

Freeways

Susan Hampshire House

Inspection report

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15 June 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on the 13 and 15 June 2017. Susan Hampshire House provides accommodation and personal care for 16 people. People who live at the home have a learning disability. Three of the sixteen beds were used to provide short stay breaks for people living in the community either alone or with family. There were 13 permanent people living at Susan Hampshire House at the time of the inspection. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting.

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

The last inspection was carried out in May 2016 where the service was rated 'requires improvement'. This was because there were areas of non-compliance in relation to the lack of records to guide staff when people stayed in the service for short breaks. This had been addressed with risk assessments, personal care plans and other associated documentation being in place. We also found there was not a good response to repairs and some of the areas of the home were not clean and needed redecoration. These had been addressed with some decoration work and flooring being replaced and the home was clean and free from odour. Carpets were now being deep cleaned at regular intervals. Improvements had been noted in respect of how the provider monitors the service and how people and their relative's views were sought. Shortly after the last inspection, the provider sent us an action plan. What they told us they would do had been completed.

Care was effective and responsive to people's changing needs. Staff were knowledgeable about the people they supported and spoke about people as individuals. There were some gaps in the care planning process, which could mean care may not be delivered consistently. This was because the staff were following the local authority care plan. This lacked specific details in some areas and could be open to interpretation.

People were supported to maintain contact with friends and family and take part in activities in the home and the local community. Day care staff were employed to support people in this area.

People were treated in a dignified, caring manner, which demonstrated that their rights were protected. Where people lacked the capacity to make choices and decisions, staff ensured people's rights were protected by involving relatives or other professionals in the decision making process. People had access to healthcare professionals when they became unwell or required specialist equipment.

Sufficient numbers of staff supported the people living at the service. Staff had received appropriate training to enable them to support people effectively. Staff were supported by the registered manager and they had

regular one to one sessions with a senior member of staff. Team meetings were organised monthly enabling staff to keep up to date, discuss the running of the home and the welfare of the people they supported.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and, staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the equipment, fire systems and safe recruitment processes. Suitable arrangements were in place to ensure people received their medicines safely.

Systems were in place to ensure that any complaints were responded to. People were involved in the running of Susan Hampshire House and their views sought. People were involved in the recruitment of staff and their views sought on activities, menu planning and the décor of the home. Surveys had been reintroduced since the last inspection.

The staff, the registered manager and representatives from Freeways Trust completed regular quality checks on the systems that were in operation in the home to ensure they were effective. Some improvements were needed including ensuring the provider was responsive to requests such as training. Improvements were required to the overview records for complaints and accidents and incidents so they could be monitored for any themes or trends.

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 is safe.

Improvements had been made to ensure there was guidance for staff on keeping people safe when staying in the home for short breaks and ensuring the home was clean and repairs were responded too promptly.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

Recruitment procedures were robust to ensure people were supported by staff that had the right skills and were suitable to work with vulnerable adults.

Medicines were well managed with people receiving their medicines as prescribed.

People were supported by sufficient staff and this was kept under review.

Is the service effective?

Good ●

The service was effective.

People were involved in making decisions. People's freedom and rights were respected by staff who acted within the requirements of the law.

People were supported by staff who were knowledgeable about their care needs. Other health and social care professionals were involved in supporting people to ensure their needs were met.

People's nutritional needs were met. People were supported to make choices about what they wanted to eat.

Staff were trained and supported in their roles.

Improvements had been made to the decoration of the home and this was ongoing.

Is the service caring?

Good ●

The service continues to be caring.

Is the service responsive?

The service was not always responsive. This was because some people did not have a person centred plan of care guiding staff on how they liked to be supported.

People were supported to take part in regular activities in the home and the community.

People could be confident that if they had any concerns these would be responded to appropriately.

Requires Improvement ●

Is the service well-led?

The service was not always well led. There had been improvements in the service in respect of promoting care that was tailored to the person and taking action in respect of the previous concerns raised at the last inspection. However, some actions were still needed to ensure compliance including the provider supporting the service.

The staff spoke positively about the registered manager and the support that was in place.

People's views and their representative were not being sought through annual surveys.

There was a clear management and support structure in place. Staff and relatives spoke positively about the leadership in the home. The team worked together to meet the needs of people and there was a commitment to provide individualised care that was tailored to the person.

The views of people, staff and relatives were taken into account to aid improvement in the home.

The quality of the service was regularly reviewed by the provider/ manager and staff.

Requires Improvement ●

Susan Hampshire House

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 an updated rating for the service under the Care Act 2014.

This was an unannounced inspection, which was completed on 13 and 15 June 2017. The inspection was completed by one inspector. The previous inspection was completed in May 2016 where there were breaches to the regulations and the service was rated as requires improvement overall. The provider submitted an action plan shortly after the inspection telling us how they were going to address the breaches in regulations.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events, which the service is required to send us by law.

We contacted three health and social care professionals to obtain their views on the service and how it was being managed. You can see what they told us in the main body of the report.

During the inspection we looked at five people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed and recruitment, supervision and training information for staff. We spoke with seven members of staff, a relative and the registered manager for Susan Hampshire House. We spoke with four people and observed interactions between staff and the other people living in the home.

Is the service safe?

Our findings

People told us they felt safe living at Susan Hampshire House. People were actively seeking out the staff, the registered manager and the deputy manager. People looked relaxed and comfortable with the staff that were on duty. However, two people told us they were not happy because of a recent outbreak of scabies. They told us they were fed up that they had to put on cream, which still did not stop people from getting it. The registered manager promptly offered them reassurance and told them how what they were planning to address their concerns.

The registered manager told us they had consulted with public health and the GP about the outbreak of scabies and their advice was being followed. Three people were being treated for this at the time of the inspection. They recognised this had been going on for a period of two years. There was a period of eight months where people were free from the infection. They told us they were planning to close the service completely for four days when people would be treated. The plan was for everyone to have a four day break whilst industrial cleaners deep cleaned the home. The registered manager was well informed of the condition and the treatment. From reviewing records and speaking with staff it was evident that they were taking a proactive approach, which included involving people and their relatives. Clear signage was displayed on the entrances of the home, explaining about the outbreak and advising visitors to speak to staff. This was to ensure it was not spread further. We noted there was no hand gel in the home so staff, people and visitors could use this at regular intervals. The registered manager ensured this was in place by the second day. However, it was recognised this would not prevent a person catching the infection.

We found at the last inspection people were not always safe, because security to the building was compromised, as the front and back door were not locked and often left open. During the last inspection, a member of agency staff and a pharmacist had entered the building without knocking. Relatives had also raised concerns about the lack of security. The front door has now been made secure with a video monitor in situ, with visitors now having to ring the doorbell to gain access. Clear signage was in place telling visitors to do this before entering. This was important because it was people's home. Those people that accessed the community independently had the security code to gain access in and out of the building affording them their independence. The provider had taken appropriate action to address the breach in regulation.

Since our last inspection, the provider had replaced carpets in the corridors, two bedrooms and the small lounge upstairs. They had also replaced all the lighting throughout the corridors. Staff told us repairs were completed within in a timely manner. The registered manager told us the Freeways Trust was planning to refurbish two of the shower rooms and, was replacing the specialist bath on the ground floor. They had also replaced missing tiles in a ground floor bathroom. These actions demonstrated compliance to the breach we found last year.

Our findings from our last inspection showed that most people were receiving a safe service because there were risk assessments describing the actions staff needed to keep people safe. However, this was not in place for people who stayed in Susan Hampshire House for short breaks (respite care). Since the last inspection, improvements had been made for these people with risk assessments being completed in all

areas of daily living. The provider had taken appropriate action to address the breach in regulation.

Care records included risk assessments about keeping people safe whilst encouraging them to be independent. Some people were able to access the community independently, be involved in cooking their meals and were responsible for their own money and medicines. It was evident people were empowered to take control over their own lives where they were able. People's mental capacity had been taken into account when such choices had been made and their right to take informed risks had been respected.

We found at the last inspection not all areas of the home were clean. This had been addressed and all areas were clean and free from clutter. Staff told us they regularly deep cleaned the home, which included cleaning carpets. The registered manager told us a cleaner had been employed and had started the day before the inspection. They were working three days a week to help with general and deep cleaning of the home. There were no lingering odours and the home was clean and tidy. Two relatives commented in a recent survey stating, "The home is always clean and spacious" and, "Always clean and tidy". Cleaning schedules were in place and the home had completed an infection control audit.

Staff told us there was enough staff working in the home. There was usually three staff working in the morning and three to four staff in the afternoon/evening. There was a waking and sleep in member of staff working at night. The registered manager and the deputy manager told us they planned staffing flexibly to provide opportunities for people to go out. Additional staff were employed to enable people to attend social events, social clubs and health care appointments and, provide one to one support. One person had individual support every day from 11 to 4pm. Regular bank or agency staff were covering this. From our observations on both days, this person evidently had built good relationships with the staff and was engaged throughout. Day care workers employed by Freeways organised activities for people during the day and evening.

Staff were confident that the registered manager would respond to any concerns raised about poor practice. A safeguarding adult's policy was available for staff to guide them on the procedure to follow. There was a whistle blowing policy enabling staff to raise concerns about poor practice. These were displayed on the office notice board. Staff told us safeguarding training was updated annually and regularly discussed at team meetings. Where safeguarding alerts had been raised, the registered manager had taken appropriate action to minimise the risks to people. The registered manager and deputy manager had recently attended training with the local authority on supporting them to complete investigations where there had been an allegation of abuse.

Staff told us last year, an external organisation had been invited to a resident's meeting to talk about hate crime. Accessible information was available to people explaining what this meant and whom they could contact if they had any concerns. People told us they would speak with staff, the registered manager or family if they had any concerns. From records, it was noted that one person had raised concerns about a situation when they were out of the home. Staff had supported them through the process and spoke to the appropriate people. Staff told us they wanted to make sure the person was safe and not being taken advantage of because of their learning disability. It was evident this was resolved to the satisfaction of the person.

Environmental risk assessments had been completed, so any hazards were identified and the risks to people removed or reduced. Staff had a good awareness of risks and knew what action to take to ensure people's safety.

Checks on the fire and electrical equipment were routinely completed. Staff completed monthly checks on

each area of the home including equipment to ensure it was safe and fit for purpose.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed by the registered manager or the deputy manager. The registered manager had assessed the risks when people wished to manage their own medicines. One person had been assessed as being safe to self-administer their medicines. Information was in place describing the support the staff gave and what the person could do for themselves.

Each person had a file containing their medicine administration records, an up to date photograph, preferences on how they liked to take their medicines and information in respect of medicines they were prescribed. This included the reason the medicine was prescribed and any known side effects and allergies. Information was available to staff on 'as and when' medicines such as pain relief or remedies for a specific medical condition such as diabetes. This included what staff should monitor in respect of when and how these medicines were to be given.

The provider followed safe recruitment practices. We looked at the recruitment files for two newly appointed members of staff and found appropriate pre-employment checks had been completed. All members of staff had at least two satisfactory references and had received a Disclosure and Barring (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. The staff files were well organised and followed a logical sequence.

Is the service effective?

Our findings

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, chiropodist and an optician and attended appointments when required. People had a health action plan, which described the support they needed to stay healthy. Staff told us regular checks were completed to ensure appointments were not overlooked. We saw the registered manager had written a message in the communication book reminding key workers to check people had been to the dentist. Where people's needs had changed referrals had been made to other health care professionals. This included the community learning disability team, which is made up of nurses, physiotherapists, dieticians, occupational therapist and consultant psychiatrists.

The registered manager told us there were two GP surgeries that the home used. This was because people were offered an opportunity to choose their GP practice. Two people told us at the last inspection they had chosen to remain with their practice as they had been with them for years.

People told us they liked the food that was available to them and there was a choice. People were asked for any ideas for the menu at the monthly resident's meetings. From reviewing the menus, people's choices were incorporated into the planned menu. We observed some people making their own lunch, which consisted of a choice of sandwiches. They were also able to make their own drinks. Daily records were maintained of what people had eaten and whether they had enjoyed the meal.

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 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. We asked four members of staff who was subject to a DoLS authorisation, they were fully aware of who had one in place and the reasons. Staff had received training in this area and it was a regular topic of conversation at staff meetings. This was an improvement on what we found at the last inspection.

Each person had been assessed using a pre-checklist to determine whether an application should be made. The registered manager had notified us about the outcome of the authorisations. Policies and procedures were in place guiding staff about the process of DoLS. Four people had an authorisation in place. This was because people lacked the mental capacity to make the decision on whether they wanted to live in Susan Hampshire House and required constant supervision to keep them safe.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. People's care plans described how the staff supported people to make day to day decisions, for example what to wear, to eat and drink and how they wanted to spend their time. Staff confirmed verbal consent was always obtained before assisting a person. Staff were aware of those decisions that people could and could not make for themselves. Examples of these included decisions about healthcare monitoring where people may not be able to understand the relevant information. Other health and social care professionals and relatives were involved in this process.

A member of staff told us they were in the process of completing an induction, which consisted of some face-to-face training and working through an induction pack. Another member of staff told us they had two more training sessions and they would have completed theirs. This programme met the requirements of the Care Certificate and consisted of 15 modules. The registered manager and deputy manager monitored progress and completion of the modules. The registered manager told us staff had 12 weeks to complete the care certificate. The registered manager told us they supported each staff member through the process and they could extend the timescales if the staff member needed additional support.

There was a training programme in place, which was monitored by the registered manager and the provider. All staff had to complete annual refresher training. Examples included safeguarding, health and safety, first aid, safe medicines administration and moving and handling, deprivation of liberty safeguards and mental capacity. Specialist training was given to enable the staff to meet people's specific support and health care needs. This training included supporting people with autism and epilepsy, eating, drinking, and managing behaviours that challenge.

There was a training plan in place that had been submitted to the training department at Freeways. The registered manager was in the process of organising some specialist training in supporting people with learning disability who had a diagnosis of dementia. Three members of staff told us they only needed to ask the registered manager for training and they would look at how this could be provided. Another member of staff told us, "Freeways training is second to none and a lot better than other care providers".

Staff confirmed they regularly met up with a senior member of staff to discuss their performance and any training needs. There was an expectation that all staff would receive one to one supervision every four to six weeks. There was a supervision plan in place and it was evident staff were now receiving supervisions more frequently. A member of staff told us they could always go to the registered manager and request supervision and they often met up informally to discuss any concerns or ideas. The registered manager told us in their completed provider information return (PIR) they were completing an annual appraisal with each member of staff. They told us they were also completing a competency framework on various aspects of their role with each member of staff. The individual staff member scored their own knowledge and skills in relation to providing support to people and this was then checked out by a senior manager. This process had started for staff with records being completed.

Since the last inspection, some areas of the home had been redecorated including the corridors. This included new flooring. These areas now looked brighter. Some of the bedrooms had been redecorated with new carpet being fitted. The registered manager told us they were in the process of ordering new furniture for the conservatory and the lounge. They told us the plan was for the conservatory to be rearranged so that it did not have the appearance of being a corridor. The conservatory opened out on to a very pleasant garden, where there was sufficient garden furniture, a summerhouse and raised flowerbeds. This area was secure. There was parking to the rear of the property.

Staff confirmed the kitchen extractor fan had been replaced since the last inspection. This was important, as

this was the only means of ventilation for this area as the kitchen was in the centre of the home with no access to a window. Staff told us they were planning to purchase a new cooker that was larger than the present one. They told us this was important when the home had full occupancy.

Is the service caring?

Our findings

People showed in many ways they liked the staff that supported them. This included seeking staff out, sitting with them and talking with them. Staff spoke about people in a positive and caring manner. One person told us, "The staff are nice, they take me out to the shops and meals".

Staff knew people's routines and how they liked to be supported. People were supported in a dignified and respectful manner. People were asked how they wanted to be supported, where they would like to sit and what activities they would like to participate in. Staff were kind in their approach and greeted people when they walked into the lounge areas. Staff were actively asking people about their day and what they had or not enjoyed. They recorded their responses so this could be monitored and any adaptations made to their care and support. For example on one person's daily record they said they did not like to stay in the home all day. Staff were very aware of this and tried to support the person to go out daily with records kept.

People were asked for their opinion on what they thought of potential members of staff and two people had been involved in the interview process. This showed that people were involved in the recruitment process and their opinions were valued. Staff before they started to work at Susan Hampshire House, had visited the home, this helped them to ensure they understood what was expected of them and it gave them an opportunity to meet with people and the staff.

Staff were knowledgeable about the people they supported. This included knowing what the person liked, disliked, their personal histories and interests. They described people as individuals and spoke positively about their personalities and how they supported them.

Everyone had their own bedroom, which they could access whenever they wanted. People were observed moving around their home freely. Some people chose to spend time in the conservatory and the dining room speaking with staff. People were relaxed in the company of staff and the atmosphere was friendly. Staff checked on those people that wanted to stay in their bedroom. One person was listening to music and staff were observed talking with them about their favourite type of music. Another person was being supported by a member of staff to put their laundry away.

People's privacy and dignity was maintained. Staff were observed knocking on people's bedroom doors prior to entering. On the first floor, there was an additional lounge and activity room where people could spend time if they wanted a quieter environment or entertain their visitors.

People were encouraged to be independent as much as they were able. Some people went out independently of staff, whilst others needed support. Care records included information about what people could do for themselves. A member of staff said, "For X, we run the bath so we can check the temperature, and wash their hair and then they can do the rest", and for another person, "We only offer prompts as they are independent in this area, or discreetly remind them to change their clothes". It was evident care was tailored to the person. People were observed making drinks and snacks throughout the inspection. There was a training kitchen on the first floor, which the day care staff used to encourage independence in cooking

or to make cakes. This was also available for those people on respite care that wanted to continue to cook for themselves.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Some people saw family members regularly, however not everyone had the involvement of a relative. People confirmed family could visit whenever they wanted.

The registered manager told us in the (PIR) they were introducing new documentation on supporting people to record their end of life wishes. Copies of these were in people's files ready to be completed. This will be followed up at the next inspection.

Is the service responsive?

Our findings

Improvements had been made to ensure that people who were receiving short breaks (respite care) had an up to date care plan and information about how they wanted to be supported with personal care. Since the last inspection, the registered manager had liaised with the local authorities responsible for the funding of the care to obtain an up to date care plan for each person. Where people had specific needs, the staff had written a care plan describing the support that was required. This included a care plan on supporting people with their personal care and health care needs. Daily records were now in place that showed how staff were supporting people visiting the home for a short break. Each time a person visited a booking form was completed, which enabled the staff to check out if there were any changes to the person's support and care needs including medication. Staff had requested up to date care plans from the placing authority. This meant they had current information about each person they were supporting. The provider had demonstrated compliance to the breach in regulation.

Improvements had been made to the way staff record daily care. A new format had been introduced, which enabled staff to capture more information about the person. This included a section on personal care, activities, food choices and what went well and not so well. Information was more detailed than what we found at the last inspection. This enabled staff to review and monitor the care being delivered and to make changes where required.

The majority of people were supported to have care plans that reflected how they would like to receive their care, treatment and support. Care plans included information about their personal history, individual preferences, interests and aspirations. They showed that people were involved and were enabled to make choices about how they wanted to be supported.

One of the new people did not have a care plan for all aspects of their care. The registered manager told us they were working from the local authority care plan. We saw that this plan made very broad statements such as, to support with leisure and work to assist. There was a risk that this would be open to interpretation. It also meant there was no measurable outcome for the person or person centred guidance for staff.

Another person did not have a care plan on how to support them with eating and drinking. It was evident that this person needed support from staff. We saw in a record of attendance at a health appointment that this person should be using a blue coloured teaspoon and a beaker with no handles. This had not been captured in a care plan on how to support the person. Whilst staff on duty confirmed the use of a teaspoon, they told us the beaker had not been very successful. There was guidance from the speech and language team but this did not include the use of the beaker. The lack of guidance could put these two people at risk because of care not being delivered in a consistent way.

This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person-centred care.

People were assessed prior to moving to the home. Since the last inspection, three new people had moved to Susan Hampshire House. We reviewed one of these people's care records and found the staff had met with the person and other health and social care professionals. The registered manager told us this person had moved to the home and they had received very little information from the previous provider. They told us they were not informed about an eye condition and a previous best interest meeting. However, once they had contacted other health professionals they had gathered more information to enable them to support the person. This included liaising with the person's optician and the eye hospital. At the last inspection, we were told people were offered opportunities to visit Susan Hampshire House as part of the assessment process for tea visits and overnight stays. From talking with the staff and a new person and our observations, people had settled in well to life at Susan Hampshire House.

The registered manager told us the expectation of the organisation was that they followed the local authority care plan and put in reactive or proactive strategies where a care and support need was identified. However, it was clear this was not the case for the two people's records we viewed.

The registered manager told us they were planning for an external facilitator to assist with developing person centred plans for each person. Dates had been arranged for July 2017. They planned for each person to be involved along with family and health and social care professionals where relevant. Staff confirmed they would also attend where they were the keyworker for the person. A member of staff told us, they were looking forward to completing these for each person. They said, "Although we treat people as individuals and care is person centred, this will just improve the service because it will be more formalised". Another member of staff said, "I am looking forward to being involved, and being part of the next phase of Susan Hampshire House, it can only get better".

People told us about the activities they regularly took part in. Day care staff were employed to organise activities for people during the day and evenings. There were two staff that had primarily taken on the role of organising this with people.

People were engaged in meaningful activities on both days of our inspection. Five people had been supported to go to a local social club for people with learning disabilities. There were art and craft groups, gardening group and various trips to the local shops or places of interest.

Other activities included accessing the local leisure centre, participating in a local dementia awareness group that was open to all the community, theatre and cinema trips, gardening, arts and crafts, cookery, photography and sing along groups. People also attended luncheon and coffee mornings at the local church and a disco organised in Bristol for people with a learning disability. Weekly trips were organised based on where people had decided to go. People were asked what activities they would like to participate in at resident meetings. Staff told us some activities were organised on a theme, such as public transport, people completed quizzes, looked at the various methods of transport and visited the railway museum in Swindon.

Last year five people had achieved a Gateway award. The award encourages people to gain new skills and experiences, become more independent, make friends, be active in the community and to have better health and wellbeing. The registered manager told us this was a positive achievement for the five people an award ceremony had been held to mark the occasion back in the summer of last year. Photographs were displayed in the home of the event.

People told us external entertainers visited regularly. One person told us the staff had organised a group to come in and sing for their birthday. Staff told us usually people liked to have entertainers in for their birthday

and a party tea would be organised. Staff told us this happened usually every month. People were supported to go on holidays and this topic had been discussed at a recent resident's meeting. Some people were planning a trip to Butlins and others were still deciding. From talking with staff it was evident people were able to choose where they wanted to go and what they wanted to do. People told us they had all recently had a break in a hotel in Cardiff. This was part of the plan to help with treating the scabies. The registered manager said the provider had funded this because they needed the home to be empty from people for 72 hours. People told us this had been fun and were aware that a further break might happen which would be for four days. The registered manager was liaising with public health to ensure this was appropriate action.

Since the last inspection, one person was now going out for short walks to the local supermarket. Staff told us this had been positive. At the last inspection, we were told this person did not like to leave the grounds of Susan Hampshire House. They said they had taken small steps at first to gain the trust of the person. Now they were going every day. This demonstrated that the staff were responsive to people's changing needs. They also told us this person was much more settled when having personal care. They felt this was because staff were more consistent and there was a calmer atmosphere in the home.

Staff told us they were monitoring some people, as they were getting older. Some people were now developing dementia and it was evident the staff were liaising with other health and social care professionals in the early diagnosis of this. This meant people could receive the appropriate treatment to slow down the condition. Staff told us the registered manager was planning training on this area. The day care workers were developing memory books for people, which included pictures of the things they liked to do and what was important to them. One member of staff told us they often sat with one person looking at family photographs and talking about them. They said sometimes they got upset and other times they would happily talk about their family and friends. They told us when they got upset they often did something else like tidying their room as a means of distraction.

Daily handovers were taking place between staff. A handover is where important information is shared between the staff during shift changeovers. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. Written records were maintained to enable staff to keep up to date. This was useful if staff had not worked in the home for a period of time.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. Complaints were recorded with any action taken to address the concerns including providing feedback to the complainant. The service had received seven complaints in the last twelve months. Some of these were people raising concerns about other people's behaviour, a complaint from the neighbour about a skip being in the garden and one about missing bedding. The complaints had been investigated by the registered manager or by the provider. There was a record of the outcome of the complaint and whether the complaint was dealt with satisfactorily. The provider may wish to note that the overview record could contain more information as this did not reflect the nature of the complaint. For example, three of the entries stated 'telephone call' but this was in fact complaints from a neighbour. This would enable the provider to quickly identify any themes rather than reviewing each complaint.

The provider told us a senior manager had the responsibility to produce an annual complaints audit for Freeways which identifies themes at a provider level and this is shared with all services.

Is the service well-led?

Our findings

There was a registered manager in post, with a more stable team of staff. The registered manager had worked in the home for the last three years. They had worked for Freeways for the past 19 years in various roles. This included the role of a registered manager in another Freeways' home. The registered manager told us the majority of the team had started working in Susan Hampshire House in the last two years.

The registered manager was supported by a deputy manager and a team leader. It was evident that the registered manager and the deputy manager were enthusiastic and promoted the ethos of person centred care.

Staff and people spoke positively about the management and their colleagues. A person told us, "(Name of manager) is good as gold" and another told us, "He is a nice manager". They described a culture that was supportive, where the focus was the people that lived in Susan Hampshire House. Observations of how staff interacted with each other and the management of the service showed there was a positive and open culture. Staff were clear about their roles and responsibilities as well as the organisational structure and who they would go to for support if needed. Staff told us the management team were supportive and approachable should they have any concerns. They also confirmed regular visits were completed by a provider representative/line manager.

The registered manager told us they had to complete a bi-monthly report on a number of areas including complaints, staffing, accidents and incidents and finances. This is then checked by a visit from a peer manager before a senior manager also visits to check the service in line with this report as well as conducting service checks on paperwork and systems. The senior manager also speaks with service users and staff. This enables the provider to have an overview of the service and any risks so these can be addressed by the manager with the support of the senior management team."

In addition, the registered manager told us they received monthly supervision from their line manager, which included discussions about care delivery, staff and the general running of the home. The registered manager told us since the last inspection, they had to complete an audit that was in line with our key lines of enquiry looking at whether the service was safe, effective, caring, responsive and well led. A checklist was in place that had to be completed.

There was a culture where people felt included and their views were sought. Monthly resident meetings were taking place where people's views were sought about the running of the home, activities, menu planning and any planned works in the home. People were consulted about the décor and colour schemes. People were consulted about their care through monthly reviews. Key workers compiled a monthly summary on what had happened throughout the month in respect of care, health appointments and any concerns. People were also consulted about what goals they would like to work on over the next month. In addition, annual care reviews were held between the people who used the service, their relatives and other professionals involved in their care. People were also involved in the recruitment of staff.

Since the last inspection, the registered manager had re-introduced surveys for people who use the service,

their relatives and visiting professionals. Feedback from the surveys indicated that people and their relatives found the service to be either excellent or good. Comments from the surveys included, 'Manager easy to contact and they will contact me if there is a concern', and, 'First class with time taken to put at ease, all staff knowledgeable. When visit feel like a friend'.

People's views were also sought through an electronic device, which enabled them to answer questions on whether they were happy with the service. The deputy manager said they tried to use this regularly with people. This was fed directly to the provider for them to collate the responses with a report being sent to the home on a three monthly basis.

A relative said in a completed survey, 'This team really works; it has taken some years to develop'. The registered manager told us the majority of the team were relatively new and had been employed in the last two years. They told us the team was now cohesive, stable and working in a much more person centred way. They told us the culture of the home was now changing. They said morale was generally positive within the home.

The registered manager told us there had been a recruitment initiative and now there was a pool of bank staff that regularly worked in the service. They told us they wanted to reduce the amount of agency staff useage. The registered manager said they had looked at how they could encourage more bank staff to work at Susan Hampshire House, which included looking at possible incentives such as travel time. This was because some of the bank staff refused to travel to Yate from Bristol. The registered manager said bank staff now had travel time included in their hours. They said this had been very beneficial and had reduced the use of agency as more bank staff were working at Susan Hampshire House. One person received one to one support during the day, previously this had been covered by agency staff but now familiar bank staff cover the majority of this. The registered manager told us this had a real positive impact as the person was more relaxed, was doing a lot more as a consequence and there had been a significant reduction in incidents. This was because regular and familiar staff were supporting this person. Records seen confirmed this and the reduction in incidents.

The provider conducted unannounced mock inspections. This reviewed systems and documents. People were spoken with to gain their feedback in areas such as menus, keyworkers and the environment. A report was produced in an easy read and pictorial format. It clearly showed recommendations for improvement such as developing the care plans to ensure they were accessible and easier to navigate. This work was beginning in July 2017. The registered manager said that due to the outbreak of scabies this had been slightly delayed to prevent further spread as they were using external facilitators.

Information was displayed about the 'Choice and Voice' Group, which was run by the provider and involved people from all the homes operated by them. This was a group that discussed the provider's policies and new practices. Two people told us they were actively involved in this group and met regularly at Leigh Court at the main office of the provider. This showed that people were involved in the running of the service. They were planning to attend a conference the day after the inspection. They did tell us it was difficult to get there and took a long time. This was because they had to travel on two buses, one from Yate and then a change in Bristol.

Staff meetings were regularly taking place where they were able to participate in discussions about the running of the service and the care and welfare of people. Any changes to the care practice, the running of the home and key policies were discussed. Meetings ensured staff were kept informed about the service and their individual responsibilities. Records of these meetings were maintained. Staff were able to read these if they were unable to attend the meeting so they knew what was discussed and any agreed actions.

In addition, to the team meetings staff had a team training day away from the home. The registered manager told us this had focussed on meeting people's needs in a person centred way, talking about specific people and their changing needs and an opportunity to provide training for staff. The registered manager told us in their completed provider information return that these were now happening three times a year rather than once. Staff told us these were beneficial and enabled them to develop as a team.

The quality of the care provided was maintained and improved by the service. There were a variety of reviewing and monitoring systems to ensure the quality of care was maintained and improved. The area manager completed a quality assurance inspection every two months. This covered all areas of the service. However, we saw that the staff had made some training requests in respect of specific training around the use of the hoist. This was requested in December 2016. This had been reviewed in May 2017. The record showed they had not received a response from the provider. The registered manager confirmed that this still had not been delivered. They told us they were not using the hoist as they had other aids to assist if a person fell to the floor.

The registered manager had completed and returned the Provider Information Return (PIR) within the timeframe allocated and explained what the home was doing well and the areas it planned to improve upon. This included ensuring care plans were person centred. On the second day of the inspection, the registered manager told us they had discussed our feedback in relation to the care plans and the importance of translating the local authority care plan into individualised plan of care describing the support people needed. They told us they were planning to discuss this at the next person centred project group that they were a member of to ensure learning could take place across all Freeways' residential services.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. Like the complaint overview record this would benefit from more information one entry just stated 'in office'. This did not capture the nature of the incident or the person or what action had been taken. The registered manager told us they reviewed all accidents and incidents to ensure appropriate action had been taken and a copy was sent to the provider.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care How the regulation was not being met: People who use services and others were not protected against unsafe care and treatment because there were some areas there was no guidance/ care plans for people. Regulation 9 (1)(a) (b) (c) (3) (a) (b) (c) (d) (e) (f)