

Lifetime Care Development Limited

# The Grange

## Inspection report

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Date of inspection visit:  
28 August 2018

Date of publication:  
10 October 2018

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 28 August 2018 and was unannounced.

The Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of this inspection there were five people living at the service. Some people were more independent than others and able to make their own decisions, whilst others needed support and assistance from staff to remain as independent as possible.

There was a registered manager in post who was also the registered provider and owned the service. 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.

The service was last inspected on 23 March 2018 when the area of 'Well-led' was rated as 'Inadequate' and the overall rating was 'Requires Improvement'. At that time, we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 9: The provider had failed to ensure that care was planned and delivered in a person-centred way. Regulation 12: The provider had continued to fail to ensure that risks were adequately assessed and action was taken to mitigate them when possible. Regulation 13: The provider had failed to ensure that people were protected from instances of potential abuse. Regulation 17: The provider had continued to fail to establish and operate systems to assess, monitor and improve the quality of the services provided and reduce risks to people. Regulation 18: The provider had continued to fail to ensure that staff were suitably qualified, competent and skilled to carry out their roles. We also found a breach of Regulation 18 of the Registration Regulations 2009 in that the provider had failed to notify CQC of notifiable events in a timely manner.

The provider sent us an action plan dated 21 May 2018, setting out how they would improve the service to meet the Regulations.

We also made recommendations regarding making sure the service was clean and odourless and involving people in menu planning.

At this inspection, on 28 August 2018 we found improvements had been made to risk management, protecting people from potential abuse and ensuring staff had the necessary training for their roles so that these breaches of the Regulations had been met. However, we identified a breach of Regulation 10 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. There was inconsistent practice in the staff team with regards to treating people with respect and supporting them to be independent.

The provider had acted to make sure the service was clean and pleasantly smelling and to support people to be more involved in meal planning.

This will be the fourth time this service has been rated Requires Improvement.

The care service was working towards being developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The staff team and registered manager had attended training from an external provider on person-centred planning but its principles had not been fully embedded at the service. Staff supported people to be independent but on occasions continued to do things for people when they were able to do them for themselves.

Staff were kind and caring, but one staff member spoke to a person in a disrespectful manner during the inspection. The provider took immediate action to address this and described the staff's member's behaviour as unacceptable.

Suitable arrangements were not in place to identify and address shortfalls in the maintenance of the environment. A maintenance book was introduced to make sure issues were addressed in a timely manner in the future.

Improvements had been made to ensure people were safe. A new system for monitoring accidents and incidents had been introduced which was effective in alerting the provider to any patterns or trends indicating that additional action needed to be taken to reduce the risk from reoccurring.

Assessments of potential risk were detailed and informed staff of the likelihood of the risk occurring. Staff understood how to follow safeguarding protocols to keep people safe and the local safeguarding and CQC had been informed of any alleged abuse.

The provider had acted to address shortfalls in staff recruitment to make sure people were protected from the risk of receiving care from unsuitable staff. There were enough staff available to keep people safe.

Medicines were managed safely. Protocols had been developed for medicines which were required 'as and when required' and body maps introduced to clearly guide staff where to administer topical creams.

Improvements had been made to the effectiveness of the service. The staff team and registered manager had attended training from an external provider on how to support people in a positive way with any behaviours that may challenge themselves or others. Two out of three staff said that this training had been beneficial and that it had helped them develop as a staff member. The Care Certificate had been introduced for potential new staff and some existing staff, to ensure they worked to nationally set standards. Staff felt well supported and received regular supervision and an annual appraisal.

People's needs in relation to their health, eating and drinking had been assessed and professional guidance and advice had been followed. People were supported to access health care professionals when they were needed to maintain their health. Initiatives were being undertaken to engage people more fully in menu planning.

Staff understood their roles and responsibilities in relation to The Mental Capacity Act 2005, and sought people's consent before supporting people with their care. Applications to deprive people of their liberty (DoLs) had been made and CQC had been notified of the outcomes, as required by law.

Improvements had been made so that the service was responsive. Meetings had taken place with people to discuss progress with their goals and aspirations and these were being added to people's care plans so they were regularly reviewed. Care plans included people's choices, preferences, support needs and plans at the end of their lives.

People were given information in a format they could understand using pictures and photographs. This helped people to choose where they wanted to go and what they wanted to eat. People took part in a range of activities in and outside their home.

People felt confident to speak to a staff member if they had any worries or concerns. The provider's complaints procedure was displayed in the hallway so it was available for people and visitors.

There had been improvements in how the service assessed and monitored the quality of service. Additional checks were in place to identify any shortfalls with regards to people's safety in a timely manner and to ensure that the provider had oversight of the service. The views of people's representatives and family members had been sought and were very positive about the service that people received. The provider had increased their knowledge on best practice by obtaining regular advice from national organisations whose aims are to improve the lives of people who use care services. The assistant manager was undertaking a level five diploma to increase their knowledge of leading and managing the service.

## 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 had improved so that it was safe.

The registered manager had consulted with the local safeguarding team when potential instances of abuse had occurred.

Risks to people were identified, assessed and monitored.

Accidents and incidents were analysed to look at ways of reducing the chances of them occurring again.

The environment was clean and unpleasant odours had been eliminated.

The provider had addressed shortfalls in staff recruitment. There were enough staff to keep people safe.

Medicines were managed safely.

### Is the service effective?

Good ●

The service had improved so that it was effective.

Staff had received training in areas of best practice when supporting people with learning disabilities.

Staff understood the principles of the Mental Capacity Act (2005).

People had been supported according to their individual needs to be involved in meal planning.

People received support to manage their healthcare needs. Referrals had been made to relevant healthcare professionals when needed.

### Is the service caring?

Requires Improvement ●

The service was not consistently caring.

There was inconsistency in staff practice so that it could not be assured everyone would be treated with care, dignity and

respect.

Some records and staff practices did not fully promote people's independence.

Improvements had been made to the way information was provided so that it was accessible to people.

### Is the service responsive?

Good 

The service had improved so that it was responsive.

People were involved in choosing how they wanted to spend their time which included regular trips out.

People and their family members had been consulted about what they wanted to happen at the end of their lives.

The service had a complaints policy and people were aware of how to make a complaint.

### Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

People were not always supported in a consistent way by members of the staff team.

Some aspects of the environment required improvement but had not been identified so that they could be addressed in a timely manner.

Improvements had been made in checks, auditing and quality assurance systems to help keep people safe.

Feedback about the service was sought from people and their representatives to help drive improvement.

The service worked in partnership with other organisations so that people received joined-up care.

# The Grange

## **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 site visit took place on 18 August 2018 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the service. We did not ask the provider to send us a Provider Information Return. 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 the inspection we spoke with four people and observed how everyone was supported. We gained positive feedback from a commissioner from the local authority.

We spoke with the assistant manager and two care staff. We looked at four people's care plans and the associated risk assessments and guidance. We looked at a range of other records including staff training and supervision schedules, and quality assurance surveys and audits.

After the inspection we asked the provider to send us information on how they monitored the quality of the service to ensure it was meeting its aims and objectives. The provider sent the information in a timely manner.

# Is the service safe?

## Our findings

People indicated that they trusted staff and felt safe in their presence. People sought out staff's company and asked them for reassurance, which was given. People's body language and facial expressions indicated they felt safe. There was a relaxed atmosphere at the service and staff understood the importance of this to help people feel safe.

A local authority commissioner told us that there had not been any safeguarding concerns at the service since our last inspection on 23 March 2018.

At the inspection on 23 March 2018 we identified a continuous breach of Regulation 12 and a new breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that people were protected from instances of potential abuse. Inconsistent recording of physical and verbal incidents between people had resulted in the registered manager's lack of oversight. The local safeguarding team had not been informed so they could ensure that the appropriate action had been taken to keep people safe. The provider had also failed to ensure that risks were adequately assessed and action was taken to mitigate them when possible. There was a lack of guidance for staff to follow about how to minimise risks to each person.

We also made a recommend the provider sought advice from a reputable source regarding ensuring the service remains clean and smells pleasant. This was because some areas of the service were not clean and there was a smell of urine.

At this inspection on 28 August, we found that improvements had been made in systems and processes to protect people from abuse and in the monitoring and management of risks. Action had also been taken to make sure the service was clean and odourless.

The provider had introduced a new system for monitoring accidents and incidents. Each month, the daily log for each person was audited to make sure that staff had appropriately recorded and reported any accidents or incidents of verbal or physical aggression. An incident record was kept for each person to monitor if there were any patterns or trends indicating that additional action needed to be taken to reduce the risk from reoccurring. One person had had three falls and their doctor had been contacted and a urinary tract infection diagnosed for which medicine had been prescribed. This person's care plan and risk assessment had been updated to reflect their changing needs and staff were aware of a deterioration in this person's health which required more close monitoring. This meant that lessons were learned and improvements sought when an accident or incident occurred.

Some people had a history of behaviours that challenged themselves or others. Care plans described the types of behaviours people exhibited, any triggers and the most effective way for staff to respond. People's behaviours were monitored and discussed at care reviews to analyse the effectiveness of staff intervention strategies. The provider had notified us of one incident of alleged physical aggression between people. They had informed the local authority safeguarding team who are the lead agency in making sure that people are



protected from abuse. The person's risk assessment was also updated to help safeguard both parties from harm or abuse.

Staff told us that apart from the incident described above there had been no further incidents of verbal or physical aggression since the last inspection in March 2018. Staff said that some people had raised their voices when they had become upset but they had not directed their frustration verbally at a specific person or staff member. We found one record in the daily notes and one in the handover notes with regards to the same person, "Shouting and having a go at other clients". We asked the provider to investigate the circumstances around these events as they had not been written in sufficient detail to assess if they constituted verbal abuse of a person. The provider investigated each incident and reported back to us the next day. They informed us that in neither incident was any shouting directed at a specific person and that the person calmed very quickly. The provider said that they were considering auditing daily notes and handover notes on a weekly basis to minimise the same issue occurring.

Staff had access to the providers safeguarding policy and the Kent and Medway protocols supplied by the local authority who are legally responsible for investigating safeguarding issues. It provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff demonstrated they knew how to follow these procedures to keep people safe. Staff said that they felt confident that if they reported a safeguarding concern to the registered manager that they would act on it.

The provider had reviewed all assessments of risk to include the likelihood of the risk happening and the severity to the person if the risk occurred. This made it easier to prioritise risks to people and to establish what control measures were needed. More detailed information had been added to assessments to guide staff on the action they needed to take to keep people safe. For a person who was at risk of choking staff had been alerted that the person was at risk as they tended to eat too quickly and put large amounts of food in their mouth. Staff understood that the person required one to one supervision at mealtimes and that verbal prompts for them to slow down was an effective way of reducing this person's risk of choking.

Staff had attended training in fire awareness and knew what to do in the event of a fire. Regular practice drills were held so people practised leaving the building and fire equipment was tested and checked regularly. Each person had a personal emergency evacuation plan (PEEP) which set out the specific requirements to ensure that they were safely evacuated from the service in the event of a fire. A grab bag was by situated by the front door which contained each person's PEEP and other equipment so that it was easily available if it was needed in a hurry. Staff knew people's support requirements, where PEEP's were kept and how to evacuate people in the event of a fire.

Environmental hazards noted at the last inspection on 23 March 2018 had been addressed. Broken radiator covers which increased the risk of people being burned had been repaired. Staff had also acted to address the unpleasant smell in one bedroom. Staff carried out the cleaning of the service in accordance with a cleaning schedule and the service was clean and odourless on the day of the inspection. Staff had received training in infection control and personal protective equipment was available to staff including gloves and aprons. These actions helped to protect people from cross infection.

Action had been taken since the last inspection on 23 March 2018 to ensure that the provider's recruitment policy was followed. This included addressing shortfalls in staff's employment history and Disclosure and Barring (DBS) checks. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services. These actions helped to ensure that people were protected from the risk of receiving care from unsuitable staff. No new staff had been recruited since the last inspection.

Medicines were stored safely and administered by staff who had been trained and had their competency assessed. Medicine records were up to date and had been correctly completed which showed that people had received their medicines as prescribed by their doctor. Where people had medicines that varied in their dosage throughout the week, staff made sure that people received the correct amounts. Medicines checks were carried out in line with the provider's policy to ensure there was a clear audit of all medicines entering and leaving the service. Written guidance for staff had been introduced for people who were prescribed medicines which were required 'as and when required' (PRN). These PRN medicines had been prescribed for pain relief and a pain assessment had been undertaken for the person which detailed how to recognise when people were in pain. The provider had also introduced body maps to clearly guide staff where to administer topical creams according to people's individual needs.

There was enough staff to meet people's needs. On the day of the inspection everyone went out and people also spent one to one time with staff whilst being supported with daily living tasks. Staff were present in communal areas and on hand when they were needed. Staffing was flexible. There were two staff at the service on the day of the inspection. In order to ensure that people could go on their planned day trip, the provider arranged for an additional member of staff to be at the service. This was so the assistant manager could support the inspector in the absence of the registered manager, who was on leave.

# Is the service effective?

## Our findings

People's consent was sought before supporting them with their care and treatment. Staff checked if it was alright with people before helping them throughout the day, such as helping them to perform a specific daily living task.

At the inspection on 23 March 2018 we identified a continuous breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that staff were suitably qualified, competent and skilled to carry out their roles. Staff did not understand how to support people with learning disabilities in line with best practice principles. Staff had also not received training and lacked understanding in Positive Behavioural Support (PBS). PBS is used to support people who present behaviours that may challenge in the most appropriate way.

We also made a recommend that the provider sought advice from a reputable source regarding involving people in planning and preparing meals. This was because people were not fully involved in planning their meals.

At this inspection on 28 August, we found that staff had received training in person centred care and positive behaviour support. Action has been taken to help everyone be involved in meal planning.

The staff team and registered manager had attended training from an external provider on person-centred planning (PCP). PCP aims to put the person at the centre so they can make their own decisions and choices, promote their independence and take charge of their own lives. Two out of three staff said they had benefitted from the training and that it had led to changes at the service such as developing 'easy read' care plans to help people understand their content.

The staff team had also attended training in how to support people in a positive way with any behaviours that may challenge themselves or others. Two out of three staff said this training was beneficial as it enabled them to reflect on their own behaviour such as what made them angry and their responses. During the inspection staff put this guidance into practice. Two people were talking and standing in very close proximity to one another. A staff member gently advised one person to move a little way away from another person as a precaution as they understood that one person did not like their personal space being invaded.

The provider had introduced the Care Certificate as part of the induction programme for new staff. The provider recognised the benefit of this training and although no new staff had been employed at the service, three staff were completing the 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 had completed a Diploma in health and social care level two or above. To achieve a diploma, staff must prove that they have the ability and competence to carry out their job to the required standard.

There was a rolling programme of training to ensure staff's knowledge was refreshing and that they had the skills they needed to carry out their role. This included training in essential areas such as safeguarding,

health and safety, moving and handling, infection control and first aid. Staff had used their knowledge effectively when a person at the service had begun to choke. They had responded appropriately and in a timely manner to ensure the person's well-being and medical support had been summoned. Training in equality, diversity and human rights was undertaken by all staff.

Staff had the opportunity to meet with a line manager for a supervision meeting and annual appraisals had been reintroduced. Supervision and appraisals are processes which offer support, assurances and learning, to help staff development. Staff said they could approach the registered manager at any time if they needed support in addition to the formal supervision sessions available.

The provider had undertaken initiatives to engage people more fully in menu planning. Pictures of different foods and meals were now available to help people more easily choose what they wanted to eat. Staff told us that people had used the pictures to make choices initially, but now they did so less often. Consideration was being given to using pictures of actual meals so that this may have more meaning to people. The provider had recognised that people had individual needs and it was recorded in some people's reviews that they preferred to make their meal choices known through verbal communication. There was a rolling menu on display, but people continued to be asked what they wanted to eat on the day. During the inspection one person said that they were going to cook the main meal. They said that they would look to see what food was available in order to cook a meal of their choice. Staff said that there was a shop nearby that people often used so that if any ingredients were unavailable, they could easily be obtained.

People's needs with regards to eating and drinking had been assessed. For people who required a specialist diet, guidance which set out what they could eat was available in their care plan and in the kitchen, so it was easily accessible to staff. This guidance had been given by a speech and language therapist and staff understood how to follow it. One person required specialist cutlery and staff had taken this cutlery with them to use when eating out on the day of the inspection. Staff monitored people's weights so that prompt action could be taken if people gained or lost a significant amount.

People were supported to access health care professionals such as their doctor, dentist, chiropodist and consultants. A record was made of all health care appointment and outcomes. This assisted people to live healthier lives. Staff had noticed a change in one person's behaviour and had contacted their doctor. This person was undergoing further investigations so that the most effective course of treatment could be provided for them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff understood the MCA and offered people choices during the day. People's capacity to make decisions about their care had been assessed and meetings were held in people's best interests when people did not have the capacity to make a particular decision.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Some people were unable to consent to living at the service and the registered manager had applied for DoLS when necessary. The registered manager had notified us that these had been authorised, as required by law.

Each person had personalised their bedroom with pictures and items that were important to them. Some people had a number or picture on their door to recognise their room and other people had chosen not to. Photographs were on display in the lounge showing people involved in days out and activities that were important to them. There were several shared toilets and bathrooms throughout the service, some which were provided with handrails and a shower seat to assist people with more limited mobility. There was a small garden to the rear of the service where some people were growing vegetables.

# Is the service caring?

## Our findings

People told us that staff were kind and caring. One person said, "It is quite good here sometimes. They (staff) are good to me. X (staff member) is funny". People said that they kept in touch with their family members. One person told us, "I go see my mum and dad". People said that they helped with some household tasks such as doing their washing and shopping. Feedback from a training provider as part of the provider's quality monitoring was that, "Staff show empathy and compassion for their clients in discussions".

At the inspection on 23 March 2018 we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that care was planned and delivered in a person-centred way. Information was not presented to people in a way they could understand and some written and verbal communication did not promote people's dignity. People had also not been encouraged to develop life skills and independence.

At this inspection on 28 August, we found that although improvements had been made, there was inconsistent practice demonstrating that person-centred care, which involved treating people with dignity and promoting their independence had not been fully embedded in the culture of the service. Some staff communication and records did not promote people's dignity. There were instances when staff were not doing all that they could to promote people's independence.

The provider had introduced a new system to review daily notes to make sure that staff's written communication was respectful towards people. This was because staff had written about people without considering how people may feel about their comments. There had been significant improvements in the ways that staff described people and their actions in written records, but there was still room for further improvements and the assistant manager acknowledged this. As mentioned previously in this report, incidents of people 'shouting' did not clearly indicate why the person was exhibiting this behaviour or that the person had calmed quickly when they had received the appropriate support.

Staff communicated with people in a kind and caring manner. They actively engaged in conversations about things that were important to people and demonstrated that they knew people well. Staff were genuinely interested in people's welfare and asked them about their family and how they had spent their time. People and staff shared jokes with one another, knew each other's likes and dislikes and laughed with one another. One person gave a staff member a hug as a genuine sign of affection. However, there was one incident when a staff member used mockery to make fun of a person and made a joke at their expense.

One person enjoyed talking, but it was not always clear to people who did not know them well, what they were trying to say. After this person had spoken, a staff member made fun of them by making an inaccurate imitation of what they were trying to say using the words, "Bla, bla, bla bla!" Another person in the room then copied what this staff member had said and as they thought that this was acceptable. The provider informed us immediately after the inspection that they had instigated their staff disciplinary procedure in relation to this incident. They told us, "This behaviour was completely unacceptable and should never be tolerated". The provider had also looked at additional training for the staff member to minimise the risk of

any reoccurrence.

Two out of three staff said they had benefitted from training in person-centred care and explained how they supported people with their independence. For example, one person was responsible for tidying their bedroom and taking their clothes to the laundry. For another person it was written in their care plan that they did not like cooking, but they folded and washed their clothes and were assisted to clean their room. Staff had supported one person to visit new places of interest and to learn the route so they could return their independently. However, records did not always reflect people's individual goals and achievements. Each person had the same record, irrespective of their abilities where staff recorded if they had completed specific tasks such as washing their clothes, preparing food, stripping their bed and polishing and hoovering. For some people 'no' had been recorded against a specific task for a significant period of time indicating that the task was not appropriate for their individual needs.

At the inspection people took part in daily living skills but there were missed opportunities in promoting people's independence where staff did things for people. At breakfast one person was aided to choose what they wanted to eat. A staff member told them which cereals were available and showed them each cereal packet as a visual clue. However, the staff member then poured the cereal and milk into the person's bowl for them. The staff member confirmed that the person was able to pour their own cereal but that they had done this for them.

The provider had failed to ensure that at all times, people were treated with dignity and respect and that they were supported with their independence. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. The provider had introduced several tools to support people's communication needs. A care plan had been developed with each person using short sentences and pictures to help the person understand its content. People were being consulted about whether they wanted to keep a plan in their own room so it was easily available to them. Pictures of a range of foods and photographs of a range of activities were available for people to help them choose what they wanted to eat and where they wanted to go.

Staff supported people to keep in touch with their family and friends by assisting them to make or receive a phone call and to visit. People could have visitors when they wanted to. People's needs in relation to their culture, religion and sexuality had been assessed and appropriate provision sought. Some people had family members to support them and others had advocates to help them air their views. An advocate is an independent person who can help people express their needs and wishes, weigh up and make decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. People's personal confidential information was stored securely.

## Is the service responsive?

### Our findings

People told the inspector with enthusiasm that they were going on holiday to a coastal resort. They said that they had got together with staff and looked at holiday brochures to decide the best place to go. One person told us, "We are going on holiday!" Another person said, "I chose where we are going on holiday. It is really good. It has lots of services. There is a disco".

On the day of the inspection everyone went on a planned trip to a local wildlife park. One person showed the inspector a leaflet of the park and described some of the animals that they had seen. A staff member had taken pictures of people enjoying themselves at the park and showed the pictures to people. People told us that they went out. This said they went shopping, to see animals and one person said they attended a local day service. Another person proudly told us of their independence and achievements. "I go to the pub by myself and meet my friends. I grow four vegetables in the garden. Potatoes, leek, turnip and swede".

At the inspection on 23 March 2018 we identified a continuous breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that care was planned and delivered in a person-centred way. People had goals, but it was not clear how they would be achieved and they did not include encouraging people to be independent or try new things. Discussions had not taken place with everyone with regards to their wishes and aspirations at the end of their lives.

At this inspection on 28 August, we found that meetings had been held with people to review progress with their goals and that they and their family members had been consulted about their end of life wishes.

People had taken part in a meeting to discuss their goals and aspirations and check if they had changed. One person wanted to travel to a place they had not been before. Staff had supported them to do so and were working towards the person becoming familiar with the route so they could travel independently. Another person's goal was to go on holiday. Staff had discussed holiday options with this person and given them some holiday brochures to look at to help them decide which place they would like to go. The provider planned to add people's goals and progress on how they were being met to each person's care plan.

Care plans contained guidance for staff about the support people required in relation to their daily living, social and health needs. They set out what things people could do for themselves and when they required assistance or prompting. Care plans included information about people's personal history, likes, dislikes and preferences. Staff were knowledgeable about people's preferences and knew people well. For example, staff knew what music people liked and their favourite foods. Care plans were updated and reviewed to make sure staff had the most up to date guidance to follow.

Each person and their family member had been contacted so a discussion could take place about people's wishes at their end of lives. This had been done in a sensitive manner and gentle manner. Information was now available which set out any religious or cultural needs and where and with whom people would like to spend their last days.



Each person had an activity planner which gave a guide to how people planned to spend their time each week. This included food shopping, household activities, colouring, cooking and trips out to animal parks and the garden centre. Photographs of activities such as shops, the swimming pool and a pool table were available for people to help them choose what they wanted to do each day. Records showed that although people did not always follow their activity planners, people regularly went out. People were regular visitors to the local shops and positive relationships had been formed. During the inspection people went out to buy what they wanted from the shops and then had a day trip to an animal park. On their return some people spent time in their rooms and other people watched TV, listened to music and talked with staff.

People told us that they would speak to staff if they had any worries or concerns. The provider's complaints procedure was displayed on a notice board in the hallway. It was written in an accessible format using short sentences and pictures. A complaints and comments log was also available to staff so that it could be completed at the time that any concerns or comments were raised by visitors or staff. A full copy of the provider's complaints policy was also available which set out how to make a complaint, how it would be investigated and the details of the Local Government Ombudsman (LGO). People have a right to contact the LGO if they are not satisfied with how the provider has responded to their complaint.

## Is the service well-led?

### Our findings

People knew who the registered manager was and indicated that they were a regular presence at the service. One person told us that they often 'popped' in the office to see them. A local authority commissioner told us that there had not been any quality in care issues raised since our last inspection in March 2018.

At the inspection on 23 March 2018 we identified a continuous breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to establish and operate systems to assess, monitor and improve the quality of the services provided and reduce risks to people. They had not kept their knowledge and understanding regarding best practice, or the changes in fundamental standards and regulations up to date. This had resulted in breaches of regulation, a lack of strategic oversight, and lack of involving people in identifying and making service improvements. We also identified a breach of Regulation 18 of the Registration Regulations 2009. The provider had failed to notify CQC of notifiable events in a timely manner. The provider had not notified the CQC of the outcome of Deprivation of Liberty Safeguards authorisations, as required.

At this inspection on 28 August 2018, we found that improvements had been made in the processes used to assess and monitor the quality of the service, which included asking people and their representatives for their views. The provider had informed us of notifiable events in a timely manner.

The provider had acted to address breaches of the fundamental standards and regulations with regards to managing risk, protecting people from potential abuse and that staff were suitably qualified. Audits which focused on daily records and accidents and incidents had been introduced to strengthen quality assurance processes. This meant that the provider had oversight of people at risk and of significant events so they could monitor if incidents or accidents were increasing or decreasing and when and where they were likely to happen. Audits also took place to make sure that people received their medicines as prescribed, that staff had received the training necessary for their role and that care plans were up to date. These audits were carried out by senior staff and reviewed by the provider.

Although staff had received training in person-centred care, this had not been fully embedded in the staff team resulting in missed opportunities to promote people's independence. There was an inconsistent approach in the way people were treated by staff. Some written records did not present people in a positive and dignified manner. There was one occasion at the inspection when a staff member did not treat a person respectfully and the provider took immediate action demonstrating this staff behaviour was not tolerated.

Staff told us that if any area of the environment required attention or maintenance, it would be recorded in the staff handover log. However, we identified three areas which had not been recorded. There was a crack near the top of the side of a bath on the ground floor. Although it did not cause any immediate hazard, if unattended in a timely manner it could cause a tear to a person's skin when entering the bath. The commode frame in one person's room was rusty which was not dignified for the person using it. Several radiator protection covers had been fixed using cable ties which was a temporary measure and a staff

member commented that it was not something they would like to see in their own home. The assistant manager said they would set up a maintenance book and guide staff to record any issues and when they had been addressed to help ensure issues were dealt with effectively.

The aim of the service was to, "Offer professional care to enable people supported by us to achieve their optimum state of health and well-being". The provider told us that several changes and improvements had been made to the service since the last inspection to meet this aim. A new training provider had been sourced to develop staff's knowledge on person-centred care and positive feedback had been received through staff supervision and appraisals. The provider said that the new auditing processes had enabled them to gain a better overview of the service.

The registered manager had led the service for many years and was also the provider. They were involved in the day to day running of the service including attending care reviews and knew people well. They were supported by an assistant and deputy manager. The assistant manager was near completing their level five Diploma in Leadership for Health and Social Care. The provider kept up to date with best practice through their quality compliance system and had received guidance about how to implement changes with regards to general data protection regulations. In addition, the provider said they had benefitted from advice made at the last inspection to read relevant publications and access the internet including Skills for Care and Social Care Institute for Excellence. Both organisations are independent charities whose aim is to improve the lives of people who use care by giving advice and practical support on staff development and sharing knowledge about what works well in social care.

The views of people who used the service were sought on a daily basis and through meetings. At the last meeting in August 2018 people had chosen where they wanted to go on holiday and discussed their individual goals. The provider had introduced a survey questionnaire to ask people, their family members and visiting professionals for their views about the quality of the service. People were asked about staff's knowledge and whether they treated people with respect, if they could raise any concerns and the cleanliness and safety of the environment. Two family members and a visiting professional had responded at the time of our inspection and their responses were positive and did not highlight any areas where improvements were needed. Everyone said they were satisfied overall with the level of care and that they would recommend the service. One family member described the service as 'excellent' in all areas. A visiting professional stated, "Very professional and approachable staff. Always a pleasure to be here". A very proactive professional staff team with extremely good underpinning knowledge. They show empathy and compassion for their clients in discussion".

The registered manager had worked in partnership with the local commissioning team, people's care managers and health care professionals. Care managers are social care professionals who are responsible for overseeing people's care packages. Some people attended regular day services, and staff liaised with the staff there to ensure a joined-up approach.

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 on a notice board in the entrance hall. The provider does not have a 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	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>The provider had failed to ensure that at all times, people were treated with dignity and respect and that they were supported with their independence.</p> <p>Regulation 10 (1) (2) (a) (b)</p>