Somerset County Council (LD Services)

Spring View

Inspection report

Preston Grove
Yeovil
Somerset
BA20 2DU

Tel: 01935474303

Date of inspection visit:
11 January 2017

Date of publication:
24 February 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 11 January 2017 and was announced. We gave the service 24 hours' notice because it is a small care home and people may have been out. We also wanted to be certain the registered manager would be available when we visited.

The service was previously inspected on 1 and 4 December 2015 when we found breaches of Regulation 12; Safe care and treatment, and Regulation 17; Good governance. At this inspection we found actions had been taken to address the issues found at the last inspection.

Spring view is one of a number of services operated by this provider. The home provides care and support to up to six people with profound and multiple learning disabilities. It is has five bedrooms in the main part of the house and one bedroom in an attached, but self-contained, flat. The home has been adapted to meet the needs of the people who currently live there. It is situated in a quiet residential area of Yeovil. At the time of this inspection there were six people living there.

The people we met had complex learning disabilities and not all were able to tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with staff to help form our judgements.

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 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 last inspection we found three breaches of our regulations. These related to safe care and treatment and lack of adequate governance systems. Risks to people at night had not been fully considered, care and support plans had not been regularly reviewed, and systems to monitor the quality of the service were not fully effective. At this inspection we found that risk assessments had been put in place to ensure that staff working alone at night were able to hear if people required assistance, and knew how to request management advice and support, or additional staff if necessary. We also found that care plans and risk assessments had been reviewed and updated. Quality monitoring systems were in place to ensure most aspects of the service were regularly checked and actions carried out where improvements were needed. However, we found one new breach of regulation relating to the storage of controlled drugs.

People's medicines were not always stored securely. Each person had secure storage facilities in their rooms for their medicines. The medicine cabinets were suitable for most medicines, but did not provide adequate security for those medicines classified as controlled drugs. We have made a recommendation that the provider seeks advice from a reputable source on suitable storage facilities for controlled drugs to comply with their legal obligations. Staff had received training on the safe administration of medicines and records showed staff had administered and recorded all medicines appropriately, and in line with the prescriber's

instructions.

Risk assessments were completed and staff had access to information on how to support people to remain safe. However, the way the information was presented may mean that staff did not always read the full information and may not follow the advice safely, for example foods that people with swallowing difficulties may eat safely. The registered manager told us they would take immediate action to address this. A member of staff told us a training session on eating and drinking was planned for the following day.

People were protected from the risk of harm as staff had been trained to recognise and report abuse. Safe recruitment procedures were followed before new staff began working with people. All staff completed a thorough induction at the start of their employment to ensure they had the skills needed to meet people's needs effectively.

The service respected people's human rights and diversity and promoted people's rights to make choices and decisions about their lives where possible. Staff had received training on the Mental Capacity Act 2005. Capacity assessments had been carried out where appropriate and best interest decisions had been made where necessary through discussion and agreement with relatives and professionals who knew people well.

People were supported by kind and caring staff. People who were unable to verbally express themselves appeared relaxed and comfortable with staff. We asked one person if they were happy living at the home and they replied "Yes" with a very big smile. Staff were attentive, calm and gentle in all interactions with people. We asked three relatives if they felt staff were caring. One replied, "Oh yes, definitely." The second relative said "We feel very fortunate that (person's name) was given a placement there. We are reassured that he is happy where he is." Another relative said, "We are very happy with the care. They are very understanding".

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We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of 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?

Requires Improvement

The service was not fully safe.

People's medicines were not always stored securely. People received their medicines when they needed them from staff who were competent to do so.

Risk assessments were completed and staff had access to information on how to support people to remain safe. However, staff did not always follow specialist advice on procedures to minimise the risk of choking.

People were protected from the risk of abuse as staff had been trained to recognise and report abuse.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Is the service effective?

Good

The service was effective.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

People were protected from the risk of poor nutrition and dehydration.

Is the service caring?

Good

The service was caring.

People were treated with great kindness and respect. Staff were committed to ensuring people enjoyed a happy and fulfilling life.

People were supported to make choices about their day to day lives and were supported to be as independent as they could be.

People were supported to maintain contact with the important people in their
lives.

Is the service responsive?

Good

The service was responsive.

People received care and support which was personal to them and took account of their preferences.

People had opportunities to take part in a range of activities and social events.

People were supported to develop and maintain a level of independence whatever their disability.

Arrangements were in place to deal with people's concerns and complaints

Is the service well-led?

Good

The service was well led.

People and staff were supported by a registered manager who was approachable and listened to any suggestions they had for continued development of the service provided.

There were systems in place to monitor the quality of the service, ensure staff were kept up to date with good practice and to seek people's views.

People were supported by a team that was well led with high staff morale.

Spring View

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 January 2017 and was announced. We gave the service 24 hours' notice because it is a small care home and we wanted to be certain people would be in. We also wanted to be certain the registered manager would be available when we visited. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about), other enquiries received from or about the service and the Provider's 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 the improvements they plan to make. The service was previously inspected on 1 and 4 December 2015 when we found breaches of Regulation 12; Safe care and treatment, and Regulation 17; Good governance.

We met each of the six people living there. They had complex learning disabilities and not all were able to tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with staff to help form our judgements. We spoke with the registered manager and four members of staff. We looked at the premises and throughout the day we observed care practices in communal areas. We looked at a number of records relating to individual care and the running of the home. These included three care and support plans, medication records, menus, two staff personal files, staff rotas, training records and records related to quality monitoring. After the inspection we spoke with three relatives on the telephone.

Requires Improvement

Is the service safe?

Our findings

Care had been taken to ensure risks to each person's safety had been fully assessed, and staff knew how to support people to minimise those risks. However, we noted some minor areas where people's safety may be compromised.

Peoples' medicines were managed and administered safely. However, some aspects of storage were not fully safe. An audit had recently been carried out by the pharmacy and a report had been completed with their findings. Where the report identified areas for improvement we found most had been acted on and completed with the exception of provision of secure storage for controlled drugs. Each person had their own secure cabinet to enable them to hold their own medicines in their bedroom. However, these cabinets did not provide adequate security for controlled drugs. At the time of this inspection one person received medicines classified as a controlled drug. These medicines were stored in a locked tin that was held inside the person's locked medicines cabinet. Although it provided an additional form of security the tin was removable and did not conform to the Misuse of Drugs (Safe Custody) Regulations 1973.

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

A senior member of staff had been given responsibility for overseeing medicine procedures in the home, including ordering prescriptions and checking them into the home. They also carried out a monthly stock check to ensure balances were correct. The medicine administration records (MAR) we looked at had been completed after each medicine administered and there were no unexplained gaps. Staff told us they felt the storage facilities for medicines in people's bedrooms ensured each person received individual support with their medicines and reduced the risk of errors. Most tablets were supplied in four-weekly blister packs. At the end of each four week period any unused medicines were either returned to the pharmacy or counted and the amounts carried forward were recorded in the MAR for the next four week period. This meant there were systems in place to check that medicines had been administered safely and balances were correct. Creams and lotions were dated when opened and discarded within recommended timescales.

Each person was at risk of choking. Their individual risks had been assessed by the speech and language therapy team (SALT) and guidance on safe preparation of foods, and foods to avoid had been provided. This information was held in each person's care plan and in a folder in the kitchen. Staff were aware of most choking risks and provided suitable foods prepared in accordance with the guidance. However, during the inspection we noted that one person was given scrambled egg with white bread at lunchtime. The bread was cut into cubes and moistened, but the crusts had not been removed in accordance with the advice from the SALT team. We spoke with the registered manager about the SALT guidance to find out why staff may have failed to follow guidance on prevention of risks. The registered manager agreed to review the way safety guidance and instructions were presented to staff and take prompt action to review staff awareness of risks and safe procedures. A member of staff told us a training session on eating and drinking was planned for the following day.

Risk assessments were in place to support people to be as independent as possible. These protected people and supported them to maintain their freedom. For example, one person who spent much of the day in a wheelchair was supported to stand for periods to maintain their strength and independence. The staff were aware of the risk of the person falling and ensured they were closely monitored and the person wore a helmet to reduce the risk of injury.

Staff were well trained and moved people safely and with regard to their comfort and dignity. Ceiling tracking had been installed throughout the home along with overhead ceiling hoists to enable staff to support people to move safely from bed or chair to wheelchair and vice versa. Bathrooms were well equipped with bathing and showering equipment that could be used safely in conjunction with overhead hoists. The care plans contained detailed moving and handling assessments and guidance. Staff received training on moving and handling and the use of hoists.

People were protected from harm and potential abuse because they were supported by sufficient numbers of staff who knew them well and understood their complex needs. People living in the home were unable to tell is if they felt safe. However, they appeared smiling and relaxed in all interactions with staff. Relatives told us they were satisfied people were safe. One relative we spoke with said they were confident their loved one was safe, "That was illustrated last week when (person's name) started getting out of bed at night. They have asked the doctor about this. They have put a pressure mat in place." They said they were confident that staff can hear immediately if the person gets out of bed and will respond immediately to make sure they are safe.

At the last inspection of the service on 1 and 4 December 2015 we found people were not fully protected from harm because risks assessments did not adequately address potential risks at night. Between the hours of 2200hours and 0700hours there was only one waking staff on duty. Listening devices were in place in each person's bedroom due to people's complex health needs, including epilepsy. People were unable to summon assistance using a call bell due to their complex disabilities. Five people were checked hourly during the night, but one person was not checked because even the slightest movement in the room caused them to wake. We had been concerned that it the night member of staff was in a person's bedroom providing care they may not hear another person needing assistance. After the inspection the provider sent us an action plan which explained the actions they had taken to address this concern. At this inspection we found risk assessments for people's night time care needs had been completed and there were procedures in place to ensure staff knew how to request additional assistance if needed. An on-call system was in place for staff to request management support when the registered manager was not on duty in the home. Staffing levels at night remained the same and people's complex needs remained unchanged. However, we were assured that listening devices in each person's room would alert staff if a person was poorly or needed help during the night.

There were sufficient staff deployed during the daytime to meet people's personal care needs. During the inspection we saw staff were relaxed and cheerful, and routines were carried out in a timely way. People were supported with activities and there were sufficient staff available to support people when needed, for example at mealtimes. Staff rotas showed there were usually at least four staff on duty to support six people. On weekdays the registered manager was also present, and staffing levels were increased when necessary to support each person with planned activities and outings. Staff told us they were confident there were enough staff employed. For example, one member of staff told us, "We all work together as a team. We never go below three staff." They told us that normal staffing levels were four staff in the mornings and four staff in the afternoons and evenings, plus the manager, plus a team leader. They said "There is always someone to call on if we need assistance."

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience,

character and trustworthiness. We looked at the recruitment records of two staff appointed since the last inspection. These showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Staff files included application forms, records of interview and appropriate references. Where references had provided insufficient information about the applicant's character and abilities the provider carried out further checks to ensure the applicants were suitable. A member of staff who was recruited in the previous year said, "I was very impressed with the way they did their recruitment."

People were protected against the risks of potential abuse because staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe Staff received training and regular updates on safeguarding adults. All staff had been issued with a copy of the provider's booklet called the Workers Guide to Safeguarding Adults and Children. A member of staff told us they had received training on safeguarding and information they had been given included a flow chart explaining who to contact if they had any concerns. Another member of staff told us they were asked to complete questionnaires regularly to test their knowledge and awareness of safeguarding procedures.

Arrangements were in place to ensure people's income, savings and cash were looked after safely. We looked at the records of cash held in the home and items purchased on behalf of people. Receipts had been retained for purchases and balances were recorded and checked regularly. This showed that people were protected from the risk of financial abuse.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. Each person had a document called a hospital passport in place in case of emergency admission to hospital. The document was held in their care plan files should be taken with the person to give hospital staff essential information about the person. Each person also had a personal emergency evacuation plan (PEEP) in place in case of fire and the registered manager was in the process of completing a fire evacuation plan setting out protocols for evacuation. Risk assessments had been drawn up on the building to identify potential risks and staff had been given instructions on actions to take to prevent the risk of fire, for example unplugging electrical items at night.

Good

Is the service effective?

Our findings

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. New staff received a thorough induction at the start of their employment to provide them with the basic skills and knowledge to meet the needs of people living at Spring View. New staff were assigned a supervisor for formal supervision and support,
and a mentor who was the same grade as them who they could approach for help and advice. One member of staff recruited since the last inspection told us their induction was "very good." They had previously worked for another provider in the care industry, but despite this they still received a full induction when they began working at Spring View.

After induction all new staff were supported to gain a qualification known as the Care Certificate. This is a nationally recognised qualification for staff new to the care industry that ensures they have the basic skills and knowledge for their role. All staff had received a range of training and regular updates on essential health and safety related topics. They also received training on other topics including safeguarding adults, Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), Positive Intervention, eating and drinking and passive movement. Staff's skills had been reviewed through a process called a Skills Profile to ensure they had the skills and flexibility to meet people's needs.

Staff were given opportunities to gain further qualifications in care. For example one member of staff told us they had just gained a nationally recognised qualification in care known as NVQ (National Vocational Qualification) at level two. They hoped to start training to gain NVQ level three in the near future. The registered manager told us the organisation offered staff the opportunity to study for the Diploma in Health and Social Care as well as offering apprenticeships.

Relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included: "Yes, staff know what to do. It was a hard decision for us to make for (person's name) to move into a care home. It is very reassuring to us that the staff know what to do." Staff told us they felt the training they received was good. Comments included "The training here is very good. For example, I asked for autism training and they provided it."

People were supported by staff who had regular supervisions (one to one meetings) with their line manager. The provider told us in their PIR that staff were provided with regular outcome focussed supervisions and appraisals that encouraged staff to reflect on their work practice. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff talked about regular supervision sessions saying, "Yes, I had one just recently." They also said they felt well supported and had plenty of opportunities to speak up and raise suggestions or ideas. Staff meetings were held monthly.

The service respected people's human rights and diversity. The registered manager, provider and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA). Staff had been trained to understand and use these in practice. The MCA provides the legal framework to assess people's capacity to

make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. . During our inspection we saw staff supporting people to make choices about their daily lives. For example, one person wanted to spend time in their room to listen to music and play a computer game, and staff supported them in their choice. Care plan files contained evidence of assessments carried out on each person to determine their level of ability to make decisions about all aspects of their daily lives. We also saw evidence of best interest meetings held where important decisions needed to be made on people's behalf

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 provider told us in their PIR "We have worked with and trained staff to increase and develop their knowledge and understanding of the MCA, Best Interests and DoLS." They also told us "There are key staff trained across the service in MCA and they work across all teams to maintain understanding through everyday activities, decisions and choices". Staff confirmed they had received training and information on MCA and DoLS, and we also saw evidence of this in the training records provided by the registered manager. DoLS applications had been submitted for each person who had been unable to consent to living at the home..

Staff supported people who could become anxious and exhibit behaviours which may cause harm to themselves or others. Detailed behaviour support plans were in place where necessary and staff knew how to recognise the signs of anxiety and how to reassure people or divert their attention to other activities that may help to calm them.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Mealtimes were flexible to suit each person's daily routines. People were provided with adapted cups and cutlery which met their needs and enabled them to maintain a level of independence. Each person had their own cupboard in the kitchen where they were able to store favourite foods and snacks.

A folder in the kitchen contained information about each person's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. A member of staff told us "We know their likes and dislikes. All have good appetites. If they don't want what's on the menu we always offer another choice."

A menu was displayed in the kitchen showing the meals planned for the following week. This showed people received a varied and healthy diet. One person was given a choice of meals each day by giving them a selection of pictures of foods they liked and asking them to use the pictures to choose the foods they wanted. However, other people were not given the opportunity to choose their meals in a similar way. We spoke with the registered manager who told us that meals had previously been displayed on a notice board in the hallway but this had not been put back up again after the home was redecorated. They said they will consider reinstating the notice board and introducing other ways of involving and informing people in menu planning and daily meal choices. At lunch time a member of staff asked a person "Can I give you some ideas for your lunch?" The person went with the member of staff into the kitchen to choose their meal.

People had access to health and social care professionals. The local health centre was next door and this meant people could visit their doctor easily, or alternatively the doctor could call into the home when required. People's care records showed relevant health and social care professionals were involved with people's care, including specialists and consultants. Relatives told us they were confident people received appropriate medical support and treatment.

People lived in a home that had had been designed to promote their comfort and well-being. The building is a bungalow with level access throughout. All areas were spacious, well laid out and well equipped. Overhead tracking throughout the home enable staff to support people to move safely if they required hoisting. Corridors and doorways were wide enough to allow people to move around safely. Lighting in communal areas was operated by sensors which meant people did not need to switch lights on and off and could move around safely in well-lit rooms and corridors. Doors to each bedroom had electronic locks which people could use easily to gain access to their room. All bedrooms were personalised to suit individual needs and preferences. The home appeared bright, clean and homely throughout.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. People who were unable to verbally express themselves appeared relaxed and comfortable with staff. We asked one person if they were happy living there and they replied "Yes" with a very big smile. Staff were attentive, calm and gentle in all interactions with people. We asked three relatives if they felt staff were caring. One replied "Oh yes, definitely." The second relative said "We feel very fortunate that (person's name) was given a placement there. We are reassured that he is happy where he is." The third relative said "We are very happy with the care. They are very understanding."

Relatives told us they felt welcomed and involved in people's care. One relative told us they telephoned the home most evenings to speak with the person. Staff were always informative and helpful, and willing to facilitate their calls. However one relative was concerned that occasionally when staffing levels were lower (for example weekends) staff were sometimes busy and did not always stop to speak with people regularly while people were sat in the lounge. We spoke with the registered manager after the inspection to check that staffing levels were sufficient at all times to allow staff time to spend individual time with each person. They told us the staff team was flexible and were always willing to adjust their hours to ensure people received individual staff attention. During our visit staff were attentive and spent time with each person either sitting with them or engaged in activities. The provider told us in their PIR "Where possible individuals/families are involved and engaged in gathering key information to develop and produce a Support for Living Plan which details the individual needs of the customer and how they wish to be supported with their everyday living activities, aspirations and choices."

There was a consistent staff team which enabled people to build relationships with the staff who supported them. Many of the staff team had worked in the home for a number of years and knew people well. This meant staff knew people's likes and dislikes, the places they liked to go to and people who were important in their lives. During our visit staff chatted to people about their family and friends, their favourite activities and interests. There was a happy and friendly atmosphere.
People who were unable to verbally express themselves responded positively to staff. Staff gave people time to express themselves and their knowledge of each person helped them to understand the person's individual communication methods. We saw staff kneeling down or sitting down beside people to speak with them face-to-face, ensuring good eye contact. We also saw staff giving gentle reassurance by holding the person's hand.

A member of staff told us about their relationship with a person who sometimes became distressed. They told us the person had become much happier and calmer in recent months. They told us "We know what she can do….. It is very important that staff understand her…It is crucial that staff have a good relationship with her." They told us it was important that staff explained what they were doing, and always offered the person choices. They told us "She knows what she likes."

Another member of staff described how they all took time and effort to spend time with each person getting to know them really well. They knew that some staff had bonded with people with similar interests and personalities. For example, they knew one person loved football, so a member of staff who shared their

passion for football had taken the person to football matches. Another person loved loud noise so staff had taken them to a music concert. They said, "We just want people to live as independently as possible. To experience as much of life as they can".

People's privacy was respected and people were able to spend time alone in their bedrooms if they wished to. The provider told us that new staff received training on dignity, respect, empowerment and person-centred working during their induction to ensure that good practice was embedded at the start of their employment. During our inspection we saw staff speaking with people in a respectful manner, offering choices and acting on people's requests. Personal care was always carried out in the privacy of people's bedrooms.

The staff team were proud of their work and expressed great respect for the people who lived there. One member of staff told us "I love my job." Another member of staff told us "I think it's a very caring place. I feel it is very safe, caring and warm. Tasks are done in a very professional way but also warm and homely. Each person's room is 'their room'. I can see them as a person, not just a task to be done. Each person is supported in a very different way – everyone is different here."

People had been supported to personalise their bedrooms to make them feel homely. Each bedroom had been attractively decorated and furnished to reflect the person's tastes and interests. This included posters, pictures, televisions, audio and computer equipment, and also lights and sensory equipment. One person had a bed overflowing with cuddly toys. This meant that people were able to enjoy the time they spent in their rooms.

The provider told us they encouraged and recognised good practice through an award ceremony to reward staff who had gone 'the extra mile'. Nominations for the awards were given by people who use the service and their families. They had found this had been very positive both for individual staff, and also for teams who had been nominated.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs. People or their relatives were involved in developing their care, support and treatment plans. One relative told us, "Yes we have been involved annually. We have been asked if there is anything else they can do, for example outings, or if a special car was needed." Another relative told us "Yes, we can raise concerns."

At the last inspection we found care and support plans had not always been regularly reviewed and did not always reflect people's current needs. At this inspection we found the care plans had been reviewed approximately every six months and information in the plans was up to date. We discussed the possibility of carrying out reviews of key areas such as risk assessments more frequently and the registered manager agreed to consider this. Records of reviews had been recorded, and the records contained evidence of changes and updates in care needs. The plans remained bulky, with four separate files covering all aspects of each person's health and personal care needs, and their medications. Staff assured us they knew where to find essential information in the files. The provider was in the process of handing over the management of the service to a new provider in the near future and therefore they did not want to make any changes to the layout of the care plans until the handover process has been completed.

At the last inspection we also found the care plans did not provide up-to-date eating plans setting out clearly how staff should follow guidance by speech and language therapists to ensure risks associated with choking were minimised. At this inspection we saw that information had been updated and reviewed. However, as explained in the Safe section of this report, staff may not always be following the guidance fully. At the last inspection we had also found there was no care plan in place to manage the continence needs of a person who was not routinely checked during the night. At this inspection staff explained the procedures they followed when the person woke in the morning. This was clearly explained in the person's care plan.

Care plans were personalised and provided detailed information on each person's normal daily routines. They contained guidelines for staff covering daily routines such as getting up, going to bed, shower, continence, hygiene and skin protection routines. They explained each person's preferences and how they wanted to be supported. The plans also explained the things people could do for themselves, and how to maintain their independence. For example, one person was able to wash some parts of their body using their right hand, and staff were instructed to support the person to do this, although the person needed assistance from staff to wash other parts of their body. The person needed staff to assist them to shave, and the plan instructed staff to give the person the choice of a wet shave, or to use an electric shaver.

Staff were able to tell us about people's needs and care routines. One member of staff told us they thought they should read each person's care plan every month but said the size of the files made this very difficult to achieve. However, they told us they received good handovers at the start of each shift. A daily communication diary highlighted any changes in people's care needs and directed them to read specific parts of the person's care plan where changes had been made. This meant they were confident they were kept up-to-date with any changes and knew each person's current care needs.

People were offered a range of activities they could be involved in. On the day of our inspection one person went to a local day centre. Another person went out with staff to a local supermarket. One person was assisted by staff to clean their room and do their laundry and then spent some time in their room listening to music and playing computer games. We heard about trips to local swimming pools, and outings to theatres and local places of interest. People were given opportunities to do arts and crafts and we saw the results displayed in one person's bedroom. Staff told us how they spent time with each person to meet their social needs. For example, one person with complex needs and limited ability to move was able to make passive movements while they were in the bath. Staff used this opportunity to provide some physiotherapy and pampering. They also talked about giving people massages and nail painting.

We asked relatives if they felt people were given enough opportunities for outings and activities. One relative told us "yes, definitely". They gave examples of outings to places the person liked going to. They went on to say "Between us he goes out a lot!" However, another relative said they thought their family member did not go out as much as they would like. They said "One member of staff used to get on with him really well and used to take him out a lot. The member of staff left and now the staff don't seem to take him out as much." They said the person always went out on a Friday, and sometimes went to town other days, but they felt their opportunities to go out, or go on holiday, were less than they had been in the past.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been no complaints since our last inspection although a relative had raised a concern in relation to a dysphasia assessment. The registered manager told us they had made a further referral to the speech and language team and would work with the specialists and relative to ensure their concerns are addressed. The service had also received three compliments. The provider had a robust complaints procedure in place and a dedicated complaints and investigation manager to deal with any complaints or issues raised. Relatives told us they were happy with the complaints procedures and were confident they could raise any concerns or complaints and these would be listened and acted upon.

Good

Is the service well-led?

Our findings

People lived in a home that was well managed. A relative told us there had been a few changes of registered managers in recent years. Despite these changes they felt confident the service was well-led, saying "Whoever has been in charge it has always been the same level of care to both (person's name) and us". Since the last inspection a new manager had been appointed. The manager has been registered with the Care Quality Commission.

At the time of this inspection the provider was in the process of transferring the service to a new provider. The new provider intends to take over the management of all services operated by Somerset County Council by 1 April 2017. People who used the service, relatives and staff had been informed about the proposed changes. Staff and relatives spoke positively about the proposals and no concerns were expressed. A member of staff told us "We have no concerns about the change to the new provider. The staff team are settled and happy".

At the last inspection we found the service was not fully well led. Systems for assessing, monitoring and mitigating any risks to the health, safety and welfare of people who used the service were not fully effective because action had not been taken to address all identified shortfalls within agreed timescales. We found the new registered manager had addressed the issues identified at the last inspection, although during this inspection we found two new areas of concern in relation to the storage of controlled drugs, and also in relation to the prevention of risks such as choking. The registered manager assured us these matters would be reviewed and actions taken promptly where necessary. Since the last inspection the care plans had been reviewed and updated, although the files remained bulky. The registered manager told us they expected the new provider to implement changes in the care planning and daily recording systems and they did not want to make any unnecessary changes to the recording systems in the meantime.

Staff told us they felt well-supported. For example, one member of staff said "Yes (they felt supported) not just by people but also from all the things they have put in place." They gave examples of strategies and equipment in place such as emergency alarms for their wrist to summon assistance when needed when working alone with people. They told us "If we report an issue it will be sorted. People have been listened to". Another member of staff said they felt the service was well managed. They told us "We know who to speak with and managers are easy to get hold of." There was a staffing structure in place that ensured staff were supervised and supported at all times.

Staff received regular supervision and annual appraisals. Staff meetings were held regularly to inform staff of any matters or changes that may affect them, and also to give staff opportunity to raise suggestions or concerns. The registered manager told us staff practice and performance was monitored through observation and feedback was given during supervision sessions. Staff were encouraged to take on lead roles in the home, for example one member of staff held lead responsibility for medicines.

The provider told in their Provider Information Return (PIR), "We seek and gather feedback from Customers, stakeholders and visitors through feedback cards and reviews and this information is then used to improve

and shape the future service." The registered manager told us visitors were asked to complete feedback cards which were sent to the provider for their information and action. They also encouraged relatives and visitors to give feedback on the service during annual care review meetings, and also through coffee mornings and informal visits to the home. There was a 'praise box' in the entrance hallway for staff and visitors to record and submit any examples of good care they had witnessed by staff.

The provider also told us in their PIR that in readiness for the move to the new provider they were undertaking further checks on the service; "In order to review and monitor our responsiveness, the organisation is undertaking further quality assurance audits of our services and a senior manager has been allocated lead responsibility to visit and inspect services with the view of benchmarking service and making recommendations for improvement and to ensure that the care and service delivery meets the needs of the customers and regulatory standards." A senior manager visited the home regularly on behalf of the provider to ensure the service was running smoothly. They carried out a range of checks and monitoring and a report was completed setting out their findings and any actions needed. The registered manager also carried out checks on all areas of the service and completed their own record of these checks. We were given copies of recent monitoring reports and action plans that showed dates when actions had been completed.

The provider worked with other organisations to improve the service they provided. These included Skills for Care, Care Focus, SCIE (Social Care Institute for Excellence) and BILD (British Institute for Learning Disabilities). They also told us they were accredited with the Southwest Care Certificate Consortium. A senior manager had been given lead responsibility to review and evaluate their methods of communication with people who used the service.

There were clear protocols in place for reporting and recording of incidents and accidents. All incidents or 'near misses' were investigated and reported to the provider's safeguarding team, and to other relevant organisations including the Care Quality Commission. They also ensured that any lessons learnt from their investigations were acted upon to reduce the risk of recurrence.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that medicines classified as controlled drugs were stored securely in accordance with current legislation and guidance.