

Advitam Limited

# Lee Beck Mount

## Inspection report

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### 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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

A comprehensive inspection of Lee Beck Mount, took place on 19 June and 4 July 2018. This was unannounced on day one but announced on day two as we needed to make sure the registered manager was available.

Lee Beck Mount is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of registration, the care service had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. However, the service is now working towards developing the provision in line with these principles. 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.

Lee Beck Mount is situated in the Lofthouse area, near Wakefield and provides care and support for up to 13 people with learning disabilities. Local shops and community facilities are a short distance away. Accommodation is provided over two floors and with single occupancy rooms. There were 11 people living at the home on a permanent basis at the time of our inspection.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

In August 2016 the home was rated as requires improvement. We found the provider did not ensure people's nutritional and hydration needs were met, medicines were not always safely managed and they did not have effective systems in place to monitor the quality of the service. We told the provider they needed to take action; we received an action plan telling us what they were going to do to ensure they were meeting the regulations. At this inspection we found the provider was still in breach of regulations for the management of medicines and good governance. We also found additional areas of concern.

Some areas of medicines were not always well managed. Quality management audits were in place but were not always effective. The audits did not identify the concerns found during this inspection, which included, areas of the care plans were not always accurate and staff had not received annual appraisals during 2017/2018. Accidents and incidents were not analysed in a way which enabled trends to be identified.

Regular safety checks took place, although, prior to our inspection the gas safety certificate had expired and the home did not have a fire risk assessment in place. Plans and evacuation equipment were in place to safely evacuate people in the case of emergencies.

Staffing levels were sufficient, although, at times one person did not receive their allocated one to one hours and an increase in staffing numbers was not put in place to cover some recent planned absence. Staff were recruited safely and completed an induction when they started work. A range of training courses had been completed by staff but, it was not always clear how often these should be renewed. Staff received regular supervision during 2018 but annual appraisals were not conducted in line with the registered provider's policy.

The registered provider had a safeguarding policy in place and staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. Risks to people had been assessed. Advocacy services were available if people, so wished.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We found the home was clean, tidy and well maintained. Bedrooms had been personalised and communal areas were comfortably furnished. The home was small with ramp access and wide door areas. People were familiar with the layout of the building.

Throughout our inspection people were treated with kindness and staff had a good rapport with people. Staff clearly knew people well and worked together as a team to provide appropriate support. People's dignity and privacy was respected and they were encouraged to maintain their independence and relationships with people who were important to them. We saw people spent time and stayed with family members both during the week and at weekends. People had access to a range of activities, both within the home and in the local community such as, going to day centres, excursions and nights out. The registered manager told us they had strong links with the local community. They said people visited the local pubs and café next to the home.

People received appropriate support for their nutrition and hydration needs to be met. People's physical, mental health and social needs had been recorded in care plans and the registered manager told us they worked with local healthcare professionals such as, doctors and consultant psychiatrists to make sure people healthcare needs were met. They told us they attended local authority forums to share good practice to provide direction for staff to ensure care was provided in line with current guidance.

Overall, care plans contained person-centred information, although, some information was difficult to find and some required updating. We saw 'My personal plan' was in pictorial format and some sections had been signed by the person. We saw relevant information was shared between the staff team which, helped to ensure people received continuity of care.

There were lots of pictorial information for people to see and use and care plans we looked at recorded if people required specific communication needs. There had been no recent complaints but there was a system in place for handling complaints.

The registered provider had not ensured their rating from our last inspection was on display on their website. We dealt with this outside the inspection process.

We made a recommendation in relation to how staffing numbers were determined and the support people received and found a repeat breach of the regulation relating to good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## 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.

Some minor concerns were noted with the safe management of medicines. It was not always clear if people medicines had been administered as prescribed. which included.

Risks to people were identified, assessed and managed safely. However, some safety checks of environment required strengthening. There were no concerns with infection prevention and control. People were protected from abuse.

We saw there were sufficient numbers of staff to ensure people's care needs were met, although, one person did not always receive their allocated hours. There were effective recruitment procedures in place.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Certificates showed staff had completed a range of training, but there was no guidance on when training should be refreshed. Although, staff were knowledgeable about the care and support people required. Staff received supervision during 2018 but annual appraisals had not been carried out during 2017.

People's nutrition and hydration needs were met and people liked the food. People had access to healthcare professional when needed.

The principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were followed. Information was made available to people in accessible formats.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

We observed positive interactions between staff and people who lived at the home.

**Good** ●

People's privacy and dignity was respected and they were supported to be independent.

Staff involved people and/or family members in the care planning process, although, this was not always recorded.

### **Is the service responsive?**

The service was not always responsive.

Care plans included information relating to people's likes and dislikes as well as their care needs. However, some information was difficult to find and some required updating.

People were encouraged and enabled to maintain contact with those important to them and to access the local community. Activities and daily pastimes were planned in a way to match people's interests and preferences.

There had been no recent complaints but there was a system in place for handling complaints.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Quality systems were in place, although, these were not effective.

Regular 'residents' and staff meetings were held.

People knew the registered manager well and staff spoke positively about the management team.

**Requires Improvement** ●

# Lee Beck Mount

## 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.

A comprehensive inspection of Lee Beck Mount, took place on 19 June and 4 July 2018 and was unannounced on day one but announced on day two as we needed to make sure the registered manager was available. On both days of the inspection, the inspection team consisted of one adult social care inspector.

We used information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed all the information we held about the service. This included any statutory notifications which had been sent to us. We contacted the local authority commissioning and contracts department, safeguarding and Healthwatch to assist us in planning the inspection. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

On both days of inspection there were 11 people living at Lee Beck Mount. We spoke with five people who used the service, four support workers, a senior support worker and the registered manager. We observed care interactions in the communal lounges and observed the lunchtime meal on both days. We reviewed documents and records that related to people's care and support and the management of the service. We looked at two people's care plans in detail and a further two care plans for specific information. We also sampled people's medication administration records.

# Is the service safe?

## Our findings

At the last inspection we rated this key question as requires improvement. We concluded in August 2016 the registered provider had not taken appropriate steps to ensure medicines were always safely managed. At this inspection some improvements had been made but minor concerns remained.

Medicines were managed and administered by staff who, the registered manager and staff told us had received specific training to do so, although, we only saw two staff members had training certificates in their files. The registered provider's PIR stated 16 staff had completed medication safe handling and awareness. We saw staff had received a medication competency assessment in 2017. One staff member told us they had seen medicines given to people in a nice kind way. One person told us, "I have help with my tablets."

Medicines were stored in small lockable cabinets in people's bedrooms. Adequate stocks of medicines were maintained to allow continuity of treatment. Appropriate arrangements were in place in relation to the recording of medicines. For recording the administration of medicines, medicine administration records (MARs) were used. Overall, the MARs showed staff were signing for the medication they were giving.

It was not clear if some people's medicine had been administered as prescribed, as some labels were not on the medicine and some medicines were treated 'as required', but were on the MAR as required daily. The evidence suggested this did not negatively impact on people's well-being and the registered manager and senior support worker started to make changes and address the issues before we left on the second day of our inspection.

The registered provider had procedures in place for administering medicines and staff had access to the National Institute for Health and Care Excellence guidance for managing medicines in care homes. This provides recommendations for good practice around management of medicines. Although, two staff members who administered medicines told us they were not aware of this guidance. The registered manager told us they would remind all staff about the guidance.

During our inspection the registered provider started to address the minor concerns noted in respect of the safe management of medicines.

Staff we spoke with told us there were enough staff on each shift to support people safely. Comments included, "Staffing is good, we get cover if anyone rings in sick" and "Generally we have enough staff, we tick along nicely."

There were enough staff deployed to keep people safe. Some people received additional funding for one to one staff support but it was not clear from the rotas or care records these were being allocated appropriately. On the first day of our inspection one person's one to one hours had not been recorded and two staff we spoke with were unsure how many one to one hours they were allocated or where this information would be documented. We saw this person did not receive one to one support on day one of our inspection. On the second day of our inspection the care plan had been updated to reflect the person's

one to one hours. The registered manager told us they were going to review, with the funding local authority, the staffing arrangements required for the person.

The registered manager did not use a tool to assess people's dependency; they said the staffing level were usually three support workers, one senior support worker and themselves. On the first day of our inspection the staff compliment had not been increased as both the senior support worker and the registered manager were away from the home.

We recommend the registered manager considers using a dependency tool or system to ensure staffing numbers are sufficient each day to ensure people are supported to meet there needs in a safe way.

We looked at safety certificates for the home and found the electrical safety certificate was in date, although, the gas certificate had expired in September 2016. The gas safety check was completed on the first day of our inspection. We have referred to this under the well-led section of this report.

On the second day of our inspection the registered manager told us they did not have a fire risk assessment for the home. Before we left the home, they had arranged for this to be completed. Following our inspection, we shared this information with the fire service.

Staff were spoke with told us people received a safe level of care. We saw pictorial information was displayed and leaflets were available about keeping safe from abuse.

Staff we spoke with had a good understanding of safeguarding adults. They could confidently identify different types of abuse, the different signs they would look for in people's behaviour and knew what to do if they witnessed any incidents. One staff member said, "People are safe and well looked after." The staff training records we saw showed staff had completed safeguarding training in the past two years.

The service had policies for safeguarding vulnerable adults. Staff were aware of the whistle blowing policy and knew the processes for taking concerns to appropriate agencies, outside of the service. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

Individual risk assessments had been undertaken to enable people to retain independence and make their own choices, whilst minimising risk. We saw risk assessments included falls, nutrition and hydration and tissue viability. Staff were able to outline the risks specific to individuals living at the home and the measures in place to reduce risk. One staff member told us risks were well managed. They said one person was assessed for equipment to help with their mobility which supported their independence to freely move around the home.

We did not see any behaviour that may challenge others during our inspection. However, some people did require support and reassurance from staff. We observed staff used appropriate distraction techniques to help improve people's well-being and to support people safely and effectively.

People had personal emergency evacuation plans (PEEP) in place so staff were aware of the level of support people living at the home required should the building need to be evacuated in an emergency. We saw fire alarms, sprinkler systems, emergency lighting and fire extinguisher checks had been completed weekly. This helped to ensure the safety of premises and equipment.

Care plans were electronic and each staff member had their own password to access these. This meant



these were securely kept and helped keep people safe. We saw people's finances were managed effectively with checks in place to make sure monies and records were always accurate.

We looked around the home and found the premises were clean and tidy. Staff demonstrated good knowledge and awareness of their responsibilities for infection prevention and control. One staff member told us there was always enough personal protective equipment. We saw a daily cleaning rota for the kitchen and night staff cleaning duties. There were infection control policies in place. We saw from training certificate in staff files, staff had completed infection control training, although, this was not recent.

We were told by a staff member and the registered manager, as a result of a previous financial incident, lessons had been learnt and new procedures had been put in place to manage people's monies safely. We saw a daily monies check was carried out by two staff members and this was documented.

## Is the service effective?

### Our findings

At the last inspection we rated this key question as requires improvement. We concluded in August 2016 the provider had not taken appropriate steps to ensure arrangements were in place to make sure people's nutritional needs were met. At this inspection improvements had been made.

Displayed outside the dining area was a pictorial menu giving people choice of that day's meal options. A staff member said people were asked individually each day what they would like to eat from the menu. They told us they went food shopping twice weekly with people who used the service, following discussion with people of what they wanted to eat over the next couple of days or so. We noted alternatives were available if people did not want anything from the menu. Throughout the day we saw people could access a variety of snacks and drinks.

One person told us their favourite food was fish, chips and peas. We saw compliments had been recorded regarding the food people had. For example, '[name of person] said, well that looks a lovely tea' and '[name of person] said about lunch, grand and the meat was how I liked it as it was tender'.

One staff member said, "The food is really good and there is a lot of choice. We have fresh veg and fruit which is offered to people." Another staff member told us, "Food is nice and people get to choose a meal from the menu."

The registered manager told us they recorded what people had eaten in the daily notes and people were weighed monthly to monitor any changes in their weight. A staff member told us one person had lost weight, but they had recently been diagnosed with diabetes which was diet controlled. We saw from the person's care plan appropriate action had been taken to support the person with food choice and they had now started to gain weight.

The registered provider's PIR stated, 'Review policies and procedures such as: safeguarding, health and safety and infection control every six months to ensure they are consistent with current and relevant national guidance'. The policies and procedure were held electronically and had last been reviewed in 2016.

Staff records we reviewed showed staff had received training in areas such as safeguarding, moving and handling, food hygiene and fire safety within the last two years. We noted other training had been completed such as anxiety, care planning, record keeping, behaviours that may challenge, although these had been completed in 2016. We asked the registered manager if they had a refresher training timescale for specific topics, they said they did not. They also said they did not monitor as to when staff had completed any training. One staff member told us they were not aware what training was available but was in the process of completing a National Vocational Qualification.

The registered provider's PIR stated 'New workers will complete the Care Certificate within the next 12 weeks of beginning it'. The registered manager told us staff had not been signed up for the Care Certificate as yet. The Care Certificate is an introduction to the caring profession and sets out a standard set of skills,

knowledge and behaviours that care workers follow in order to provide high quality, compassionate care.

We inspected five staff files and found staff had received formal supervision every two months during 2018, although the registered manager told us they had fallen a little behind with supervisions in 2017 and had only completed three supervisions for each staff member during this time. We could not find a policy which indicated how often staff should have supervision so we asked the registered manager, who said six times per year. We did not see evidence of staff receiving an annual appraisal since the last inspection. We have also referred to this under the well-led section of this report. One staff member told us they had not had supervision as they were new. Another staff member told us they had received informal discussions with a senior support worker.

Two staff members, who had started within the last three months, told us they completed shifts with the staff member who was acting as their mentor as part of their induction. One staff member told us the ethos of the business had been explained. However, neither staff member had completed any training during this period but they were expecting to start training shortly. The staff members told us they had recently worked in the care sector and had previously received training at these services. From the staff files we looked at we did see training had been completed by other staff members that had started working at the home in March and April 2018.

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.

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 authorisation 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had an understanding of the MCA and the DoLS application process. We found DoLS applications had been submitted appropriately to the local authority and where required, these had also been reapplied for and renewed.

The care plans we looked at contained appropriate and person specific mental capacity assessments which would ensure the rights of people who lacked the mental capacity to make decisions were respected. These included decisions regarding what to wear, when to get up and what they wanted to do each day. The registered manager told us they had recorded decisions people were able to make but not completed assessments for the decision they were unable to make independently.

We saw a pictorial choices and communications board displayed in the entrance to the home which included places, different types of colours, healthy eating, events, healthcare professionals, different emotions and hobbies. We observed staff supported people to use this to make choices throughout the day and staff explained things and obtained people's consent before care or support needs were carried out. One person told us, "I can choose what I want to do." One staff member said, "People are given lots of choice."

We saw examples where people's care and support was delivered in line with legislation and evidence based

guidance. The registered manager told us they worked within the National Institute for Health and Care Excellence for the management of medicine, Mental Capacity Act, Deprivation of Liberties Safeguards, attended local authority forums to share good practice and worked with local healthcare professional such as doctors, social workers and consultant psychiatrists.

On the first day of our inspection we looked at handover sheets between the night staff and day staff at the home. Relevant information was shared, which helped to ensure people received continuity of care. The team on shift at any one time verbally communicated with each other to maintain consistent and timely care and support for people. The registered manager told us people who used the service had lived at the home for many years and the last person to move into the home was nine years ago. They said a lot of the staff had also worked at the home for many years. This helped to make sure people received the care and support they needed.

We saw information displayed on the notice board in the entrance to the home about 'your health', 'fighting flu' and 'diabetes'. One person told us their family member took them to the doctors when needed. One staff member said people attend routine appointments and the chiropodists come every two weeks. They went on to say, "I went with [name of person] a few weeks ago to the dentist. People had 'health action plans' which contained information about support they required with their health care needs. These were up to date and evidenced people's health care needs were being appropriately monitored and met. We saw people had hospital information which included 'must know' information about the person for other healthcare professionals to be aware in the event they needed to go to hospital.

We looked at the design of the premises. We saw people's bedrooms were personalised and contained photographs, posters and football memorabilia. We noted each bedroom door had a number and some had plaques with the person's name. We saw some people had their own key and this was their choice. Entrance to the building had ramp access, communal areas were decorated in a homely style, which created a relaxed and informal atmosphere. People had access to outdoor areas with a large garden, vegetables plot and a poly tunnel.

The registered manager told us they had limited signage around the home as people were able to distinguish the different areas. They said if they decorated areas they would meet with people to ask for their views and ideas and this would then probably be carried overnight to cause the least disruption.

We saw examples of information being made available to people in adapted formats, such as pictorial and/or easy read. For example, menus, safety information, complaints, safeguarding and keeping healthy.

# Is the service caring?

## Our findings

At the last inspection we rated this key question as requires improvement. We concluded in August 2016 the provider had not taken appropriate steps to ensure some care practices were person centred and promoted independence. At this inspection improvements had been made.

People we spoke with and our observations during the inspection showed they were well looked after. One person said, "I am alright." Another person told us, "I love this home I do." Staff we spoke with told us people were well cared for. One staff member said, "Care is great, people have choice, it is their home." Another staff member told us, "I just love it, it is about the people who live here. I cannot fault it."

People looked well cared for. They were tidy, well dressed and clean in their appearance which was achieved through good standards of care. We saw people had their hair brushed, some people were wearing jewellery and people had appropriate foot wear on.

We observed people and staff communicated effectively and it was obvious from the conversations and interactions staff knew people very well and were able to support people while respecting their preferences and decisions. We observed people laughing with staff in the lounge and in the dining room areas and noted staff interactions were kind, friendly and caring. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people there.

People received care which was personalised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified and their involvement in the care planning process was continuous. They also liaised with family members and other professionals when required. Although, the senior support worker told us, following our visit, they were going to review this role to ensure outcomes for people were better achieved and more robust. For example, when care plans were reviewed, to make sure these are 100% accurate and person centred.

We noted the way care plans had been written showed people and/or their relatives had been involved in the way they wished to be cared for. We saw some documents in 'My personal plan' had been signed by the person. Although, the registered manager said the recording of people's involvement could be strengthened.

We observed staff respected people's privacy by knocking on bedroom doors. We saw one staff member support one person to their bedroom so their trousers could be adjusted. One staff member told us, "I always close the blinds and doors when supporting people with personal care." Another staff member said, "I always make sure people have a dressing gown and slippers on." The registered provider's 'Statement of Purpose' showed what people could expect for privacy, dignity, independence, choice and rights.

The registered manager told us there was no one who wished to attend any religious events, but specific

information was recorded in people's care plans. We saw sections of the care plans referred to people's personal history, recreation and religion which recorded hobbies, interests, religious and spiritual needs. We saw from one person's care plan they required a specific diet.

The registered providers 'Statement of Purpose' contained information regarding what people could expect in respect of their spiritual and cultural needs. We observed people were treated as individuals and their individual preferences were respected.

No-one living at the home was receiving support from an advocate at the time of our inspection, but we noted leaflets for an advocacy service were available.

In the PIR, we asked the provider, what improvements do you plan to introduce in the next 12 months that will make your service safer. They stated, 'Review our procedures and workers training within the next 12 months to keep up-to-date with changes in equality and human rights legislation' The registered manager told us they had an Equality and Diversity policy in place and staff had completed Equality and Diversity training.

## Is the service responsive?

### Our findings

At the last inspection we rated this key question as requires improvement. We concluded at the last inspection in August 2016 the provider had not taken appropriate steps to ensure information was up to date in people's care plans. At this inspection some improvements had been made but concerns remained.

We looked at two people's care plans in detail and a further two care plans for specific information. We saw the care plans contained information regarding medication, tissue viability, positive behaviour support, mental capacity, recreation and activities and communication. A staff member told us the care plans were electronic and staff used a password to access these to input daily information for each person.

We saw there were several sections to the electronic care plans and at times it was difficult to find relevant information. For example, staff we spoke with told us one person received one to one support for a specific number of hours per day. Although, staff were not sure how many hours this was and where to find this information in the care plan. We did see a comment in the person's recreation and activities care plan which stated, 'Allocated 1.1 support and so requires a staff member to be there during their participation in activities both within and outside Lee Beck'.

The care plans were written mostly in a person-centred way, for example, 'I get very anxious around people I don't know'. But we noted some comments were not as person-centred, for example, 'If [name of person] becomes anxious/aggressive...'. There was no further information and the person's individual behaviour and responses were not described. We noted some parts of people's care plans had not been reviewed for some years. For example, 'My 1.1 timetable of activities works well at the moment and I enjoy everything I do. This helps me with my mental health and helps me keep calm and my mood stable. My 1.1 timetable will be reviewed during January 2014'. One staff member told us the care plans should be reviewed three monthly.

We saw the end of life section of one person's care plan stated, 'this section will be completed before 31/10/2017'. The registered manager had completed a care overview audit and 27 May and 1 July 2018 which included 'does every individual have a completed care plan, have all care plans been reviewed and updated monthly and are all charts and forms completed with appropriate information'. We saw these had all been ticked with no actions recorded.

We saw one person's care plans were out of date and had not been reviewed for a number of years.

We did see people had 'my personal plan' which was in a pictorial format and this included information about the person, their likes and dislikes, circle of support, photos of events and people who were important to them and how they liked to spend their days. The registered manager told us there was no one living at Lee Beck Mount at the time of this inspection who was approaching the end of their life, although, there were areas within the care plans to record people's wishes.

One staff member told us, "Care plans are interesting and tell you about the person, their past, details how to support, approach the person and their likes and dislikes."

We found people were receiving care that was person-centred, however, their care plans were not always an accurate and contemporaneous record of their needs. This was a continuous breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported in promoting their independence and community involvement and enjoyed a range of person centred activities. We saw there were DVD's, a music system and a snooker table in the lounge area of the home for people to use. On the first day of our inspection, some people attended a day centre; other people went on a sponsored walk, watched their favourite programme on TV or played games. We saw pictures displayed in the home of past activities which included events at Christmas, Easter and Red Nose day. One staff member told us, "People go shopping or have lunch out. Some are football fans and watched the first England match." Another staff member said, "Activities vary, last week people were out playing games." One person said, "I go to Leeds football and rugby." Another person said, "I like cooking and baking, the scones are lovely." Other comments included, "I like music, reading and writing."

Everyone had a recreation and activities care plan, which included current interests, for example, 'enjoys listening to music, enjoys excursions and jigsaw puzzles.' We saw information displayed on the notice board in the entrance to the home about a local organisation called 'People Matters' which included developing inclusive communities and adult learning sessions.

The registered manager told us day centres people attended celebrated different religious festivals and when people returned to the home they talked with others about these. They said people also went to 'Gateways', a club where they played pool and could be part of a choir and the 'Beautiful Octopus' club (a club night run by and for people with learning disabilities) twice a year to enjoy a disco and party atmosphere.

People were able to maintain relationships with family and friends without restrictions. Some people stayed with family during the week or at weekends.

We saw displayed in the entrance to the home 'talk to us' information, which provided people with guidance on what to do if they were not happy.

The registered manager told us they had policies and procedures in place to manage complaints and complaints were fully investigated and resolved where possible to the individual's satisfaction. They went on to say they had not received any recent complaints. The registered provider's PIR stated, 'We have changed our complaints form and poster to try and encourage workers and people who use our service to raise issues of concern'.

The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they can understand, plus any communication support they need when receiving health and care services.

People had care plans for 'communication and accessible information' in place which, included mental capacity, ability/needs and support required. We saw this included information where people required any visual or audible aids. The registered manager told us people had access to the internet and, if needed, they would be able to provide information to people in adapted formats, such as large print or braille, for example.

The registered manager told us they were considering the use of tablets to further support people's communication requirements. They also told us they had written to families to ask how they wished to be



communicated with.

# Is the service well-led?

## Our findings

At the last inspection we rated this key question as requires improvement. We concluded in August 2016 the provider had not taken appropriate steps to ensure effective systems were in place to monitor the quality of the service. Information to show how the service was well-led was not always accessible. At this inspection some improvements had been made but concerns remained.

Following our last inspection, we told the registered provider they needed to take action. We received an action plan for meeting the regulations for good governance and the safe management of medicines which, both stated the provider would be compliant in these two areas by October/November 2016. At this inspection we found concerns remained.

On the first day of our inspection we noted the registered manager, senior support worker and the owner were on holiday. It was unclear who was managing the home during this period as there was no senior support or management cover. We were unable to access specific documents required during an inspection.

We noted the gas safety certificate had expired in September 2016 and the registered manager told us they did not have a fire risk assessment for the home. The provider had failed to identify or mitigate this risk through the internal governance arrangements. We have also referred to this under the safe section of this report.

The registered manager told us they monitored the quality of the service by completing audits and through residents' and relatives' meetings. We saw records of audits for maintenance and grounds, infection control, health and safety and care overview, these had been completed each month during 2017 and 2018. Although, no actions or action plans had been recorded or created. The provider's action plan received, following our last inspection, stated 'our aim is to improve the quality and safety of the service through this effective monitoring resource'. The audits were ineffective as they did not identify the concerns found during this inspection.

Management oversight of the service required strengthening. The registered manager did not have a full overview of what training staff had completed and some audits contained information that was not relevant to the home. For example, the maintenance and grounds audit included a section on passenger lift and hoists/mobility equipment even though the home did not have a lift or use this type of equipment. We did not see evidence staff had received an annual appraisal since our last inspection. The provider's appraisal policy stated, 'a six-month review should be held for each worker to check all is going to plan'. This meant the provider was not following their own policy.

Accidents and incidents were not analysed in a way which enabled trends to be identified. The registered manager told us accident and incident were recorded on each person's electronic daily record, we confirmed this from the records we saw. Although, the registered manager said they looked for trends and patterns this was not recorded.

General risk assessments were in place which included use of bathrooms, electrical safety and housekeeping. Although, we noted these had not been updated since September 2015. As noted in the responsive section of this report, care plans were not always an accurate and contemporaneous record of the person's needs. We also noted some documentation related to the administration of medicine was not always fully completed. For example, protocols for the use of medicines prescribed for use 'as required' were not always in place.

When we asked the registered manager about the meaning of some information that had been included in the PIR, they said they were unsure of the meaning and could not explain why these had been included. For example, 'Continue to develop our workers development programme to achieve 100% compliance in the three types of training within 12 months' and 'Build on the links formed with organisations that promote and guide best practice in order to use this to train workers and help drive improvement within the next 12 months'.

The registered provider told us they had not sent out questionnaires to obtain views about the service for some time. They said they were going to send questionnaires to people who used the service, staff and other stakeholders by the end of July 2018.

The above demonstrated a continued breach of Regulation 17(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider did not have effective systems in place to assess and monitor risks relating to health, safety and welfare.

There is a requirement for the registered provider to display the rating of their most recent inspection. The registered provider had not ensured their rating from the last inspection was visible in the home. We dealt with this outside the inspection process.

Notifications had been sent to the Care Quality Commission (CQC) by the home as required by legislation. For example, homes have to notify CQC about any injuries people received, any allegation of abuse, any incident reported to the police or any incident which stopped the service from running.

Staff we spoke with were very positive about the management team and how the home was run. Comments included, "Manager is really good, it is well run. There is always someone to call, I am supported and we work as a team." Another staff member said, "I feel supported, it is a good team. Management are 'hands on', they are flexible with the rota, approachable and they let us know things. I have nothing negative to say." Two staff members we spoke with said they would be happy for a family member or friend to live at Lee Beck Mount.

We saw the registered manager had strong links with the local community. On both days of our inspection several people who used the service went out for the day, to day centres or to participate in activities. The registered manager said people go to the local pubs and café, one person who used the service had developed links with the working men's club, two people worked in the café at their respective day centres.

Regular meetings were held with people living at Lee Beck Mount. We looked at the meeting minutes for May 2018 and saw these contained standard agenda items, which included complaints, meals, birthdays, refurbishment work and activities.

Staff meetings had taken place on a frequent basis. We looked at the meeting minutes for April 2018 and saw items discussed included training, supervisions and complaints.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes did not operate effectively to ensure compliance with all aspects of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Governance systems failed to highlight concerns with staffing, supervision, medicines and care plans.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments</p> <p>The registered provider had not ensured their rating from the last inspection was visible in the home.</p>

### **The enforcement action we took:**

Fixed Penalty Notice