

# Linkage Community Trust

## Bellamy's Cottage

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Requires Improvement</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

Bellamy's Cottage provides accommodation and personal care for up to eight people. At the time of the inspection there were eight people living there.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the first rated comprehensive inspection on 3 and 4 December 2014, we rated the service as 'Good'. This inspection took place on 29 and 30 March 2017 and we found shortfalls in a number of areas. The rating of four of the five domains has changed to 'Requires Improvement' and the service has been rated 'Requires Improvement' overall.

We found there was inconsistency regarding the application of the Mental Capacity Act 2005. The registered provider and registered manager had not always followed best practice regarding assessing people's capacity and discussing and recording decisions made in their best interests.

We found not everyone had a full and up to date care plan and risk assessment to guide staff in how to meet their needs.

The quality monitoring system had not been effective in highlighting areas to improve such as the care records, consent to care and aspects of safety monitoring. We found action had not been consistently taken in order to address these.

The above areas breached regulations in relation to consent to care and monitoring the quality and safety of the service, including the maintenance of complete and accurate care records. You can see what action we have asked the registered provider to take at the back of the full version of the report.

The CQC had not received all notifications for incidents which affected the safety and wellbeing of people who used the service as required by registration regulations. This had been an error by the registered provider and registered manager and they told us they would forward all required notifications in future. We have written to the registered provider to remind them of their responsibilities in this area.

Staff had completed safeguarding training and knew how to protect people from the risk of harm and abuse. We found some inconsistencies in the reporting procedures to the local safeguarding team, which the nominated individual [registered provider's representative] confirmed would be addressed with improved oversight by the senior management team.

We saw there were sufficient staff on duty to meet people's needs. Staff had been recruited using a robust

system that made sure they were suitable to work with vulnerable people. They had received a structured induction and essential training at the beginning of their employment. This had been followed by regular refresher training to update their knowledge and skills.

People's health needs were met. Medicines were ordered, stored and administered safely and people received their medicines as prescribed. We found staff contacted health professionals in a timely way for advice and treatment.

People's nutritional needs were met. The menus provided people with a varied and nutritional diet. People told us they liked the meals and we observed they enjoyed a positive mealtime experience.

We found people were supported to live as independently as possible and be active and healthy. Staff encouraged people to participate in activities of daily living such as laundry, cleaning, shopping and meal preparation. They also assisted people to access community facilities such as day services and leisure activities. Staff provided a range of activities for people to participate in within the service.

People who used the service and their relatives told us they were supported by kind and caring staff who knew them well and understood their preferences for how their care and support should be delivered. We saw people were treated with dignity and respect throughout our inspection. It was clear staff were aware of people's preferences for how care and support should be provided.

The complaints policy was available in an easy to read format within the service. People were supported to discuss any issues at the weekly house meetings. This helped to ensure people could raise concerns about the service or the individual care and support as required.

There was a positive organisational and service culture which promoted person-centred care, inclusion, involvement and valuing people who used the service and the staff who worked for the service. People who used the service, relatives and staff were able to express their views on how the service was run through surveys and a range of meetings.

## 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.

Staff knew how to keep people safe from harm and abuse. There had been some recent inconsistency with reporting concerns to the local safeguarding team. Some risk assessments were absent or not sufficiently robust to help minimise risk.

Staff were recruited safely and there were sufficient numbers on duty to meet people's needs.

People received their medicines as prescribed and systems in place ensured medicines were managed safely.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

The application of the Mental Capacity Act 2005 (MCA) was inconsistently applied and the best practice principles of MCA regarding restrictions placed on people had not been followed for each person they applied to.

People's health care and nutritional needs were met. They had access to a range of health professionals in the community. People were encouraged to eat a healthy, balanced diet and told us they liked the meals provided.

Staff training, supervision and support equipped staff with the knowledge and skills to support people safely and effectively.

### Is the service caring?

**Good** ●

The service was caring.

Staff had developed positive caring relationships with people who used the service.

People were treated with respect and their dignity and privacy was promoted.

People were encouraged to be as independent as possible, with

support from staff.

### Is the service responsive?

The service was not consistently responsive.

There was an inconsistency with the recording in people's care files. Important information was not included in some people's care plans and some information was not accurate and up to date. This meant there was a risk their care needs could be overlooked.

People were supported to access community facilities and were encouraged to participate in meaningful occupations within the service. They were enabled to maintain relationships with their friends and family.

People were supported and encouraged to say if anything was not right about the service, and there were systems in place for them or their relative to make a formal complaint.

**Requires Improvement** 

### Is the service well-led?

The service was not consistently well-led.

Due to reporting errors, the Care Quality Commission had not always received all information about issues which affected the wellbeing of people who used the service.

Although there was a quality monitoring system, this had not been wholly effective in highlighting shortfalls and taking action to address them.

The culture of the organisation was open and inclusive. People who used the service and staff were provided with opportunities to express their views about how the service was managed.

**Requires Improvement** 

# Bellamy's Cottage

## **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 registered 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 29 and 30 March 2017. The inspection team consisted of one adult social care inspector.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed PIR within the timescale given. We also received information from health and social care professionals who were involved with the service.

During the inspection we observed how staff interacted with people who used the service. We spoke with four people who used the service, the nominated individual, the registered manager, two registered managers from other care services within the organisation, two care workers and an activity instructor. Following the inspection we spoke with the relatives of three people who used the service.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to the eight people who used the service such as their medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 to ensure when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included two staff recruitment files, training records, the staff rotas, minutes of meetings with staff, accident and incident records, quality assurance audits and maintenance of equipment records.

# Is the service safe?

## Our findings

People told us they felt safe and were happy living at the home. We saw people engaged and responded positively with the staff and were comfortable in the company of the other people who used the service. One person said, "Staff are my friends, they help me." Another person told us, "Yes, I feel safe living here, the staff look after me."

Comments from relatives we spoke with included, "Yes, I think they [people who used the service] are very safe. The main gate is closed at weekends and in the evening which stops people wandering in", "[Name of person] has lived there for many years and has always been very safe and happy there" and "Always enough staff around and usually the manager is on duty when we visit. Few staff changes over the years which has been excellent."

There was a policy and procedure to guide staff in how to keep people safe from the risk of harm and abuse. Staff confirmed they had received safeguarding training and in discussions, they were able to describe the different types of abuse, the signs and symptoms that may alert them to concerns and the actions they would take to report them.

There were systems in place to protect people's monies deposited in the home for safe-keeping. This included individual records, two signatures when monies were deposited or withdrawn and regular checks each day.

Records showed safeguarding referrals and alerts had been made where necessary, with the exception of two low level incidents. There had also been a delay in reporting a recent safeguarding concern to the organisation's on call manager and North East Lincolnshire adult safeguarding team, which the registered manager had addressed through staff supervision. The incidents were discussed during the inspection with the nominated individual who confirmed that additional checks and closer monitoring of all incidents at the service would be carried out by the organisation's senior management team, to ensure appropriate reporting procedures were being followed. Additional training and support would be provided for staff where necessary.

There were some gaps in the records to monitor specific areas where people were more at risk. Each person's mobility was assessed but when they had experienced falls there were no specific risk assessments completed. For example, one person had recently fallen and sustained minor cuts and bruising to their face. Staff told us there had been previous incidents when the person had been found on the floor, yet there was no risk assessment completed to direct staff on action to take to support the person and prevent further incidents. Similarly where there were concerns about another person's nutritional intake and risk of skin damage, there were no specific risk assessments completed which clearly identified a level of risk or provided information to tell staff how to minimise them. Therefore staff did not have clear written guidance about this subject.

There were sufficient staff on duty to meet people's individual needs. Levels of two care staff were provided

during the day and night. An additional care worker provided support in the afternoon and evenings. An activity instructor provided daily support during weekdays. The registered manager's hours were supernumerary, although they confirmed they had reduced these and now worked part time. Staff we spoke with told us there was enough staff to meet people's needs. They also confirmed any staff absence due to sickness and holiday was covered by the service staff or bank staff, so people who used the service always knew the staff on duty.

Staff were recruited safely. Full employment checks were carried out prior to staff starting work at the service. These included, references, gaps in employment and a check made with the disclosure and barring service to ensure the person had not been excluded from working with vulnerable adults. Interviews were held to assess values, skills and knowledge.

Medicines were stored safely and procedures were in place to ensure people received their medicines as prescribed. At the time of the inspection there were no controlled medicines in use or medicines which required refrigeration. Records showed staff were trained to manage and administer medicines in a safe way and competency assessments had been completed on their practice.

The registered manager confirmed that none of the people who used the service were able to administer their own medicines. Medicine administration records (MARs) were well completed. Staff maintained a separate record balance of each person's medicines. People's care plans gave information about what medicines they took and this included guidance for staff on the administration of 'as required' medicines. This guidance was not held with the MARs, which we mentioned to the registered manager to follow up.

The service was clean and tidy. Staff had completed training in infection prevention and control and they had access to personal, protective equipment, such as hand gel and disposable gloves, to use when required.

The registered provider had created continuity plans which staff were expected to follow in the event of an emergency such as the loss of facilities and staffing. We found fire safety records and maintenance certificates for equipment were in place to keep people safe. All staff were responsible for highlighting any issues which needed repair or replacement and maintenance personnel completed this work. We identified some decorative improvements were required where a ceiling was damaged following a water leak. Works to repair two people's broken furniture and attend to the rucked carpet in the activity lounge were also noted. The maintenance requests were followed up during the inspection.



## Is the service effective?

### Our findings

People who used the service and their relatives spoke positively about the meals. Comments included, "My favourite is curry and I like cooking" and "We know the meals are home cooked and [Name of family member] tells us they like their meals. They also go out for meals and have a take away sometimes. They do get a good variety."

Relatives we spoke with praised the skills and abilities of the staff who supported the people who used the service. Their comments included, "The staff are great. They are very skilled in their work and really understand the needs of my family member. If there is a problem they will try to help." A second relative said, "When I visit I see the staff interacting with all the residents and they support people very well. They are always very calm and patient with people."

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.

We found the application of the MCA was inconsistent. Whilst we found some people had capacity assessments completed in relation to the management of their finances, influenza vaccinations and their care and accommodation, there were no records of the decisions made in their best interest when they lacked capacity. One person had been supported to move from another service in the organisation to Bellamy's Cottage in 2016. The decision made to support this move in accommodation, as in the person's best interest, had not been recorded so it was difficult to establish who had been consulted. We also found MCA assessments and best interest decisions were not in place to support the use of equipment that restricted the movement of a person, for example, lap straps on wheelchairs and a cycle safety harness.

Not working within the principles of MCA in assessing capacity prior to making best interest decisions, was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the registered provider to take at the back of this report.

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 saw the registered provider was working within the principles of the MCA regarding DoLS for people who used the service. The registered manager had made eight applications and three of these had been approved, the remainder were awaiting assessment by the placing authority. We found the registered manager and staff had completed training in MCA and DoLS.

Throughout the inspection we heard staff offering people choices and explaining the care and support they wanted to deliver before doing so. In discussions with staff, it was clear they had an understanding of the need for people to consent to care provided. Comments included, "We always ask people about their care."

We support and advise people to make decisions and choices if they need this. I have never had to use any restraint" and "We always give people choices about their care and if they refuse we respect their decisions."

People who used the service ate a balanced and varied diet of their choosing. The registered manager confirmed they were compiling photographs of the meals to assist people to make choices. We saw that food was prepared by staff who were aware of people's dietary requirements and personal preferences. We observed the lunch and tea-time meal services and we saw people enjoyed their meals. Staff prompted people when necessary and the atmosphere in the dining room was pleasant and lively.

People had been supported to maintain good health and had access to healthcare services such as screening programmes, dental services, psychologists, psychiatrists, speech and language therapists and dieticians. In discussions with staff, they were clear about how they recognised when someone's mental or physical health was deteriorating and the action they needed to take to obtain support and treatment for them. We spoke with two health and social care professionals who have regular contact with the service. They confirmed the service worked well with their agencies and made early referrals and requests for support. They also considered the staff followed their advice and guidance to ensure people's changing needs were met.

We saw each person had a health action plan which detailed their health care needs and who would be involved in meeting them. This helped to provide staff with guidance, information about timings for appointments and instructions from professionals. In addition, each person had a 'Hospital passport.' These records contained details of people's communication needs, together with medical and personal information to help hospital staff understand the person's needs.

People were supported by a very stable staff team who had the opportunity to develop their skills and knowledge through a comprehensive training programme. New staff were supported to undertake a structured induction programme which included essential on-line and classroom based training. Staff also had access to a range of training which was specific to the people who used the service. The training programme included courses on: learning disability, epilepsy, pressure damage prevention, managing behaviour which challenged the service, safeguarding, first aid, health and safety, infection prevention and control, MCA, fire safety, dignity, end of life, nutrition and safe food management. Records showed the majority of staff had completed a national qualification in care.

Records showed staff had regular one to one supervision sessions and an annual appraisal where their progress and development were discussed. Staff told us they received good support from the organisation to enable them to provide care which met people's individual needs. One member of staff said, "We provide a high standard of care. This is down to the quality of staff employed by the organisation and the training and support we receive." A second member of staff told us, "The manager is very supportive and hands on. I have had regular supervision meetings. The team work here is very good."

## Is the service caring?

### Our findings

People told us staff were caring, kind and supported them to be as independent as possible. Comments included, "I like the staff. They take me out." Another person said, "Staff understand me and know what I need help with."

Relatives were complimentary about the care and approach from staff. One relative said, "I know my [family member] is safe and well cared for when they are at Bellamy's. They tell me what they have been doing and are always ready to go back when we have been out for the day." A second relative said, "It has been [name of family member's] home for many years now and they are very settled and happy there. Staff are always very welcoming and I visit at different times." Another relative said, "I have known most of the staff for a long time; they are really kind and genuinely care about the people they look after. I'm very pleased and reassured about everything there." One relative we spoke with explained how touched they had been that staff had supported their family member to buy them flowers and a card for mother's day.

We found Bellamy's Cottage had a relaxed and homely atmosphere. We spent time observing the care and assistance staff offered people and the interactions between staff and the people who used the service. This was carried out in a caring and supportive way that ensured choice and inclusion was promoted. It was evident the staff had a good understanding of people's needs and abilities. We observed staff were kind and attentive during activities, providing care, administering medicines, meal times and when giving people drinks and snacks in between meals.

Staff communicated effectively with people, which meant for some people, understanding their gestures and their body language. People were given time to process information and communicate their response. Staff used a variety of different communication techniques appropriate to each person's needs. Staff described how they used Makaton [language using signs and symbols] to assist one person to communicate. The person also used a picture exchange communication system (PECS) and programmes on their iPad [tablet computer] to help with their communication.

We saw staff encouraged people to maintain their independent living skills. Activity programmes in people's care files included , 'house days' where people were supported with activities such as cleaning their room, changing their bedding and managing their laundry.

We saw people's privacy and dignity was well respected. People were clean, well-groomed and comfortably dressed which showed staff took time to assist people with their personal care needs, when required. We saw staff knocked on people's doors before entering and ensured any personal care was carried out in private. Staff responses to our questions showed they understood the importance of respecting people's dignity, privacy and independence. They gave clear examples of how they would promote these values. Comments included, "We talk with people and make them feel comfortable. Some people like a joke but we would always be professional" and "We always encourage people to do as much as they can for themselves with their personal care and independent living skills. Most people can make their sandwiches with assistance and help with the laundry and some room cleaning."

The environment supported people's privacy and dignity. Each person had their own bedroom and some had en-suite shower and toilet facilities. There were also quiet areas for people to sit if they wished to be alone. Bedrooms were personalised with people's own belongings and they were encouraged and supported to individualise their rooms with items they favoured and which meant something to them, where appropriate. Some people's rooms contained few items in line with their preferences and needs.

We found people who used the service were provided with information around the service. There were notice boards which included information about respecting people, keeping safe, how to make a complaint, advocacy services, community facilities and the last inspection report. The registered manager told us the local advocacy services were providing on-going support for one person who used the service and were involved in supporting people to consider their end of life care choices.

We saw staff maintained confidentiality. They completed telephone calls and discussions about people's care needs in private in the registered manager's office. People's health and care files, medication administration records and staff records were held securely in the registered manager's office. The registered provider's computer systems required personal log in and password details to gain access and staff confirmed that confidentiality was covered in their induction. This helped to ensure unauthorised people did not have access to personally sensitive information.

## Is the service responsive?

### Our findings

We saw people who used the service looked happy and interacted with staff in a positive way. They told us, "I'm happy here", "I do drawing" and "I go to the day centre."

Relatives were complimentary about the care provided to their family member. They confirmed they were involved in care review meetings and were pleased about the activities their family member participated in. Their comments included, "He has settled at the service and seems to be doing really well", "[Name of person] loves watching TV, looking at magazines, playing skittles and darts. They also go out quite a lot", "I've read his care plan and they always let us know what is happening, appointments and any changes. We are always invited and involved in all meetings. It's very good" and "He goes shopping with staff for his clothes, they have much more idea than me about what he likes and what suits him. He always looks nicely dressed."

We looked at four people's care records and found the standard of documentation was inconsistent. A new care records format was in the process of being introduced, however discussions with staff and the registered manager identified some confusion on their part as to which of the old style records would continue to be used. Checks on people's care files where the new records had been completed, showed staff had continued to maintain the majority of the existing records, which meant there was some duplication, inconsistency and overall a somewhat confused approach.

Some people did not have care plans for specific needs and where care plans were in place they did not consistently contain sufficient information to guide staff in how to meet people's needs in a person-centred way. For example, one person's assessment records showed they struggled to manage changes in their life, but there were no transition plans in place to support their move to the service from their previous accommodation or the recent change with their day services placement. This person also had anxieties and regularly demonstrated behaviour which challenged the service. We found their behaviour management plan was too general in style and although it included reactive and proactive strategies, these were minimal in content and did not provide clear direction for staff to help the person and promote positive behaviour.

Another person was at risk of sustaining pressure damage and had been provided with a pressure relief cushion for their chair. There was no pressure relieving equipment provided for the person's bed, such as an overlay mattress, or any records of decisions as why this type equipment was not necessary. The person's care plan did not direct staff to check their skin integrity or encourage the person to change position. Discussions with staff evidenced the person's skin condition was satisfactory, however the gaps in care planning meant there was a risk they may not receive all the support they needed.

Records showed one person's mobility care plan detailed the use of their walker, wheelchair and specialist cycle, but did not provide information about the support they required to safely manage the two steps in the corridor at the service.

One person's weight records showed significant variation and continual weight loss. This weight loss had

been recorded in one of their older style care plans and directed staff to monitor and provide snacks. The weight loss had not been identified in the new care plan records. Staff checked the person's weight during the inspection, which showed their weight was stable and there had been no significant weight loss. We found there was inconsistent and inaccurate recording in the weight and care records. This meant there was a risk the person's changing needs may not be identified and properly planned and supported.

People were not always protected from unsafe care because risks to their safety and wellbeing were not always identified and accurate and up-to-date records were not maintained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the registered provider to take at the end of this report.

Staff had worked with people who used the service and their relatives to complete their 'My Life' book which contained a good range of information about the person's family, interests, their likes and dislikes and how they communicated. We found the quality of person centred information in the new care plans was varied and in two people's care records some of the wording used did not direct staff to provide care that supported people's choice and dignity. The registered manager confirmed she had identified issues about language used in the care plans and daily records and was working with staff to address this. Despite the gaps in information in the care plans, we found staff were very knowledgeable about people's backgrounds, personalities, strengths and anxieties and the type and level of support each person needed.

An instructor was employed full time to provide individual and group activity support. The programme included outings to places of interest and activities such as, art therapy, crafts, walking, gardening, reading and music. The instructor explained how they had recently downloaded some programmes on the computer about old music hall entertainers. These had been very popular with people. During the inspection we observed some people completed art research on the office computer with the instructor and then participated in Easter themed art work. They also enjoyed watching a film, playing board games, watching TV, listening to music and one person went out to a local restaurant with their relative.

Some people attended regular day services where they participated in a range of recreational, therapeutic and sensory activities. People could also attend the organisation's skill centre which had recently moved on to the campus. Each person had the opportunity of going on holiday each year.

The registered provider had a complaints policy in place which was available in an easy read format, which ensured its accessibility to the people who used the service. We saw each person had information about complaints in their care files and discussions at the weekly meetings regularly reminded people of their right to raise concerns. Records showed the registered manager had received and managed two complaints. When we spoke with relatives of people who used the service they told us they were fully aware of the complaints process, but had never had the need to use it. They went on to tell us they would not hesitate to raise any concerns or issues and would be confident in approaching any of the staff team.

## Is the service well-led?

### Our findings

During the inspection we observed positive engagement between the registered manager and people who used the service. During the times they spent in their office, they adopted an open door policy and people who used the service visited her and spent time with her in a relaxed and comfortable manner.

Relatives told us the registered manager was easily approachable and they could meet or contact them to discuss the care their relative received. Comments from relatives included, "[Name of registered manager] is always approachable and available. I am always able to speak to her and have a chat." Another told us, "I have no problem whatsoever contacting the manager at any time I need to, and she will always make time for me."

We found there had been two occasions when the Care Quality Commission (CQC) had not received notifications of safeguarding concerns about incidents that had occurred between people who used the service. Although we were satisfied that appropriate action was taken to investigate the concerns and keep people safe, it is important we receive timely notifications for these incidents so we can monitor the amount of them and check with the registered manager how they are supporting and protecting people. We also found there had been three occasions when the CQC had not been informed about the outcome of Deprivation of Liberty Safeguards (DoLS) assessments. The registered manager told us this had been an error and in future the CQC will be notified of all safeguarding incidents and DoLS assessments when they occur.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations and on this occasion we have written to the registered provider reminding them of their responsibility regarding notifications to CQC.

We found there were inconsistencies in the overall management of the service and aspects of the internal quality monitoring systems were not effective. The current systems to review the quality of care records were not robust enough to identify the concerns we found in relation to identifying and mitigating risks to people's safety, supporting consent to care and ensuring care plan records were accurate and sufficiently detailed. The confusion around the implementation of the new care records format had also contributed to this shortfall.

There were no audits or checks completed on people's weight records. The anomalies identified with one person's weight records had not been identified, even though there had been significant variance in these.

There were no records of any audits or checks of the environment. Requests for maintenance work we identified during the inspection had not been recorded, although the registered manager confirmed they had made these.

Records showed hot water outlets had thermostatic monitoring valves to prevent scalding and the temperature of the hot water in the bathroom was checked on a regular basis. But checks on the

temperatures of all the hot water outlets accessible to people who used the service were not routinely completed to ensure they were safe. We also found staff were not completing the routine cleaning and de-scaling of shower heads to support the effective management of legionella and there was no provision of window restrictors, which could also pose a risk to people's safety.

The registered provider's quality monitoring programme included a structured programme of peer reviews by registered managers from other services within the organisation. These quality reviews were now completed every four months and covered all aspects of service provision. We looked at the latest review which was carried out in January 2017. This showed positive results with few issues identified. This indicated that some of the shortfalls we identified were more recent but there were also concerns about how effective the formal peer review had been in some areas.

Not ensuring the service had a robust quality monitoring system was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the registered provider to take at the end of this report.

Records showed accidents and incidents were recorded and appropriate, immediate actions taken. The records were sent to the organisation's senior management team for analysis and review, to identify any patterns and outcomes to inform learning at service and organisational level. We found the staff were completing daily checks on areas such as medicines and people's finances with good effect.

An annual survey had been carried out in 2016. It gathered the views from people and their families. Alternative communication formats were available to help people to take part in the survey and staff supported people to take part where they were able to. Although there was only a 25% response rate from relatives, their responses had been very positive.

The registered manager was very experienced and had managed this service for 14 years. They were not present for the first day of the inspection and two registered managers from other care services in the organisation came to the service to assist with the inspection. We found there were difficulties accessing some of the information during the first day of the inspection, as some of the administration and filing systems were not up to date, which we mentioned to the registered manager on the second day.

House meetings were arranged every week. Records showed most people who used the service chose to attend and the regular topics discussed included, meals, activities and concerns. The registered provider had set up a client led parliament group, although no-one from the service was currently involved.

There were regular meetings and shift handovers to ensure staff had up to date information about issues affecting the service and people who lived there. Staff were able to participate in the meetings, express their views and make suggestions.

Staff said they enjoyed their work and there was a good team approach at the service. Comments included, "We have regular staff meetings and we can make suggestions for improvements. The manager does listen to us and lets us try our ideas out" and "The manager has been very supportive and the staff work well together in their teams. If you have an issue, the manager will sort it out. People are well looked after here."



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 11 HSCA RA Regulations 2014 Need for consent  Capacity assessments and records of best interest decisions were not in place to support staff were acting lawfully in relation to aspects of people's care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Effective systems or processes to assess, monitor and improve the quality and safety of the services provided and mitigate risk had not been operated fully. Accurate and complete records in respect of each person were not adequately maintained.