

## Six Acres Residential and Supported Accommodation Limited

# Six Acres Residential and Supported Accommodation Limited

### Inspection report

401 Bickershaw Lane  
Bickershaw  
Wigan  
Lancashire  
WN2 5TE

Tel: 01942861113

Date of inspection visit:  
21 December 2016

Date of publication:  
07 February 2017

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We carried out an unannounced inspection of Six Acres Residential and Supported Accommodation Limited on 21 December 2016.

Six Acres is a small privately owned care home providing accommodation and support for up to six adults with learning disabilities. The home is a bungalow with six separate bedrooms, shared bathroom and toilet facilities and two communal lounge/dining areas. At the time of our inspection there were three people living at the home.

The home was last inspected on 07 September 2015, when we rated the service as 'requires improvement' overall. We identified four breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to medicines, premises and equipment, consent and good governance.

At this inspection we found the service had made improvements in regards to the management of medicines, premises and equipment and consent however identified one breach of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to good governance, specifically that neither nutritional screening nor pressure ulcer risk assessment tools were in place. You can see what actions we told the provider to take at the back of this report.

At the time of the inspection the home had a registered manager. '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.'

We saw that the home was clean and had appropriate infection control processes in place. The staff carried out all cleaning tasks, following a daily and weekly cleaning rota. All cleaning equipment was stored safely and securely.

People we spoke with told us they felt safe. The home had appropriate safeguarding policies and procedures in place. Staff were all trained in safeguarding vulnerable adults and had a good knowledge of how to identify and report any safeguarding or whistleblowing concerns.

Both staff and people living at the home told us enough staff were employed to meet people's needs. We saw that staffing levels were determined by both the needs and plans of the people using the service, with resources being used flexibly to accommodate outings or activities.

Robust recruitment procedures were in place to ensure staff working at the home met the required standards for working with vulnerable people. This involved everyone having a Disclosure and Barring Service (DBS) check, two references and full work history documented.

Staff reported that they received a good level of training to carry out their role and were encouraged and supported to attend more if required. We saw that all staff completed an induction training programme when they first started and that on-going training was provided to ensure skills and knowledge were up to date.

Staff also told us that they felt supported through completion of supervision meetings and appraisals. Team meetings were also held, which staff were encouraged to attend and contribute towards.

We saw that the home had systems in place for the safe storage, administration and recording of medicines. Medication was kept in a locked cupboard within the office. All necessary documentation was in place and was completed consistently. Staff responsible for administering medicines were trained and had their competency assessed.

We looked at three care plans and two service user files, which contained detailed information about the people who lived at the home and how they wished for staff to support them. The care plans also contained individual risk assessments, which helped to ensure their safety was maintained. We did not see evidence that either a nutritional screening tool such as the malnutrition universal screening tool (MUST) or pressure ulcer risk assessment, such as the Waterlow risk assessment were in place. Whilst no issues with either malnutrition or pressure care had occurred or been identified, due to two people having impaired mobility and one requiring a special diet, these tools would help to assess potential areas of concern and ensure the home was meeting NICE guidelines.

Both the registered manager and staff we spoke to demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), which is used when someone needs to be deprived of their liberty in their best interest. We saw the service was working within the principles of the MCA and had followed the correct procedures when making DoLS applications.

Throughout the day we observed positive interactions between the staff and people who used the service. Staff were seen to treat people with kindness, dignity and respect. This was mirrored in the feedback we received from both people who used the service and relatives, who were very complimentary about the standard of care provided.

The home supported people to engage in social and leisure activities of their choice, both within the home and the wider community. Care files captured people's wishes and interests and we observed these being met during the inspection.

Everyone we spoke to felt that the home was both well led and managed. The manager was reported to be approachable and supportive. Staff told us they enjoyed working at the home.

The home had a range of systems and procedures in place to monitor the quality and effectiveness of the service. Audits were completed on differing timescales, depending on the area being assessed and covered a wide range of areas including medication, care files, infection control and building maintenance. All audits contained sections for action points.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staffing levels were appropriate to meet people's needs.

People we spoke with told us they felt safe living at Six Acres.

Staff were trained in safeguarding procedures and knew how to report concerns.

Medicines were stored, handled and administered safely by trained staff that had their competency assessed on a regular basis.

### Is the service effective?

Requires Improvement ●

Not all aspects of the service were effective.

Neither nutritional screening nor pressure ulcer risk assessment tools were in place, despite recommendations to implement these by the local authority.

All staff spoken to had knowledge of the Mental Capacity Act (MCA 2015) and Deprivation of Liberty Safeguards (DoLS) and the application of these was evidenced in the care plans.

Staff were positive about the training provided and received enough to carry out their roles safely and effectively.

Referrals were made to medical and other professionals to ensure individual needs were being met.

### Is the service caring?

Good ●

The service was caring.

People living at the home were positive about the care and support provided, telling us that staff were kind, respectful and treated them with dignity.

Throughout the inspection we observed positive interactions between staff and people using the service.

Staff had a good understanding of the people they cared for and were actively involved in promoting people's independence.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Assessments of people's needs were completed and care plans provided staff with the necessary information to help them support people in a person centred way.

People told us they knew how to complain and would feel comfortable doing so, but had never had anything to complain about.

People were engaged in activities of their choice and the home promoted and facilitated access to the local community.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Audits and monitoring tools were in place and used regularly to assess the quality of the service.

Everyone we spoke to stated that the home was well managed and they felt supported.

Team meetings were held to ensure that all staff had input into the running of the home and made aware of all necessary information.

# Six Acres Residential and Supported Accommodation Limited

## **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.

The inspection took place on 21 December 2016 and was unannounced.

The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC).

Before commencing the inspection we looked at any information we held about the service. This included any notifications that had been received, any complaints, whistleblowing or safeguarding information sent to CQC and the local authority. We also spoke to the quality assurance team at Wigan Council.

Before the inspection, the provider completed 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.

During the course of the inspection we spoke to the registered manager and two staff members. We also spoke to two people who lived at the home and one visiting relative.

We looked around the home and viewed a variety of documentation and records. This included three staff files, three care plans, Medication Administration Record (MAR) charts, policies and procedures and audit documentation.

# Is the service safe?

## Our findings

We asked people living at Six Acres if they felt safe. Both people we spoke with confirmed that they did with one telling us, "Yes, always," and the second stating, "Yes, it's okay here, I am happy here." We spoke with a visiting relative who told us, "I think [relative] is definitely safe here."

We looked at the home's safeguarding systems and procedures. The home had not reported any safeguarding concerns since the last inspection. We reviewed the home's documentation, including people's care files to check if anything had occurred which should have been reported, and saw that no such incidents had happened. The home had a safeguarding file which contained reporting criteria along with copies of all necessary documentation. This ensured that anyone needing to report a safeguarding concern could do so successfully.

We spoke with two staff about safeguarding adults. Both members of staff confirmed they had received training in this area and that this was refreshed within required timescales. The staff demonstrated a good knowledge of what to look out for and how they would report concerns. One staff member told us, "I have done e-learning. I feel know what to look for. I would report any concerns to the manager, if I wasn't able to, I would tell someone like you, the CQC or council." Another said, "I have done training in this, did it again about two weeks ago. I would go straight to the manager, but if they are not around I would contact social services myself, I know how to do this."

We looked at three staff files to check if safe recruitment procedures were in place and saw evidence that Disclosure and Baring Service (DBS) check information had been sought. Staff also had at least two references on file as well as a full work or educational history. These checks ensured staff were suitable to work with vulnerable people.

As part of the inspection we completed a walk round of the building to look at the systems in place to ensure safe infection control practices were maintained. The premises were clean throughout and free from any offensive odours. We saw the bathroom had been fitted with aids and adaptations to assist people with limited mobility and liquid soap and paper towels were available. Cleaning products were stored safely and Control of Substances Hazardous to Health (COSHH) forms were in place for all the cleaning products in use. A clinical waste bin was in situ and the correct yellow waste bags being used. We also noted that the home utilised dissolvable red bags for washing any soiled laundry, as per infection control guidelines.

People living at the home, relatives and staff all believed there were enough staff employed to meet people's needs. One person told us, "Yes, no problems with staffing here." Another stated, "Yes, there's enough." Whilst staff said, "Yes, definitely have enough."

The service continues to be a family run business, with family members providing a large amount of the cover, particularly at night. We saw that one family member, who also manages the supported accommodation service, which is not regulated by the Care Quality Commission, slept at the home each night. The home was separated into two areas, with a door providing a division between the two sections.

One side contained the three people's bedrooms, shared bathroom, living/dining room and kitchen, whilst the second area was where the home's office was located and the family member resided. The family member also completed shifts on the rota, predominantly working between 7.00am and 10.00am, when he would hand over to the registered manager.

The registered manager informed us that the home did not have a dependency tool in place, with the rota and staff member's shifts being arranged around people's needs, to ensure support was there when required. We saw that between 8.00am and 7.00pm the home had three staff on shift, which included the manager or their relative. Between 7.00pm and 12.00am, one staff was on shift, with a second being on-call. Following completion of a risk and needs assessment, the home now ran with just sleep in cover overnight, provided by the family member who slept at the home. Another staff member was again on-call should assistance be required.

We asked the registered manager about the sustainability of the current staff schedules, as aside from the fact a family member completed seven sleep-in shifts per week, along with hours on the rota, another staff's shift pattern meant that each week day they worked some hours in the morning, some in the afternoon and early evening, worked weekends and were also on call each day, due to living close by. The manager stated they were in the process of recruiting, which would 'lighten the load' on some of the current staff, however all staff had been asked and had agreed to the hours they worked. Any changes requested to work schedules would be facilitated. Staff confirmed they were happy with the rotas and their working hours when asked.

We looked at how accidents and incidents were managed at the home. The home had an accident book, located in the office. We saw that only two accidents had been documented, both of which were minor and had occurred in 2015. However within one person's care file, we saw a different accident form had been used to document a minor injury sustained earlier this year. We spoke to the registered manager about ensuring all accidents were logged within the accident book.

We looked at the home's safety documentation, to ensure the property was appropriately maintained and safe for residents. Gas and electricity safety certificates were in place and up to date. Hoists and all fire equipment had been serviced as per legislation with records evidencing this. Call points, emergency lighting, fire doors and fire extinguishers were all checked regularly to ensure they were in working order. Each person had a personal emergency evacuation plan (PEEP) in place, which provided staff with guidelines to follow in the event of an emergency.

At the last inspection in September 2015 we identified some issues with medicines management. These were in relation to the safe storage and administration of people's medicines. At this inspection we found no issues. Medication was stored in a locked cupboard within the office, with one staff member having responsibility for administering these on each shift. Each person's medication was administered separately, to ensure they received the correct medicines. Each person had a medication care plan in place which detailed all medicines prescribed, the dosage, purpose of the medicine and any possible side effects. People we spoke with told us they were happy with the way the home managed their medicines. One person told us, "Oh yes, I get what I ask for." Another said, "Staff give me my medicines, no problems with this."

We viewed three MAR charts during the inspection and saw that all prescribed medication had been administered and signed off correctly. We saw a specimen signature chart was in place and this tallied with the staff signatures on the MAR charts. We completed stock checks of three people's medicines. All medicines checked had the correct amount remaining, indicating that all medicines had been administered correctly.



The home had when required medicines (PRN) protocols in place. These explained what the medicine was the required dose, why it had been prescribed, if the person was able to tell staff they needed it and if not what signs staff needed to look for. This ensured 'as required' medicines were being administered safely and appropriately.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD). At the time of the inspection, no-one was being prescribed a controlled drug, however the home had a CD cupboard and register in place. We saw that current medicines policies and procedures were in place and all staff authorised to give medicines had completed training in this area and had their competency assessed.

## Is the service effective?

### Our findings

People living at the home told us they enjoyed the food and got enough to eat and drink. One said, "I get a drink whenever I want one. I choose what I like and what I want to eat." The relative we spoke with told us, "They are managing [relatives] diet very well. When the nutritionist first discussed the pureed diet, I didn't think they would like it, but there's been no problems."

At the time of inspection one person living at the home required a special diet, with all their food being pureed. This was due to issues with swallowing and had been recommended via involvement of the Speech and Language Therapy (SALT) service. We saw that the SALT report was kept on file alongside an eating and drinking care plan. The home had a blender and jug in place used solely for pureeing this person's food. We saw that each food item was pureed and plated separately, rather than all mixed together.

Each person was supported to complete a menu plan for the upcoming week, with the home purchasing the items necessary to prepare these meals. Each day people were able to make a choice about what they wanted to eat, which was then prepared by one of two staff members, who had completed food hygiene courses. People could choose where to eat their meals and we noted during the inspection that whilst two people had chosen to eat in the lounge/dining room, one person remained in their bedroom.

We saw that daily food and fluid monitoring was not in place at the home. The weekly menus provided a record of the meals people had eaten during the week, but these did not indicate the amount of food or fluids each person had consumed. We spoke to the registered manager who informed us that the home used to record this information, along with details of elimination, but had been advised during a compliance visit by the local authority, that these were not necessary. We were shown examples of the monitoring forms that used to be completed, and recommended that the home re-introduced these. The registered manager stated they would do so straight away.

People's weights had been recorded but this was sporadic, largely due to the fact that two people were unable to weight bear and the service did not have any sitting scales. Therefore weights had to be taken when attending medical appointments or via the GP. We saw that this issue had been discussed with the local authority's quality performance officer, when they had last visited the home in March and agreements had been made to try and support the service in this area.

Nutritional screening assessments such as the malnutrition universal screening tool (MUST) were not being used. NICE guidelines indicate that MUST assessments should be completed for people in receipt of care and support. We also saw Waterlow risk assessments were not being carried out, despite the home supporting two people with mobility issues who used wheelchairs, and were therefore at increased risk of contracting pressure areas. We noted the quality performance officer had discussed both these issues with the home during their visit in March, and had provided details of where the necessary documents could be located online. Despite this, the home had yet to implement either.

This is a breach of Regulation 17(1)(b) of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014, as the provider did not assess, monitor and mitigate the risks relating to the health, safety and welfare of service users who may be at risk.

We saw records which demonstrated daily skin checks were being carried out on the two people with limited mobility, these were done as part of their personal hygiene support. Pressure relieving equipment was also in place. Both people were able to change position in bed independently, resulting in turning charts not being required. Historical documentation showed that neither person had been subject to any pressure areas during their time at the home.

Our review of people's care records showed the service worked closely with other professionals and agencies to meet people's health needs, these included general practitioners (GP's), speech and language therapists (SALT), district nurses and chiropodists. One person with limited mobility had a profiling bed in situ. We saw via their care file, that an occupational therapist had been involved in the decision making around this and the home had followed all their recommendations. People we spoke with told us they received help and support to stay well, with one saying, "They always sort out any appointments that I need." The relative we spoke with told us, "The staff are very proactive with [relatives] health. Staff arranging appointments, due to their concerns, has led to the diagnoses of a number of issues, including those with their swallowing."

We looked at how the home sought consent from people who lived there. One person told us, "Yes, they always knock on my door." However another said, "One always asks, some of the others just get on with it." Throughout the inspection, we saw no evidence of staff providing care without first seeking permission from each person. Each person's care file contained consent forms, which had been signed by either the person themselves or their representative, which covered a range of areas and decisions including consent to care and treatment and having photograph taken. We asked staff how they gained people's consent. One replied, "I ask them. [Person's name] has a visual aid book to help with communication. If struggling to tell me what they want, I will use this." Another said, "[Person's name] can give this, however other people's family provide this. I also ask each person every day before doing anything."

We looked at the home's staff training documentation. Staff training was monitored via a matrix with each staff member's record detailing what training sessions had been attended and the date of completion. We saw that all training was up to date and saw evidence that the Care Certificate was in place at the home. The Care Certificate was officially launched in March 2015 and employers are expected to implement the Care Certificate for all applicable new starters from April 2015. Staff we spoke with confirmed they received training and that this was updated as required. Training was both accessed via the local authority as well as being done via e-learning.

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.

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. We asked staff about their

understanding of the MCA and DoLS. All staff confirmed they had received training and had an understanding of both. One told us, "I've done training in these via e-learning, it's very complicated. Two people here are under the DoLS framework." Another said, "Yes, I have done training, DoLS is deprivation of liberty safeguards, both [name] and [name] are on these."

The home had a DoLS file in place for each person. A restrictive practice screening tool had been carried out on each person living at the home and this had been used to determine whether or not an application was required. We saw that two applications had been made and that upon being authorised, the home had completed all required conditions, including for one person the completion of individual mental capacity assessments relating to administration of medicines, limited access to the kitchen, the taking of photographs and support with finances. The home had systems in place to monitor the expiry date of each person's DoLS along with dates when re-applications were required.

The staff we spoke with said they received supervision from the registered manager. One told us, "Yes, we do. I would say this is done every three to six months. I am able to express myself and my opinions." Another said, "Yes, every three to six months. I am happy with these and how they are run." Due to being such a small service and having daily access to the manager, staff stated they also had the opportunity to discuss things informally on a frequent basis.

We viewed staff supervision and appraisal documentation. We saw supervision meetings covered each staff member's performance, provided feedback, discussed learning and development needs and generated agreed action points. We noted that each staff had signed a supervision contract, which stipulated that they would receive supervision every three months. From looking at staff records, we saw that on average staff had only received two supervisions and two appraisals within the last 12 months. This meant they had not received the agreed number of formal supervision meetings. We discussed this with the registered manager and suggested that as staff were happy with both the format and frequency of the meetings, they looked at the content of the supervision contract, to ensure they were meeting agreed expectations.

## Is the service caring?

### Our findings

The people we spoke with told us they found the staff to be kind and caring. One person said, "Yes, they are. I get on well with all of them." Another said, "Yes, all of them are, though I am very close with [staff name]. I get on very well with them, they will do anything for me." We asked the relative we spoke with if they thought their family member was being cared for in a way they would like. They told us, "I think so. When they want something they will express this and always get it. Never been denied anything. Staff are always sat talking to them, the staff can't do enough for them."

We asked people who lived at the home if staff treated them with dignity and respect. All confirmed they did. We asked staff how they ensured people were treated with dignity and respect, one told us, "Everyone here has got their own room. I make sure I close doors and cover people when doing personal care." Another said, "If in the bathroom, I lock the door. I ask male staff to leave the room when providing personal care."

We asked staff how well they knew the people they cared for and how they knew what they wanted. Both told us, "They tell you, plus I read the care plan." People living at the home told us that staff sat and talked to them and that they felt listened to. One person said, "They are good with this." Whilst another told us, "I am going through a difficult time at the moment, they have been listening to me and supporting me really well with this."

Over the course of the inspection we spent time observing the provision of care throughout the home. It was evident that through residing at the home for several years, the people living there had developed good relationships with staff. The small nature of the service also meant staff knew each person and their programme in detail. People looked clean, well-groomed and appropriately dressed. We saw staff interaction with people was warm and friendly, with appropriate physical contact used such as hand holding and appropriate use of humour, with both people and staff making jokes and laughing along with each other.

Staff's knowledge and understanding of each person living at the home, helped ensure they could both listen to and communicate effectively with people. Staff told us about a communication aid which had been developed, that a person with limited verbal communication and comprehension skills used to express their needs, wishes and choices. Whilst this was not used constantly, as through knowing the person very well, most of the time staff were able to understand what the person wanted, the aid provided an alternative means of communication and allowed for requests to be made when other methods of communication proved problematic.

The staff we spoke with displayed an awareness and understanding of how to promote people's independence. Through observations we saw that people were encouraged as well as provided with positive feedback for completing tasks independently. One person enjoyed making their bed and was very proud of the how well they were able to do so, asking the inspector to come and look during the inspection. The staff promoted this through providing positive feedback after the task had been completed, which gave the person a sense of pride and achievement.

## Is the service responsive?

### Our findings

From the beginning of the inspection we saw evidence of person centred practice, with people being able to determine how they spent their time. They could get up and attend breakfast at a time of their choosing and had a choice of where they wished to eat. As each person chose their own menu for the week, they had control over what they ate and when. People also made the choice of how they wanted to spend their day. The staffing available within the home, allowed for the completion of individual activities, this gave people the opportunity to plan and complete activities both inside and outside of the home.

Staff we spoke with had an understanding of the importance of person centred practice. One told us, "It's about ensuring you treat people as individuals. I try my best to do this at all times." Another said, "Everyone here does individual things. They can do whatever they like, when they want to, so in that sense we are very person centred."

The service had two working files in use for each person, one was referred to as the care file and the second as the service user file. Information within both files continued the person centred approach. Each care plan within the care file began with a section focussing on the needs and wishes of the person, along with their likes, interests and social activity preferences. A personal history section provided information on the person's background, family and work history. The final section of the care plan looked at the achieved skills and goals, along with continuing goals the person wanted to work on. The service user file contained more detailed information about the person, along with 'about me' and 'my routine' documents, which captured personalised information the person wanted staff to know, along with a breakdown of how they liked to spend their time. This ensured the care provided was what the person wanted.

Each care file contained 23 sections, albeit some of these only consisted of a few lines or a paragraph of text. The care plan covered a range of areas including self-care, physical and mental health, medication, risk assessments and the goals of the service in respect to each person and their programme. Despite some sections being succinct, they captured the relevant details and ensured staff had the necessary information to effectively support each person.

We asked people using the service if they had been involved in both setting up and reviewing their care plans. Both people we spoke with confirmed they had and we noted that each person had signed their respective care plans, doing so again each time it had been updated. Care plan reviews were carried out formally every six months, but also done following any changes to a person's needs or their care.

We looked at how complaints were handled. The complaints procedure was clearly displayed on the notice board and the home had a complaints file in place; however no formal complaints had been received with all documentation in the file being historical. Both people we spoke with knew how to complain with one telling us, "I would speak to one of the staff." The other said, "I would tell the staff, but nothing to complain about, I am happy with everything." The relative we spoke with told us, "I have never had to make a complaint, but if I did I would speak to the manager."

People we spoke with told us they were happy with the activities available at the home and had enough to do to fill their time. One person said, "There's lots to do. I go to the shop to get things we need, feed the animals, go to watch football matches, there's plenty to keep me busy." A second person told us, "I choose what to do. I get to do what I want when I want to, no complaints at all." We asked the relative visiting the home for their views; they said to us, "[Relative] enjoys music, colouring, things like that. They offer [relative] things they like to do. The staff have purchased magic paintings, colouring books and other items themselves, as they knew [relative] liked these. They take [relative] on outings to the shops, go to the park; they have lots of access to the community".

The home encouraged people to keep a scrap book, containing photographs of outings and activities they had completed, to act as a reminder and an aid for discussion. Two people using the service had agreed to do so. We saw evidence that the home had recently arranged for Santa and Mrs Claus to visit the home to hand out Christmas presents, which everyone said they had enjoyed. Other photographs documented trips to the theatre, football grounds and other places of interest. During the inspection we observed each person living at the home engaging in activities they had recorded in their care plans as both liking and wanting to complete.

## Is the service well-led?

### Our findings

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 the registered provider, 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 staff we spoke with told us they enjoyed working at the home and felt supported by the manager. One said, "I enjoy my job, it's very rewarding. I do feel supported." Another told us, "Yes, I do enjoy working here."

We asked the staff if the manager was approachable. One told us, "Yes, [manager] is approachable and I feel listened to, whenever I bring something up with them." Another said, "Yes, they are, although I tend to turn to [staff name], as they are very good at their job and really helpful." We asked people living at the home for their views, one told us, "[Manager], you can chat to them about anything. I've got a good relationship with [manager]."

The home had a staff meeting file in place. We saw that three staff meetings had been held this year, with these seeming ad hoc rather than planned meetings following a schedule, as one had been held in February and the remaining two in September and October. We asked staff about team meetings, one told us, "We have these, though they are kind of as and when needed. As we are such a small team we can communicate things easily, which is why we don't need them that often." Another told us, "We have these, they use them to inform us when something new happens or changes are going to be made." We saw that as well as discussing people's care and operational matters, staff were encouraged and able to use team meetings to raise any issues or concerns they had.

We saw that resident meetings were held, although as with team meetings, there was not a set schedule in place. Through reading the minutes of the last two meetings, we saw that people were encouraged to actively participate in the meetings, asked to provide their views and opinions on the home and provision of care, as well as being asked to vote on decisions relating to how the home was run. One person told us, "We have meetings. These are useful and I feel involved in the home."

We did not see evidence that relative meetings were facilitated, however one relative we spoke with told us, "We talk so often either in person or over the phone, that there is really no need for meetings. I do get sent the occasional newsletter; communication with the home is excellent."

The home had a range of quality assurance practices in place, including annual questionnaires which were sent to relatives, professionals and people living at the home. We saw that the last questionnaires had been distributed and returned in July 2016. People using the service had rated the quality of care as excellent and recorded they were completely satisfied with the service overall. One of the relatives had written, '[relative] is very well cared for by a dedicated team for whom nothing is too much trouble'. A professional had put on their form, 'I find the service excellent. The ability for residents to lead an active life in the community lifts the feeling of deprivation to such an extent, that I wish all clients had this opportunity.'



The home also had an annual development plan in place which looked at training needs, people's aims and objectives, required home improvements and other areas that needed to be addressed on a month by month basis. Alongside this the manager had implemented a 'weekly running of the home checklist', which broke down all required daily and weekly tasks that needed to be completed such as care note completion, people's menu choices, medication, fridge temperature checks, this was signed and dated by either the manager or staff member upon completion. The document also ensured that staff knew what tasks needed to be done and when, in the absence of the manager.

The home's policies and procedures were stored electronically and included key policies on medicines, safeguarding, MCA, DoLS and moving and handling. The registered manager had subscribed to an update service with an external training provider, who automatically sent through updates of any new or amended policies. This ensured the home always had the latest policies available.

We saw there was a range of systems in place to monitor the quality of the service. The home completed audits in a number of areas including infection control, mattresses; using the NHS audit tool, housekeeping, medication and care files. Frequency of completion varied depending on the audit and the area being looked at. All audits included sections for action points and date of completion. A monthly inspection of the building was also carried out during which included checks of the water temperatures in the bathroom, ensuring door closers, heating, lighting and the fire system were fully functional and that radiators were fully cleaned, the latter having been an issue identified during an external infection control visit by the local authority earlier in the year. The form clearly documented action taken to address any issues found and was signed and dated by the person who carried out the checks.

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 17 HSCA RA Regulations 2014 Good governance  Nutritional screening assessments or Waterlow risk assessments were not in use. As a result the provider did not assess, monitor and mitigate risks relating to the health, safety and welfare of service users who may be at risk.