

Care Network Solutions Limited

Clarence House

Inspection report

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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 

Overall summary

The service 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Since our last inspection the registered provider has made a significant number of improvements to the

cleanliness and maintenance of the home. However, during our inspection we saw evidence that the registered provider had not ensured the safety and dignity of one person who lived at the home.

Staff had all received training in safeguarding adults and were confident to report any concerns to their manager. The registered manager kept a log of all incidents which resulted in a safeguarding referral being made. On the day of our inspection we observed staff de-escalating a number of situations in a calm and appropriate manner.

Summary of findings

Pre-employment checks were completed to ensure people were safe and suitable to work with vulnerable adults. There were enough staff on duty to support people in a timely manner.

People's medicines were managed and administered safely. Medicines were kept securely and the medicines room and trolley's were kept locked when not in use.

Although staff we spoke with told us they had received regular training we were unable to clearly evidence from the registered providers training matrix that this training was up to date. We saw evidence that new staff were supported and that all staff received regular supervision with their manager.

The registered manager and the staff we spoke with were aware of how their role in complying with the Deprivation of Liberty Safeguards (DoLS). The registered manager understood the procedure for requesting an authorisation and under what circumstances a referral may be required.

We saw people were offered a choice of food and drink and were supported by staff to purchase and cook meals.

Staff treated people with kindness and compassion and responded to people in a timely manner. During our inspection we saw staff resolve situations that had the potential to escalate into more challenging exchanges

Staff approached these situations in a manner which enabled the situation to be resolved without causing conflict. Staff were able to verbalise how they maintained people's dignity and privacy.

Peoples care and support records were person centred and were reviewed regularly. People took part in a range of activities and were supported by staff to take personal responsibility for aspects of their daily lives including planning the activities they wanted to participate in.

The service had a policy for 'management and prevention, restrictive physical interventions' which was evidence based and easy to follow. Following any episodes of physical intervention, staff told us they had a de-brief session to evaluate the incident.

The registered manager completed a number of audits each month which assisted them to monitor and assess the quality of the service provision.

The registered manager supported people who lived at the home to be involved in making decisions about their care, support and the environment in which they lived. This was achieved with resident meetings and quality surveys.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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.

We found that repairs to a broken window had not been made in timely manner.

The registered provider had refurbished the majority of people's en-suite bathrooms to ensure they were safe and clean.

People were protected against the risks associated with medicines.

Where people displayed behaviour which challenged staff or others, staff employed de-escalation techniques to de-escalate the situation.

Requires Improvement



Is the service effective?

The service was effective.

Staff told us they received regular training and management supervision

The registered manager and the staff we spoke with had an understanding of the Deprivation of Liberty Safeguards (DoLS), and the impact that had upon the people they supported.

People were supported to access external health care professional when required.

Good



Is the service caring?

The service was caring.

Staff spoke about the people they supported in a caring manner.

Staff were able to tell us how they supported people to make simple lifestyle choices and how they maintained people's privacy and dignity.

People's privacy and dignity was respected and staff were very patient with all aspects of people's care and support.

Good



Is the service responsive?

The service was responsive.

People's individual care records contained sufficient up to date information for staff to provide appropriate support.

People accessed the local community and took part in a range of activities.

The registered people took steps to ensure people were aware of how to complain should they wish to.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

We found the culture at the service to be positive, person-centred and empowering.

The registered manager was visible in the service and knew the needs of the people in the home.

The registered provider had implemented a system to assess and monitor the quality of the service provided to people.

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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 12 January 2015 and was unannounced. The inspection team consisted of one Adult Social Care Inspectors and a specialist adviser.

Before the inspection we reviewed all the information we held about the service. We also spoke with the local

authority contracting team and safeguarding team. We also spoke with the infection prevention and control team. The registered provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make

During our visit we spent time looking at three people's care and support records. We also looked at two records relating to staff recruitment, training records and the service's quality assurance documentation. We spoke with the regional operations manager, the registered manager, senior support worker, three support workers and for people who used the service. Following the inspection we also spoke on the telephone with two relatives and two healthcare professionals.

Is the service safe?

Our findings

Two relatives we spoke with told us they felt their relation was safe. Staff we spoke with also told us they felt people were safe.

At the last inspection on 4 July 2014 found that the registered provider not meeting the regulations relating to cleanliness and infection control and safety and suitability of premises. During the inspection we found the majority of peoples en-suite shower cubicles were rusty and had evidence of mould. There was also evidence of mould in the laundry rooms and both kitchens. Plaster work in bedrooms was damaged and the building was not well maintained. The garden areas were littered and unappealing as an area of leisure. Staff did not have access to paper towels and hand soap. On this visit we checked and found that a number of improvements had been made.

However, we noted one person's room had no furniture in their room other than a bed. The regional operations manager and the registered manager told us the person destroyed their bedroom furniture on a regular basis. We were informed that the furniture would be replaced imminently. However, we expressed concern that replacement furniture would be of standard domestic construction. The regional operations manager told us that re-enforced furniture had been purchased previously but this had been unsuccessful. As there was no storage furniture the room was littered with the persons clothing and belongings which were all stored on the floor. This did not meet the person's needs and was undignified. We discussed the need for the registered provider to research provision of furniture that would meet the person's needs at the time of the inspection.

We also noted that the internal pane of glass in the double glazed window unit in this person's bedroom had been broken by the person. The registered manager told us this had happened in December 2014. We saw that there were still pieces of glass protruding from the window frame which presented a high risk for accidental injury or self-harm. We highlighted this to regional operations manager and the registered manager and they arranged for a member of the maintenance team to return to the home immediately and board the window up. The regional operations manager told us they were in the process of

sorting out a glazier to come and replace the window unit. We discussed with regional operations manager and the registered manager the need for them to urgently explore more suitable options for replacing the window.

This demonstrated the registered person had not ensured the premises protected this person's safety and dignity. This demonstrated a continual breach of Regulation 15 (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were cared for in a clean, hygienic environment. People who lived at the home gave us permission to look in their bedrooms. We saw that most of the people had had their en-suite bathrooms refitted and upgraded. The registered manager told us that refurbishment work had been completed on nine of the eleven en-suite's. We saw the maintenance team were working on one person's en-suite on the day of our inspection.

We saw some evidence of mould in one of the kitchens, the registered manager told us this had been dealt with but the mould was beginning to come through the paint again. They assured us the maintenance team were aware of the situation and were looking at a way to address the issue. This showed the provider was taking steps to ensure care was provided in an environment which was adequately maintained.

The registered manager told us the laundry room in the male unit had been relocated. We saw this was a larger room which was more conducive to people who lived at the home being supported to manage their own laundry. Both kitchens and the communal bathroom all contained liquid soap and paper hand towels for staff and residents to use. We also saw notices throughout the home informing staff and residents which colour of cleaning cloths, mops and buckets to use for cleaning different areas of the home. This showed the service was taking steps to ensure the people who lived there were protected from the risk of infection.

The garden area which was accessible for the men who lived at the home had a small area which had been grassed, there was seating available and plant pots. The ladies garden had also been tidied up and was more visually pleasing. This demonstrated the registered provider had taken action to make the outside areas of the home more conducive to leisure activities for people who lived at the home.

Is the service safe?

The registered manager had a file which contained evidence of the service and maintenance work completed by external contractors. We saw evidence that checks had been made to the fire alarm, fire equipment, electrical and gas equipment. This showed the registered manager had a system in place to protect people against the risks of unsafe or unsuitable equipment.

All the staff we spoke with told us they had received training in safeguarding vulnerable adults and were able to describe a number of different types of abuse. For example, physical, neglect and poor work practice's. Staff told us they felt confident to report any concerns they may have. For example, one member of staff said, "I would report it to the senior or the manager. I would then do an incident report". This showed staff were aware of what constituted abuse and were aware of how to raise concerns about potential harm or abuse.

The registered manager showed us a log they kept of all safeguarding incidents at the home. We saw this recorded the date, the names of people involved and details about the incident. We saw one incident which we had think had been reported to the Care Quality Commission (CQC). The registered manger told us they had not yet reported the matter to CQC as they were awaiting the outcome of the safeguarding investigation. We reminded the registered manager of their duty as the registered person to notify the Commission without delay of any abuse or allegation of abuse in relation to a service user.

We spoke to staff about the use of physical intervention at the home. It was clear from discussion with staff that the key to managing people's behaviour was de-escalation. Staff were able to describe how w they held people and supported people following any episode of physical intervention. One staff member said, "We always try to talk people down, it's not nice to do (physical intervention), it is always the last resort". We asked another member of staff if they felt that when physical intervention had been used, if they felt it had been the right action to take, they told us they felt it had been appropriate and it had been a joint decision by all the staff involved. Staff also told us that when an incident required staff intervention, additional support was summoned by the use of two way radios which are carried by all staff. They said a minimum number

of three staff was required prior to any physical intervention. All the staff we spoke with were aware of the policy and procedure to follow in the event of having to use physical intervention.

During the day of our inspection we observed three occasions when there was the potential for people's behaviours to escalate and challenge the service. On each occasion staff quickly de-escalated the situation preventing unecessary conflict. One of the healthcare professional we spoke with after the inspection told us they had witnessed an incident at the home where a person's behaviour had challenged staff and other people at the home. They told us 'staff had handled the situation well and appropriately'. This meant demonstrated staff employed appropriate skills to diffuse situations which had the potential to intensify.

In each of the care and support records we looked at we saw evidence of detailed risk assessments. The risk assessments were detailed and up to date with evidence of recent reviews. People had behavioural management plans in place, which included preventative strategies. These had also been reviewed on a monthly basis.

Staff told us the kitchens of both units were kept locked. They said people who lived at the home were able to access the kitchen with staff present. During our inspection we saw people accessing the kitchen with staff. We saw each kitchen had a single drawer which was locked. The registered manager told us this was where all kitchen knives were kept. They said the content of both these drawers were checked twice daily by staff. One member of staff told us that people who lived at the home were able to use the sharp knives with staff support when they were preparing food. This meant that sharp knives were stored securely with people having access to them within a safe environment.

We looked at the fire file for the service. We saw the file contained a personal emergency evacuation plan (PEEP) for each person who lived at the home. This detailed the support each individual would require in the event of the building needing to be evacuated.

We looked at how the service recorded accidents. The registered manager told us these were logged in an accident book. We saw this logged the person's name, the date of the incident, details of any injury and the action taken by staff. We saw an entry for one person, 'taken to hospital with 'bruised knuckles' however, the outcome of

Is the service safe?

their visit was not recorded. We discussed this with the registered manager on the day of the inspection and they said they would record the outcome of all future entries to the log.

We looked at the recruitment files for two members of staff. We saw each person had completed a series of pre-employment checks prior to their job offer being confirmed. These checks included carrying out a Disclosure and Barring Service (DBS) check and taking up written references from previous employers. We saw in one of these staff files the DBS check was dated August 2010. When we looked at the registered provider's recruitment policy this detailed that staff's DBS should be re-checked every three years. When we discussed this with the regional operations manager they said this was an oversight and they would ensure this was rechecked and the records updated. Having thorough checks in place both prior and during people's employment helps to ensure staff are suitable and safe to work with people.

Staff told us they felt there were enough staff to meet people's needs. One staff member told us the service had recently recruited some more staff. They said the staff team now seemed more settled. During the period of our inspection we saw staff were always available and people were supported in a timely manner. One of the health care professionals we spoke with after the inspection expressed a degree of concern regarding retention of staff. They said the service seemed to have a core group of regular staff but also had a number who seemed to 'come and go'. They explained that not having a stable staff team may risk the home's staff being under skilled. They added this could also lead to inconsistency in the approach of staff towards supporting people who lived at the home.

We looked at how people's medicines were managed on both units. The registered manager told us that all medicines were administered by staff. We saw that both the rooms where medicines were stored and the cupboard in which medicines were kept locked. We looked at the medicines records for four people who lived at the home. Each person had a document which recorded their name, date of birth, the name of their GP and any allergies they may have and a photograph by which they could be identified. We noted there was one person who did not have a photograph for reference. Staff told us this was their personal preference and that they refused to be photographed.

We completed a random check of three individual medicines and found the stock tallied with the number of recorded administrations. We also checked the stock of one medicine which was recorded in the controlled drugs register. We found the stock tallied with the number of recorded administrations and that administration of the medicine was appropriately recorded. This demonstrated the home had appropriate arrangements in place to store, administer and record people's medicines.

We saw one person had a risk assessment in place which assessed their ability to manage their own medicines. We saw this was dated 29 July and 2014, we could not see evidence this assessment had been reviewed since that date. The registered manager told us they would ask the person's key worker to review the document. This meant there was a risk this person's record may not be reflective of their current support needs.

Is the service effective?

Our findings

At the last inspection on 4 July 2014 found that the registered provider not meeting the regulations relating to supporting workers. When we last visited the home we found that annual training was not up to date. We asked the provider to take action to make improvements. The registered provider submitted an action plan to confirm they would take action to achieve compliance. On this visit we checked and found that improvements had been made.

All the staff we spoke with told us they participated in a lot of training. One member of staff said they had completed training in a variety of topics including moving and handling, first aid and safeguarding. We checked the training records for three members of staff. This evidenced these staff had received regular training in a variety of subjects. This included, infection prevention and control, food hygiene and mental capacity. We also looked at the training matrix for the service. We saw the matrix recorded the training staff had completed but it did not record the date. This meant we were unable to clearly evidence that all staff training was up to date. The regional operations manager told us the registered provider's training matrix was being updated and would, in the future, detail the date staff had completed training.

The registered manager told us all staff received supervision regularly. Staff we spoke with confirmed they had supervision regularly. We checked one member of staff's records and saw documented evidence this person had received supervision regularly. This showed staff received regular management supervision to monitor their performance and development needs.

We asked staff new employees were supported. Two support workers told us that new staff were supernumerary for their first two weeks at the home. They said this enabled new staff to meet the people who lived at the home, read their care plans and learn about people's likes and dislikes. During our inspection we met a new member of staff. They told us they were spending the day meeting people and reading the registered provider's policies and procedures. This demonstrated these two employees were supported when they commenced employment the service.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty

Safeguards (DoLS) are part of the Mental Capacity Act 2005 (MCA). They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The registered manager told us that five people who lived at the home were currently subject to a DoLS authorisation. They also told us about another person for whom they had recently made an application to the local authority. The registered manager and staff we spoke with all verbalised a good understanding of the DoLS safeguards and how they impacted upon the lives of the people they supported. This showed the registered manager and the staff we spoke with were aware of their responsibilities under this legislation. When we spoke with one person who lived at the home, they were able to articulate the rationale for the restrictions placed upon them through this legislative safeguarding process.

We asked two staff about their understanding of capacity, one person told us, and "We don't push decisions on people. We advise them, make them aware of the facts and the risks". We also asked staff what action they would take in the event of a person refusing support. One staff member said, "We prompt and try to persuade them, but we can't force them". This demonstrated the staff we spoke with were aware of people's right to refuse advice and support.

We observed staff supporting people to prepare their own meals. People had breakfast as they got up during the morning and we saw people drinking various drinks throughout the day. We saw both kitchens displayed a four week menu however, the registered manager told us people could choose an alternative if they wished. Staff told us they supported people to cook their own food. One support worker said, "I cooked Sunday lunch yesterday for everyone, (person) helped me". They also said that menus for the month ahead were discussed at resident meetings. We saw the resident meeting minutes for September 2014 and saw they recorded that the menus had been discussed. This demonstrated people were encouraged to be involved in planning what they wanted to eat and drink.

The registered manager showed us how staff recorded each person's daily dietary intake. They said this ensured people's choices and dietary monitoring was recorded. We also saw this document detailed when people declined to eat their meals. This showed the service ensured people's nutritional needs were monitored and managed.

Is the service effective?

We asked a support worker how people accessed medical advice. They told us if anyone was unwell they would inform a senior support worker who would arrange appointments with the person's GP. The registered manager showed us where staff recorded people's appointments with other healthcare professionals. We saw documented evidence a person had accessed their GP and a community nurse.

We saw evidence in one person's notes they had been referred back to the community mental health service in response to escalations in frequency of behaviours that challenged the service. The records detailed that this person had been seen by the community mental health services and their medication reviewed. This had resulted in an observed improvement from the staff of the person's wellbeing, and the person themselves had reported to staff that they were 'feeling better'.

Following the inspection we spoke with an external health care professional. They said the service 'used them' quite often. They told us that if there was an incident with someone they were having input with, they would work with staff to look at strategies to manage that person. This showed people using the service received additional support when required for meeting their care and treatment needs.

Each person who lived at the home had an individual bedroom which was spacious and had en-suite facilities. Both units had an individual communal lounge/dining room combined. There were no separate facilities for a 'quiet' or 'activity' room. This meant that any form of activity had to take place in the lounge area or the resident's bedroom. The only place people could speak privately to either staff or visitors was in their bedrooms.

Is the service caring?

Our findings

One of the people we spoke with said, “They (staff) are very helpful to me. This place is good for me. (Staff member) is a nice kind young lady she has a lot of potential, think she should be the manager”. Neither of the relatives we spoke with expressed any concern regarding the approach or attitude of staff when we spoke with them.

Staff we spoke with told us their role was to support people in their day to day activities. One member of staff said, staffs’ role was ‘to enable people, not to do everything for them’. This showed staff were aware of their role in supporting people who lived at the home.

Throughout the duration of the inspection we observed interactions between staff and people who lived at the home were noted to be appropriate and responsive. We saw staff respond in a timely manner to a person who was making repeated requests for support. It was clear that therapeutic relationships had developed between staff and residents, and the use of humour and ‘banter’ was used throughout the day to defuse potentially difficult situations. This showed people were supported and cared for by staff who knew them well.

People’s bedrooms were individually decorated. One person told us they had chosen the wallpaper themselves. Another person told us their room was still to be decorated but they had chosen the colour of the paint they wanted for the walls. We saw evidence in each of the bedrooms we looked at of people’s likes and interests. This was evidenced with pictures, photographs, music and DVD’s. Personalising bedrooms helps staff to get to know a person and helps to create a sense of familiarity and make a person feel more comfortable.

In each of the support records we looked at we saw a document ‘My care and Support’. This recorded individuals involvement in planning aspects of their care. When we spoke with this person they were able to tell us about how they were involved in their care and support plan.

We asked the registered manager if any of the people who lived at the home required an advocate. An advocate is a person who is able to speak on people’s behalf, when they may not be able to do so for themselves. The registered manager told us how the advocacy service had supported one person who lived at the home regarding decisions about the care and support they required. This showed the registered manager was aware of how to access advocacy support for people when it was required.

We asked staff how they maintained people’s privacy and dignity. One staff member said, “We encourage people to close their doors and curtains and to dress suitably in the home. Some people lock their doors. We knock and wait for them to answer”. During our inspection we observed staff knocking on peoples bedroom doors prior to entering people’s bedrooms. The registered manager also asked some people if they were happy for us to look in their bedrooms before they allowed us to enter them. This demonstrated staff respected people’s privacy.

We saw evidence people were enabled to receive and open their own post. The registered manager told us how they assessed each person individually to determine the support required from staff. They explained how they promoted peoples independence while ensuring that matters which may require staff support were not missed. This demonstrated the service was supporting people’s privacy and independence.

Is the service responsive?

Our findings

We reviewed the care and support records for three people who lived at the home. Records included personal hygiene and bathing prompts, a record of activities including declined activities, 1:1 support, weights and dietary intake records. Each of the records were person centred and provided adequate detail of individual requirements. For example, one person would smoke cigarettes excessively one after another. A clear plan had been formulated to restrict the number of cigarettes given per hour, and permitting the staff to keep their cigarettes in a locked cupboard. The resident had signed the care plan to agree to these measures. We also saw, that where appropriate, people had behavioural management plans in place, which included preventative strategies for avoidance of escalation of behaviour that challenged the service. These had been reviewed on a regular basis which ensured the information was current and relevant.

The registered manager told us that the resident's key worker was responsible for reviewing people care plans. One member of staff said, "We sit with them (residents) and ask them to be involved". We asked the registered manager if they completed an annual review of people's care and support plan and if they involved other relevant parties, for example, parents and other healthcare professionals. The registered manager told us they was not something they had yet commenced but they said they had plans to implement this shortly. These reviews help in monitoring whether care records are up to date and assist in identifying changes to people's needs so that any necessary actions can be identified and actioned at an early stage.

Staff told us the philosophy of the home was to support people in their day to day activities rather than 'caring for' or 'doing for' people. Staff said residents left the home on a daily basis to attend college or work placements, they explained this could be accompanied or unaccompanied dependent upon people's individual needs. During the time we spent at the home we observed varying numbers of residents and staff in the home at different times throughout the day.

People who lived at the home were supported by staff to engage in a range of community activities and this was well recorded, and reported to us by residents. One member of staff told us how they supported a person to attend college and another member of staff told us one resident enjoyed going to watch a local football team. We also saw evidence staff had supported people, both individually and in small groups to access foreign holidays. The most popular recent holiday being to Benidorm.

The registered manager told us they had not received any complaints since our last inspection. We saw minutes from a residents meeting dated, 30 October 2014 which recorded the registered manager had talked to residents about how to complain or raise a concern if they wished to. We also saw that one person had written on their quality survey, dated January 2015, that they did not know how to complain. The registered manager had documented her conversation with the person and advised them how to raise a concern. This demonstrated people who lived at the home had been reminded how to raise any concerns with staff should they need to.

Is the service well-led?

Our findings

At the last inspection on 4 July 2014 found that the registered provider not meeting the regulations relating to assessing and monitoring the quality of service provision. When we last visited the home we found that audits did not record if highlighted issues had been actioned, there was no formal trend analysis of accidents and incidents, the policy relating to 'restrictive physical interventions' was generic and lacked simple, clear guidelines, female staff were not dressed in a manner suitable for supporting vulnerable young adults. We asked the provider to take action to make improvements. The registered provider submitted an action plan to confirm they would take action to achieve compliance. On this visit we checked and found that improvements had been made.

The registered manager had been in post since June 2014, having previously worked at Clarence House for seven years. The registered manager told us that the concerns identified in the CQC report, 4 July 2014 had resulted in a range of management actions, some of which were still on-going.

The registered manager told us they felt supported in their role by the regional operations manager. They told us they attended regular managers meetings which not only provided peer support but also looked at topics such as governance. They told us the regional operations manager visited the home at least monthly. We asked the registered manager if they received a formal report of the regional operations manager's visit. They told us they did not, however, when we spoke with regional operations manager they said they did complete a report and they would email it to us after the inspection. Following the inspection the regional operations manager emailed us their reports October, November and December 2014. We saw the document reported on the premises, complaints, audits, observation and feedback from people who used lived at the home. This meant the registered provider had a system in place to monitor and assess the performance of the registered manager and the service they managed.

There was an 'on call' system in place which provided 'out of hours' guidance and advice for support staff. In the immediate locality this consisted of the registered manager, and in the event of escalation, there was an area

manager 'on call' and the next point of contact was a director. This meant staff had access to support from a senior manager in the event of them needing further guidance.

We asked the registered manager what they felt the culture of the home was. They said it was about promoting peoples independence and encouraging people to make their own choices and decisions. One support worker said, "We are here to make sure they (residents) live the best life they can". Staff told us Clarence House was a good place to work. One member of staff said, "I feel supported, everyone gets on together. I can talk openly to (registered manager). We work consistently in our approach to residents".

During this visit to Clarence House we saw staff were dressed in a manner suited to supporting vulnerable adults. We asked a member of staff if there was a dress code for staff. They said, "We are advised not to wear short skirts and low cut tops". They told us these would not be appropriate items to wear at work. This meant staff were aware that the clothing they wear had the potential to impact upon people's behaviour patterns.

The registered provider had a detailed policy and procedure in place entitled 'management and prevention, restrictive physical interventions'. The policy was evidence based, and easy to refer to. It detailed the responsibilities of the registered provider and staff, what constituted restraint, associated legislation, risks and action to be taken in the event of having to undertake restraint. It also detailed alternative strategies to restraint, for example, calming and non-physical de-escalation techniques.

Staff told us that a 'de-brief' took place following an episode of restrictive physical intervention. They said this involved each staff member that had been involved in the intervention. We looked at a sample document and saw this recorded the name of the resident involved, all relevant staff names, the behaviour which led up to staff intervening, details of the physical intervention used and any intervention required after the incident. The registered manager and regional operations manager said these records were reviewed on a monthly basis. However, this analysis had not identified or addressed a particular resident whose needs presented a challenge to the service.

We saw the registered manager completed a number of audits each month. We saw this included an audit of people's medicines and a health and safety audit. The

Is the service well-led?

audits recorded any action that was needed and the date the requirement was actioned. For example we saw the health and safety audit dated September 2014 identified that fire extinguishers needed to be fixed to the walls. The audit recorded this had been actioned on 17 September 2104. We also saw an audit was completed each month of people's medicines which included an action plan to address any issues which were identified.

We asked the registered manager how they gained the views and opinions of people who lived at the home. They told us they held monthly resident meetings for each unit separately. We saw documented evidence of resident meetings for August, September, October and December 2014. We also saw the registered manager had recorded that residents had declined the offer of a meeting in November 2014. We saw a range of topics were discussed including activities and discussions about changes to the décor of the home. This demonstrated to us that people who lived at the home were involved in making decisions about their care and treatment

The registered manager also showed us the quality surveys which residents had completed. We saw each survey asked for people's opinion regarding the internal and external environment, personal care and communication within the home. They said they had issued a survey to each resident and ten people had returned them. We looked at each of the returned surveys and saw that where people had entered a comment, the registered manager had recorded on each survey the discussion they had had with each person regarding their feedback. For example one person had said they were unsure how to complain, the registered manager had recorded the discussion they had with this person about how they could raise a concern. Another person had responded to the question 'is mail given to you promptly and unopened' we saw one resident had commented 'staff help me to read it (my mail) sometimes. This showed the registered manager had ensured they had gained the thoughts and opinions of people who lived at the home.

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 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>The registered person must ensure that service users and others having access to premises where a regulated activity is carried on are protected against the risks associated with unsafe or unsuitable premises, by means of—</p> <ul style="list-style-type: none">(a) suitable design and layout;(b) appropriate measures in relation to the security of the premises; and(c) adequate maintenance and, where applicable, the proper—<ul style="list-style-type: none">(i) operation of the premises, and(ii) use of any surrounding grounds, <p>which are owned or occupied by the service provider in connection with</p> <p>the carrying on of the regulated activity.</p> <p>(2) In paragraph (1), the term “premises where a regulated activity is carried on” does not include a service user’s own home.</p> <p>Regulation 15 (a)(c)</p>