

Franklin Homes Limited

# Sunningdale House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 27 July 2016 and was unannounced.

Sunningdale House is registered to provide personal care and accommodation for up to 13 adults who have mental health problems. The property is located in a pleasant residential area of Harrogate, close to local amenities. The property is made up of two adjoining older terraced houses that have been converted into one property and adapted for use as a care home. The accommodation is arranged over three floors. There is a garden to the front of the home and a courtyard to the rear. At the time of our inspection there were 13 people using the service.

The service is required to have a registered manager as a condition of their registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection there was no registered manager, as the previous manager had left in January 2016. A new manager had started four weeks before our inspection but had not yet registered with the Commission.

We found that the absence of a registered manager since January 2016 had impacted on some management and governance systems. Quality assurance systems were in place and a range of audits were conducted, however some actions identified in audits and the service's improvement plan had not been addressed.

We found that people's needs were assessed and some risk assessments were in place to reduce risks and prevent avoidable harm. However not all risk assessments were up to date, and risks in relation to fire safety had not been adequately assessed or system tested.

Staff received an induction and completed a range of training to help them carry out their roles. The majority of training was completed on-line. Not all staff had received additional specialist training in order to further develop their understanding of the specific needs of some of the people they supported, such as mental health, autism and diabetes. The registered provider advised us they had additional specialist training booked to take place within the next three months. Staff had not received regular formal supervision in line with the registered provider's policy and procedure.

The registered provider had an infection control policy and cleaning schedules were in place. Most of the home was clean, but we found some areas that were not clean and appropriately maintained and we have made a recommendation in our report about this.

Staff had completed Mental Capacity Act (MCA) training and were able to demonstrate an understanding of the importance of gaining consent. However some care files lacked recorded evidence about people's

consent to particular restrictive decisions taken. We have made a recommendation about this in our report.

There were policies and procedures in place in relation to the management of medication, but these were not consistently followed and improvements were required in relation to the storage of medication. We have made a recommendation about this in our report.

The provider had policies and procedures in place to guide staff in safeguarding vulnerable adults from abuse, and staff we spoke with understood the different types of abuse that could occur and were able to explain what they would do if they had any concerns.

The provider had a safe system for the recruitment of staff and was taking appropriate steps to ensure the suitability of workers, although there was some inconsistency in how recruitment records were stored. On the day of our visit there were sufficient numbers of suitable staff to keep people safe and meet their needs, but there had been some staff sickness and turnover in recent months so the provider was taking action to recruit more permanent staff in order to address staff consistency.

People who used the service told us they were happy with the quality and variety of food available, and that they got sufficient to eat and drink. Care plans contained information about people's nutritional needs.

People were supported to maintain good health and access healthcare services. We saw evidence in care files of contact with healthcare services, such as the community mental health team, optician and podiatrists.

People told us that the staff who supported them were kind and caring. We saw that interactions between staff and people who used the service were relaxed and friendly. Visitors were made welcome to the home and people were supported to maintain relationships with their friends and relatives. People accessed local community facilities of their choice.

The registered provider completed care plans which contained information about people's needs, however these had not been consistently reviewed in the four months prior to our inspection. Staff were, however, able to demonstrate a good understanding of people's needs and preferences. People also told us that they were happy with the care they received and that it met their needs.

There was a complaints procedure in place and people using the service told us they knew how they could raise a complaint if they needed to. People also had opportunity to raise concerns in resident's meetings and during contact with their keyworkers.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing, safe care and treatment and good governance. You can see the action we have asked the provider to take at the back of the full version of this 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.

Risks to people were not always appropriately assessed and managed, especially in relation to fire safety.

There were policies and procedures in place in relation to the management of medication, but these were not consistently followed and improvements were required in relation to the storage of medication.

Staff had been trained in safeguarding vulnerable adults and knew how to respond to any concerns.

The registered provider completed appropriate checks before staff started work, to ensure that people were supported by staff who were considered suitable to work with vulnerable people.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff received an induction and refresher training, but staff had not always received additional specialist training in relation to the particular needs of people they supported. Staff had not received regular supervision in line with the registered provider's policy and procedures.

Staff were able to demonstrate an understanding of the importance of gaining consent before providing care to someone but care files did not always evidence people's consent to some decisions which were restrictive.

People were supported to have sufficient to eat and drink and had access to healthcare services, where this was required, in order to maintain good health.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People told us that staff were caring and that they had good

**Good** ●

relationships with the staff that supported them. Interactions we observed between staff and people who used the service were friendly and respectful.

People we spoke with felt that staff respected their privacy and dignity.

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

**Good** ●

The service was responsive.

The registered provider developed care plans to enable staff to provide care in line with people's needs, but these were not always reviewed in a timely way. Staff were, however, knowledgeable and responsive to people's needs.

There were systems in place to manage and respond to complaints, and to listen to the views of people using the service.

People accessed the local community and activities of their choice.

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

**Requires Improvement** ●

The service was not always well-led.

A new manager had started working at the service four weeks before our inspection, after a period of approximately five months without a manager at the service.

Although a deputy manager had overseen the service and ensured that people's needs were met during this period, we found the absence of a registered manager had impacted on the quality and consistency of record keeping, risk management, staff supervision and the ability drive improvements at the service. Quality assurance systems had not effectively addressed these issues.

# Sunningdale 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 a rating for the service under the Care Act 2014.

This inspection took place on 27 July 2016 and was unannounced.

The inspection team consisted of two Adult Social Care Inspectors.

Before our visit we looked at information we held about the service, which included notifications sent to us. Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also received feedback from North Yorkshire County Council's quality and monitoring team.

As part of this inspection we spoke with six people who used the service and one visiting relative. We also spoke with the registered provider's locality manager, the manager of the service, the deputy manager, three members of care staff and a member of domestic staff. We looked at three people's care planning documentation, seven people's medication records, five staff files and a selection of records used to monitor the quality and safety of the service.

# Is the service safe?

## Our findings

We asked people using the service if they felt safe living at Sunningdale House, and people we spoke with told us they did. One person told us, "I like it here. There is no bullying. It's nice here." Others said, "I have my own freedom and staff here keep me safe" and "I feel safe here." People appeared relaxed and at ease with staff during our visit.

The registered provider completed risk assessments in relation to people's individual needs. These included examples such as assessments in relation to nutritional risk, accessing the community independently and making hot drinks. The service had introduced the use of a recognised nutritional risk assessment; the Malnutrition Universal Screening Tool (MUST), but we found that some people's MUST assessments had not yet been completed. We also found that two people's risk assessments had not been reviewed since March 2016, despite the provider's policy for these to be reviewed monthly. We were told that this was because these people's keyworker had gone on maternity leave at that time and their new keyworker, who was a relatively new staff member, would soon be established enough in their role to complete care plan and risk assessment reviews. This showed us that there had been no contingency arrangements to ensure that individual risks to people had been reviewed in the intervening period.

The registered provider also completed a range of service risk assessments, such as cleaning activities, fire systems, infection control, control of substances hazardous to health (COSHH) and gas and electrical appliances. We noted that a number of the generic risk assessments, including the fire risk assessment were out of date and should have been reviewed in May 2016. The locality manager told us this was on the service's improvement plan for completion.

We looked at documents relating to the maintenance of the environment and servicing of equipment used in the home. These records showed us that equipment was serviced at appropriate intervals. This included alarm systems for fire safety, electrical wiring and the gas system. Regular checks were also completed on emergency lighting and emergency exits, although we noted some gaps in the weekly fire drills in June and July 2016. The most recent gas safety record had resulted in a warning with a number of recommendations and there was no evidence on file to confirm that the actions from this audit had been completed. The locality manager checked and confirmed to us that the necessary work had been completed.

We were told that people using the service were able to mobilise independently and that most people would be able to evacuate the premises upon hearing the fire alarm. When we looked at fire evacuation records we noted that on several occasions not all people using the service chose to evacuate the building. It was not always clear from records which people had evacuated and which had not. Staff told us there were two people in particular that regularly did not leave, but this was not recorded anywhere. There were no personal emergency evacuation plans (PEEPs) in place for these people, or for anyone else who used the service, and no instructions on what staff should do if they refused to leave in the event of a fire. PEEPs are used to record the assistance people would need to evacuate the premises in an emergency, including any impairment they had, the support they would need from staff and any equipment they would need to use. This was particularly significant because there was only one staff member on shift during the night and the

layout of the building meant that it was not easy to get around the house quickly; there was only one place, on the ground floor, where staff or people could move from one side of the house to the other. The service had not conducted a fire evacuation practice on a night to ensure this scenario could be managed safely and ensure night staff knew how to respond. We spoke to the locality manager about this; they conducted a practice evacuation the week following our inspection and confirmed that everybody was able to evacuate. They also advised that they had planned a fire evacuation practice on a night the following week. In addition, following the inspection they developed and provided us with copies of PEEPs for the two people who were inconsistent in their response to the fire alarms.

The failure to adequately assess risk in relation to the health and safety of people who used the service, and test the systems in place, was a breach of Regulation 12 (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe Care and Treatment.

The registered provider had an infection control policy, and cleaning schedules were in place in order to ensure the home was kept clean and hygienic. The kitchen had been replaced earlier in the year and was clean and spacious. However, we noted some other areas of the home were 'tired' and in need of redecoration and refurbishment. For instance, in one bedroom we viewed with the person's permission, the flooring was dirty and stained and there was an odour in the en-suite toilet. The locality manager confirmed there was no rolling programme for refurbishment of the home, as repairs and refurbishment were just completed when issues arose.

We recommend the provider takes action to address these issues and review cleaning schedules and refurbishment programmes to ensure all areas of the home are regularly cleaned and furnishing replaced where required.

We looked at the systems in place to ensure people received their medication safely. Prior to our inspection a concern had been raised with us about medication practice at the home. The registered provider had a medication policy. Staff responsible for administering medication were trained in medicines management, and staff confirmed that they were observed administering medication after completing their training to check their competence. We saw records of these medication competency checks.

Most people's medication was stored in locked cabinets in their own rooms. Additional stock was held in a locked filing cabinet within a room in the basement of the home. This medication room was very small and cluttered, which made it a difficult working environment for staff. There was a box of old medication records ready to be archived on the floor, and empty blister packs awaiting return to the pharmacy. There was also an excessive amount of sharps boxes (for safe disposal of sharp waste such as syringe needles) in the room, many of which were not in use. One person's medication cabinet had come off the wall in their room, so staff were having to store this person's medication in the basement room and take it up to them in a carrier bag when it was required. We were advised that the cabinet had come off the wall the week before our visit and that plans were in place to repair it.

Following the advice of a pharmacy audit in December 2015 the home had commenced room temperature checks, to ensure medication held in the basement room was stored at an appropriate temperature. However, these checks stopped on 24 April 2016. Two staff confirmed that the thermometer had broken so room temperature checks had not been completed since then. The locality manager told us that they were not aware of this, and said they would ensure this was addressed. The basement medication room was very warm on the day of our visit. It is important that medication is stored at the correct temperature as excessive heat can affect the potency or effectiveness of some medications. Fridge temperature checks were being recorded at least once a day, to ensure that medications stored in the fridge were held at the correct



temperature. No medication shelf life checks had been completed since March 2016.

We looked at a selection of Medication Administration Record (MAR) charts. We found that the majority of these were appropriately completed, to show that people had received their medication as prescribed. However, we noted gaps on one person's MAR, where they had been on 'social leave' and away from the service for a week and the appropriate code to indicate this had not been entered on to the chart each day of that week. This could have led to misunderstanding about whether medication had been missed on those days. We checked the stock balance for a number of medications and the stock held tallied with the stock level recorded on the MARs, apart from in one instance where staff had incorrectly recorded the number of doses of medication left, rather than the number of tablets held (there were two tablets per dose).

Staff were able to tell us the procedure they would follow if they found that anybody had not received their medication as required. The senior support worker completed a weekly medication check and where any discrepancies or medication issues were identified they notified the manager or deputy. The manager then included any medication errors on their monthly management report submitted to the locality manager. We observed that staff sought appropriate medical advice when people choose to act in a way that could affect their medication, such as drinking excessive alcohol.

This showed us that there were systems in place to ensure people received their medicines as prescribed, but improvements were required to ensure systems were consistently followed, especially in relation to the storage of medication. The locality manager advised us that they had already arranged additional face to face medication training as a result of a recent medication error investigation.

We recommend that the registered provider seeks guidance from an appropriate source in relation to the storage and administration of medication and takes action to ensure systems are consistently followed.

The registered provider had policies and procedures in place to guide staff in safeguarding vulnerable adults from abuse. Staff received training in safeguarding vulnerable adults via an eLearning package. Staff demonstrated an understanding of how to safeguard people who used the service; they understood the different types of abuse that could occur and told us they felt confident about how to report any concerns.

We looked at the registered provider's safeguarding file and noted that there were comprehensive records held in relation to safeguarding referrals and investigations until 2015, but there were no records in this file about three safeguarding issues the provider had notified us about this year. The locality manager told us about the outcome of a recent safeguarding investigation, which showed us that the provider had worked with the local authority to investigate the concerns raised and had taken appropriate responsive action as a result. We saw service user meeting minutes which showed staff had discussed the local authority's protecting adults at risk policy with people who used the service. There was also a leaflet on display in the dining area called 'Keeping safe from abuse' which explained what people should do if they had concerns about anything.

The registered provider also had a whistleblowing policy, which enabled staff to report issues in confidence and without recrimination. This showed that the registered provider had a system in place to manage safeguarding concerns and protect people from abuse.

We spoke with staff and people who used the service about the availability of sufficient staffing to meet people's needs safely. People who used the service did not raise any concerns with us about staffing levels and told us they were able to go out when they wanted to and got the support they needed. Staff told us, "Staffing levels are okay now; I feel we are more on track. It has been difficult today as a couple have rung in

sick. I feel supported and management are flexible about the rota." Another told us, "Overall the service works great. One problem has been the constant changes in staff. There is a high turnover rate. We try not to use agency staff. Staffing has got better but there has been a problem with sickness this month." The manager also confirmed that the service had had difficulty with recruiting and retaining staff, and that the registered provider was taking steps to address this. We looked at the last four weeks rotas, which showed that agency staff had been used where required to maintain staffing levels.

We looked at recruitment records for five staff. We noted that there were some inconsistencies in how the recruitment and induction records were stored, but found that appropriate checks were completed before staff started work. These checks included seeking appropriate references and identification checks. The registered provider also completed Disclosure and Barring Service (DBS) checks. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups. This showed us that the registered provider was taking appropriate steps to ensure the suitability of workers.

## Is the service effective?

### Our findings

We asked people who used the service if staff had the right skills and experience to do the job; comments included, "The staff are very good," "I have a keyworker who does the paperwork with me," "Staff do a wonderful job" and "The staff are good."

All staff completed an induction when they started in post. Staff completed a Care Certificate workbook; this is a recognised set of standards that social care and health workers work to in their daily working life. It is the minimum standards that should be covered as part of induction training for new care workers.

Staff also completed refresher training, via an eLearning package, in a range of topics, including fire safety, health and safety, food hygiene, infection control, manual handling, mental capacity act, safeguarding, nutrition and conflict management.

Staff comments about training included, "I had my induction training in Leeds; I have also been able to shadow other staff. We also do eLearning, such as epilepsy" and "I did four days training when I first started. I do all the core training on line." Another told us, "We all do eLearning and this included dignity and respect. I'm doing an NVQIII currently." Two staff did however comment on training in mental health; "I'd like more training in mental health. I haven't had specialist training but would find it useful for best practice" and "I haven't had any specialised mental health training." We also noted that staff had not received training in relation to autism, despite there being at least one person supported by the service who was on the autistic spectrum. Some people who used the service also had diabetes, and we did not see evidence that staff had received any specific training in relation to diabetes, although medication training was provided. The locality manager told us that mental health awareness was covered within the Care Certificate workbook. After the inspection the locality manager also sent us a plan of face to face training they had booked for staff in the next three months, to supplement their knowledge; this included first aid, infection control, conflict management and disengagement, mental health awareness and understanding autistic spectrum condition.

Handover meetings were held each day to exchange key information between staff, but there was only one recorded staff team meeting in 2016. We saw evidence of some staff supervision meetings, covering a range of appropriate topics. However, records showed us that the majority of staff had only received one formal supervision so far in 2016. Staff told us, "Supervisions have lapsed a bit. My last supervision was when the previous manager was here [they left January 2016]. I feel comfortable talking to management informally about issues though." Another told us, "I had supervision two weeks ago which was my first since April." The registered provider's policy and procedure was that staff should receive formal supervision every two to three months depending on their working hours, but this was not being achieved at the time of our inspection.

The lack of staff supervision and appraisal was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014, Staffing.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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 process for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the registered provider 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 were advised that nobody that used the service at the time of our inspection was subject to a DoLS authorisation.

Staff had completed MCA training and those that we spoke with were able to demonstrate the importance of gaining consent before providing care to someone. We were told that everyone who used the service at the time of our inspection had capacity to consent to their care and treatment, however we found one file lacked recorded evidence of the person's consent to decisions about their care. This person's finances were managed by staff and the person's relative and there was no recorded evidence of the person's consent to this. The care file also indicated that staff rationed the person's beer and sweets. We were told that the person was in agreement with this arrangement as it helped them to manage their consumption of beer and sweets, but there was no evidence on file of the person's consent to this restriction. We noted an entry in the staff communication book which indicated that it had been recognised that care files required improvement in relation to the recording of consent, and instructions had given to staff to address this and update care plans with detail of people's preferences.

People told us they were involved in reviews of their care plan, and nobody raised any concerns with us about staff not acting in accordance with their wishes, but care files had not always been signed by the person to show that they were in agreement with their plan of care.

We recommend the provider seeks guidance from an appropriate source about best practice in relation to the Mental Capacity Act 2005 (MCA).

We talked to people using the service about the quality and variety of food provided and the responses were positive. People told us, "We have lunch at 12:30 and I choose what I want to eat," "The food is very good" and "Staff make a meal every evening." Discussion with staff and most people who used the service indicated that meal times were fixed with limited flexibility, but people who used the service did not raise any concern about the structured approach to the timing of meals and one person confirmed, "We can eat what we like when we like." We were told that people discussed menu options in service user meetings, and that the senior support worker then set the menu each week. We saw from the minutes of service user meetings that people were reminded that if they didn't like the set menu option they had the right to ask for an alternative.

When we spoke with the staff about people's dietary requirements, they were knowledgeable about people's needs and preferences. Care files contained information about people's nutritional needs. People also had access to drinks and snacks throughout the day. People's weight was monitored and action taken where required. This showed us that people's hydration and nutrition needs were being met.

People were supported to maintain good health and access healthcare services. We saw evidence in care

files that people had received support from other healthcare professionals where required, such as GPs, the community mental health team, opticians and podiatrists. One person we spoke with told us, "I get the support I need. I sometimes talk to the mental health team. I see the doctor there and have blood tests." Another confirmed to us, "I go to the dentist and doctor." During our inspection we also observed a staff member seeking appropriate medical advice for someone.

## Is the service caring?

### Our findings

We spoke with people using the service about whether staff were caring; the feedback we received was positive. People told us, "Staff listen... Staff are very kind when I talk to them," "I get on with them [staff]" and "Staff have time to talk to me. I make use of my one to one time." Another said, "It's a lovely place; staff are pleasant and courteous."

We observed staff supporting people throughout our inspection, and interactions were positive and respectful. In our discussions staff demonstrated a caring approach towards the people they supported and a desire to make the home a pleasant and relaxing environment for people. One staff member spoke with us about how they were working to increase knowledge of people's personal histories in order to support and engage people more effectively.

We observed staff offering choices and responding to requests from people. Staff were able to describe how they encouraged people to feel involved in their care, make day to day choices and get involved with activities.

Staff told us they promoted people's independence wherever possible but we only saw limited evidence of people being encouraged to get involved with household tasks or develop new skills. One staff member told us they felt some people could do more for themselves than they were currently doing and were keen for this to be a priority for the service moving forward. People who used the service told us about the things they were able to do independently, such as going out, attending appointments and activities.

Staff were able to demonstrate an understanding of people's needs and preferences, especially those staff who had worked at the service for a longer time. Although there had been some staff turnover at the service, people who used the service did not raise concerns with us about this having impacted on the relationships they built with staff; our discussions with them indicated that there were still a number of regular staff with whom they had a good relationship. People also knew who their keyworker was and told us they could speak with them if they needed to.

People told us that staff listened to them, involved them in decisions and respected their choices. One person told us, "I can wake up when I want and go to bed when I want. We can do what we want."

Discussion with staff indicated that there were no people using the service that had any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010: age, disability, gender, marital status, race, religion and sexual orientation. Most people using the service could potentially be at risk of discrimination due to their disability, but we saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

We discussed with people whether staff maintained their privacy and dignity, and nobody raised any concerns with us about this. Most people were able to wash and bathe independently, with some prompting from staff. People told us, and we saw during our inspection, that staff knocked on people's bedroom doors

before entering and were discreet when exchanging information about people. We also saw examples in care files of instructions to staff where people required support with adjusting and straightening clothes for instance, to ensure people's dignity was maintained.

People who used the service told us that they could have visitors anytime and that they were able to keep in contact with relatives by telephone in between visits. One person told us their relative visited every week and another told us they had a relative that usually visited three times a week.

Nobody who used the service had an advocate at the time of our inspection. An advocate is someone who can provide support to help people express their views and wishes, secure their rights, represent their interests and provide access to information to inform people's choices. We were told that nobody who used the service at the time of our inspection required an advocate, but we will continue to monitor at future inspections whether the registered provider is ensuring people have impartial and autonomous ways of raising any issues.

## Is the service responsive?

### Our findings

People told us that they were happy living at the home, and that the support provided met their needs. One person told us, "It's the best place I've been" and another said, "I like it here... We get on well."

The registered provider had produced a care plan for every person, in order to ensure that staff had relevant information and people received care and support that met their needs and preferences. People told us they were involved in reviewing their care plans and were aware about the contents of them, although people's consent to their care plan was not always consistently recorded. Comments included, "I have a support plan; they talk to me about it" and "Once a month we go through the care plan."

Care plans contained information about people's routines and sections in relation to a range of key areas according to individual needs. For instance; self-care and health, personal living skills, finances, social networks, nutrition and support in the community. We found care plans contained information about people's needs and objectives, and some basic information about people's personal preferences. Earlier in the year the registered provider had introduced the use of a tool in the care plan based on the mental health recovery star (a recognised outcomes measure). Staff told us they found this a useful tool to monitor progress with people. Care files also contained relapse prevention plans where appropriate.

The registered provider's policy was to review each section of the care plan monthly and update plans where required. In two files we looked at the care plans had not been reviewed since March 2016, and we were told this was because these people's keyworker had been on leave since that time; we were advised these files would be reviewed now that they had a new keyworker.

Staff we spoke with were knowledgeable about people's needs and preferences, and some staff demonstrated a particularly detailed knowledge and understanding about people's individual needs and how to respond to them. One staff member told us, "There is a good awareness of the needs of individuals and how to provide person centred care. Another said, "Through the monthly review process we talk to people about ideas and what they want to do."

We noted that many people's bedrooms were painted the same colour and two that we viewed, with the people's permission, were bare and lacking in personalised features, such as pictures or ornaments. One of these people though indicated this was their choice.

Monitoring records in relation to specific issues, such as blood sugar levels, were completed for people who were assessed as requiring them. Daily progress sheets were also used to record information and issues about people on a daily basis. A senior care staff member showed us a new format for the daily progress sheets that they were developing in order to simplify and improve the way staff recorded information, including social interaction and specific monitoring requirements, such as diabetes.

There was a folder which contained information for agency staff. There was an information sheet about each resident including personal background. However, at least two of these had not been updated



recently.

This showed us that whilst there was information in care files to direct staff about how to meet people's care needs, some information required updating and care files had not been consistently reviewed in line with the registered provider's policy.

On the day of our inspection many people went in and out of the home independently, including to appointments and to sit outside in the garden or the backyard of the home. People told us they took part in social activities, and accessed local facilities in the community. One person said, "I am going to the Ripley Show next week. We go out in the minibus. I've also been to Bolton Abbey. I go to St Peter's Church locally." Others told us, "We go out for walks together," "I go out on my own and know Harrogate well" and "I went to Wales with [another person who used the service] last week."

This showed us that people could access social opportunities and community facilities of their choice.

There was a complaints procedure in place and a system to record and respond to complaints. There was a leaflet in the dining area called 'How to make a complaint' which was easy to understand and included the contact details of CQC. Records showed that there had been three formal complaints in the previous year, two of which had been made by members of the community and one was from a service user about an environmental issue. There was a clear record of how the first two complaints had been dealt with, whereas the outcome of the complaint from the person who used the service was unclear. The locality manager confirmed that this issue had now been resolved, but agreed this should have been recorded in the complaints record and told us they would do this. People we spoke with told us they knew how to raise a complaint and would feel comfortable doing this, if they needed too. Comments included, "I can talk to staff if I have any complaints or concerns."

We saw from minutes of residents meetings and surveys, that people had opportunity to share their views about issues at the home. People told us, "We have residents meetings downstairs; we talk about living here," "I have a keyworker and meetings" and "I attend the resident meetings sometimes, listen to what people say." Others told us, "Once a month we have resident meetings. We discuss activities in summer and safety, fire exits" and "We have resident meetings where we talk about how we are getting on."

This showed us that people's views and opinions were encouraged and that there was a system in place to respond to complaints.

## Is the service well-led?

### Our findings

The service is required to have a registered manager, and as such the registered provider was not meeting the conditions of their registration at the time of the inspection. The service had not had a registered manager since January 2016. A new manager had taken up post four weeks before our inspection, but we were advised shortly after the inspection that the new manager had left, so they were interviewing for a replacement. In the five month period between the last registered manager leaving and the new manager starting the service had been overseen by the deputy manager. The deputy manager also had responsibility for another of the registered provider's services locally, so split their time across both. Staff told us the deputy manager had worked hard to try and support the team during this difficult period. The registered provider told us the deputy manager would resume oversight of the service until another manager was appointed and they would be supported by a senior support worker and the locality manager in the meantime.

Staff we spoke told us they felt supported and that the team worked well together. One told us, "I really like it here. It's like a family; everyone gets on. I feel we are a good team. Other staff always help." They continued, "There is a shift leader each day." Another told us, "I think it is alright here. I find it rewarding. On the whole it is a good place to work." A third staff member told us, "I really enjoy it here."

Despite this feedback there was evidence that not having a dedicated registered manager for approximately five months had impacted on leadership and the consistency of record keeping at the service. For instance, supervision of staff had not been taking place regularly and there was only one staff team meeting recorded in 2016. Care plans and risk assessments had not been completed with the frequency expected in the registered provider's policy. The registered provider had also failed to ensure that fire safety risks were adequately assessed and systems tested.

The service had systems in place to audit the quality of the care they provided to people, and this included the completion of regular audits such as medication audits and care plan audits. The deputy manager sent a monthly report to the locality manager, which included details such as medication issues, accidents and incidents, staffing issues and other events at the service. The locality manager also completed a systems audit, covering a range of areas on a rotational basis throughout the year. The registered provider then produced a service improvement plan, which listed any action required, and the timescales for completion. We noted there were key actions on the service improvement plan that were still outstanding, such as updating the service risk assessments. The locality manager acknowledged that it had been difficult to achieve some of the targets in the service improvement plan, because the deputy manager had been required to focus on the day to day priorities of running the service and ensuring people received the care they needed. Overall we found the quality assurance systems had not addressed the issues we identified in our inspection.

The failure to operate effective quality assurance systems and maintain necessary records in relation to the running of the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014, Good governance.

The registered provider conducted satisfaction surveys to seek feedback from people using the service. This year's survey had only been sent out the week prior to our inspection, so we were not able to view any evidence to show that the registered provider had given feedback to people using the service about the results of the survey or any action that needed to be taken. We were told that the results would be collated and feedback provided to people.

The registered provider had policies and procedures in place and these were regularly reviewed. However, some of the policies we viewed in files at the service were not the up to date version of the policy, and up to date copies had to be located on the computer, such as the complaints policy. We asked for a variety of other records and documents during our inspection. Overall we found these were stored securely but there was inconsistency in where information was held so it was not always easily accessible to staff.

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 12 HSCA RA Regulations 2014 Safe care and treatment  The registered provider had failed to adequately assess risk in relation to the health and safety of people who used the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Effective systems and processes to assess, monitor and improve the quality and safety of the service had not been operated. Records necessary for the management of the regulated activity had not been appropriately maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The registered provider had failed to provide appropriate staff supervision and appraisal.