

Clifford House (Homes) Limited

Clifford House

Inspection report

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Date of inspection visit:
22 February 2016

Date of publication:
04 April 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Clifford House on 22 February 2016. This was an announced inspection. We informed the registered provider at short notice that we would be visiting to inspect. We did this because the location is a small care home for people who are often out during the day and we needed to be sure that someone would be in.

Clifford House provides care and support to a maximum number of ten people who have a learning disability and/or physical disability. At the time of the inspection there were eight people who used the service.

The home had a registered manager in place. 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 looked at the arrangements in place for quality assurance and governance and found that the health and safety audit was insufficiently detailed and did not confirm what checks had been completed. There were no infection control audits. There was no evidence to confirm that the registered provider carried out their own quality monitoring.

People's care plans contained information about the medicines they were prescribed and the help they needed. We found that medicines were stored securely. Staff did stock checks on medicines and counted to make sure medicines tallied, however no other formal auditing in respect of medicines was completed. Appropriate 'as required' protocols and cream records were not in place and the temperature of the room in which medicines were stored was not recorded. Staff had received medication training but had not had their competency checked.

The registered provider had not carried out work as identified following a visit from the fire authority in September 2015. A test of the electrical installation had not been completed. The service did not have a business contingency plan. Checks of the fire alarm, fire extinguishers, gas safety and portable appliances had been completed to ensure health and safety.

Supervision with staff was not happening every two months as stated in the registered providers policy. Staff had been trained and had the skills and knowledge to provide support to the people they cared for. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Decision specific mental capacity assessments had not been completed for all people identified as lacking in capacity. Staff understood about Deprivation of Liberty Safeguards which meant they were working

within the law to support people who may lack capacity to make their own decisions.

Staff encouraged and supported people at meal times. We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. People were weighed on a regular basis, however nutritional screening was not undertaken.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of the action they should take if abuse was suspected. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as moving and handling, falls, going out and choking. This enabled staff to have the guidance they needed to help people to remain safe.

Generally during the day there were five staff on duty and three at night, however due to staff sickness at the beginning of February to the date of the inspection visit there had been less staff on duty. This had not impacted on the care people had received but the frequency activities and outings had reduced.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, respectful, patient and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. People were happy and very well cared for.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. We saw that people had health action plans. This provided hospital staff with important information they needed to know about the person who used the service and their health if they were admitted to hospital.

We saw people's care plans were very person centred and written in a way to describe their care and support needs. These were regularly evaluated, reviewed and updated. We saw evidence to demonstrate that people and relatives were involved in all aspects of their care plans.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. We saw that there was a plentiful supply of activities and outings and that people who used the service went on holidays. Staff encouraged and supported people to access activities within the community.

The registered provider had a system in place for responding to people's concerns and complaints. There was a keyworker system in place which helped to make sure people's care and welfare needs were closely monitored.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to quality assurance and governance, consent to care, safe care and treatment and staffing. You can see what action we took at the back of the full version of this 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?

The service was not always safe.

The registered provider had not carried out work identified by the fire authority to maintain fire safety. A test of the electrical installation had not been completed. The service did not have a business contingency plan.

There were arrangements in place to ensure people received medication in a safe way. People's care plans detailed the medicines they were prescribed and if they needed any help. However, there were not any guidelines for 'as required' medicines or creams. Staff had received medication training but did not have their competency checked.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This demonstrated there were systems in place to protect people from the risk of harm and abuse.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who used the service.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Supervision with staff was not happening as often as stated in the registered providers policy. Staff had not received an annual appraisal.

Decision specific mental capacity assessments had not been completed for all people identified as lacking in capacity.

People who used the service had access to healthcare professionals and services. Staff encouraged and supported people at meal times. People were weighed on a regular basis, however nutritional screening was not undertaken.

Staff were trained to care and support people who used the service both safely and to a good standard.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

People and a relative told us that they were happy with the care and service provided. We saw that the staff were caring and discreetly supported people to deal with all aspects of their daily lives.

People were treated with respect and their independence, privacy and dignity were promoted.

The staff were knowledgeable about people's support needs.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

People were involved in a wide range of activities and outings. People who used the service had access to the local community and went on regular holidays.

People and a relative we spoke with during the inspection did not raise any concerns. They told us staff were approachable and they would speak to them if they had any concerns.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The registered provider visited the service but there was no evidence of quality monitoring during the visit. Effective governance did not take place. Relative or professional surveys had not been completed.

The service had a registered manager who understood the responsibilities of their role. Staff told us the registered manager was approachable and they felt supported in their role.

Clifford House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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.

We inspected Clifford House on 22 February 2016. This was an announced inspection. We informed the registered provider at short notice that we would be visiting to inspect. We did this because the location is a small care home for people who are often out during the day and we needed to be sure that someone would be in.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. The registered provider completed a provider information return (PIR) which we received prior to the inspection. 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.

At the time of our inspection visit there were eight people who used the service. During the inspection we spoke with four people who used the service, however communication with people was limited because of their disabilities. We spent time in the lounge area and observed how staff interacted with people. We looked at all communal areas of the home and some bedrooms.

We also spoke with a relative who was visiting the home at the time of the inspection.

During the visit we spoke with the registered manager, the deputy manager, two senior care assistants and three care assistants.

During the inspection we reviewed a range of records. This included two people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies

and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

During the planning of this inspection we saw records to confirm that the fire authority had visited the service in September 2015 and had identified some work needed to improve fire safety. This work included changes to the hatch in the kitchen, replacing a door and making sure a test of the electrical installation was completed. At the inspection of the service we asked the registered manager what action had been taken to address the improvements identified. The registered manager told us no action had been taken. They told us a test of the electrical installation had never been completed.

We checked the records that were referred to in the fire authority report. We found that there was still no electrical installation certificate in place. This would confirm that the hard wiring in the property was safe and the related certificates are valid for five years. The registered manager was unable to provide evidence that the wiring had been checked since the fire authority visit or at any time in the last five years.

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

We saw that personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that evacuation practices had been undertaken. The most recent practice had taken place in June 2015. Tests of the fire alarm were undertaken each week to make sure that it was in safe working order.

We asked to look at the business contingency plan for the service. A contingency plan is a course of action designed to help an organisation to respond effectively to a significant event or situation that may happen such as needing to provide support from an alternative location or failure of necessary equipment. The registered manager told us the service did not have such a plan. We asked the registered manager what they would do should they need to instigate contingency actions in the event of an emergency. We asked where an identified place of safety that people would need to move to was located. The registered manager told us they did not have any arrangements in place to respond to such an emergency. This meant that the registered provider did not have any plans to respond to a significant event.

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

At the time of our inspection people who used the service were unable to look after or administer their own medicines. Staff had taken responsibility for the storage and administration of medicines on people's behalf. We saw that people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed. We checked people's Medication Administration Records (MARs). We found these were fully completed, contained the required entries and were signed.

Staff we spoke with were able to describe the arrangements in place for the ordering and disposal of

medicines. The registered manager told us that medicines were delivered to the home by the pharmacy each month and were checked in by senior care staff to make sure they were correct. After checking senior care staff made sure all medicines were organised and stored securely in locked cabinets.

There was a thermometer in the room in which medicines were stored; however, staff did not record this temperature on a daily basis. This was pointed out to the registered manager at the time of the inspection who said they would keep a record of the room temperature from now on.

People were prescribed medicines on an 'as required' basis. The administration of these was recorded on the MAR charts but no accompanying information was included such as when they should be administered or what the maximum dosage was over a twenty four hour period. There were no 'as required' guidelines written for these medicines in any of the files we looked at. People were being given the medicines they required but this was based on staff knowledge of each individual and their needs.

People were prescribed creams which were also recorded on the MAR charts; however, there wasn't a separate topical medication administration record or external preparation application record in respect of these. These records are needed for all prescribed medicated preparations that are applied to the skin/scalp such as lotions, gels, shampoo and scalp applications. There was no accompanying information such as where on a person's body the cream should be applied or how often. People were receiving the topical medicines they required but this was based on staff knowledge of the correct use of the applications as opposed to anything recorded in any notes. The registered manager told us they would ensure that guidelines/records were put in place.

Senior staff we spoke with during the inspection told us they had received medication training. The staff we spoke to were able to describe the medicines used by the people who used the service. However staff had not had their competency to handle medicines checked. We pointed this out to the registered manager who told us they would make sure staff had their competency checked on an annual basis.

Staff we spoke with during the inspection were aware of the different types of abuse and what would constitute poor practice. Staff told us they had completed training in safeguarding and were able to describe how they would recognise any signs of abuse or issues which would give them concerns. They were able to state what they would do and who they would report any concerns to. Staff told us safeguarding was discussed on a weekly basis and during supervision.

We also looked at the arrangements that were in place for managing whistleblowing and concerns raised by staff. Staff we spoke with told us that their suggestions were listened to and that they felt able to raise issues or concerns with the registered manager. One staff member said, "The manager is really good and always listens."

We saw that the registered provider had an effective recruitment and selection process to make sure the service employed staff who were fit, suitable and had the appropriate skills and knowledge to work with vulnerable people. During the inspection we looked at the records of two staff to check that the service's recruitment procedure was effective and safe. Evidence was available to confirm that appropriate Disclosure and Barring Service checks (DBS) had been carried out before staff started work at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people from working with children and vulnerable adults. References had been obtained, where possible from the last employer.

We looked at the arrangements in place to manage risk so that people were protected and their safety maintained. The two care plans we looked at incorporated a series of risk assessments. They included areas such as the risks around moving and handling, falls, skin integrity, going out in the community and choking. This meant that staff had the written guidance to keep people safe. People were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restriction. The risk assessments we looked at had been reviewed and updated regularly.

We asked one person who used the service if they felt safe, they said, "Yes I do." A relative we spoke with said, "I have no concerns what so ever when I leave here, I know [person] is safe."

The registered manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits. We saw records that showed water temperatures were taken regularly. All water temperatures were within safe limits except for the first floor kitchen sink which was accessible to people who used the service. The registered manager told us they would get in touch with the plumber to get a thermostatic mixing valve fitted so water would be regulated and within safe limits.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, fire extinguishers and gas safety.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. The registered manager said that accidents and incidents were not common occurrences; however they had appropriate documentation in which to record them should they occur.

We looked at the arrangements that were in place to ensure safe staffing levels. During our visit we saw the staff rota for February 2016. This showed that generally during the day and evening there were four to five staff on duty, two of which were senior care staff. The duty rota showed that there were mostly two staff on duty during the night and on occasions there were three. The registered manager told us that during the day there would usually be five staff on duty and three overnight, however there has been a recent period of sickness. The duty rota detailed from 22 February 2016 that the period of sickness was over and usual staffing levels were resumed. One person we spoke with during the inspection and a relative confirmed that staff were available should they need them during the day and at night. During our visit we observed that there were enough staff available to respond to people's needs and enable people to do things they wanted during the day. For example, staff were available to support people on shopping trips and activities during our visit. Staff told us that reduced staffing levels had meant that people could not go out as often as they would usually do, but peoples care and support needs had been met.

Is the service effective?

Our findings

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. One staff member said, "During supervision we talk about safeguarding, training and performance. Supervision is a positive experience." We saw records to confirm that supervision was not taking place every two months as stated in the registered providers policy. The registered manager told us staff should receive six supervisions a year though we saw that staff had received on average three supervisions.

We asked the registered manager if staff received an annual appraisal. An annual appraisal is a review of performance and progress within a 12 month period. This process also identifies any strengths or weaknesses or areas for growth. The registered manager told us they had been extremely busy and had not completed appraisals with staff.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 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).

The registered manager told us staff attended training on the MCA every three years. We were shown a chart which detailed that 75% of staff had completed this training. Further MCA training had been arranged.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection eight people who used the service were subject to Deprivation of Liberty Safeguards (DoLS) with no conditions attached to the authorisations.

During the inspection we looked at the care records of two people who used the service. One person had decision specific mental capacity assessments for areas such as health, finances and administration of medicines, however the other person did not. The registered manager told us there were other people who used the service who lacked capacity and mental capacity assessments had not been completed.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

We asked staff to tell us about the training and development opportunities they had completed at the service. We spoke with one member of staff who had recently been recruited. They told us they had initially completed a three day induction and that they were mentored by a senior member of staff. They also told us how their training had involved reading the care and support plans of all people who used the service and reading policies and procedures. They said they had also completed medicine training and other training had been planned over the coming weeks.

The deputy manager told us any new care staff who did not have a National Vocational Qualification level 2 in care as a minimum qualification would complete the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected in health and social care. We saw records to confirm another newly recruited staff member had commenced this induction.

Other staff we spoke with told us that there was a plentiful supply of training. They told us they had received training in moving and handling, mental capacity, fire safety, infection control, deprivation of liberty safeguards and health and safety amongst others. They told us they were booked to go on first aid training in the next couple of days. Staff told us the quality of their training was good. One staff member said, "We get lots of good training."

Staff and people who used the service told us that they were involved in making choices about the food they ate. We were shown a four weekly menu which changed with the seasons. Staff told us people who used the service had been involved in menu planning and food choices. The majority of food shopping was completed online, however, during the week staff and people who used the service visited the local supermarket for other choices in foods.

At lunch time we saw that people were given choice of food. Two people who used the service chose not to have their lunch at the home but to go over to the local café in the supermarket for tea and scones. Staff supported people to eat. One person with little appetite was asked what they would like for their tea. They told staff they would like a pork pie. Staff were accommodating and supported this person to go to the local supermarket and buy the pork pie.

We asked the registered manager what nutritional assessments had been used to identify specific risks with people's nutrition. The registered manager told us that staff at the service closely monitored people and where necessary made referrals to the dietician or speech and language therapist. However, staff did not complete nutritional assessment documentation or weigh people on a regular basis. A discussion took place with the registered manager about the Malnutrition Universal Screening tool (MUST). The registered manager told us that staff at the service would undertake nutritional screening as a matter of priority.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. The registered manager said that they had good links with the doctors, district nursing service and learning disability nurses. One person we spoke with during the inspection confirmed that when they were poorly they were taken to the doctors straight away. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. We saw people had been supported to make decisions about their health checks and treatment options.

We saw that people had health action plans which provided detailed information on their past and current medical history. This also contained important information on their medicines, other areas of personal care

and the person's understanding. The registered manager told us the health action plan was taken with people if they were to go to hospital. This meant that hospital staff would have important information about the person.

Is the service caring?

Our findings

A relative we spoke with during the inspection described staff as exceptionally caring. They gave the staff many compliments which included: "The staff are person focussed on each and every person. It is just like a family. And "I can leave here knowing [person] is cared for, well actually not just cared for but loved and cared for." And "The staff here are absolutely fabulous." We asked the relative why they thought staff were fabulous. They told us it wasn't just the care people received but the emotional support provided to people. They told us how the person who used the service had suffered bereavement and needed lots of emotional support. They said, "They have supported [person] through the grieving process. They have been absolutely fabulous."

People who used the service had limited communication and because of this we spent time observing how staff interacted with people who used the service. Throughout the day we saw staff interacting with people in a very caring and friendly way. When we arrived at the service we saw one person who used the service reach out to hug the registered manager. The registered manager responded by hugging the person.

When people who used the service returned from their game of bowling one person who used the service was particularly pleased as they had scored a strike. Staff responded by congratulating the person and giving them a hug. We saw that other people who used the service clapped for the person. The person who used the service smiled and laughed with great delight at this.

One person who used the service was observed by staff to not be feeling like their normal self. Staff were observed to reassure the person and hold their hand.

One staff member saw that a person who used the service was struggling to reach their drink and immediately moved the table in front of them so they could reach it.

One person who used the service clearly benefitted from lots of hugs from staff. On many occasions during the inspection the person would reach out at staff for a hug and staff always responded. It was noticed that staff would often hug the person before they asked. This showed that staff could anticipate people's needs and knew the people who used the service very well.

Staff were attentive, respectful and interacted well with people. Observation of the staff showed that they knew the people very well. For example sometimes people were in need of reassurance and affection. Staff took time to talk and listen to people. Staff were skilled with communicating with those people who had some difficulty with communication. Staff told us how they could understand people's body language. We saw this during the inspection. One person who used the service became quiet and staff told us this was because they were tired. Staff responded by taking this person for a lie down on their bed. This showed that staff were caring.

Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening

the door. We also saw examples of this during the inspection. One person who used the service had saliva around their mouth and staff were quick to remove this with a cloth. Another person who used the service got food on their top at lunch time. When they returned from lunch staff had changed their top. On another occasion the top of a person had risen and slightly showed their stomach. Staff were quick to respond and pull the top down. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

The registered manager and staff that we spoke with showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. Staff we spoke with told us they enjoyed supporting people. One person who used the service liked to watch films. They had told staff they wanted to watch The Incredible Hulk. One staff member had a copy of this which they brought in for them. The person who used the service on the day of the inspection watched this film and really enjoyed it. We heard the staff member offering to bring in other films for this person to watch. This showed that staff were caring.

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that they wanted to.

During the inspection we looked at some bedrooms which were very personalised with different decoration which people had helped to choose. The bedrooms also contained ornaments, activities equipment, books, pictures and photographs. There were many photographs of people who used the service displayed on the walls in the main corridor areas.

Staff we spoke with said that where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw that people made such choices during the day. One person who used the service asked for a biscuit. Staff responded by bringing two different packets of biscuits so the person could choose what they wanted. One person said they would like to go out. The person chose to go to the café in the local supermarket. Staff asked what they wanted to have in the café, the person told them they would like a cheese scone. This person was supported to go to the local café and when they came back they told us they had enjoyed their scone.

At the time of the inspection two people who used the service had an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The registered manager told us the advocate visited people who used the service on a regular basis to provide this support.

Is the service responsive?

Our findings

Staff, people and a relative told us that they were involved in a plentiful supply of activities and outings. A relative we spoke with said, "They [people] are always doing something, they are never bored." They also said, "They go to the pub, cinema and all over."

People who used the service took part in a range of activities and outings. People liked to go to the library, cinema, pub, out for meals and shopping. People regularly went to two local leisure centres to take part in activities particularly organised for people who have a learning and physical disability. One person who used the service liked to go on the trampoline. They would lie on the trampoline whilst staff gently bounced. We saw photographs of this person taking part in trampolining. The photographs clearly showed that the person had enjoyed themselves. Another activity at the leisure centre was riding specialist bikes with staff. There was also a sensory room in which people could relax.

One person who used the service represented the Northern regional team for the Special Olympics. This meant lots of practicing and training and also time away from the service. Staff told us how they encouraged and supported the person to do this and how the person was extremely proud of the many medals they had been awarded.

One person told us how they liked to go shopping for clothes and how they liked sparkly jumpers. One person liked to look at books. On the day of the inspection staff made sure this person had a variety of books to look at. We saw how this person was extremely content at looking at their books. Another person liked puzzles. We saw how this person enjoyed doing their puzzles during the inspection. On the morning of the inspection three people who used the service had gone over to the Metro Centre to have a game of bowling. People had clearly enjoyed this activity. On the afternoon of the inspection two people watched the film Annie. At one point we heard staff and people singing to the songs that were playing in the film. This demonstrated that staff were considerate of people's preferences and pastimes and tried to ensure that each person was able to access things they enjoyed.

In 2015 people had been on holiday to Berwick and Blackpool. After this people had created a holiday diary which included lots of photographs of the activities they had enjoyed. Staff were busy planning holidays for the coming year. One person told us they wanted to go to Blackpool. Staff told us one person had requested to go to Liverpool and that they were in the process of arranging this.

During our visit we reviewed the care records of two people. We saw people's needs had been individually assessed and detailed plans of care drawn up. The care plans we looked at included people's personal preferences, likes and dislikes. A relative we spoke with told us they had been involved in making decisions about care and support and developing the person centred plans. We saw each person had a key worker whose role it was to provide one to one support, meet with the person on a regular basis and keep their care plan up to date.

The care plans detailed how people wanted to be supported. We found that care plans were reviewed and

updated on a regular basis. Care and support plans were person centred and contained very detailed information on how the person liked to be cared for and their needs. Person centred planning means putting the person at the centre to plan their own lives. The aim of the plan is to ensure that people remain central to any plan which may affect them. The plan of one person who had limited communication told us they indicated their likes and dislikes through facial expressions and body language. They were able to answer yes or no to simple questions and it helped if they were provided with two choices which they could actually see. We saw how staff followed this plan during the inspection when providing care and support to the person. The communication care plan for this person stated that they enjoyed social occasions and responded to banter. We saw how staff engaged this person on many occasions and joked and laughed with them. The person who used the service smiled and clearly enjoyed the interaction with staff.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. The service had an easy read complaints procedure, but we were told that some people who used the service would not be able to understand this document due to their complex needs. The registered manager said that they spoke to people on a daily basis to make sure they were happy. A relative we spoke with during the inspection told us both staff and the registered manager were very approachable and if they had any concerns would not hesitate to speak with them.

We looked at the complaints records and saw that there had not been any complaints made in the last 12 months. However, we did see that staff at the service had received two compliments from relatives.

Is the service well-led?

Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager showed us a weekly premises check which detailed the different rooms to be checked although not describe the actual checks that staff had made. The registered manager said this was more of a health and safety check to make sure lighting was adequate amongst other things. They acknowledged this check needed further detail. There was also a monthly check on equipment such as kitchen items, furniture and hoist slings. However, staff didn't always take any action when they had highlighted broken equipment. We saw that the kitchen probe thermometer had been identified as out of action for a number of months yet staff had failed to get this repaired or replace it. The audit also identified a replacement bulb was needed in the downstairs fridge but this had not been replaced. The registered manager told us this was an unusual bulb and had been having difficulty finding a replacement.

We saw records to confirm that staff did a regular count of medicines; however there wasn't a formal medication audit to check if people had received their medicines safely. The service did not have an infection control audit. This meant that the registered provider did not have a system in which to assess the risk of, and prevent, detect and control the spread of infection. For example checks were not made to ensure staff followed standard infection, prevention and control measures such as good hand hygiene, safe handling of waste or safe handling of soiled linen. Checks of the building were made to make sure it was clean and tidy but no other infection control checks were completed.

The registered manager told us the registered provider visited the service. We saw records which confirmed they had last visited in January 2016. They had some records within a book of their visits but this was mostly about finances and reminders for staff. There was no evidence to support that the registered provider was making visits to the service to monitor the quality of the service provided.

People who used the service had completed a short pictorial survey in 2016 to seek their views. The surveys indicated that people were happy with the care and service received.

We asked the registered manager if they completed surveys with relatives or professionals. They told us they had not done this for some years but recognised there was a need with the absence of voice from people who used the service.

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

The registered manager said that meetings for people who used the service took place individually with key workers. On occasions there were group meetings when there was to be discussion about activities and holidays. We saw records to confirm this.

From observation we could see that people who used the service liked the registered manager. We saw that the registered manager was affectionate and caring when she spoke with people.

A relative we spoke with told us they thought the service was well run and there was effective leadership. They said, "The [registered manager] is brilliant, in fact all the staff are."

The staff we spoke with said they felt the registered manager was supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One staff member said, "The [registered manager] is great, she listens and the senior staff get a lot of say. She is definitely open to suggestions."

Staff told us the morale was good and that they were kept informed about matters that affected the service. Many of the staff had worked at the service for many years. One staff member said, "There is good team work here. I love it."

Staff told us that team meetings took place regularly and that they were encouraged to share their views. We saw records to confirm that meetings had taken place in September 2015 and January and February 2016. Topics of discussion included safeguarding, confidentiality, sickness, care plans and policies and procedures.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care and treatment of service users had not been provided with the consent of the relevant person.</p> <p>Regulation 11 (1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment had not been provided in a safe way for service users. The registered person had not done all that was reasonably practicable to mitigate risks or ensured that the premises used were safe for their intended purpose.</p> <p>Regulation 12 (1)(2)(b)(d)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes had not been established or operated effectively to assess, monitor and improve the quality and safety of the services provided, to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others.</p> <p>Regulation 17 (1)(2)(a)(b)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Persons employed by the service provider had not received appropriate support, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.</p> <p>Regulation 18 (2)(a)</p>