

Counticare Limited

Grosvenor Court

Inspection report

15 Julian Road
Folkestone
Kent
CT19 5HP

Tel: 01303221480

Date of inspection visit:
13 June 2017
14 June 2017
15 June 2017

Date of publication:
08 August 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 13, 14 and 15 June 2017 and was unannounced. Grosvenor Court provides accommodation and personal care for up to 17 people who have a learning disability, autistic spectrum disorder and some physical disabilities. With the exception of the accommodation on the top floor, the service is accessible to people in wheelchairs. At the time of our inspection there were 10 people living at the service, including one person receiving respite care who usually lived at another service owned by the same provider.

The service is a large detached house. People's bedrooms were located on the ground and first floors, people shared communal bathrooms, living and dining rooms as well as sensory lounge. The service had two additional bedrooms rooms, a lounge and kitchen area on the top floor. These were currently vacant but intended to accommodate people who could live more independently to help them develop the skills and confidence needed to move onto a supported living setting.

Our last inspection on 6 and 7 January 2016 found five breaches of our regulations and an overall rating of requires improvement was given at that inspection. As there were serious concerns about the numbers of suitably qualified, competent and skilled staff a warning notice was issued for the provider to take urgent action in this area. We issued four requirement actions for other breaches of regulations where the provider had failed to ensure safety checks of some equipment were carried out; had not maintained acceptable standards of cleanliness; had not assessed or met people's social needs and had not developed effective systems or processes to assess, monitor and improve the quality and safety of the service. The provider sent us an action plan after this inspection telling us how they would improve and when this work would be done.

The previous registered manager had left the service and an acting manager had been appointed and was present throughout the inspection; they had started the process of registering as manager of this service with the Commission. 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.

Although the acting manager had prioritised the work needed to address the outstanding breaches, not all measures introduced were routinely embedded into the daily running of the service. At this inspection while we found the provider had met the previous warning notice and addressed the breaches of regulation, however, we also identified other areas where improvement was required.

Maintenance of the service was not completed quickly enough to reduce risks; some equipment was not available to use which impacted in people's daily lives.

Most people were highly dependent on staff to support them to move and transfer, but training for staff to

do this had, in some cases, lapsed for 18 months.

Quality assurance and safety monitoring processes while identifying most shortfalls were not effective in bringing about the changes needed. This placed people at risk.

Medicines were stored correctly, they were administered safely and proper records were kept.

Staff recruitment checks were complete and there were sufficient staff to support people safely and engage them in activities.

People were safe because staff understood how to protect people from the risk of abuse and the action they needed to take if they suspected a person was at risk.

There were low levels of incidents and accidents, these were managed appropriately and followed up with appropriate action or intervention as needed to keep people safe.

The acting manager, together with their staff had a good understanding of the Mental Capacity Act 2005, and Deprivation of Liberty safeguards. They understood in what circumstances a person may need to be referred, and when there was a need for best interest meetings to take place. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS); people's rights were respected and upheld.

People were able to choose their food each meal time and snacks and drinks were available. The food was home-cooked. Any risks of malnutrition were appropriately addressed.

Staff treated people with kindness and respect. Staff knew people well and remembered the things that were important to them so that they received person-centred care.

People had been involved in their care planning and care plans recorded the ways in which they liked their support to be given. Bedrooms were personalised and people's preferences were respected. Independence was encouraged so that people were able to help themselves as much as possible.

The service showed an awareness of people's changing needs and sought professional guidance, which was put into practice.

Staff felt that there was a culture of openness and honesty in the service and said they enjoyed working there. This created a comfortable and relaxed environment for people to live in.

Systems were in place to encourage feedback from people, relatives and staff and were subject to regular review. An accessible complaints process was in place and any complaints raised had been addressed in line with policy requirements.

The service was led by an acting manager who worked closely with the deputy manager and staff team. Staff recognised their individual roles and importance of team work. Staff were respectful and valued one another as well as people living at the service.

We found three 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?

The service was not always safe.

Maintenance arrangements did not ensure identified faults were repaired when needed or that all equipment was available to use.

Medicines were safely managed, people felt safe and staff knew how to recognise and report abuse.

There was a safe recruitment process in operation and enough staff to support people and meet their individual needs

Accidents and incidents were recorded and audited to identify patterns.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Some staff training had lapsed for an unacceptable period of time before it was rebooked.

People were supported to make their own choices around their food and drink.

People's health needs were responded to promptly and people were supported to access professional healthcare when they required this.

The provider had a good understanding of the Mental Capacity Act and was working within the principles of the Act.

Requires Improvement ●

Is the service caring?

The service was caring.

People spoke positively of the care they received and staff were kind and caring.

Staff spoke with people and supported them in a caring, respectful and friendly manner.

Good ●

People were relaxed in the company of staff and people were listened to by staff who acted on what they said.

Relatives and people's friends told us they were made to feel welcome when they visited the home.

Is the service responsive?

Good ●

The service was responsive.

The service involved people and their families or advocates in planning and reviewing care.

Care plans were individual and person centred.

There was a variety of activities, functions and outings on offer.

An accessible complaints procedure was in place.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Regular audits and checks were undertaken to make sure the service was safe and effectively run. However, not all audits were effective in bringing about the changes they identified.

Policies and procedures were available.

People and staff were positive about the leadership at the service. Staff told us that they felt supported.

Grosvenor Court

Detailed findings

Background to this inspection

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

This inspection took place on 13, 14 and 15 June 2017 and was unannounced. The inspection was undertaken by one inspector, this was because it was considered that additional inspection staff may be intrusive to people's daily routines.

Before our inspection we reviewed information we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law. The acting manager had not received a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We gathered this information during the inspection.

During the inspection we spoke with four staff, the acting manager and deputy manager as well as one visiting healthcare professional and a visiting social care professional. Not all of the people in the service were able to express their views clearly due to their limited communication. To help us collect evidence about the experience of people who were not able to fully describe their experiences of the service for themselves because of cognitive or other problems, we used a Short Observational Framework for Inspection (SOFI) to observe people's responses to daily events, their interaction with each other and with staff.

We 'pathway tracked' three of the people living at the service. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the service where possible and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care. We also looked at care records for two other people.

During the inspection we reviewed other records. These included staff training and supervision records, staff recruitment records, medicines records, risk assessments, accidents and incident records, quality assurance information, audits and policies and procedures. We inspected the environment, including the communal lounges and dining areas, laundry, bathrooms and some people's bedrooms.

We displayed a poster in the communal area of the service inviting feedback from people, relatives and visitors. Following this inspection visit, we did not receive any additional feedback.

Is the service safe?

Our findings

People told us or indicated to us that they felt safe living at Grosvenor Court. One person said although they felt safe, they would prefer to move to a different service with people of a similar age. Discussion with the acting manager found plans were being formed to facilitate this move. When we arrived at the service everyone was up and dressed, personal care had been provided and the atmosphere was calm and relaxed. Some people were listening to music, staff sat chatting with some people, one person had been to the local shops and other people were getting ready to go out. People did not interact particularly with each other, preferring to focus on their individual interests and routines. Staff were present at all times; they had oversight of people's whereabouts and ensured they were supervised when needed.

Our last inspection found the service was not always safe. Safety checks intended to ensure equipment and systems were safe were not always completed and standards of cleanliness and systems intended to monitor cleanliness were not acceptable. At this inspection the service was clean, safety checks had improved and were completed when needed. However, not all checks completed, such as hot water temperature checks and flushing of water outlets, met with the services' policy. This was because only sample checks were made which did not amount to a complete check of every outlet within the timeframe set out in the policy. We looked at the arrangements for the maintenance of the building; any repairs or items requiring attention were reported to a central maintenance team, there were no maintenance workers on site; a member of staff commented, "Maintenance can be a bit slow and we don't usually receive any confirmation to let us know when work has been completed". A maintenance request form dated February 2017 showed the laundry fire door did not fully close and a request for padding to be put onto the back of a door, where a person would bang their head, were outstanding. Our checks and discussion with the acting manager confirmed this work had not been completed; this was despite both requests being raised as the highest priority for completion. A check of safety certificates for the service found all were up to date, except the gas fired tumble drier in the laundry and kitchen gas cooker were not checked or included on the current gas safety certificate. A review of the services' policies did not identify why safety checks did not include these appliances and staff could not provide an explanation.

Other equipment such as fire prevention systems, standing aids and lifting hoists were tested and serviced when needed. However, a bath hoist could not be used because the battery pack to operate it was missing. Records showed because of this, the hoist had not been used for three months. This had directly affected two people and meant they had not used the bath, instead having to have bed baths. Discussion with the acting manager found a series of misunderstandings with the supplier had frustrated the delivery of a new battery pack. A day after the inspection we received confirmation a battery pack had been received and the bath hoist was in full working order. However, the delay in its provision had resulted in an unacceptable impact for the people affected.

Maintenance was not suitably responsive and did not keep pace with the requirements of the service. The premises and equipment used by the service was not properly maintained to ensure its safety. This is a breach of Regulation 15 (1)(e) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service managed medicines and found testing strips needed to read a person's blood sugar levels had run out. This meant the person's blood sugar levels could not be checked. The person's diabetes was controlled by a combination of food and tablets. Their blood sugar level should be checked weekly, however, this had last taken place in April 2017. We discussed this with the acting and deputy managers, they had identified in a recent audit that more testing strips were needed and showed us more had been ordered. On the second day of our inspection a new supply of blood testing strips were received. These were added to the regular pharmacy order to prevent any further out of stock reoccurrence. During our inspection one person attended hospital for a blood test. Their care plan showed they were not keen on needles and, to reduce their anxiety, staff should apply a numbing cream to their arm and cover it in preparation for any tests or treatments involving needles. Since a numbing cream was not applied, the person, when at the hospital, refused the prearranged tests. Discussion with staff found numbing cream was not held at the service and had not been requested from the GP. These are areas identified for improvement.

Otherwise proper procedures for the ordering, receipt, storage, administration, recording and disposal of medicines were in place. People received their medicines safely and when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. Medicines were stored securely, properly labelled, prescribed to individuals and in-date. Stock was well managed so that people were not left without medicines they needed. Medicine administration records (MAR) had been completed and showed people had received their medication consistently. There were directions for staff about giving medicines people could take as and when they were needed; which ensured people were regularly offered pain relief or laxatives, with proper time gaps between doses. Medicine records were colour coded and contained people's photos, this helped staff to ensure the right person received the right medicine at the right time.

Two people received their medicines through a Percutaneous Endoscopic Gastrostomy (PEG), this is a tube passed into a person's stomach through the abdominal wall. Staff were confident about how and when these medicines should be given. MAR charts recorded their administration as well as the care needed for the PEG, such as flushing with water before and after medicines as well as the day to day maintenance of the PEG tube and care of the stoma site. When PEG medicines were given screens placed around people provided privacy.

Regular medicine audits were carried out by the deputy manager; there were clear records of the checks that had taken place. Competency checks were completed for staff responsible for administering medicines as well as ad hoc observations. Staff we spoke with knew what medicines were for and were clear about procedures, such as what to do if pills were dropped, spat out or if people refused their medicines.

The last inspection also identified there were not at all times enough staff to provide the support people needed. Interaction between people and staff was task led, people did not receive the one to one support they should have, people were not supervised when they needed to be and opportunities for activities were very limited. At this inspection there were enough staff to support people safely and enable them to take part in regular activities in the service and the wider community. Day shifts started at 7:30am and ended at 9pm, with three care staff in place. There was a change of shift at 2pm; however some staff worked through as a long day. In addition, two care staff worked from 11am until 6pm and support was provided at night by two wake night staff. The acting manager was on site five days a week as well as being on call and was supported by a deputy manager. Two cooks shared duties and provided meals seven days a week. Laundry and cleaning was shared between day and night care staff who told us they found these duties 'manageable'. Where possible any gaps in shifts were covered by staff within the staff team and any not filled this way were met by agency staff who were familiar with the service. One person receiving respite care at Grosvenor Court, who usually lived at another service owned by the provider, received day and night

support from separate staff, therefore their presence at the service did not impact on staffing ratios.

Staff rotas for the last six weeks showed staffing requirements had been met and where people were allocated specific one to one hours, named staff were allocated to provide this. Records of one to one activities showed individual hours were met and people had taken part in a range of activities and interests including trips out, meals, walks, hand and foot massages arts and crafts, reading and using the equipment and facilities in the sensory lounge. During the inspection the service received confirmation of funding for additional one to one hours for two people and were revisiting staff rotas to accommodate this. The acting manager confirmed the need to cover the additional one to one hours would result in additional day staff.

Our last inspection found suitable measures were not in place to reduce the risks of harm to some people. For example, one person was at risk of choking and should not have eaten unsupervised; however they ate without supervision of staff. Another person was particularly at risk of burns from hot surfaces, such as, radiators; radiator covers were not fitted in all places, leaving them at risk of receiving burns. At this inspection we found risks were suitably mitigated. Where people needed supervision because of potential behaviours challenging to other people, supervision was provided. Where choking risks were identified, staff ensured people did not eat or drink unsupervised; staff were aware of early signs that may indicate a person was having difficulty swallowing or starting to choke. They were able to tell us what they would do, this matched the action that should be taken in people's risk assessments. Protective radiator covers were now fitted, this reduced the risk of people receiving burns from hot surfaces.

There were clear policy and procedures in place for safeguarding adults from harm and abuse, this gave staff information about preventing abuse, recognising signs of abuse and how to report it. Staff had received training on safeguarding people and were able to identify the correct procedures to follow if they suspect abuse. Staff understood the importance of keeping people safe. Staff told us they were confident any concerns raised would be taken seriously and investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

Recruitment files were held at the service, however, some information was held centrally by the provider. This made it difficult for the acting manager to be certain that all required checks had taken place and placed them in a position of trusting that they had. A review of four staff files at the service showed some identity checks, employment checks and references were missing. However, we received evidence and confirmation following the inspection showing required checks had been made to make sure staff were right for their roles.

People had individual personal emergency evacuation plans on their care files with the exception of the person receiving respite care. However, staff with sole responsibility for this person were aware of their support needs and exit routes. There were fire risk assessments, evacuation and fire plans available around the service to inform staff of the procedure to follow in the event of a fire. Accidents and incidents were logged on people's individual care files. The acting manager oversaw all records of accidents and incidents, they were reviewed and analysed to identify any repeating incidents to take appropriate action to reduce the risk of harm to people. There was a low occurrence of incidents and accidents at the service. Emergency plans in the form of a grab files were in place. This included a list of emergency numbers, next of kin, locations of where to shut off the gas, mains electricity and water supplies and what the procedure was if the service needed to be evacuated or there was a utility disruption. This helped ensure people remained safe.

Is the service effective?

Our findings

One person told us, although they didn't want to live at the service, they thought staff were good, they knew people well and how they needed to be supported. Other people were able to show us with smiles or gestures they were happy with staff; people approached staff freely and were happy with staff interaction. Visiting social and health care professionals spoken with felt people's needs were met and staff were proactive in supporting people. Our observation found staff understood people's personalities, the complexities of their needs and various methods of communication.

All staff completed mandatory training in the form of face to face or e-learning sessions. Mandatory training included; first aid, health and safety, moving and transferring people, infection control, fire safety, food hygiene, Mental Capacity Act and Deprivation of Liberty Safeguards, and safeguarding. The acting manager kept a record of staff training which highlighted when staff training required refreshing in each area. However, inspection of these records found annual refresher training for moving and transferring people had lapsed for nine of the 19 staff who were required to receive it; in two instances this training was should have been delivered in December 2015. Discussion with the acting manager established refresher training had been arranged for 27 June 2017. However, since eight of the nine people at the service were dependant on staff support to transfer, the extent and duration of lapse in refresher training represented an unacceptable oversight.

The provider had not ensured staff employed for the provision of a regulated activity had received appropriate training. This is a breach of Regulation 18 (1)(2)(a) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our last inspection found concerns with induction training; some staff were working unsupervised before all required training was complete and their competency to support people had not been established. This inspection found the acting manager had current oversight of induction requirements and staff progress. Where some elements of induction training were incomplete through illness or other reasons, schedules were in place to ensure its completion; competency checks and supervision ensured safe working practice and adequate standards were maintained.

The service provides a compulsory three day induction where staff receive an induction work book aligned to the care certificate. This sets out detailed questions for staff to complete. Staff are supported to complete these questions and gain their care certificate by working progressively work through the induction standards. If a member of staff is already working on a diploma qualification then this supersedes the need to complete the care certificate.

Staff told us they had an induction when they started working at the service, this involved office time with a manager where they spent time reading people's care records, policies and procedures and getting to know the service. They also spent several shifts shadowing experienced colleagues to get to know people and their individual routines. New staff received a programme of training before they started working with people. Staff were supported through their induction, monitored and assessed to check that they had

gained the right skills and knowledge to be able to care for, support and meet people's needs effectively. Staff told us they supported each other and could ask their colleagues for help or advice if they needed to. Staff were positive about the amount and quality of training they received; they felt confident it provided them with sufficient knowledge to meet people's needs.

People's health was monitored to help maintain their well-being. Physiotherapists, speech and language therapists, occupational health practitioners, opticians, chiropodists and GPs all visited the service on a regular basis to assess people and contribute to their care and support. People's weight was recorded and all changes appropriately responded to, for example with referrals to the GP or dietician. Where advice and instruction was received from health care professionals, including District Nurses, these directions were put into practice. A visiting health care professional told us staff took on board what they said and acted accordingly. They did not raise any concerns and felt that communication within the service was good. Staff were able to tell us about the daily routines for each person to ensure they received effective individual care and support. They were able to explain what they would do if people became restless or agitated. People had communication guidance in place. This explained the best way to communicate with people and how to interpret and understand people's wishes and needs by giving examples of different actions or signs people may give, and what these meant.

The Mental Capacity Act 2005 MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS).

Applications had been made for deprivation of liberty safeguards (DoLS) authorisations for people who needed them, 8 authorisations were granted and one person was deemed to have capacity. These authorisations were applied for when it was necessary to restrict people for their own safety. The service was responsible for making applications and the relevant supervisory body (local authority) considered each application, issuing authorisations as needed. These helped to ensure any restrictions on people's liberty were warranted and as least restrictive as possible. A review of granted authorisations found they were in date and any conditions were met. No restrictions were in place for the person with capacity, they were able to move around the service and enter and leave as they pleased.

The management and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest. During the inspection a Relevant Person Representative visited the service to speak with a person who was the subject of a DoLS authorisation.

Records showed people's mental capacity to make day to day decisions had been considered and there was information about this in their care plans. The management and staff had knowledge of and had completed training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff showed good knowledge and understanding of the MCA. We observed staff offering people choices and they told us about people who needed more help to make their own decisions. For example, with support about what to wear, eat or drink staff described how choices were offered and how people would express their decision by head movement, pushing things away or vocalised sounds.

Staff had individual supervision meetings and an annual appraisal with either the acting or deputy managers or delegated staff. This gave staff the opportunity to discuss any issues or concerns that they had about caring for and supporting people, and gave them the support that they needed to do their jobs more effectively. The acting manager maintained oversight of all completed supervisions and sat in on some

supervisions carried out by other staff.

Staff were aware of what people liked and disliked and gave people the food they wanted to eat. People received a wide variety of homemade meals, fresh fruit and vegetables were available every day. During the inspection we observed staff discussing with people what was on the menu and recording their preferred meal choices. Staff respected people's choices about what they did and didn't want to eat. People were supported and encouraged to eat a healthy and nutritious diet, the cook was enthusiastic and innovative in ensuring food was both nutritious and appetising. Where needed plate guards, adapted cutlery and specialised drinking cups were used to help people eat independently. Where people had a softened diet, the plated food was shown to the person before it was pureed to help them make choices about what they wanted to eat. When pureed, all food on the plate was kept separate and nicely presented. People requiring support or supervision to eat or drink received it. Throughout the inspection regular drinks and snacks were offered by staff. Where some people received their nutrition through a PEG feed, staff were aware of the current feeding and water flushing regimes and also the rate at which the food should be given. One person chose not to eat at the service, purchasing their own meals elsewhere. Staff endeavoured to support the person to ensure they ate enough and made healthy choices. We saw in the past the person's declining weight had been of concern, they had been referred to their GP who was satisfied with the monitoring processes in place.

Is the service caring?

Our findings

One person told us and some other people were able to indicate to us that they were content living at Grosvenor Court; many people had lived there for a number of years. Survey forms completed by relatives confirmed they were satisfied with the standard of care provided. One person told us, "There is nothing wrong with the care here, or the staff, but I would rather live somewhere with older people". When discussed with the person, they confirmed staff were aware of their feelings about moving to a different service and their care manager was actively working towards relocating them. The staff team worked well together to provide good care for people; there was a clear person centred culture at the service and a commitment to support people to express their views and feelings. Staff knew about people's background, their preferences, likes and dislikes and their hopes and goals. The core group of staff had worked at the service for a number of years, they knew people well and supported them in ways that they preferred.

Our last inspection found people's privacy and dignity was not always respected; although screens were available, staff did not use them and some actions, such as PEG feed adjustment procedures, were carried out in communal areas in view of other people. This inspection found people's privacy was respected, staff were constantly mindful about people's privacy and dignity; screens were available and used appropriately and as needed. When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted, they were supported to visit their families and have as much contact with family and friends as they wanted to.

Staff communicated with people in a kind, sensitive and clear manner; they were aware of people's different communication styles, often supporting verbal communication with hand signs, such as Makaton or objects and pictures of reference. People understood what was being said to them and staff responded appropriately to their responses. Staff were able to tell us about unspoken communication such as changes in mood, body language, facial expressions and mannerisms. They knew this could indicate people were feeling unwell, in pain or becoming agitated. Staff spoke with people about how they felt. Guidance was in place about how to best support any concerns identified, for example, by offering pain relief, providing company or engaging people in activities.

Care plans contained descriptions of what was important to people and how to care for them, in their preferred way. Care plans had recently been produced in a new format, most were signed by staff to confirm they had read them and knew about risks to people how to support people with their lifestyles. Staff talked about people's individual needs knowledgeably and explained how people were given the information they needed in a way they understood so that they could make choices. There was a lot of communication, people and staff were seen to have fun together with shared humour, people looked happy and contented, with some smiling or vocalising their enjoyment at interactions with staff.

Staff described how they supported people with their personal care, which included explaining to people what they were doing before they carried out each personal care task. When people had to attend health care appointments, they were supported by staff that knew them well and were able to help health care

professionals understand their communication and any behaviour needs. Staff knocked on people's doors before entering. Doors were closed when people were in bathrooms and toilets. People were given discrete support with their personal care.

We completed a Short Observational Framework for Inspection (SOFI) to observe people's responses to daily events, their interaction with each other and with staff. Staff regularly attended to people ensuring they had important things with them which helped with their contentment. For example one person liked to hold a sock, another person liked to listen to music and watch films, which staff frequently changed when asked. Other people were content to sit and shuffle on the floor, placing themselves in positions where they could see and interact with staff if they wanted to. Care and staff response was not need or task orientated, staff were attentive to people and were proactive in initiating contact with them.

Staff were supportive in encouraging people to be independent. For example, one person receiving respite care from another service was being supported to regain confidence with their mobility following their discharge from hospital. Another person enjoyed their independence, telling us they could come and go as they pleased and staff were always on hand to help them if they needed it. Staff explained how they supported people to wash their own hands and face where possible and how they helped people to choose their clothing. Staff told us how important it was for people to retain their independence. Staff talked about and treated people in a respectful manner and involved people in conversations.

Care plans told staff how any religious needs would be met and contained details about people's end of life wishes and funeral arrangements. People's information was kept securely and well organised. Staff were aware of the need for confidentiality and hand over meetings were held in private.

The service was clean, tidy and free from odours. People's bedrooms were personalised with their own possessions, photographs and pictures. They were decorated as the person wished and were well maintained. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. Lounge areas were suitable for people to take part in social, therapeutic, cultural and daily living activities. There was a relaxed and friendly atmosphere at the service.

Is the service responsive?

Our findings

A visiting healthcare professional told us they did not have any concerns about the service, they felt staff were knowledgeable about the people they supported and were proactive in making referrals to health care professional and services when needed. One person told us they felt staff were supportive of their needs and listened and acted on concerns they raised. For example, their wish to relocate to another service. Other people were able to confirm they were offered choices and decided their own daily routine.

Our last inspection found the service was not always responsive and required improvement. This was because there was little emphasis on or structure to activities and people's social needs had not been properly assessed or met. At this inspection activities were well planned, individual and regularly reviewed. During each day of our inspection people were supported by staff to pursue various activities outside of the service, these included walks, visiting day centres, trips to the shops, parks and local amenities. The grass in the gardens had recently been cut, making this more accessible to people. Two people had mobility cars and staff used these to enable the people to visit family and friends and engage in outings of their choice. The service also had a mini bus to facilitate day trips and transport to and from activities. While this was an asset to the service, only two staff were licensed to drive it which impacted on its use. Discussion with the acting manager found a further newly recruited member of staff was also licensed to drive the mini bus and, together with caring responsibilities, their allocated lead role was to improve upon the activities currently available. Other activities within the service included music for health, hand and foot massages, films, art and craft as well as the use of a sensory lounge. Personal activities planners were in place for each person, people were involved in choosing activities and pictorial aids helped some people make decisions. Activities had been discussed at house meetings and daily records showed what each person wanted to do and had been involved in. Where some people received one to one support hours, separate records recorded what people had done, their mood state and level of engagement and the staff who had supported them.

Although no one new had come to live at the service since our last inspection, pre-admission assessments were completed to ensure the service could meet people's individual needs. These formed the basis for care planning after people moved to the service and included physical health, mental health and social care needs. Care plans were comprehensive and had been reviewed monthly or as required and were up to date. People had the opportunity to be involved in the assessment and review of their needs and preferences as much or as little as they wanted to be. This helped to ensure care and support was tailored to meet their needs.

Care and treatment was person centred to meet with people's needs and reflect their preferences. Care plans had been improved, they were well developed and focused upon people's choices and preferences. People had been involved in their care planning and some had signed their care plans in agreement of their content. Where people had particular healthcare needs; such as diabetes or epilepsy, staff were able to confidently tell us about their conditions and the support people needed. However, although risk assessments and care plans were in place they did not readily present all of the guidance staff may need. For example, some information about treatment and administration of rescue medicines was kept elsewhere; there was no catch all guidance readily available, which would have been particularly helpful for

new or agency staff. We discussed this with the acting manager, who immediately introduced comprehensive guidance for staff setting out how a person may present their symptoms and the support they needed. Otherwise health care plans provided clear guidance about how people should be supported and what to look out for that may indicate a change or deterioration in a person's condition. Risks of dehydration, skin breakdown and malnutrition were recorded and set against established care sector tools to identify appropriate pathways and treatment to address changes in people's condition. Records of day to day care helped to ensure any changes in condition were noted and acted upon.

The service had a complaints procedure, which was available to people and visitors to see. It was included in the information given to people and their relatives when they moved to the service. The procedure was clearly written; it contained pictorial prompts, details of different contacts and also advised people that the service would find an independent advocate if anyone needed help to complain. There was an 'open door' policy and the acting manager made themselves available to people and their relatives. There was a system to record concerns and staff told us how they would support people doing this if needed. Documentation showed concerns and complaints were taken seriously, investigated, and responded to in a timely way. People were confident they could raise any concerns with the staff or the acting manager and said they would not hesitate to complain if they needed to. At the time of the inspection, the service was not dealing with any current complaints. Records showed three complaints were received since our last inspection. These had been investigated and responded to in line with the service's policy. Where lessons could be learnt from previous complaints, systems ensured key messages were passed on to all staff. This helped to prevent complaints from reoccurring.

Is the service well-led?

Our findings

People and staff were positive about the acting manager, they felt there were visible changes to the service and that it had improved. One member of staff told us, "Activities are better, communication is better and we have more staff. It feels like things have turned around". Staff morale was high and the atmosphere within the service was warm, happy and supportive. One staff member told us, "The manager is supportive, if we bring anything up about staff or residents they sort it out straight away. They listen and act". All staff demonstrated they knew people well and had a clear knowledge of people's needs. During the inspection we observed people and staff engaged well with the acting manager who was open and approachable. Staff were clear about their role and responsibilities and were confident throughout the inspection. The culture of the service was open, honest and caring, focussing on people's individual needs.

Our last inspection found records were not robustly maintained, staff rotas, activity and care records made it difficult to demonstrate people had received allocated one to one support hours. Gaps in some safety checks had not been identified by audit processes and some staff practice had not been addressed when it did not reflect the practices required to safely support people. At this inspection we found that the acting manager and provider were aware of the previous shortfalls and had developed a greater management oversight as a result of increased and improved auditing. Audits such as medicines, care plans, accidents and incidents, health and safety, infection control, fire safety and equipment were completed effectively. The audits identified any shortfalls and action was taken to address them.

Although the provider had made significant improvement in the service and the previous breach of this regulation was met, further work was needed to improve outcomes for people. At this inspection we found although audits were regularly undertaken and identified areas to be addressed, audit processes and follow up procedures did not always ensure identified concerns were addressed in good time. This undermined the value of quality assurance processes and placed people at risk. For example, fire safety checks identified a fire door, situated in the laundry area, did not fully close, rendering it ineffective in terms of its intended purpose of both a fire and smoke barrier. The corridor in which it was situated linked to people's bedrooms and a stair well. Maintenance requests reflected the priority of repairs and, on 27 February 2017, the defective fire door was identified as requiring the highest priority of attention. This work had not been completed; our checks found the fire door did not close properly and almost four months after it was initially reported, people continued to be placed at risk. Audit systems had been ineffective because their intended result had not been achieved. Similarly, staff training was not always managed effectively. Training to move and transfer people had lapsed for 47% of staff and, of the people at the service, 88% were reliant on staff for support to move and transfer. Although training was now booked, in some instances it should have been delivered 18 months ago. Again, audit processes had failed to address this concern within a reasonable timescale. Although during the inspection we found the service was clean and did not identify any infection control concerns, audit measures were superficial because there were no cleaning schedules in place to make clear tasks, expectations and provide accountability.

This inspection highlighted shortfalls in the service that had been identified by monitoring systems in place. However, systems had failure to effectively improve the quality and safety of the service or mitigate

identified risks. This is a breach Regulation 17 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Established systems sought the views of people, relatives, staff and health and social care professionals some of which had been undertaken for the current year. People had completed questionnaires about their opinions of the service. Questions covered staffing, choices, feeling safe and being listened to, and the responses were positive overall.

Staff told us and records confirmed the culture within the service was supportive and enabled staff to feel able to raise issues and comment about the service or work practices; staff felt they would be supported by the acting manager. The values and commitment of the service were embedded in the expected behaviours of staff and were discussed with staff and linked to supervisions and appraisals. Staff recognised and understood how their behaviour and engagement with people affected their experiences living at the service. Staff displayed these values during our inspection, particularly in their commitment to care and support and the respectful ways in which it was delivered.

Observations of staff interaction with each other showed they felt comfortable with each other and there was a good supportive relationship between them. Staff felt they worked together to achieve positive outcomes for people, for example, discussing changes in wellbeing and ensuring appropriate action was taken. Policy and procedure information was available within the service and, in discussion; staff knew where to access this information and told us they were kept informed of any changes made.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so consistently.

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 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because maintenance was not suitably responsive and did not keep pace with the requirements of the service. The premises and equipment used by the service was not properly maintained to ensure its safety.</p> <p>Regulation 15 (1)(e)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure quality assurance systems effectively improved the quality and safety of the service and mitigate identified risks.</p> <p>Regulation 17 (1)(2)(a)(b)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not ensured staff employed for the provision of a regulated activity had received appropriate training.</p> <p>Regulation 18 (1)(2)(a)</p>

