

Howlett Homes Limited

Solent Lodge

Inspection report

105 Stubbington Lane
Fareham
Hampshire
PO14 2PG

Tel: 07552215415

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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 6 December 2016. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in.

Solent Lodge is a four bedroomed house in a residential area. The service can accommodate up to four people with learning and physical disabilities. There is a lounge, dining room and kitchen and each person had their own individualised room. There were four people living in the home at the time of the inspection.

The service had a registered manager in place. 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.

Appropriate checks were not always being done to ensure that medicines were stored correctly. There was insufficient guidance for staff about administering medicines that were to be given 'as required' and there were some gaps in the medicine administration records.

Staff had received medicines training but had not had their competency checked regularly.

There were some systems in place for monitoring and assessing the safety and quality of the service but they had not picked up on the issues that we found.

There were systems and processes in place to protect people from the risk of harm. Staff had received safeguarding training and were aware of the action they should take if they suspected abuse was taking place. Staff were aware of whistle blowing procedures and all said they felt confident to report any concerns without fear of recrimination. The registered provider had up to date safeguarding and whistle blowing policies in place and information on how to report any concerns was displayed within the service. The safeguarding policy was also discussed with people using the service and was available in an easy read format.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. There was a contingency plan in place in case of an emergency and either the registered manager or deputy manager were on call for every shift.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken prior to staff starting work. The checks included obtaining references from previous employers and disclosure and barring service checks to ensure that staff were safe to work with vulnerable people.

We saw that environmental risk assessments had been carried out. Safety checks and certificates were in place for items that had been serviced and checked such as fire equipment, gas and electrical safety.

Staff received appropriate training and demonstrated that they had the skills and knowledge to provide support to the people they cared for. Staff received some supervision but these meetings were not as frequent as the registered provider's guidance stipulated. Despite this staff were in regular contact with the management team and felt supported. Further training is being undertaken by the deputy manager in an effort to improve the formal supervision process.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

The records we viewed showed us that people had appropriate access to health care professionals such as dentists and opticians and had annual health checks with their GP.

We saw that people were provided with a choice of healthy food and drinks to help ensure their nutritional needs were met. People were involved in the menu planning and shopping and staff were happy to accommodate changes to the menu if people requested it. People's weight was monitored and portions monitored to avoid weight gain.

During our inspection we saw people engaged with staff in a positive way and there was a relaxed and homely feel around the service. From our observations it was clear that staff knew the people who lived at the service well and we saw that they responded to their care needs in a kind and calm way. Staff were observed to be caring and respected people's privacy and dignity.

We observed that people were encouraged to be independent and to participate in a variety of activities that were meaningful to them. People were supported to go out into the local community on a regular basis and also went on day trips and holidays of their choice.

We looked at people's support plans and found that they covered all aspects of care but the inclusion of greater detail would ensure they were more person centred.

We spoke with staff who told us they felt supported by the registered manager. The registered manager told us they felt supported by the registered provider however they were not receiving regular supervision or appraisal. Throughout our visit we saw that people who used the service and staff were comfortable and relaxed with the registered manager and each other.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the proper and safe management of medicines, effective auditing and quality assurance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Appropriate checks were not always being done to ensure that medicines were stored correctly. There was insufficient guidance for staff about administering medicines that were to be given 'as required' and there were some gaps in medicine administration records.

Staff we spoke with knew about the different types of abuse and how to identify signs that people may be victims of such abuse. They also knew what action to take if they wanted to report anything they were concerned about.

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work. There were sufficient skilled and experienced staff on duty to meet people's needs.

Requires Improvement 

Is the service effective?

The service was effective.

People were cared for by staff who had the right skills and knowledge to care for them. Staff had received appropriate training.

Staff had received training on the Mental Capacity Act (2005) and demonstrated some knowledge of how to apply this in practice.

People were supported to access healthcare and their nutritional and hydration needs were met.

Good 

Is the service caring?

The service was caring.

People were treated with respect and their independence, privacy and dignity were respected.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was

Good 

individualised to meet people's needs.

We saw staff engage with people in a way which was tailored to ensure each individual's communication needs were taken into consideration.

Is the service responsive?

Good ●

The service was responsive.

People's support plans were clearly written and tailored to meet each person's individual requirements.

People had opportunities to take part in activities that they enjoyed. They were protected from social isolation and enabled to maintain relationships with relatives and access the local community.

The service had a complaints policy in place and complaints were investigated and acted on.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

There were insufficient systems in place to audit, monitor and improve the quality of the service. The audits undertaken were not effective. Issues found during the inspection had not been picked up by the registered manager.

Staff said they felt supported in their role and regular staff meetings were held to promote staff engagement.

Staff and people we spoke with told us the management team were very approachable.

Solent Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 6 December 2016. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in.

The inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service including any notifications they had sent us. A notification is information about important events which the registered provider is required to send us by law.

During our inspection, we spoke with the registered manager, deputy manager and three members of staff. We spoke with the four people who used the service and observed interactions with staff. Two people were able to communicate verbally with us and others used hand gestures to communicate. We spoke with four relatives by telephone to seek their views and experiences. We reviewed the records of the four people who used the service and staff recruitment and training files for four staff. We checked records relating to the management of the service and looked at a sample of policies and procedures.

Is the service safe?

Our findings

All of the people using the service required support with their medicines and staff all had up to date medicines training, however competency checks had not been undertaken regularly. Competency checks are used to ensure that staff are able to put learning into practice and administer medicines safely. There had only been one medicines competency check undertaken in the twelve months prior to our inspection. Some staff had not had a medicines competency check since 2014. We discussed this during feedback and the registered manager confirmed that although they aimed to conduct these annually they were behind schedule.

Medicines were stored in a locked cupboard in the kitchen at the service. The temperature of the area in which the medicines were stored was recorded but gaps in the records showed that the temperature was not checked daily. Although the recorded temperatures were within the recommended range as per NICE guidelines Managing Medicines in Care Homes 1.12.2 no temperature had been recorded on 15 days in the month prior to our inspection. We were told that additional stock of medicines were kept in a locked cupboard in the office area and the temperature of this storage area was not taken at all. Not conducting regular temperature checks of medicine storage can mean that medicines are being stored at a temperature that could impact on their effectiveness. We discussed this with the registered manager who confirmed that all medicines would be moved to one storage area and temperatures would be taken regularly. Following our inspection we requested a copy of the most recent temperature checks. We noted that there was one day where the temperature had again not been recorded and the registered manager told us that a supervision session was to be held with staff to remind them of the importance of these checks.

We looked at people's medicine administration records (MARs). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. Most of the MARs we reviewed had been completed correctly to show when people's medicines had been administered, however some people had toothpaste obtained on prescription and staff were often forgetting to sign to say this had been used. The registered manager acknowledged that they knew this was an issue and we saw that it had been raised in staff meetings.

A stock check of medicine was undertaken and we found three Laxido sachets in the medicine cupboard that were not recorded on anyone's MAR. We were told that this medicine was no longer used and would be sent back. We also discovered that one tablet was missing from a blister pack. Our inspection took place on 6 December 2016 and the dose for 15 December was not in the pack and could not be found in the cupboard or surrounding area. The registered manager was not able to explain this and planned to investigate further but contacted us following our visit to say that the tablet had not been found and the loss was not explained.

Clear protocols were not always in place for medicines prescribed to be taken 'as required' (PRN). We saw that one person was prescribed Lorazepam on a PRN basis but no protocols were in place to guide staff. Not having clear protocols about how to give when required medicines can mean that people receive too much or too little of their prescribed medicine. This could lead to side effects or mean the medicine is not effective.

We saw that paracetamol had been prescribed for one person to be given daily, every four to six hours but there was no record of this being administered and we were told that this was actually a PRN medicine which was not needed by the person at this time. There was no PRN protocol in place for this and the medicine had been placed with surplus stock to be returned to the pharmacy. We discussed this with the registered manager who confirmed they were contacting the person's GP to have the item removed from their prescription but there was no record of this on the MAR.

These findings evidenced a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 12: Safe Care and Treatment.

We asked people if they liked living at the service and they said, "Yes." People told us they felt safe living at Solent Lodge.

The service had a safeguarding policy in place which was also available in an easy read format. The registered manager explained that the easy-read policy had been placed in each person's room but they had reviewed this and found it was more effective for staff to sit and go through the policy with people either on a one to one basis or during the residents' meetings.

Staff had received safeguarding training and were able to explain reporting procedure should they have any concerns about safeguarding issues. One member of staff told us, "I will go to [registered manager] or [deputy manager] if I have any concerns. If there was still an issue I'd go to the social worker." Staff were also aware of the registered provider's whistle blowing policy and told us they would be confident to report any concerns without fear of recrimination. One staff member said, "I know the whistleblowing policy and I'd be confident to use it; I wouldn't push anything under the carpet."

Safeguarding alerts were correctly made to the local authority safeguarding team and Care Quality Commission where appropriate. This meant that the service safely managed the risk of abuse of people.

People had individual risk assessments in place which included areas such as mobility and behavioural management. These documents contained an overview of the risk identified, potential triggers and interventions that would minimise the risk. People's risk assessments were reviewed monthly and necessary changes implemented. This meant that the service monitored risks to people and took appropriate steps to minimise them.

We looked at four staff files and saw that safe recruitment processes and pre-employment checks were in place. Documentation we saw showed there were no unexplained gaps in employment history, identification had been checked and references had been received. Disclosure and Barring Service (DBS) checks had also been undertaken for all staff prior to commencing employment and further checks were conducted every three years. The DBS carry out a criminal record and barring check on individuals who intend to work with children and/or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

The service was staffed to meet the identified needs of the people living there. There were regularly two staff on duty during the day and one waking night staff. The registered manager or deputy manager were also on call should staff need extra support. One relative we spoke with was concerned about the staffing levels on a night stating, "There should be more than one member of staff on duty overnight in case of an emergency." We discussed this with the registered manager who explained that nights were generally very settled but they lived a very short distance from the service and could be there very quickly in an emergency situation.

The service employs eight staff including the registered manager and deputy. We were told that the team worked well together to ensure all shifts are covered. The registered manager told us, "We are a close knit team and if there are any issues the team go out of their way to pull together."

Although holidays and sickness were usually managed by the staff team there had been some agency staff used recently due to a combination of staff absence and one member of staff leaving. We discussed the use of agency staff and asked how the service ensured the people who were sent by the agency were safely recruited and correctly trained. We were told that the registered provider regularly used the same agency and that the service has a good relationship with them. The registered manager told us that the agency sent the same staff whenever possible and they always worked alongside a permanent member of staff. We looked at staff rotas which confirmed this.

We saw that accidents and incidents were recorded and reported to the local authority and CQC where appropriate. The service had a falls protocol which was displayed on a notice board so all staff had easy access to this. This protocol was set out in an easy to follow flow-chart and detailed in a simple clear way the action to take following a fall. The registered manager saw all accident and incident reports and monitored them as they occurred. They told us they looked for any pattern that may be of concern so any necessary action could be taken to prevent reoccurrence. This meant that there was an effective system in place to keep people safe from the risk of accidents.

We saw that the registered provider had undertaken the necessary environmental checks and risk assessments for areas such as the laundry, bathroom and bedrooms. The premises had a current gas safety certificate and the necessary electric hardwiring tests had also been completed. There had been up to date portable appliance testing (PAT) of electrical equipment. There were appropriate measures in place for control of substances hazardous to health (COSHH) with items stored safely in a locked cupboard. Food hygiene standards were observed and temperatures of fridges and freezers were taken regularly. There was an alarm on both the external doors that would alert staff to anyone going in or out of the building, however both doors were also kept locked as an extra precaution. This meant that the registered provider was taking the necessary actions to ensure the premises were safe for those living and working there.

We saw documentation to show that relevant checks had been carried out on the fire alarm, fire extinguishers. Easy read evacuation instructions were displayed on a notice board. The service had two emergency grab bags in place by both the front and rear exit to the building. These contained a torch, a mobile phone pre-programmed with emergency contact numbers and the personal emergency evacuation plan (PEEP) for each person using the service. There was also a floor plan of the building to hand to emergency services in case of a fire.

We saw records that showed fire drills were taking place four times a year and all staff, including night staff, took part in these. The service had a business contingency plan in place which was reviewed annually. This covered procedures to follow in the event of things such as loss of utilities, staff shortages/sickness and adverse weather. This meant that people would receive appropriate support in emergency situations.

The service was clean and tidy in all areas. We saw that a supply of personal protection equipment [PPE] was available and observed staff using the disposable gloves and aprons appropriately. This meant that people were protected from the risks of infection and cross contamination.

Is the service effective?

Our findings

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We checked whether the service was working within the principles of the MCA and applying the DoLS appropriately. At the time of our visit DoLS applications had been made for all of the people living at the service however a delay in processing meant the authorisations had not been received. We saw email correspondence between the registered manager and the supervisory body showing that this had been followed up and therefore the registered provider had done all they could to meet their obligations in respect of this.

Staff had received training regarding the MCA and were able to demonstrate an understanding of the basic principles and explained how they supported people with decision making and when best interest decisions would be needed. One member of staff told us, "DoLS is about safeguarding people if they are not able to make their own decisions because they lack capacity. They need to be kept safe. We use advocates if necessary and get family involved if there is going to be any best interest decisions made." We saw evidence of best interest decisions clearly documented within people's records.

We saw records of consent being obtained within people's records. Staff we spoke to told us how they obtained consent when supporting people on a day to day basis. One staff member said, "I always ask if it's ok before I do anything. They are never made to do things, for example if they want to lay in, they can lay in."

The registered manager told us that staff had received all of their mandatory training. This included infection control, food safety, moving and handling, equality and diversity, safeguarding and medication. Mandatory training is training that the provider thinks is necessary to support people safely. We were shown records which indicated all training was up to date. Additional training was also delivered to help staff meet the specific needs of the people using the service, for example positive behavioural support training. One staff member said, "We've all done our training. We have access to all of the training online and [registered manager] gets people in to deliver training too. I do think the training is okay."

New staff underwent an induction process that involved working three or four shifts with the registered manager or deputy manager so that they could be introduced to the people using the service and familiarise themselves with the care plans, policies and procedures. All of the mandatory training was to be completed within the first 12 weeks of work and all staff completed the Care Certificate. The Care Certificate was introduced within the care sector to ensure that workers had the opportunity to learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The registered manager told us that a new staff induction was being introduced and the registered provider were working with a consultancy firm to develop this. One member of staff told us, "I had a good induction and shadow shifts until I felt confident to work on my own."

The registered manager told us that staff should receive one to one supervision sessions six times a year and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw records from staff supervision meetings that confirmed they were taking place but not as often as stated. The notes taken at these meetings indicated the topics discussed, for example best interest decisions, safeguarding and medication but did not record any discussion and there was no documentary evidence that staff wellbeing was included within the meetings. We were told that although formal sessions were not taking place the close working nature of the small team meant that there were regular informal chats amongst management and staff. The deputy manager told us, "We're chatting to staff all the time. I'm doing it but I'm not evidencing it. I am going on a course so things will change for the better." The registered manager told us that at present neither they nor the deputy manager were receiving supervision. They were going to discuss this with the registered provider to have a system put in place to provide this support.

We saw evidence that people had regular appointments with healthcare professionals such as dentists and opticians. People's GPs came in to the service to do annual health checks and medicine reviews. People had also been given an annual flu jab.

Each person had a one page information sheet that was taken with them if they needed to attend hospital. We saw that blank hospital passports had been obtained and the service was in the process of introducing these as an improvement to the existing system. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. This meant that the service was taking action to maintain people's health and wellbeing.

People were weighed monthly and their weight was monitored for any significant changes. The registered manager told us that some people had a tendency to gain weight and therefore portion control was carefully monitored. They told us, "They are generally good at healthy eating. Helping with weight issues has not been a challenge as they do often make healthy choices such as fruit or salad." We saw in care records that one person could eat compulsively and there had been safeguards put in place to ensure they were not given free access to food. Staff supervised people when they were in the kitchen area and cupboards were kept locked.

One relative told us, "The meals and packed lunches are good and nutritious." Another of the relatives we spoke with told us there had been an issue regarding the weight of their family member. They told us, "We did have an issue with the home overfeeding him, killing him with kindness and his weight ballooned. It stopped him taking part in some of the activities he likes. It is better now, they watch his food intake and he's lost weight. He's able to participate in activities again."

People's individual dietary requirements and personal preferences were catered for and people using the

service were involved in preparing menus and shopping for food. The registered manager told us, "There is a menu but it's flexible. If people change their mind staff will take them to the shop to buy food." Staff confirmed this; one member of staff said, "Menus are planned a week in advance but we don't always stick to them. If we go shopping and they see something they fancy we buy it. All the meals are freshly prepared and cooked here. They eat lots of fruit and veg, we don't always have a pudding but they can always have fruit." We observed people being offered drinks throughout the day and they were given a choice of where they ate their meal at lunchtime.

We saw records from residents' meetings that showed people had been asked whether they liked the food and they had given a positive response. A record of what people had to eat and drink was in their daily notes and included information on whether they had enjoyed certain meals.

The service had a domestic kitchen that was kept clean and tidy and staff had received training on safe food handling. This meant that the service were ensuring people's healthy nutrition and hydration.

Fifteen minute handovers between staff were completed at the end of each shift and detailed daily notes were also kept so that staff could refer back to how people had been on previous shifts. The daily notes were all 'emotion mapped' to show how each person was across the day, for example, happy, calm and relaxed, content. This meant that staff were kept up to date with any changes in the day to day needs of the people using the service.

When we looked around the service we found it to be well maintained and decorated. People showed us around their bedrooms which contained personal items that reflected their individual personality and preferences. The service felt homely and there were comfortable communal areas for people to spend time in outside of their bedrooms. There was an outdoor space which was being upgraded so that people could spend more time outdoors in good weather. Although this had been scheduled to take place this year, a decision to delay this had been taken when new people moved in to the service. The registered manager told us this was so that all those living at the service could have input into how the area was developed.

Is the service caring?

Our findings

Relatives we spoke with were generally happy with the care their family members received. One relative told us, "The standard of care is good. He's happy, clean and well fed. What more can you ask for?" Another relative said, "He's well cared for, always clean and the staff are cheerful. It's just my little niggles really."

We observed staff to be kind and friendly in their approach. Staff interacted well with people and the atmosphere was happy and relaxed. The people we spoke with responded positively when we asked about the care staff delivered and whether they were happy in the service. People who weren't able to express this verbally nodded their head or gave a thumbs up.

We observed staff supporting people throughout the day and saw them demonstrate a good knowledge of the people they were caring for, how they liked to spend their time and how they communicated.

Regular residents meetings were held with the people who used the service. We saw records of participation in these meetings within people's daily notes. The service had picture cards that were used as communication aids during these meetings and people were asked questions such as, 'are you happy here?', 'do you like the meals?', 'is there anything you would like changed?'. Staff then supported people to answer using the pictures when they were not able to give a verbal response. The meetings were also used to inform people of things that were happening within the home, for example any maintenance work. This meant that the service listened to people and communicated in a way that meant everyone was able to be involved.

Staff supported people to manage their behaviour in a positive way. We saw that one person had a chart on display in their room to remind them of the techniques they should use if they were becoming distressed. We observed staff handling situations in a calm and sensitive way.

The service supported contact with families. People were free to decide when they made these visits and were supported by staff to do so. Family members were also welcome to visit the service at any time. One relative told us, "I can visit when I want to but I usually let them know because I live quite a way away and I don't want to get there to find they're not in."

Staff were happy in their job and spoke positively about the care provided by the service. One member of staff told us, "I do like it here, I love it to be honest. I'm proud that people are living a normal life in their own home. They are happy most of the time and we do lots with them. They are always clean and smart." Another member of staff said, "I love working here, it's so much nicer than where I was before. The residents are lovely and we're like a family. We aim to help them enjoy life as much as they can."

The staff we spoke with explained how they maintained people's privacy and dignity. One member of staff said, "I make sure that doors are shut when they are washing and that they put on a bathrobe to walk around afterwards. I like to shave them on a morning and make them spick and span." During our visit we observed people being spoken to and treated in a respectful and dignified way.

Staff encouraged people to be as independent as possible. We saw within daily records that people were supported to go shopping so they could purchase their own clothing and toiletries.

One member of staff told us, "They can make their bed and Hoover. I may follow behind to check it's been done okay but this is just a normal life. I support them to wash but they can do a lot for themselves. It's their home so they should be encouraged to do these things, we're just here to help them."

People had access to advocacy services and the registered manager gave us examples of when advocates had been used successfully. An advocate is someone who supports a person so that their views are heard and their rights are upheld.

Is the service responsive?

Our findings

We looked at the support plans of all of the people who used the service. We saw one page profiles were in place that gave staff an overview of what was important to people. Support plans contained information on the care people required but this was quite task focussed. The inclusion of a greater level of detail specific to the individual would have made the support plans more person centred. Person centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person.

Care plans were produced electronically using the 'Caredocs' system. Paper copies were printed out as back up in case of technical difficulties. Staff had access to a laptop computer and were happy with this method of viewing the documents. One member of staff told us, "The care plans are fine, they're not overpowering. We have the laptop downstairs and we can update Caredocs on that. We use it to access care plans and to update daily notes."

We asked how the support plans were reviewed. The registered manager said, "The plans are reviewed every month by me or the deputy manager and any changes are made on the electronic system. Staff will bring ideas to us about changes that could improve the plans or information they think we should include."

People were involved in the production of their support plans and would sometimes request to make changes for example preferring to take a bath in winter months and a shower in the summer. We saw evidence within care records that full reviews of the support plans were done every six months and relatives were invited to be involved in this process.

We saw documentary evidence that choice was given daily, for example asking whether people would prefer a bath or shower. Staff told us how they supported people to make their own choices. One member of staff said, "I will say 'what do you want to do [name]?', or 'what do you want to eat?' The major decisions are taken out of their hands so they should have choice where they can."

People were supported to maintain relationships with family and some people regularly spent time visiting relatives.

People had access to a range of activities both inside and outside of the service. Staff were able to describe in detail the different activities people took part in and how they were tailored to meet people's needs and preferences. We saw evidence of activities taking place recorded in daily notes. These included horse riding, archery, off road buggies and jigsaws. We also saw in staff meeting minutes the registered manager thanking staff for staying late to enable people to attend a disco once a month.

During our visit we saw people engaging in pastimes that had been recorded in their support plans as particular interests. For example one person had a desk in their room and was spending time drawing, another had an interest in cars and showed us their collection of model cars.

People had been on holiday, supported by staff and there were pictures from this on display in communal

areas. We asked people if they had enjoyed their holiday and we were given a positive response and a thumbs up. Minutes from residents meetings showed that further holidays and trips out were planned. The service had a season ticket for a local zoo and at the time of our visit a Christmas excursion had been planned to a nearby safari park. This showed that people were able to engage in a variety activities and the service took steps to ensure they were not socially isolated.

A member of staff told us, "They do allsorts they're not just cooped up indoors. There are good staff who are happy to take people out. Sometimes it can be as simple as a walk to the beach, I love getting them out and about."

One person was supported to attend church services every Thursday and Sunday. We were told by the registered manager that the church was some distance from the service but the person had been part of this particular congregation for a long time and they recognised the importance of enabling this continuity. The registered manager told us, "Staff support [name] as it is very important for them to keep up their religious practice and it is a church they have attended for many years." This showed that people's religious needs were being considered and catered for appropriately.

The service had a clear complaints policy in place. This was on display in communal areas in easy read format. Concerns and complaints were recorded and acted on appropriately. A full log of all actions taken was not always kept as we were told of a meeting with relatives that had taken place but this was not recorded. During feedback we discussed the importance of keeping a complete record of how complaints had been handled and the registered manager confirmed that this would be adopted going forward.

Some of the relatives we spoke with had previously made complaints or raised concerns when they were unhappy with things and in general they felt that their complaints had been resolved satisfactorily. One relative told us, "They're careful now because since I complained in writing they know I'd be straight on it if something wasn't right."

Is the service well-led?

Our findings

The registered manager carried out some quality assurance checks to monitor and improve the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager carried out a six monthly health and safety audit. Monthly audits of medicines and were conducted but these were not robust enough to highlight the issues we found during our inspection. At the time of our inspection these were the only audits being carried out.

This meant there was not sufficient management oversight to ensure that the service was running safely or to identify areas in need of action or improvement.

These findings evidenced a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17: Good Governance.

Throughout our visit we saw that people who used the service and staff were comfortable and relaxed with the registered manager and each other.

Staff felt well supported by management and colleagues. One member of staff told us, "I know I can go to [registered manager] or [deputy manager] if I have an issue. [Deputy manager] is brilliant, they go above and beyond."

The registered manager told us, "All the staff are fantastic, I really can't fault them." We saw evidence that the manager gave positive feedback to staff during staff meetings.

Staff meetings were held on a monthly basis. We saw minutes from these meetings and topics covered included training, upcoming activities, medicines best practice and relative's feedback. There was also general discussion around the care and wellbeing of the people using the service.

Staff felt these meetings were worthwhile and one member of staff told us that when they had been unable to attend due to illness, steps had been taken to ensure they were able to participate. They told us, "I really wanted to be involved so [registered manager] agreed that I could join the meeting via Skype. I thought that was really good."

Staff felt that they were involved in developing the service. One staff member told us, "I do have input and I am happy to speak up. If I have raised anything then they have done something about it."

Relatives knew who the registered manager was and told us they knew how to contact them if necessary.

The registered manager told us they had a positive relationship with the local authority. They told us, "We've worked with the local authority very well. To the best of our knowledge we have a good working relationship. They are very helpful and if we need to ask their advice we just need to send an email."

The registered manager told us that one of their main challenges was moving everything to the online system. They told us, "We have two systems at the moment. Everything is moving to the electronic system and we are getting things online but it is a 'work in progress'. We are working to improve things all the time."

The registered manager told us that an annual survey was sent to relatives and this had been postponed slightly to allow the relatives of people who had recently moved to the service to have opportunity to give feedback. We were shown the completed surveys that had been returned and the registered manager confirmed that action had been taken to address issues raised, for example improvements to the exterior of the property.

Although they did not give specific examples both staff and relatives told us they thought there had been an overall improvement in the service recently. A member of staff told us, "Things are getting better." A relative said, "Things are improving."

The registered manager told us they felt well supported by the registered provider but they were not receiving any supervision. The deputy manager had also not had any supervision sessions. We discussed with the registered manager the need for appropriate managerial support to be available to them and they were going to follow this up after our inspection. .

The registered manager understood their role and responsibilities in relation to compliance with regulations and notifications were sent to CQC as required.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who used the service were not protected against the risks of unsafe or ineffective care because appropriate checks were always not being done to ensure that medicines were stored correctly. Regular checks had not been done to ensure the competency of staff administering medicines. There was insufficient guidance for staff about administering drugs that were to be given 'as required' and administration records were not always completed.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who used the service were not protected against the risks of unsafe or ineffective care because effective quality assurance of the service was not taking place.</p>