

## FitzRoy Support

# Donec Mews

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
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 the 6 and 7 July 2017 and was unannounced. Donec Mews is registered to provide accommodation and support for up to 16 people with learning disabilities or autistic spectrum disorder. People supported may also be living with a physical or a sensory impairment. At the time of the inspection there were 16 people living there. Accommodation was arranged into three separate houses with a communal garden.

The service had a registered manager. 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.

At our last inspection of this service on 15 and 16 June 2015 we found one breach of legal requirements in relation to safeguarding people from abuse and improper treatment. Following the inspection the provider wrote and told us they planned to meet the requirements of this regulation by 30 October 2015. At this inspection we found the provider had met the requirement of this regulation and submitted Deprivation of Liberty Safeguard applications (DoLS) for people who lacked the mental capacity to consent to their care and treatment and had met the requirement of this regulation.

However, at our previous inspection we had asked the provider to ensure people's rights were upheld by carrying out mental capacity assessments to determine if the person could consent to some decisions made about their care and treatment. These decisions included restrictive practices in place to protect people and promote their safety such as; the deprivation of their liberty, the use of lap belts and bed rails. Whilst we saw some progress had been made, the registered manager had still not completed these assessments in relation to some decisions for some people. This meant people were not always supported to have maximum choice and control of their lives and the policies and systems do not support this practice

We found that actions identified to improve the quality and safety of the home were not always responded to appropriately and without delay. Systems were in place to support the registered manager to monitor the quality and safety of the service. These included a quarterly quality monitoring audit conducted by the provider. However, the system was not sufficiently robust to ensure that where areas for improvements were identified these were always acted on. We found actions relating to fire safety procedures had not been completed in line with the provider's fire safety policy. Not all the actions had been completed from our previous inspection in relation to mental capacity assessments for decisions which had the potential to restrict people's movements. Whilst the registered manager has taken action as a result of this inspection to address these issues more time is required to ensure that improvements are fully completed and sustained.

Staff completed an induction and had access to a range of training to ensure they remained competent to meet the needs of the people they supported. A support and development policy was in place which outlined the supervision and appraisal arrangements for staff. However, not all staff had received

supervisions and appraisals at the time intervals stated as necessary by the provider. People were not always cared for by staff who had been appraised and supervised in their role to support them in providing a high standard of care to people.

Records relating to the amount of food and drink people consumed to monitor their nutrition and hydration needs were not always completed to ensure their needs were monitored effectively.

Risks to people from choking were assessed and guidance was followed in relation to eating and drinking safely. People were able to choose the meals they ate assisted by pictures of food where required.

Staff were aware of their responsibilities to safeguard people and protect them from abuse and the registered manager acted on concerns. People were supported to manage risks to their health and well-being by staff who knew and understood their needs. Risks to people had been assessed and plans were in place to guide staff how to support people safely.

There were sufficient staff available to meet people's personal care and social and activity needs. Agency staff were used to cover for staff vacancies and the registered manager ensured the same staff were used as far as possible. This provided a continuity of care for people. Staff were recruited safely; the provider completed the relevant checks to protect people from the employment of unsuitable staff.

People medicines were administered safely by trained staff who were assessed as competent to do so.

People had Personal Emergency Evacuation Plans (PEEP's) in place which detailed the support they required in the event of an emergency such as a fire. Staff completed fire safety training and evacuation drills had been carried out safely. However, the provider's fire risk assessment had not been updated in line with the provider's own policy. This risk assessment was completed during our inspection to check safe controls were in place and identify any additional actions required to improve people's safety.

People were supported to access healthcare as required and received the support they needed to maintain their health and wellbeing.

People received consistent kind and caring support from staff who knew them well. People's communication needs were known, understood and met by staff. People were supported by staff to make day to day decisions about their care in line with their communication needs.

People were treated with dignity and respect and their individual needs were met in a caring way.

Care, treatment and support plans were personalised and developed with people and their relatives. Care and support plans were thorough and reflected people's needs and choices. Staff we spoke with were knowledgeable about how to meet people's needs and this reflected the information in people's care and support plans. People received the support they required to participate in activities that met their interests and needs.

The provider's complaints policy was available in an accessible format to meet people's communication needs. A system was in place for people to raise their complaints and concerns and these were acted on.

The service promoted a positive culture. The registered manager and deputy manager checked staff treated people in line with the provider's values to ensure people received dignified and appropriate care. Staff had confidence in the management of the service and systems were in place to promote good communication

within the team.

People and their relatives were asked for their feedback about the quality of the service annually and this was acted on. Monthly meetings to enable people to express their views about the service were not always held regularly. The registered manager was looking at introducing one to one meetings for people where this would meet their communication needs and empower them to participate more fully.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were supported by staff who understood how to recognise and act upon concerns of abuse.

There were sufficient familiar staff to meet people's needs and to provide consistency of care to people sensitive to changes to their environment.

Risks to people's health and wellbeing were assessed and managed safely.

People were supported with their medicines by trained and competent staff.

### Is the service effective?

Requires Improvement ●

The service was not always effective

The provider had not always completed the procedures to ensure people's mental capacity to consent to decisions made about their care and treatment which could restrict their freedoms had been assessed.

People were supported by staff who received an appropriate induction and on-going training in their role. However, staff did not always receive supervision and appraisal in line with the provider's policy to ensure they were supported to meet people's needs effectively and safely.

People were supported to eat and drink safely and to prevent risks from choking. Records to monitor people's food and fluid intake required improvements to be effective.

People were supported to attend healthcare appointments as required in order to maintain their health and wellbeing.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness by caring staff who knew them well.

People's rights to privacy, dignity and choice were respected by staff.

People were supported to express their views and feelings and were cared for by staff who understood and met their communication needs.

### Is the service responsive?

Good ●

The service was responsive.

People received person-centred care based on detailed care and support plans.

People were supported to participate in activities to meet their interests and needs.

Procedures were in place to enable people or their representative to complain if necessary. These were available to people in an accessible format which meant they could understand and respond appropriately.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

The system in place to monitor the quality and safety of the service was not sufficiently robust to ensure that improvements identified were always acted on.

The registered manager promoted a positive values-led culture to ensure people received dignified and appropriate care.

There were effective communication systems in place to enable staff to meet people's needs and their responsibilities.

# Donec Mews

## Detailed findings

### Background to this inspection

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

This inspection took place on 6 and 7 July 2017 and was unannounced. The inspection was carried out by one adult social care inspector. Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law. The provider had not been asked to complete a Provider Information Return prior to this inspection. This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We discussed this information with the registered manager during the inspection.

People at the home at the time of our inspection were not able to share with us their experiences of life at the service. Therefore we spent time observing staff interactions with people and the care staff provided. We spoke with the registered manager, the deputy manager and seven care and support staff. We spoke with the relative of one person.

We reviewed records which included five people's care and support plans, three staff recruitment files and six staff supervision and appraisal records, the medication administration records of three people and people's daily records. We reviewed staff training records, the staff rota for the period 5 June to 2 July 2017, fire safety records, staff meeting minutes, quality assurance documents and other documents relating to the management of the home.

This service was last inspected on 15 and 16 June 2017 and was rated good overall with one regulatory breach.

# Is the service safe?

## Our findings

People were supported by staff who understood the indicators of abuse and how to report their concerns. We spoke with staff about how they recognised the signs of abuse when people may not be able or willing to disclose abuse or mistreatment. A staff member said "I would look for signs such as bruising, or I observe body language or reactions to people. Any concerns I would report to the manager or the senior carer." Records confirmed that when concerns were raised the registered manager took the appropriate action. Learning points from incidents were identified and discussed with staff to prevent a reoccurrence. For example; discussions were held with staff and social services as to whether any other actions could be taken to promote people's safety.

Staff were aware of the support people required to manage risks to their health and well-being. Staff, including agency staff, told us about how they supported people safely in relation to; risks from choking, preventing an injury due to a seizure or a fall and managing behaviours which could cause a health problem. A person's relative told us, "Safe? Yes I do feel there is good communication between myself and the home any issues are openly spoken about. They manage (person's conditions) well and always check out any underlying concerns." We observed staff supporting people safely during our inspection. Risks to people's health and wellbeing were assessed and plans were in place to guide staff on how to manage risks to people safely. Some of the records we reviewed required updating to ensure all of the key information about people's risks was readily accessible to staff. Work was in progress to review people's risk assessments using a 'risk profile' tool to identify that all current risk assessments were updated and in place for the person. However, staff and agency staff were knowledgeable about people's risks and knew how to care for people safely.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. The registered manager told us there were two vacancies for full-time staff at the time of our inspection and these were being covered by agency staff or the provider's bank staff. The registered manager and staff told us it was important for people to have consistent staff who were familiar with their needs. This was achieved by using the same temporary staff as much as possible. Staff and temporary staff and records confirmed this was the case. We spoke with an agency staff member who was very knowledgeable about people's needs and they said "We are never two agency staff together we know who to contact for support and they (permanent staff) go over people's routines with us."

Staff were seen to be spending time with people in the home and also taking people out to their activities. Staff we spoke with told us there was sufficient staff on duty. A minimum level of safe staffing was adhered to should there be any unexpected staff absences and the registered manager told us "We never go below the safe level." In the staffing rotas we reviewed we saw the staffing levels were as described. When people's needs changed and additional staff were required this was provided. A person had recently required additional staff for a temporary period and this had been arranged by the provider to ensure the person was safely cared for.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience



and character which included carrying out pre-employment checks such as; a criminal records check, character references from previous employers and a full employment history. We saw examples of completed records which evidenced these procedures had been completed prior to staff working with people.

The provider's permanent staff administered people's medicines following completion of relevant training and when assessed as competent to do so. Where people were prescribed medicines to be taken as required, detailed guidelines were in place to inform staff how and when to use them. Risk assessments and guidance on how people liked to take their medicines were completed to enable staff to support people appropriately and safely.

People had Personal Emergency Evacuation Plans (PEEPS) in place which detailed the support they required in the event of an emergency, such as a fire. These are important because when people had risks associated with their mobility, behaviours and understanding they could be vulnerable without the right support in an emergency situation. A fire evacuation had taken place in March 2017 in response to an incident and this had been managed safely. Fire safety was covered with all new and temporary staff on induction. Staff completed training in promoting fire safety and this was refreshed every three years. We found the fire risk assessment had not been reviewed and updated as required and the deputy manager carried this out during our inspection to ensure safe controls were in place.

## Is the service effective?

### Our findings

At our last inspection of this service on 15 and 16 June 2015 we found one breach of legal requirements in relation to Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safeguarding service users from abuse and improper treatment. Following the inspection the provider wrote and told us they planned to meet the requirements of this regulation by 30 October 2015. At this inspection we found the requirements of this regulation had met.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At our last inspection we found DoLS applications had not been made for those people who required continuous supervision and did not have the capacity to consent to their care and treatment. At this inspection we saw the registered manager had made applications for people some of which had been authorised by the person's local authority, others were still awaiting assessment. This met the requirement of regulation 13 in that a person must not be deprived of their liberty for the purpose of receiving care or treatment without the lawful authority.

The 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.

At our last inspection we found that decisions to deprive people of their liberty and the use of bed rails and lap belts had been taken without an assessment of people's mental capacity to consent to these conditions. These decisions had been taken to protect people but because the measures in place can restrict people's freedom of movement, providers are required to take account of the person's capacity to consent to their use. At this inspection we found that some mental capacity assessments and best interest decisions had been completed in relation to these decisions for some people. However not all applications for DoLS or decisions relating to the use of bed rails, lap belts and alarms on people's doors to monitor their movements had been made following the completion of a mental capacity assessment and best interest decision. Whilst we saw that some progress had been made, we were concerned that the process had still not been applied to all the relevant decisions.

The failure to ensure where people could not give their consent the registered person had acted in accordance with the MCA 2005 was a breach of regulation 11 of the Health and Social Care Act 2008 2014 (Regulated Activities).

Staff were aware of the principles of the MCA which they used when supporting people. For example a member of staff said "Day to day decisions are all entirely up to (person). We use visual aids for non-verbal people such as for dinner we get picture cards out for people to choose. It's all about giving people a few options and suggesting things as people can be confused so this helps them along".

People's care plans included information about how they made decisions and who they had help from when necessary. A person was supported by an advocate. An advocate is an independent person who helps people express their views and wishes, to help make sure their voice is heard. When people had a representative with the legal authority to make decisions on their behalf such as a Lasting Power of Attorney (LPA). The LPA was asked to provide evidence of that authority to protect people from the risk of unlawful or inappropriate decision making.

People were supported by staff who received an effective induction into their role based on the care certificate. The induction process included a period of shadowing and mentoring to ensure staff were competent and confident before supporting people. Shadowing is where new staff are partnered with an experienced member of staff as they perform their role. This allowed new staff to see what was expected of them and to get to know people's needs. A senior member of staff told us this was important to ensure people received a continuity of care from new staff who were informed about the individual needs and conditions of each person.

A programme of on-going training was in place to ensure staff had the knowledge and skills required to meet the requirements of their role. This included training to meet people's individual needs such as; dementia, mental health and learning disability awareness, communication and supporting people with epilepsy and positive behaviour support. People were supported by staff who completed an induction and training to enable them to meet people's needs.

The provider had a support and development policy in place which detailed the supervision and appraisal arrangements to 'Enable staff to understand and provide a high standard of care to the people supported at their service'. Support and development sessions were a mixture of team meetings and one-to-one meetings with their line manager. Staff completed six support and development sessions per year. Staff we spoke with told us they were well supported by senior staff, the deputy and registered managers. However, in the staff files we reviewed the record of support and development sessions did not always show that staff had completed these as regularly as the provider's policy.

Annual appraisals are held with staff to give and receive feedback on how they had performed in their role and to identify, plan and support staff with their development needs. The provider's policy was for staff to complete an annual appraisal, in the records we reviewed these had not been completed, as policy for eligible staff. The deputy manager had scheduled some appraisals but not all staff had a planned appraisal date. The registered manager did not operate a system which alerted them when these sessions were due. Improvements were required to ensure that all staff received supervision and appraisal in line with the provider's policy. People were not always supported by staff who received adequate supervision and appraisal in their role.

People were involved in choosing the food they ate and pictures were used to help people identify their choices. People were supervised by staff when eating if required and staff knew about people's dietary needs and followed Speech and Language Therapist assessment guidelines to prevent a choking risk. A staff member said "I know all about who to cut up food for and who eats slowly and we slow cook meat for example so that it is soft".

Some people were at risk of poor nutrition and hydration and records were kept of what they ate and drank. These records were not always effective for monitoring purposes because they were not always completed with the correct amounts consumed. Fluid amounts were not always described or totalled to enable the reviewer to see whether the person was drinking sufficiently to maintain their hydration needs and food was not always described as amount eaten. An improvement was required to ensure people's food and fluid

intake was monitored effectively to prevent risks to people from poor nutrition and hydration.

Records confirmed people had access to a GP, dentist and optician and they attended appointments when required. People had an annual health check health and received specialist healthcare support with their conditions. Information was available to inform staff about people's conditions and staff we spoke with were knowledgeable about these. Hospital and dental passports provided important information for other healthcare professionals should this be required, for example on people's communication methods and needs. People had access to healthcare as required and were supported to maintain their health and wellbeing.

## Is the service caring?

### Our findings

People appeared happy and contented and were seen to be interacting with staff in a confident and comfortable manner. We observed staff chatting and engaged with people providing encouragement and reassurance. For example; feeding the birds, reading with a person, preparing for an activity and supporting someone to make a snack in the kitchen. A person's relative said, "I really do feel they (staff) care for (person) when I went to meet (person) for shopping with staff I received my first ever text from (person) it was so special. Staff know about what she likes and they ask me in case I have done something with her she likes."

Staff spoke warmly about the people they cared for and understood that a consistent approach was important to enable people to feel safe and confident. Staff told us they were given information when they started working at the home to help them get to know people. We saw people's care plans included detailed personalised information about them and a folder was available in each home to provide important information in brief. This included how to reassure people if they became upset, what made people happy, and how they preferred to be supported at particular times as well as what they found funny. Staff we spoke with were knowledgeable about people's abilities and preferences and we saw people were supported to do the things they enjoyed and were of interest to them. People received care and support from staff who had got to know them well.

Communication plans were included in people's care plans and these were detailed and personalised. Information was included on; the best way to communicate with the person, how they showed understanding/not understanding and how they expressed being happy or upset. Staff knew people's individual communication skills, and used a range of ways to make sure people were able to say how they felt. For example, staff were familiar with how people who were non-verbal expressed themselves through facial expressions, noises and body language. A person had the use of a computer tablet which they used to express emotions. A staff member told us this helped the person reduce the frustration they experienced when they tried to verbalise feelings. Other people used objects of reference and a person had a memory box which they could use to refer to feelings of loss and remembrance at the death of a close relative. A staff member said, "When people are non-verbal it's harder for them to express their needs so you go through everything you know to find out what wrong it's up to us to help them in anything they need and to know the individual and how to help them". People were supported to communicate their needs and express their feelings.

People were supported to express their views and make decisions about the service they received. People were involved in choosing decorating colours for house and their rooms were personalised with their choice of furnishings and personal objects. For example, a person had a futon bed because it was their choice. People were included in the selection process for staff at the service. The registered manager explained that candidates completed a support task with people which enabled staff to observe the interactions and the responses from the person. The registered manager used the feedback from this process to make recruitment decisions.

The relationships between staff and people receiving support demonstrated dignity and respect. A staff

member told us, "I still ask (person) questions even though I am not expecting an answer because they can indicate through sounds and body language. I still knock on people's doors even though I may not get an answer." We observed staff talking to people about their choices, staff asking people's permission to enter their rooms and to sharing information with us and their decisions were respected. Another staff member said, "We know what people's insecurities are and what they like to do on their own and what they want help with. If confused we discuss. If they want to be alone they will be, privacy is important."

Staff completed equality, diversity and inclusion training this supports staff to understand and respond to people's individual and diverse needs. People were supported to attend church and become involved in the church community if they wished. People's beliefs and wishes in respect of their faith were known, recorded and respected by staff. Female staff were not supported with their personal care by male staff, this supported people's privacy and dignity when they may not be able to indicate their choice. Staff knew about and responded to people's gender and spiritual needs in a caring way.

## Is the service responsive?

### Our findings

People and their relatives were involved in developing their care and support plans. Care plans were personalised and detailed the key people involved in providing and contributing to people's care and support. A person's relative said, "I am involved with (person's) care plan I do have verbal and email communication from staff. They work on the information I give and we discuss this." A keyworker system was in place. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and spending time with them and other relevant people to discuss and update their support plan. A staff member said, "(As a keyworker) You are there for whenever they need you, I feel it is my responsibility to talk to them in depth and resolve issues – taking care of activities and contact with relatives and things like birthday gifts."

Care, treatment and support plans were personalised. The examples seen were thorough and reflected people's needs and choices. For example; people's needs in relation to all aspects of daily living, what worked well with the person, how best to support people and how they preferred to be supported. Information was included on people's particular needs relating to their condition or behaviours which guided staff on the right approach for the person. Staff we spoke with were knowledgeable about how to meet people's needs and this reflected the information in people's care and support plans.

People's changing needs were identified and responded to. We reviewed the care plans of two people whose needs had changed. One person had suffered an injury, their care plan showed detailed guidance was provided on how their needs were to be met during their recovery. Another person was now living with dementia and their care plan reflected how best to support the person with their changed needs. Staff confirmed they knew and understood the arrangements in place to support these people and additional training had been provided to staff on dementia to provide them with the skills to meet the person's needs. Care plans were reviewed to reflect people's up to date needs.

Some people's care plans reflected their goals and aspirations and these were reviewed. For example, a person's records showed they had achieved their goals of visiting the Guinness Factory in Ireland and visiting a close relative. However, some people's care plans did not show their goals and aspirations had been reviewed to monitor progress towards their aims within the service. The registered manager told us they were in the process of reviewing people's goals with them and they would ensure people's plans were updated to reflect and monitor people's achievements.

Recent photographs were displayed in the home which showed people engaged in activities with staff. People were supported to participate in outings, social events and activities of their choice. During our inspection some people were attending a day centre; other people were enjoying activities with staff such as a trip to the swings, housework, writing a diary and reading. Staff knew how people liked to spend their time and told us about the activities that were important to people. This included sensory activities and the need for quiet time in the home and how these needs were met. People were able to participate in person centred activities in the service and in the community.

The provider had a comments and complaints policy in place which detailed how complaints should be responded to, by whom and by when. The policy included details of who else could be contacted if the complainant remained dissatisfied. We noted the policy required updating to reflect the correct information about the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were given information about the complaints policy in an accessible format of easy read and pictures where this would meet their communication needs. The registered manager told us it was important for families to have and understand the complaints process as "Families are advocates for people when it is difficult for people to complain." A person's relative told us they knew how to make a complaint and had been satisfied with how a concern had been dealt with in the past.



## Is the service well-led?

### Our findings

Systems were in place to support the registered manager to monitor the quality of the service and identify any risks or areas where the service might not be meeting the requirements of the legal regulations. Where audits had identified shortfalls, and actions for improvement it was not always evident these had been completed or the positive action sustained.

We found that the system and processes in place to ensure the premises were safe in the event of a fire had not been followed or updated to meet the provider's fire safety policy. The fire risk assessment was dated 01.07.2013 and was last reviewed on 10.08.2015. The provider had identified that the home's fire risk assessment should be reviewed annually. This had been brought to the registered manager's attention in the provider's quality assurance audit in November 2016 and again on 7 June 2017. The fire risk assessment is important because it enables the provider to assess and monitor how effectively the risk is being controlled.

The Fire emergency action plan dated March 2013 had not been reviewed this document sets out the roles and responsibilities, general actions and schedule of records and checks. We found other shortfalls in the fire safety management. For example, night care staff were required to complete a table top fire safety scenario training session on evacuation four times a year however, records showed these had not been completed since 2014. Weekly checks of fire safety equipment such as smoke and carbon monoxide detectors and fire call points had not been carried out since 4 June 2017. Up to this point they had been regularly completed but due to the absence of the delegated responsible person they had not been identified as incomplete. The last fire safety audit was completed in November 2014. The provider requires this to be completed annually. The registered and deputy manager took steps to during our inspection to address these shortfalls. However we were concerned that these actions had not been completed when identified by the provider. Fire safety procedures are intended to ensure people are protected from the risks associated with fire. Whilst no harm had been experienced by people, when procedures are not followed there is a risk that people's safety could be compromised.

We found that staff were not always receiving an annual appraisal in line with the provider's policy. This had also been identified as requiring action by the provider's quality audit dated 7 June 2017. The quality manager had recommended the registered manager used a chart or log to monitor the completion of staff support and development sessions including the annual appraisal. However, the registered manager did not have a system to monitor the completion of these sessions and we found that some staff annual appraisals were last carried out in 2014 and 2015. Some work had been completed by the deputy manager to plan appraisals but this had not been fully completed.

At our last inspection we identified a breach of a regulation and the provider sent us an action plan stating they would make the required improvements by 30 October 2015. At this inspection we found the registered manager had made some improvements by submitting the applications for deprivation of liberty safeguards (DoLS) for people who required continuous supervision and did not have the capacity to consent to the arrangement for their care and treatment. However, the provider also stated that the 'DOLs assessments

were to be completed in conjunction with MCA (mental capacity) assessments'. At this inspection we checked the actions taken and found that the mental capacity assessments had not been completed for all people. We were concerned that the actions the provider had said they would take were still outstanding at the time of inspection.

People's medicines were usually stored in a locked cupboard in their room unless they required refrigeration. The temperatures for the safe storage of medicines were monitored by a room temperature reading, which may not reflect the storage temperature. We noted that one person's room was showing as above the recommended temperature for the storage of some of their medicines. This is important because incorrect temperature storage can cause medicines to become ineffective. The monitoring chart did not indicate the safe temperature range so that staff could effectively check the readings. Some improvement was required to ensure the storage conditions of people's medicines could be safely and accurately monitored. Regular checks and audits were in place to monitor the safe management of people's medicines but this shortfall had not been identified by this process. The registered manager assured us they would take action to address this by recording temperatures of the storage and the details of the required temperature range.

The provider operated a system whereby the findings from all quality audits are included in a single action plan to enable the registered manager and the provider to monitor the completion of actions identified. We saw this action plan had not been updated since April 2017 to enable progress to be effectively monitored and ensure actions were taken appropriately and without delay.

The quality assurance system was not sufficiently robust to effectively improve the quality and safety of the home to prevent the quality of care people received being compromised. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service promoted a positive culture, there were a clear set of values which included; we see the person, we are brave and we are creative. The registered manager told us about how they promoted these values and said, "I refer to these values quite a lot, they are covered on induction and it starts in the beginning with our recruitment process to ensure we employ the right person. I reflect transparency to others and question things and go back to these values and say we need to change this." A person's relative told us, "It's a very nice environment; very caring and friendly and has a family feel. My relative is very happy there, happy staff work effectively together and (person) is happy that's all that matters." Procedures were in place to monitor the day to day culture in the service that included observations by the deputy and registered manager of staff interactions with people to ensure people were receiving appropriate care and were treated with dignity and respect.

Staff confirmed the registered manager promoted a positive culture and their comments included; "I find it refreshing how sociable, open and honest the manager is. It's nice for the manager to relate to us she does that very well. She will ask how things are I find that encouraging and supportive". "Very effective leadership they (manager) care about all the staff" and "I have confidence in the manager the contact is good and they would cover any concerns." Staff spoke positively of the registered manager's ability to lead the service.

Team meetings were held every four weeks and staff were sent the minutes by email and a read receipt was requested. This meant staff had to acknowledge that they had received this information. In the minutes we reviewed we saw people's needs were discussed along with policies and procedures and service developments. A management team meeting had been introduced by the registered manager with senior workers to. "Aid communication and discuss team initiatives and maintain good communication and encouragement." Other communication methods ensured staff were informed about people's needs and

important tasks. These included a communication book ready by all staff daily and verbal handovers at each shift change. Staff were supported to communicate effectively about people's needs and their responsibilities.

A system was in place to seek feedback from people (supported by their keyworker), their family and representatives about the quality of the service they received using an annual quality assurance questionnaire. The registered manager told us the 2017 survey was currently underway. Feedback from the 2016 survey had been acted on where required for example by offering to support a person to visit their family at weekends. House meetings were held in each house on a monthly basis. These meetings provided people with the opportunity to express their views about the service and for staff to consult people about activities and events. In the minutes we reviewed we saw that not all the houses were consistent in holding these meetings on a monthly basis. We spoke with the registered manager about this who told us that group meetings were not always effective for people with different communication needs. They were looking to develop individual meetings with people where this would prove the most effective way of empowering people to participate in giving feedback on the service.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent. People's legal rights were not always fully protected. The provider had failed to act in accordance with the 2005 Act to determine people's capacity to consent to their care and treatment. Regulation 11 (1) (3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance. The provider did not implement robust quality assurance systems to effectively improve the quality and safety of the home. Where risks to the quality and safety of the service people received were identified. Effective measures were not in place to ensure these were mitigated and addressed. Regulation 17(1)(2)(a)</p>