.

Systems were in place to manage risks safely. Staff were aware of the individual risks to people and the actions needed to safeguard people from potential harm. Risk assessments were developed on how staff were to support people to take risk safely. Where people were diagnosed with medical conditions that placed them at risk of harm, risk assessments were in place on how to minimise the risk.

Incident and accidents reports were completed. Accident report included a description of the incident and the follow up action taken. Contingency and personal evacuation plans were developed on how staff were to respond to any emergencies and other events that may prevent the smooth operation of the home.

Staff told us and duty rotas confirmed that there were periods during the day when there were two staff on duty support people with meals and one to one activities. At night one member of staff was asleep in the premises.

Staff told us the training was good. The provider set mandatory training, which staff said they had attended. There were opportunities for staff to gain vocational qualifications. Staff had one to one supervision with the registered manager, during which they could discuss their concerns, the people at the service and their performance.

The staff were knowledgeable about the principles of the Mental Capacity Act (2005). Staff knew the day to day decisions people were able to make and people were empowered to make complex decisions. Mental capacity assessments were in place for complex decisions such as medicines, routine screening, flu vaccines and dental treatment. Where people had capacity they made the specific decisions and where people lacked capacity best interest decisions were made with the involvement of the appropriate professional, staff and relatives.

The people at the service had support with their healthcare needs. People were registered with a GP and had annual health checks with the community nurse practitioner. People had access to specialists such as the community nurse for screening checks and from the community learning disabilities behaviour nurse. Hospital passports were in place which included key information to medical staff on how to care for people in the event of a hospital admission.

People were involved in independent living skills. The people at the service were involved in developing menus and participated in meal preparation. We saw people participate in baking and preparation of the evening meal. "Our Tenants focussed project" document included pictures of foods people liked, photographs of meals people had made and recipes of meals to be made. People told us on Sundays they discussed the menu for the following week.

Staff knew how to develop caring relationships with people. When people wanted attention we saw staff give the person their full attention or explained why it was not possible to act on their requests immediately.

People had a keyworker [staff were assigned with specific people] to ensure their care and support was taking place in their preferred manner. One person told us the staff were kind. We saw good interactions

between people and staff. We saw staff helped resolve conflict between two people and supported them to reach a compromise acceptable to both individuals.

A member of staff told us people were to develop the complaints procedure for the service and feedback request forms about the service. There were no complaints received.

We found a breach 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 the 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.

Medicines were not always managed safely. No immediate action had been taken for persistent medicine errors. Records of medicines administered were not always signed for medicines administered. Procedures were not developed on the administration of when required medicines (PRN).

Risks identified were assessed and action plans were developed on minimising the risk. Staff were knowledgeable on actions necessary to reduce risks.

There were sufficient staff to support people and we observed that staff were visible and available to people.

We saw people sought the attention of the staff for company and for support and assistance. Staff knew the types of abuse and the responsibilities placed on them to report abuse.

Is the service effective?

Good 

The service was effective.

Staff enabled people to make choices. People's capacity to make complex decisions were assessed and best interest decisions were taken where people lacked capacity.

Staff had the knowledge and skills needed to carry out their roles. There were arrangements in place to support staff to meet the responsibilities of their role. Staff attended training set by the provider as mandatory and had opportunities for personal development through one to one supervision.

People's dietary requirements were catered for.

Is the service caring?

Good 

The service was caring

People were treated with kindness. We saw positive interactions between staff and people using the service. Staff knew people's needs well and there was a calm and friendly atmosphere.

People's rights were respected and staff explained how these were observed.

Is the service responsive?

Good ●

The service was responsive

Person centred support plans were in pictures and words which ensured people understood the care they were to receive.

Communication passports were in a format people were able to understand and gave guidance to staff on how to communicate with people.

There were no complaints received at the service since our last inspection

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Quality assurance systems were in place but the in-house assessments did not fully correspond with the finding of this inspection.

Staff said the team worked well together.

Ordinary Life Project Association - 15 Mossmead

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 11 October 2017 and was unannounced.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all of the information we held about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

The inspection was carried out by one inspector. We spoke with one person and observed the interaction one person had with staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We wrote to a health care professional and relatives asking for their feedback about the service. We did not receive feedback from the social and healthcare professional. We received feedback from one relative and we spoke with the two staff but

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records, which included three care and support plans, staff training records, staff duty rosters, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices for part of the day.

Is the service safe?

Our findings

Medicines were not always managed safely. Medication Administration Records (MAR) were not always signed to show the medicines administered. We saw for one person staff had not signed the MAR chart to show they had applied the topical creams as prescribed. For another person the MAR chart was not signed on two days for the administration of anticonvulsant medicines. We noted that this person experienced a seizure three days later. A member of staff told us seizures were well controlled by medicines and seizures were infrequent. Medicines were in liquid form and it was not possible to check if they were administered as the records were not signed. Where tablets were prescribed there was no record of medicines received or carried forward. This meant people were at risk from unsafe medicines systems.

The internal audits for two consecutive months in August and September showed shortfalls in medicine systems. There were recurring themes which included MAR's not signed when medicines were administered and records were not maintained for medicines received and carried forward. Diary entries showed staff were made aware of recurring issues of staff not signing MAR. We saw from the team meetings that medicine systems were discussed at the September 2017 team meeting. However, no immediate action was taken to safeguard people from unsafe practices.

Action was not taken when it was identified that staff were responsible for unsafe practice. The medicine procedures states that for medicine errors staff may be subject to disciplinary procedures and for three repeated incidents "will lead to dismissal." The procedure was missing detail on the actions to be taken following each medicine errors. We found gaps in the recording of medicines administered but the staff responsible had continued to administer medicines. A member of staff said an incident report was completed and sent to head office. We discussed medicine errors with this member of staff during feedback and action was taken following the inspection. The staff responsible for unsafe practices were suspended from administering medicines "unsupervised until they have been assessed as competent."

The Ordinary Life Project Association (OLPA) medicine procedure states for when required medicines (PRN) "the person's care notes should give detailed information about what the medicines are for, the maximum amount to be given and the intervals between each medicine". Procedures for medicines prescribed to be taken when required (PRN) were not developed how staff were to recognise when people might need these medicines. This meant staff were not following their own procedures.

Where PRN topical creams and ointments were prescribed the directions lacked detail on how staff were to support people with their applications. For example, the direction on the MAR for one person stated "apply to the right knee." Body maps were not used to indicate the position in the body and the thickness of application. This meant staff were not given clear directions on the application of creams.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014".

One person told us the staff administered their medicines. The MAR file included the person's photograph to

ensure staff were able to identify the person and information leaflets on the purpose of the prescribed medicines and their side effects. Mental capacity assessments for administering medicines were also kept in the medicine file which showed people lacked capacity to self-administer their medicines. Best interest decisions taken were for staff to administer medicines.

Communication care plans gave detailed guidance to staff on how the person expressed pain. For example, one person will say "hurt" and point to the area while another would verbally say they were in pain. This meant staff were able to identify signs of distress for when it was appropriate to administer PRN pain relief medicines.

Staff said they had received competency based medicine training and the training matrix confirmed all staff had attended "Medication safe handling and awareness" training. Medicine care plans detailed people's preferred method of taking their medicines.

One person told us they felt safe living at the home and the staff made them feel safe. The other person at the home was not able to express what feeling safe meant to them. A relative told us "Yes, I feel my daughter is safe with the staff though I do have some concerns when agency staff are called upon at short notice." We saw both people sought the company and assistance of staff to undertake activities. For example, we saw people sat comfortably with staff looking through photograph albums.

The staff we spoke with said they had attended annual safeguarding of vulnerable adults training and the training matrix confirmed staff had attended this training. Staff knew the types of abuse and the expectations on them to report allegations of abuse. A member of staff said procedures were in place for reporting poor practice they may witness towards people by other staff. Another member of staff confirmed there were no open safeguarding referrals subject to investigations by the local authority.

Risks were identified and action plans were developed on how to manage risks. A member of staff told us there were systems in place to manage risks to the individual. They said there were people with medical conditions such as diabetes, epilepsy, sensory loss and swallowing difficulties which placed them at risk of harm. The property was adapted to ensure people with sensory needs were able to move around the property safely. For people with swallowing difficulties, there was guidance from specialist on how to serve meals that reduced the risks of choking.

Risks at service level were identified and managed. Accidents and incidents involving people were documented. A member of staff told us reflective logs were completed by the staff following an accident or incident. They said accident reports and reflective logs were sent for analysis by senior managers at provider level. The reports and logs were then returned to the home and depending on the actions needed there were discussions with specific staff during one to one supervision or at team meetings. We saw staff had completed an incident report for a verbally aggressive incident. It was documented that a discussion had occurred with the registered manager as there had been repeated incidents. Another member of staff said there was ongoing support from the community learning disability team on how staff were to manage difficult behaviours.

Contingency and emergency plans were in place for responding to any emergencies and other events that may prevent the smooth operation of the home. Contingency plans gave staff guidance on the actions to be taken for potential loss of service. We saw that preventative measures were taken to maintain systems operating efficiently. For example, testing of electrical equipment and annual checks of heating systems.

Personal emergency evacuation plans (PEEPS) were in place on how staff were to support people to leave

the property safely in the event of an emergency. Individual PEEP described how people responded to instructions from staff and that people were best supported by trained staff that knew them. The training matrix in place showed staff had attended fire safety training. Staff told us the team were stable and they knew people well.

There were sufficient numbers of staff on duty to meet the needs of people. One person explained that staff helped them with personal care when they wanted. A member of staff said the team were stable and new staff were recruited to vacant posts which offered people continuity of care.

Safe recruitment practices were followed. A member of staff told us people were involved in the recruitment of new staff. They said before the interview candidates were able to spend time at the home with people who then gave their feedback about the visit. The personnel officer told us that prior to appointment two references and a DBS enhanced disclosure were obtained for the new staff. A Disclosure and Barring Services (DBS) check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. They told us that personnel files were not held at the home but information was forwarded to the registered manager for retention, which included personal details, qualifications, experience, names and addresses of referee, DBS disclosure number and proof of identity.

Is the service effective?

Our findings

At the previous inspection we found a breach of Regulation 11 Health and Social Care Act (Regulated Activities) Regulations 2014. We found people's capacity to make specific decisions was not always assessed. Relatives without legal powers to care and treatment were able to undertake intimate checks at the home with staff present. The legal framework for depriving people of their liberty was not in place. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements. During this inspection we found improvements had taken place.

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.

One person told us they made all their day to day decisions and explained they made decisions about their clothes, meals and activities. The support plan for this person stated they were able to make informed choices on aspects of daily living, including times to rise and retire. The "traffic light consent and capacity" support plans listed day to day living decisions people were able to make with support from staff. For one person the day to day decisions included personal care, independent living skills and health care which staff supported the person with making decisions.

The staff we spoke with were knowledgeable about the principles of the MCA. A member of staff told us people were able to make decisions "as long as staff explained the task". They said people's mental capacity to make complex decisions was assessed and best interest decisions were taken for people who were assessed as lacking capacity. It was explained that complex decisions included flu vaccines and the use of monitors at night. A relative told us they were involved in decision making and were an appointee for finance.

People were empowered to make complex decisions. A mental capacity assessment for making decisions for dental treatment was in place for one person. While the person was assessed as having capacity, a best interest meeting was held with the person, the dentist and relatives was held to ensure the person had fully understood the decision. The best interest meeting had concluded the person was able to agree to the treatment because they understood the consequences of not having treatment. Mental capacity assessments were in place for making decisions about flu vaccines and two people assessed as having capacity had refused the vaccine. A member of staff explained that people's cognitive impairment was the sole reason for assessing their capacity to have flu vaccines. They said these individuals did not have a medical condition that placed them at higher risk of flu and the decisions made by the individuals were respected.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. Deprivation of liberty authorisations had been sought for three people.

Positive behaviour management plans were in place on how staff were to manage difficult behaviours. The verbal and physical support plan for one person detailed the behaviours the person might exhibit during periods of aggression towards staff and other people. The action plan stated that staff should continuously be on duty to reduce the potential of aggressive incidents. Where the person became aggressive staff should ensure other people were not in the immediate area.

New staff had an induction when they started work at the home. The personnel officer told us "OLPA have a six month induction booklet, which is kept in the home and completed with the registered manager. This covered all training for example, safeguarding, medicines, Care Certificate [standards that should be covered as part of induction training of new social care and health workers], manual handling, infection control, mental capacity and fire training. The induction booklet we saw confirmed new staff were registered onto the Care Certificate and there was an in-house induction, which covered the role of staff and policies and procedures.

Systems were in place to ensure staff had the skills needed to meet the responsibilities of their roles. The training matrix provided showed staff had attended mandatory training set by the provider. Staff were to attend refresher training in first aid, moving and handling, MCA and health and safety. Staff spoke positively about the quality and quantity of training they had access to. They told us there were opportunities for vocational qualifications. A member of staff told us staff were undertaking distance learning to gain vocational reflective qualification in "Principles of working with learning disabilities" which was to be followed by "Understanding Autism and nutrition". One to one supervision was with the registered manager. A member of staff told us their one to one meetings were an opportunity to discuss concerns, training, goals and targets.

People's dietary requirements were catered for at the home. One person told us "we talk about meals every week." Staff told us people were involved in meal preparation. They told us on Fridays "there was a cooking session" with people. The range of fresh, frozen and tinned foods supported the menus and there was a variety of snacks such as crisps, biscuits and fruit available for people to have in between meals. People were supported to prepare weekly menus. A member of staff said menus were for the tea time meal only as the breakfast and the lunchtime meals were the person's choice.

The "Tenant Focus Project" book was sectioned into foods we like, foods we have made and foods hoping to make. Pictures of foods and meals were used to show the meals people liked to eat and there were photographs of people involved in food preparation and baking. Recipes were included in the section for foods people wanted to make. During the inspection people, with staff support, baked a cake and the inspector was able to sample the cake and was much enjoyed.

People had access to dietary and nutritional specialists. For one person there had been input from the Speech and Language Therapist (SaLT) who provided guidance on the high risk foods to be avoided and the foods that were safe to be served.

People were supported with ongoing healthcare. One person told us staff supported them on healthcare appointments. A member of staff said there were good working partnerships with healthcare professionals. They said there was involvement from the community learning disabilities team to help staff develop behaviour management plans and from nurse practitioners for health checks and screening. Visits from

healthcare professionals confirmed people had access to GP's and community healthcare specialists. People also had regular optician and dental check-ups as well as routine chiropody visits. We saw details of visits were recorded and included the purpose and outcome of visits.

A member of staff told us a community learning disability behaviour nurse was assisting them in developing a positive behaviour management plan for one person. Staff were gathering information to identify triggers of physically aggressive behaviours exhibited at times towards people. Staff were using graphs to identify the behaviours being exhibited which, included threats to push others, harm towards others and for repetitive questioning.

Epilepsy management plans included the types of seizure and the actions to be taken. A record of seizures were maintained and detailed were the possible triggers, descriptions of the seizure and post seizure care from the staff.

Hospital passports were developed to give medical staff helpful information about the person and their health in the event of a hospital admission. Personal details, key information that medical staff must know, other important information and their likes and dislikes were documented.

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Is the service caring?

Our findings

People were treated with kindness. One person told us the staff were kind and they had a keyworker [staff assigned to work with specific people]. A member of staff told us the keyworker was responsible for ensuring support plans were effective. They said there was an expectation keyworkers helped people develop goals such as independent living skills and provided the necessary support to pursue interests and hobbies. Person centred care plans were in pictures and words format, which ensured people, understood how their care needs were to be met. It was also included people's preferences, goals and wishes for their future

Staff had a good understanding of how to build positive relationships with people. A member of staff said support plans ensured staff knew people's routines and preferences. They said "I am open to get to know people. Everybody is different. I am approachable; I like a giggle and a joke. I tell staff this is not your workplace it's the home of X, X, and X". Another member of staff said they had a "positive response" from people. They said when they returned from annual leave one person told them they were missed.

We saw positive interactions between staff and people using the service. We saw a member of staff assist people to resolve conflict and reach an acceptable compromise to both individuals. We saw staff ask people about in-house activities such as games. Staff spent time with people going through photograph albums and discussing the people and places photographed.

People were supported to express their views and to make decisions about their care and support. One person told us at "tenants" meetings they discussed activities and menu planning. A member of staff said "We involve the ladies in everything. It is their home and they make the decisions with our help and that is what we are here for". They said these meetings were adapted to focus on specific topics. For example, at present the topic of meetings was menu planning to be followed by leisure and activities.

Staff showed concern for people's well-being. People were kept informed about the staff on duty, meals to be served and activities. We saw the photographs of the staff on duty were on display. For one person knowing the staff on duty was important as they asked on a number of occasions who was on duty that day. This person was able to tell us the name of the staff by their photographs.

Staff ensured that people felt they mattered. A member of staff said giving choices and providing continuity of care helped develop a "bond" with people which meant they felt able to approach the staff.

People's rights were respected by the staff. One person told us the staff knocked on their bedroom doors before entering. The training matrix showed staff had attended "Equality, diversity and human rights" training. A member of staff said "People have access to all opportunities, issues are discussed with people first and privacy is promoted." Another member of staff said "I always check before offering support. We knock on bedroom doors before entering". Support plans gave staff guidance on how to respect people's rights to dignity and privacy. The support plan for one person prompted staff to ensure personal care was carried out in private with doors closed.

Staff completed "Living Well" booklets on people's end of life plans and wishes. It documented the features that were currently important to the person, their wishes for the future, their plans for end of life and their funeral arrangements.

Is the service responsive?

Our findings

At the previous inspection in July 2016 we found a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because support plans were not reviewed and lacked a person centred approach. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements. During this inspection we found improvements had taken place.

People received care that was responsive to their needs. One person told us they had a support plan and explained staff had helped them meet a goal to move their bedroom around. A relative we spoke with told us "Yes there is a support plan in place. Yes, I am invited to my daughters care reviews. I feel any suggestions are taken seriously and if needed acted upon".

People's needs were assessed and social workers provided comprehensive assessments before the admission. We saw care managers had reviewed the comprehensive assessments with the person, staff at the home and where appropriate their relatives.

Care support documentation relating to people's health and physical needs were kept in three separate files. For example, communication passports and person centred care plans were kept in the "My Working" file and daily routine support plans and risk assessments were kept in the support files.

Communication passports were developed using pictures and words on how staff were to communicate with people. Symbols were used to describe the emotions or ideas people expressed. For example, a happy face was expressed by smiling and laughter while anger was expressed by a loud voice and pushing other people. Where people used single words to communicate, the support plan gave staff guidance on how to interpret specific words. For example, one person will say "tea" or "drink" when staff prepared refreshments.

Person centred plans included the personal details of people, family relationships and guidance from professionals. Daily routines support plans for one person included their ability to manage their care and their willingness to accept assistance from staff to meet their needs. Social histories were also included although the information for some people was limited. The audits of support plans included a review of the information kept in the files, with the action needed to ensure all required information was in place. We discussed social histories and support plans with a member of staff who was taking action, ensuring support plans continued to improve and that people's histories were recorded.

Support plans for people with mental health care needs were in place, which detailed the diagnosis and the signs or symptoms of the medical condition. It also included behaviours exhibited, if the person was not able to follow their regime.

People were supported to maintain relationships with those that mattered to them. A relative told us "The staff are very friendly and welcoming on every visit. They have a good report with my daughter and she seems very happy at Mossmead." One person on a number of occasions asked staff about the arrangements for overnight visits with a close relative. We saw staff responded by explaining the details of the visit and

checking the diary to ensure the person was reassured.

People were supported to take part in social activities. One person told us how they kept themselves occupied during the day. They told us at the home they participated in baking and their community activities included dancing and attending clubs. The individual diaries of activities showed people participated in a range of in-house and community based activities, such as trips to local shops, garden centres, cooking session at the home and physical activities. We saw in the dining room a variety of puzzles, CD's and arts and crafts equipment for in-house activities.

Staff said there was a verbal handover about people's current needs when they arrived on duty. They said information about people's wellbeing, care and treatment was recorded. We saw individual diaries were used by the staff to record routines followed, appointments and activities.

One person told us they would tell staff their complaints. A member of staff said the current complaints procedure was to be improved and developed with people. They said the format was to be developed for people to understand the purpose of the procedure and will create opportunities for them to give feedback.

Is the service well-led?

Our findings

At the previous inspection in July 2016 we found a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because records were not reviewed or up to date. There was a recurrent theme for staff to review support plans and to increase activities. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements. At this inspection, we found records were up to date. However, audits were not effective.

A. The registered manager carried out monthly self-assessments that focussed on care delivery, health and safety, policies and procedures and staffing. The September 2017 self-assessment showed that except for testing of portable electrical equipment, all standards assessed were met. However, the internal medicine audit and medicine administration records (MAR) showed people were at risk from unsafe practices. A member of staff explained the process followed and stated that copies of the monthly "Managers' Self-assessment Audit" were sent to the central management team for discussion at their monthly meeting. The self-assessment was then returned to the home following the meeting with feedback on the actions to be taken. This meant the central management team were unaware of the errors in medicine systems and were not able to give the appropriate advice on improvements needed.

The quality assurance procedure stated that people were to "benefit from safe quality of care, treatment and support due to effective decision making and management of issues." This was achieved through visits from senior managers, feedback from the central management team and from the analysis of complaints. A visit from a member of the senior management team took place on 21 August 2017 and the focus of the visit was the maintenance of the property. An action plans was in place to ensure remedial action was taken.

The registered manager was responsible for two services and the senior supported the registered manager with the day to day management of the service.

The statement of purpose acknowledged people's diversity and human rights and the objectives included "to encourage and enable people to be involved and to influence how the service is run." The staff we spoke with showed a clear understanding of the values of the organisation and were aware of their responsibility to promote them. A member of staff said "Previous staff shortages meant people's opportunities were restricted and since having a stable team, there is a team goal that focuses on people. We want them [people] to get as much out of life and they are loving it." Another member of staff said "You have to remember you are here for a reason. Promoting independence is what the company is about. It's more recognised that promoting independence is important."

There was open communication with people who use the service, those that matter to them and staff. A relative told us "Overall the quality of care my daughter receives at Mossmead is excellent. She is very happy there and is made to feel it is her home. The staff are very friendly and I have a good report with them. There is always ease to contact the manager or any senior member if required. All the staff do a tremendous job and have a good relationship with my daughter and me".

Questionnaires were available at the service for visitors to give their feedback about the service. A member of staff said visitors and relatives were able to complete feedback questionnaires on every visit but none were received recently. They said people were developing questionnaires and stated "It's them [people] asking how they found their home. It's an invitation to discuss carers or issues that are done well or for improvements".

Team meetings were monthly and the minutes of the meetings were recorded. A member of staff told us the area manager joined the monthly meeting or delivered training. Another member of staff said the team worked well together.

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 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected from unsafe medicine systems.