

The Royal National Institute for Deaf People RNID Action on Hearing Loss Roper House

Inspection report

St Dunstons Street
Canterbury
Kent
CT2 8BZ

Tel: 01227462155
Website: www.actiononhearingloss.org.uk






Date of inspection visit:
28 June 2017
29 June 2017

Date of publication:
06 September 2017

Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

The inspection took place on 28 and 29 June 2017. The inspection was unannounced.

Roper House provides accommodation with personal care for up to 27 adults with a hearing loss whose communication needs included British Sign Language (BSL). People have a range of additional needs including old age, learning disability, physical disability, mental health, autism, visual impairment and dementia. There were 24 people living at the service at the time of the inspection. The accommodation is over two floors and bedrooms can be accessed by a passenger lift. There is a communal lounge, lounge/activity area, dining room, kitchenette where people could make drinks and a large secure garden with seating. There was also a flat on the ground floor for people who were more independent. There were two people living there who had their own kitchen, lounge and garden area.

There had not been a registered manager at the service for over a year. The new manager of the service had been in post for 5 weeks at the time of the inspection. Their application to be registered as manager was successfully completed after the inspection on 10 August 2017. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the previous inspection on 29 and 30 June 2016, we identified breaches of Regulation 11, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to people being unlawfully deprived of their liberty, the management of records and staff supervision. We asked the provider to take action to meet these regulations. The provider sent us an action plan in September 2016 which stated that had complied with these breaches in Regulation.

At this inspection, we found the provider had taken action to meet Regulation 11, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to the deprivation of people's liberty, staff supervision and record keeping. However, an additional breach of Regulation 9 was identified in relation to shortfalls in care planning.

Care plans and associated guidance did not always reflect people's care needs which meant there was a risk of people receiving inappropriate care and treatment.

We have made a recommendation in relation to there not being adequate systems in place to ensure the continued maintenance and decoration of the premises.

Assessments of individual risks to people's safety and welfare had been carried out and action taken to minimise their occurrence, to help keep people safe. Accidents and incidents were recorded and guidance and assessments updated to minimise their reoccurrence.

The service had reviewed the management of medicines and was working through a plan to ensure the safe storage, and administration of medicines.

Staff knew how to identify and report any safeguarding concerns in order to help people keep safe. Checks were carried out on all staff before they supported people, to ensure that they were fit and suitable for their role.

There were robust processes in place to ensure only staff that had been checked and assessed as suitable, commenced employment at the service. People said there were enough staff available to meet their needs and support was available when it was requested during the inspection.

There was a rolling programme of essential and specialist training to ensure staff had the skills and knowledge to care for people effectively. This included how to communicate using BSL, support people living with dementia, diabetes and with behaviours that may challenge themselves or others. Staff were effectively supported through supervision. .

People had their health and nutritional needs assessed and monitored. Clear guidance was in place for people with specialist health needs and professional advice was sought as appropriate. People were offered a choice at mealtimes, and where they needed support, this was provided and people were not rushed.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The service had consulted the local authority with regards to making DoLS applications, to ensure that people were only deprived of their liberty, when it had been assessed as lawful to do so.

Staff were kind and friendly and knew people well. Information had been gained about people's likes and dislikes and staff understood people's individual choices and preferences. Staff knew how to effectively communicate with people. People regularly met with their keyworker and were involved in decisions about their care.

People's views were sought in a variety of ways. They were able to raise any concerns with staff or members of the management team and were informed of the complaints process should they need to use it.

We found one breaches 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 the 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?

Good ●

The service was safe.

The service had identified shortfalls in the management of medicines and had put in improvement actions to ensure people received their medicines as prescribed.

Risks to people's health and safety had been assessed and action taken to minimise their occurrence.

People were protected by the service's recruitment practices and there were enough staff available to meet people's needs. Staff knew how to recognise any potential abuse and this helped keep people safe.

Is the service effective?

Good ●

The service was effective.

People's health care and dietary needs were assessed and they had access to healthcare professionals when needed.

Staff had received specific training and supervision so they could effectively support the people in their care.

The local authority had been consulted to ensure any restrictions to people's freedom and liberty was necessary to protect people from harm.

Is the service caring?

Good ●

The service was caring.

Staff were kind and understood how to communicate with people in a way they could understand.

People were supported by a staff team who were knowledgeable about deaf culture and who knew people well.

People were involved in making decisions about their care.

Is the service responsive?

The service was not always responsive.

People's needs were assessed before they moved to the service but when their needs changed these were not always reflected in their plan of care.

People were consulted about activities and events and a programme was in place that met their needs and choices.

People were encouraged to raise any concerns they had about the service.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Quality assurance processes were not effective in identifying all shortfalls in the service.

The management team had made improvement to staff morale and team working which benefitted people.

People were provided with a number of forums where they could share their views and concerns.

Requires Improvement ●

RNID Action on Hearing Loss Roper 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 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 28 and 29 June 2016. This was unannounced. The inspection team consisted of one inspector and an expert by experience who was supported by a British Sign Language (BSL) interpreter. An expert by experience is a person who has personal experience of using similar services or caring for older family members. A BSL interpreter helps deaf and hearing people to communicate with one another. They do this by interpreting spoken English into BSL.

We looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law.

We spoke to eight people and observed how staff interacted with people during the day including lunchtime and with activities. We spoke with six staff including the manager, acting deputy manager, team leader, two care staff and activity coordinator. We also received feedback the local authority commissioning officer and a care manager.

During the inspection, we viewed care notes in relation to five people and tracked how their care was planned and delivered. We looked at a number of other records including the recruitment records of the four staff employed at the service; the staff training programme; administration and storage of medicines, staff and residents meetings and health, safety and quality audits.

Is the service safe?

Our findings

People said they felt safe living at the service. Comments included, "We all feel very safe and well looked after"; "I am safe and well looked after that is all one can ask for"; and "If I ever feel unsafe or at all worried there is always someone in the office to talk to". People told us that there was enough staff available to give them the support they needed. One person commented, "If I am worried I just come out of my room and can always find a member of staff to make me feel safe". Another person said, "There are lots of people to look after us at any time of day or night".

People said the service was clean. Comments included, "My room is cleaned by the lady with the Hoover and all my washing is done for me so I think everywhere is very clean"; and "They clean every day. There is always someone doing the cleaning somewhere".

Some people attended a local 'Meet and Eat' session for people who used services in the south east. These sessions gave people the opportunity to meet and discuss issues that were important to them and to network over lunch. The last session people attended included speakers, a theatre production and discussions about staying safe. Staff had received training in how to recognise and respond to potential abuse. They demonstrated they understood the situations and circumstances that would prompt them to speak to a more senior member of staff. Staff felt confident that any concerns they raised would be acted on by the management team to keep people safe. The service had reported safeguarding concerns to local authority safeguarding team and worked with them when concerns had been raised to help keep people safe.

People told us they received the support they required to take their medicines. One person told us, "I have help with my medicine and staff come to my room with a key and get my medicine from a cupboard". Another person said, "I am very happy knowing that the staff here know what my medicine is and at what times I need to take it".

Staff who administered medicines had received training and had their competency assessed. Staff who administered insulin for people with diabetes had received training from a relevant health professional and their skills and knowledge was continually assessed. When medicines errors had occurred the service had taken action by retraining staff and reassessing their competency through a range of observations of staff practice. Any errors were recorded in a learning log to see if there were any patterns or trends and to look at any ways that the service could improve. The service had identified that an electronic medicines administration record would be effective and was changing to this system next month.

The administration of medicines had become more personalised as each person's medicines were kept in their own room. However, the service had identified that some people's medicines could not be kept at the correct temperature to ensure their effectiveness and had therefore stored them in the medicines room. The temperature of the fridge and medicines room were checked regularly to ensure medicine were fit for use.

Controlled drugs (medicines which are at higher risk of misuse and therefore need closer monitoring) were

stored securely. These medicines were administered by two members of staff and the amounts checked daily. The number of pain patches for one person had been added up incorrectly on the day and this was rectified immediately by staff. Body maps were in place to guide staff were to apply topical and prescribed creams, and in order to rotate pain patches to help maintain healthy skin. Monthly audits were carried out of all medicines which checked all aspects of the administration and storage of medicines.

The deputy manager was undertaking a national course in occupational health and safety to wider the service's understanding in this area to help keep people and staff safe. Regular checks were made of the service's equipment and utilities to ensure they were safe and adequately maintained. This included checks of fire alarm and equipment, first aid boxes, hoists and slings, vehicles and that water temperatures were at a safe temperature for people to use. Staff reported any items that required maintenance and these were attended to by a maintenance person who was employed five days a week. The exception to this was the stair lift which had not been serviced since May 2014. The provider informed us after the inspection that an engineer carried out a service the week after the inspection to ensure the stair lift was safe to use.

Personal emergency evacuation plans (PEEPs) had been put in place which identified the support people needed to be evacuated in the event of a fire. Equipment was in place to ensure that people with limited mobility people could be safely moved from the first floor to a place of safety in the event of a fire. People were alerted to the fire alarm through a vibrating pillow if they were asleep in bed or flashing lights throughout the home. An external fire risk assessor had reviewed fire practices and procedures and highlighted areas for improvement. This included ensuring a fire marshal was allocated to each shift and that staff were able to communicate with each other effectively in different parts of the service in the event of a fire.

Accidents and incidents were recorded together with details of what had occurred and the immediate action taken in response to the situation. These reports were sent to the manager for review to establish if there were any patterns or trends. If an incident involved a person who presented behaviours that challenged themselves or others, events preceding the behaviour were recorded to assess if there were any triggers. Assessments of risk and related guidance was updated after an incident had taken place to help minimise the event reoccurring Major incidents were reported to the provider so they could check what action the service had taken to ensure people's safety.

Each person's care plan contained individual risk assessments in which risks to their safety were identified, such as the management of medicines, moving and handling, accessing the community and daily living tasks. Guidance was in place for staff to follow about the action they needed to take to make sure people were protected from harm. For example, manual handling plans were in place with photographs of the person's hoist and sling, to show staff who to use them safely Assessments of risk balanced the benefits and potential risks to for people in each situation. For example, it was beneficial for one person to be able to go out into the community when they wanted to so they had been given a door fob to exit and enter their home. However, they were encouraged to ask for staff support when they did so due to their vulnerability.

There were sufficient numbers of staff available to meet people's needs. The service supported people with a wide range of support needs and dependency levels. Some people were independent and able to go out alone in the community whilst other people needed staff to assist them with their personal care and to mobilise. During the inspection, staff were available to support people when required with care tasks, to attend appointments and to communicate with people. Staff were divided into teams with a shift leader and were made up of a mixture of deaf and hearing staff, and male and female staff. Due to the layout of the home and number of people, there were two awake and one sleep-in member of staff each night. Any gaps in the staff rota due to staff sickness, holidays and vacancies were covered by agency staff. The service used

regular agency staff who knew people well and who were able to communicate with them effectively to ensure consistency of care.

Appropriate checks were carried out to ensure that staff recruited to the service were suitable for their role. This included obtaining a person's work references, a full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

At our last inspection on 29 and 30 June 2016, we identified breaches of Regulation 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure people were not unlawfully deprived of their liberty and that staff received appropriate supervision to make sure they were competent in their role. We asked the provider to take action to make improvements. The provider sent us an action plan on 1 September 2016 which stated that they would comply with all Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 30 September 2017. At this inspection, we found that improvements had been made to ensure people were safe and staff were appropriately supported.

People said that staff had the right knowledge and skills to support them. One person said, "The staff are all very knowledgeable and we can ask them for any help we need". Another person responded, "Staff know just how to help me in the right way that I need".

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 the best interests and as least restrictive as possible. Staff had received training in mental capacity. They understood that people had the capacity to make their own daily decisions and choices and if a person's capacity fluctuated that they were able to make a decision in the person's best interests. Best interest meetings were held with relevant professionals and their next of kin or an Independent Mental Capacity Advocate when important decisions needed to be made which affected a person's health or welfare.

The Care Quality Commission (CQC) monitors the operation of the DoLS which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The service had assessed each person's needs with regards to the Deprivation of Liberty Safeguards (DoLS) and made the relevant applications to the local authority to ensure it was acting lawfully.

Staff said they felt well supported through formal supervision and informal support from their team leader and the management team. There was a planned programme of supervisions and appraisals to ensure staff were offered support, assurances and learning to help staff development. This support commenced at induction where new staff completed a comprehensive induction which included training at head office, shadowing senior staff and completing the care certificate. The Care Certificate includes the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised. Staff were actively encouraged to complete Diploma/Qualification and Credit Framework (QCF) and most had completed either level two or level 3. To achieve a QCF, staff must prove that they have the ability and competence to carry out their job to the required standard.

Staff said they were provided with a range of training, most of which was face to face, that was relevant and

useful in enabling them to carry out their roles. There was a rolling programme of staff training which included essential topics such as safeguarding, moving and handling, health and safety and fire safety. Specialist training was developed around people's individual needs and included supporting people with living with dementia, diabetes, the management of potential aggression, communication and BSL level 1 and 2. BSL level 1 enabled staff to communicate with people in simple, everyday conversations and level 2 helped them to have a longer and more varied conversation. Some staff had completed end of life care and future training needs had been identified including deaf blind awareness.

People said that staff supported them to maintain their health needs and to attend medical appointments when required. Comments included, "I was taken straight to the hospital when I was hurt"; and "The staff always help me if I am ill or need a doctor or nurse so I do not need to worry". A social care professional commented that people were involved in managing their health needs and clear records were made of all appointments to help monitor people's health.

People had a wide range of health and medical needs and these were met with the support of relevant professionals such as the dietician, community nurses, doctors, speech and language therapist and mental health team. Staff had received training in percutaneous endoscopic gastrostomy (PEG) and the administration of insulin via injection. This enabled people who were fed by PEG and who required regular injections, due to their diabetes to remain living at the service. PEG is a tube that feeds directly into a person's stomach. Staff had detailed knowledge of people's specific health care needs and medical histories. For example, when people had changes to their skin or the glucose levels in a person's blood (which is monitored for some people with diabetes), health professionals had been contacted for advice and this had been acted on. For people at risk of pressure sores repositioning charts, daily skin inspections and creams were used to help maintain healthy skin. When people had been discharged after a stay in hospital, the service had ensured they had all the support they required. Pain charts were in place for people to be able to express the level of pain they were experiencing. A clear record was made of all health care appointments and any outcomes so people's changing health needs could be effectively supported and monitored. People were encouraged to be weighed regularly to monitor their physical well-being.

A lot of compliments were given about the quality of food that people received. "We can get as much food as we can manage and even more if we ask for it", one person told us. Another person said, "The food is very good. We have a good cook. She doesn't sign yet, but will learn". A visitor told us, "The food is great. I come in every day just for the lunch".

People's need in relation to food and fluids were assessed. People were offered choices at mealtimes and kitchen staff had a list of people's likes, dislikes and specific dietary requirements. Menus were available in picture format so that they were easier for some people to understand. Breakfast was served buffet style, so people could help themselves. At lunchtime people could either be served in the dining room or collect their meal themselves and eat in another part of the home or their room. Staff were available in the dining room and quiet lounge to offer support to people if it was required. The atmosphere at lunchtime was lively in the dining room and relaxed in the quiet lounge, which met people's individual preferences. Facilities were available on the ground floor to make drinks and snacks and on the first floor to cook a main meal. "We can make a drink and toast or a biscuit whenever we feel like it", one person told us.

There was a range of equipment throughout the home to promote independence. There were handrails throughout the home, specialist baths that could be accessed by people who needed to use a hoist to mobilise, a shaft lift so people could access all areas of the home and a kitchen on the first floor with height adjustable work surfaces so it could be used by people in a seated position. Assistive technology was also in place to support people with hearing loss. Flashing lights were used to inform a person that someone

wished to enter their room and a mini-com was available for people to make and receive telephone calls.

Is the service caring?

Our findings

At the last inspection on 29 and 30 June 2016, it was recommended that the service review its practices to ensure people were empowered in all aspects of their daily lives. People did not have access one of the bathrooms, people in the independent flat had to go to the main house to receive their medicines and people queued to receive their lunch. At this inspection on 28 and 29 June, people said they had access to all parts of the service, people's medicines were kept in their own rooms and people had been consulted about their dining experience. "I can go in to the garden whenever I like and we can make a drink and toast or a biscuit whenever we feel like it" one person told us. People told us that staff supported them to be as independent as possible. "Yes I can be independent but I also have help when I need it", one person said. Another person told us, "Staff help me to do things so I am able to continue on my own". People said they were involved in daily living skills such as shopping and cleaning. Comments included, "I like to help with the cleaning just to make sure the home is spotless"; "I get taken to the shops and do my own food shopping"; and "I do all my own washing and ironing".

People said that staff were kind and friendly and that they enjoyed talking with them. "The staff are very kind", one person told us. "They are just like family". Another person told us, "The staff are very good and make time for a chat whenever they can".

Staff listened to people and talked to them in an appropriate way so they could understand. Each person's specific communication needs were detailed in their plan of care. Staff were provided with British Sign Language training so they could communicate with people. "Not all the staff can sign, but most of them can and they are very good. The rest will learn", one person told us. People said that staff that had not learned to sign used gestures, pointing and writing to understand one another. The service employed staff who were deaf who could communicate with people and shared the deaf culture with its own set of social beliefs, values and history. Therefore, people and staff had a common identity and greater understanding of the people who used the service. BSL interpreters and advocates were accessed when needed to help people to communicate their views, wishes and choices, such as when people attended medical appointments or review meetings.

People said that staff knew them well including their likes and dislikes. "Staff listen to what I like and don't like", one person told us. Another person said, "Staff know and respect what I like and dislike".

People's abilities were valued. One person proudly showed us a selection of their paintings. Some of these had been hung on the walls of the home to celebrate their talent. A one page profile had been developed for each person which contained information about them such as what was important to them, what people liked about them and important relationships. The focus was on people's strengths, support needs, likes and dislikes. For one person, it had been recorded that they liked the sun, their own personal space and that they responded better if any changes to their routine were communicated in advance. People's life histories such as where they had lived, their achievements and families were recorded.

Staff demonstrated they knew people well and trusting relationships had been developed between people

and staff. There were humorous exchanges between people and staff and the appropriate use of touch for guidance and reassurance. When one person became upset, staff came very quickly and dealt with the situation with a quiet, calm and caring manner. They knew exactly what was upsetting the person and how to help them.

People were involved in decisions about their care, such as what they wanted to wear and what they wanted to eat and how they wanted to spend their time. One person kept pet guinea pigs and was responsible for their welfare. People had been consulted about the colour scheme and furniture for the quiet lounge. They had held raffles and cake sales and the money raised had been used towards decorating the lounge. Communication passports had been developed with people to enable them to make informed choices. For one person, this contained pictures of choices such as what they wanted to eat and if they wanted their pillow moved to make them more comfortable. A specific tool had been used to help this person make a decision around purchasing a piece of equipment. It used photographs so they could weigh up the advantages and disadvantages.

Each person had a keyworker and they met with them on a regular basis to discuss their needs and goals and what was working well and what was not working well. A monthly residents meeting was also held where people discussed any concerns and any activities they wanted to undertake. The minutes of these meetings were recorded in an easy read format with pictures to help people understand the information they contained. At the meeting in March, people had been asked for feedback on the new laundry routine and asked where they wanted to go on holiday.

People told us their privacy and dignity was respected. One person said, "We have lights on our door that flash and the staff always use them before entering our rooms".

Although people's choices and preferences had been sought, they were not specific about people's wishes and choices in their last days and focused on their funeral arrangements. However, staff described how one person receiving end of life had their needs and choices met in a person centred way. When they had been admitted to hospital and were in an unfamiliar environment, staff visited them and brought in their favourite personal items to give them reassurance. Staff were attentive to people at the end of their lives during the inspection. They showed them compassion and followed their lead in what they wanted to do and where they wanted to go. Palliative care nurses were involved in their care and the service had followed their advice.

Is the service responsive?

Our findings

People said staff were responsive to their needs. "All staff know exactly what we need and how to look after us. We are very well looked after indeed". They said staff came to their assistance when it was required. "There is always someone to help when I need it. I only have to ask and they will always come to me", one person told us. Another person said "Help comes very quickly when we need it for anything, even if it is not an emergency".

People were supported to follow their faith. "I go to church in Margate every week. That is very important to me", one person told us, another person said, "My religious needs are met as about three of us go to church every Sunday. God is very important to me".

Before people came to live at the service, they were visited to make a joint assessment as to whether the service could meet their needs. Once the person had moved to the service, they were assigned a keyworker who had the role of getting to know the person and working with them to develop a plan of care. Care plans contained information about people's daily routines, likes and dislikes, communication needs, medicines, eating and drinking, health, and how people liked to spend their time. In addition each person had a Care Passport which gave a clear summary of people's needs such as breathing, continence, emotional state, mobilisation, medicines and communication, using pictures so they were easier to understand.

Care plans had not always been reviewed and amended when people's needs had changed. For example, one person's needs had changed significantly after being discharged from hospital three weeks previously but their care plan and associated guidance had not been updated. They needed the assistance of a hoist, three staff to roll them in bed, had been advised not to get up often due to their blood pressure and needed regular skin care. However, their care plan did not contain any of this information and stated that the person should be encouraged to walk with a frame. This person was at risk of not receiving appropriate care and treatment. For another person there was detailed information in their care plan about how to treat their pressure areas to maintain healthy skin, but their health action plan recorded that they did not need any support with their skin care. Health care notes stated that this person required their mattress to be set at a specific setting, but this important information was not contained in their care plan to guide staff. This meant that people were at risk of not receiving care and support which met their needs.

The failure to ensure care and treatment plans reflected people needs was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

For people who presented behaviours that were challenging to themselves or other people guidance was available for staff about what may trigger a behaviour and how to respond appropriately. Staff had a good understanding of people's characters and what may lead to certain behaviours. An incident had occurred the day before the inspection and staff described how they had followed the guidance in their plan of care to de-escalate the situation, keep people safe and ensure the person's dignity and well-being.

People told us there were a range of activities available which met their needs. "There are lots of activities here, painting, sewing, craft and there is always the garden to keep me busy", one person told us. Another person said, "I never get bored. There is always an activity to take part in". People said they also went on trips out such as to Canterbury shopping and for a cup of tea. "We go out into Canterbury sometimes, I like looking at the shops", one person commented. Some people described a holiday from which they had recently returned. "We went to Great Yarmouth and stayed in a hotel. We played Bingo, went bowling and did lots of activities. We really enjoyed it even if it was all rain all day".

An activities coordinator was employed from Monday to Friday. They were enthusiastic about their role and regularly consulted with people about the activities and events they wanted to take part in. There was a programme of events which was displayed in picture format to help people understand which included arts and crafts, films, cooking, exercises, coffee morning and shopping trip into town. During our inspection a group of people were making pin cushions and other people were working in the garden. People had been involved in stripping off the wall paper in the quiet lounge and painting the walls. Each year a summer party was held which was based on a specific theme and last year's theme was gangsters. People told us that they had dressed up in costumes. They also had made a piano out of cardboard which played music. Some people had used public transport to get to a local town for fish and chips on the beach.

People felt confident to speak to a member of staff if they had a concern or complaint. "If I wasn't happy I would just tell a member of staff, probably my key worker", one person said. Another person told us, "Yes we know how to complain if we need to but we don't need to often".

People were asked at their keyworker meetings if they had any concerns about their care. The service had a complaints policy that was on display in the entrance hall. It contained the contact details for head office and how to contact the Ombudsman, if people were not satisfied with the provider's response to their complaint. The information was written in a range of formats including braille and pictures of people using BSL. The policy made it clear that people could talk to the manager of the service if they felt sad, but also if they were happy about particular aspects of their care.

Is the service well-led?

Our findings

At our last inspection on 29 and 30 June 2016, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that all records were available, easily accessible and accurate. We asked the provider to take action to make improvements. The provider sent us an action plan on 1 September 2016 which stated that they would comply with all Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 30 September 2017. At this inspection we found that improvements had been made.

People said that they were listened to and asked for their views about the service. One person said, "Yes we are asked our views. We sometimes have meetings about things". Another person said, "Someone will always listen. It does not matter how big or small your worry is". A social care professional told us that the service had listened to their views about how the service could be improved and had started to act on them.

The management team had re-organised the way records were held and organised and they were easily accessible throughout the inspection. Health information which had been removed from people's care records had been reinstated to guide staff. Policies and procedures had been reviewed to ensure they were up to date and reflected current guidance. However, quality audits did not include checking care plans to ensure they were regularly reviewed and we found that not all care plans were accurate to reflect people's changing needs.

The service's health and safety audit had highlighted a number of shortfalls and an action plan had been put in place to address them. For example, it had been identified that some of the items in first aid boxes were out of date and they had been renewed and a legionella check had been booked. However, it had failed to identify that the stair lift had not been serviced since 2014 and therefore could potentially be unsafe to use. The provider confirmed the equipment was serviced following our inspection.

Areas of the service that had been redecorated such as the quiet lounge and corridors looked bright and welcoming. Funding had been agreed to replace all the external upstairs and downstairs windows at the rear of the service in the summer. Electronic doors would be fitted in the corridor next to the dining room to increase the warmth whilst still allowing people access to the garden area. The plans also included making the garden safe with repairs to handrails and paths to make them more even. However, other areas were in need of redecoration or repair. The carpet leading to the kitchenette area on the ground floor had been worn down to the backing. On the first floor there were stains on a stretch of carpet and the carpet by the lift still had a piece missing since the shaft lift had been installed, over a year ago. There were scuff marks on many bedroom doors and by the handrail on the stairs. Some decoration had been undertaken by the maintenance person and further was planned. The provider gave details of additional planned works after the inspection. However, there was no plan in place to identify what works need to be done, setting out priorities and timescales, to ensure people lived in a dignified and well maintained environment.

We recommend the service seek advice and guidance about developing a plan to ensure the environment is adequately maintained.

There had been improvements to the management of the service. The new manager of the service had applied to be registered with the Commission and their registration was successfully completed after the inspection. The deputy manager had been absent since April 2017 and a senior member of staff had been temporarily promoted to fill this role. They had initially been supported by the area manager, in the absence of a service manager. The manager, acting deputy manager and senior support workers had all completed level 5 Diploma in leadership which is for people in a management or senior management role in a care service.

The manager and deputy manager worked well together and had taken actions to make improvements to the service. The door to the manager's office was open throughout the inspection and people and staff 'popped in' to talk to the management team. There were regular staff meetings and supervisions, that they were asked for their ideas and opinions and that these were listened to and acted on. For example, one staff member said they had asked if they could be trained as a mini bus driver, as no trained driver was currently available and the manager had immediately agreed. Staff said staff morale had improved and they had confidence in the manager as they did what they said they would do, for the benefit of people who lived at worked at the service. A member of staff who had left the service had complimented the staff and management team for the support they had been given.

People whose first language is not English are entitled to an interpreter when attending hospital appointments, but the service had found that this had not always occurred. The service had maintained a good working relationship with a representative from the National Health Service to ensure people always had a BSL interpreter when attending medical appointments.

The views of people who used the service were gained in a variety of ways including keyworker and residents meetings. The provider, had developed standards for involving people which included communication, choices, decisions and learning. The deputy manager had started to look at how the service was meeting these standards and ways in which it could improve. This would be communicated to people by a quarterly report.

Staff understood their roles, responsibilities and the values of the service. They were developing their own personal profiles which included what was important to them, and how they liked to spend their time, to share with people they supported. Staff who were deaf commented that it was a good place for people from the deaf community to work and also to live because deaf people were valued, and respected.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the reception area and on their website.

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 9 HSCA RA Regulations 2014 Person-centred care People's care and treatment plans did not always reflect people's changing needs. Regulation 9 (1)(a)(b)(3)(a)(b)