O'Shea Partnership

O'Shea Partnership - 239 Boxley Road

Inspection report

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Maidstone,
Kent,
ME14 2BG
Tel: 01622 758802
Website:

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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

Overall summary

The inspection was carried out on 7 and 11 January 2015 and was unannounced. The service provided accommodation and personal care for up to ten people with a moderate to severe learning disability. Nine people were living at the home on the days of our inspection.

The accommodation was spread over three floors and each person had their own spacious bedroom with either a sink or ensuite facilities in the room. A patio garden was available for people to use with a small pond area.

There was a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Recruitment records were not adequate to keep people safe from receiving care from unsuitable staff.

The provider was not following systems and processes in order to monitor the quality and safety of the service.

On going supervision and appraisal of the registered manager was not maintained to enable them to carry out their role effectively. Staff appraisals were not carried out on an annual basis as stated in the providers supervision policy.

People and their relatives told us they felt safe at the home and knew who they would speak to if they had concerns. A safeguarding procedure was in place and staff knew what their responsibilities were in reporting any suspicion of abuse. Staff could describe how to recognise the signs of abuse and were aware of the importance of their role in keeping people safe.

Effective management of risks kept people safe without impacting on their independence. Plans were in place with safety measures to control potential risks. Risk assessments had up to date information for staff to follow as they were reviewed regularly.

Fire prevention and safety was well thought out and managed. All maintenance and servicing checks were carried out, keeping people who live at the property safe.

There were enough staff on duty to support people with their assessed needs and to make sure they were able to go out and about following their many interests. This was evident by our own observations as well as feedback from people, their relatives and others.

Appropriate training had taken place for staff and the most important training courses were being updated.

People's medicines were managed safely by a registered manager and staff team who were trained and competent. All medicines recording and storage was well ordered, providing safe and effective practice.

The home had a lovely atmosphere, friendly and relaxed. People and staff were comfortable together, joking and having lots to talk about. People, their relatives and others we spoke to thought the staff were caring and patient and had a very good approach.

The staff had worked hard finding activities for people to do to suit their individual interests. People were out doing something every day, mainly travelling on public transport. Staff had supported people to write a CV in order to look for work and five people had found volunteer positions.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager and staff showed that they understood the Mental Capacity Act 2005 and DoLS. The registered manager understood their responsibilities as Mental Capacity assessments and decisions made in people's best interest were recorded.

People were given choices and supported to make their own decisions on a daily basis. Relatives were involved in decision making where appropriate.

People liked their food and so this was an important part of their day. People were fully involved in the shopping, choice and decision making when it came to meals.

People and their family members were involved in the assessment of their needs before moving into the home. Support plans contained very detailed person centred information and guidance. All aspects of a person's health, social and personal care needs were included to enable staff to meet their individual requirements. Personal life histories gave a really good understanding of the person as an individual for any new staff. There was a real emphasis on maintaining and increasing independence. This was highly evident when spending any time within the home

People's privacy and dignity were respected by staff who could describe what this meant. People's bedroom space created an air of their individual personality and a sense of personal privacy.

Family members and friends were welcome at any time and they tended to know all the other people living in the home and vice versa.

Summary of findings

Complaints were taken seriously and acted upon. People and their relatives confirmed this, we saw where the registered manager and the provider had responded to issues raised.

Accidents and incidents were recorded on the providers on line system and followed up by the provider so lessons could be learnt.

We have made a recommendation about staff annual appraisals.

We have made a recommendation about the registered manager's supervision and annual appraisal.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

Recruitment records were not adequate to keep people safe from receiving care from unsuitable staff.

The registered manager made sure people were safeguarded from abuse and notified the appropriate agencies when necessary. Staff had training and understood the importance of their role in safeguarding people.

Risks were well managed without impacting on people's independence.

The premises and equipment were maintained to protected people from harm and minimise the risk of accidents.

Sufficient numbers of staff were always available to meet people's needs as well as to ensure people were able to follow their interests.

Medicines were managed and administered safely. Incidents and accidents were recorded and monitored to reduce risk.

Is the service effective?

Requires improvement

The service was not always effective.

Staff had not had annual performance appraisals to support their personal development needs.

Staff received an induction into the service when new and received the relevant training for their roles. One to one supervision with the registered manager or team leader was a regular occurrence

The registered manager and staff understood their responsibilities under the mental capacity act 2005. People were able to make choices and were supported well to make their own decisions on a daily basis.

The meals were enjoyable and people were involved in shopping for and choosing the food.

People were supported well to maintain their health by attending routine and specialist appointments as and when needed.

Is the service caring?

Good

The service was caring.

Staff were caring and approachable and the atmosphere in the home was lively and welcoming. The staff team were well established and knew people and their relatives well.

Residents meetings were held every month where people were listened to about changes they would like to make.

Summary of findings

Increasing and maintaining people's independence was a key element of the support provided. Staff were careful to take the time to listen to people and explain things to them.

People chose how they wanted their bedroom to look, providing a personal and private space.

Is the service responsive?

Good 

The service was responsive.

People were fully involved in their assessments and support planning. Reviews were regularly carried out of people's support plans to make sure they were up to date.

People and their relatives knew what to do if they wanted to make a complaint and felt as though they would be listened to.

People were involved in lots of activities every day that were individual to them. They were involved in their local community, using local resources and public transport.

Is the service well-led?

Requires improvement 

The service was not always well led.

The provider did not undertake quality monitoring audits regularly to ensure a safe and good quality service was being provided. The registered manager did not have regular one to one supervisions or annual appraisals.

There was a registered manager in place who knew the people very well and ensured good communication in the team.

The registered manager was very evident in the service, well thought of and focussed on the people who used the service. Staff felt comfortable to raise concerns if they needed to.

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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.

The inspection took place on 7 and 11 January 2016 and was unannounced. The inspection team consisted of one inspector.

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 home, what the home does well and improvements they plan to make. We also looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events which the home is required to send us by law.

We spoke with the registered manager, one team leader, one support staff and two people who live at the home. We also gained feedback from two relatives and two health and social care professionals.

We spent time looking at two people's support plans, two staff records, staffing rotas, training plans and records. We also looked at policies and procedures, team meetings, resident meetings, complaints, accident and incident recordings, medicine records and quality assurance audits.

A previous inspection took place on 3 January 2014 when the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Requires improvement

Is the service safe?

Our findings

People felt safe living at the home. One person told us, "I feel very safe here". People also knew who to talk to if they had concerns that meant they did not feel safe. A person living at the home said, "I would tell (the registered manager) if I was worried" and another told us, "I would tell any of the staff if I had a problem".

Relatives thought people were safe. One family member told us, "(My relative) feels safe there. I certainly feel that too".

Recruitment records were not adequate to keep people safe from receiving care from unsuitable staff. The registered manager followed a policy, which addressed all of the things that needed to be considered when recruiting a new employee. Staff had been through an interview and selection process. Applicants for jobs had completed an application form and been interviewed for roles within the service. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. However, out of the first two application forms we looked at one had long gaps in their employment history and references were not received. Although this related to staff recruited some years ago, we also looked at an application received in 2014. We found the same concerns around gaps in employment that had not been questioned or followed up. Two references had been received for the new member of staff, but, there were discrepancies on both of these regarding the dates of when they said they had worked there. This again had not been followed up by the registered manager. The provider was not meeting Schedule 3 of the Health and Social Care Act 2008 and there was a potential risk that people would receive support from staff whose backgrounds had not been fully checked.

This is a breach of Regulation 19 (1) (a) (2) (3) (a) (b) of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were kept safe by staff who had the skills to safeguard people and a registered manager who took their responsibilities seriously. The safeguarding procedure, in place for staff to follow should they have concerns to report, was clear and easy to understand. Staff had a good understanding of how to safeguard vulnerable adults and could describe what to look for as possible signs of abuse. One member of staff told us, "It is the thread of everything we do, keeping people safe inside and outside the home". Staff knew what to do and who to report to if they suspected abuse. They were also clear about what they would do if concerns had been raised and were not pursued by the registered manager or the organisation. The whistleblowing procedure had information for staff to follow in this instance. Contact details for the police, the local authority and the care quality commission were included in the procedure as well as a national helpline number. These were also clearly displayed on the notice board in the office.

People were supported to understand what abuse was and encouraged to discuss any concerns they may have. Easy read posters were displayed on the walls in the hallway and on the notice board in the office. These told people what to do if they had any concerns, using happy and sad faces. A member of staff said, "Most people here would speak up and say as it is very open in the home and people are encouraged to speak up". The registered manager made sure people were protected from abuse. They had created an environment where people felt able to speak up about concerns. They had made sure information was available in a format that was easier to understand and follow.

The provider had policies and procedures in place to manage risk and guide staff in how to do this.

People had individual risk assessments to make sure measures were in place to control identified risks. Staff understood how to keep people safe from risks in everyday life without affecting their choice and freedom of movement. They were confident when talking about how and when to carry out risk assessments and to review. Examples of detailed risks assessed within people's care plans included being safe in the kitchen, fire safety and going out in the community. People were involved in their own assessments and had signed each of them, together with the registered manager and team leader.

Some people had guidelines in place to support them to manage anxieties. For example, understanding how to respect theirs and other people's personal space. This

would specify the amount of distance most people like to keep between them. This prevented the risk of upsetting others unknowingly and causing further anxiety to the person.

A lone working procedure set out safety measures for staff to follow when they were in a position of working on their own, inside or outside of the home. For instance, having personal safety measures in place if out of the home on their own at night. The provider had thought about the risks of working alone and had guidance in place to keep staff safe.

The registered manager had assessed environmental risks and reviewed them regularly so they were kept up to date. All relevant hazards in and around the home had been assessed and measures put in place to manage them. A fire risk assessment had been carried out making sure fire safety and prevention were managed well. Staff carried out and recorded regular checks of all fire equipment and the alarm system. Fire evacuations practices were held each month to ensure people knew what to do in the event of a fire. Each person had been identified as requiring a personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated from the service in the event of a fire. A notice setting out what to do in the event of a fire was also prominently displayed in the hallway. All these safety measures made sure that people, staff and visitors to the home were kept safe from harm.

An up to date business continuity plan guiding staff in what to do in the event of a major emergency was in place. An on call rota of managers for staff to contact out of hours was visibly displayed on the office notice board.

The provider had carried out some improvements to the premises and had others planned such as a new kitchen. Regular maintenance and servicing of equipment had been carried out. For example, electrical safety tests, gas safety and water temperature testing for legionella.

A handyman attended the home twice a week. The registered manager kept a book where all odd jobs were entered by people and staff as they arose. People knew the days he would be attending and could ask him to do jobs for them on the same day. For instance, if they wanted a picture or shelf putting up. People were kept safe by a flexible and responsive handyman service. They were also encouraged to take responsibility for the small jobs they had noticed needed taking care of around the home.

There were sufficient staff on duty to ensure people received the care and support they had been assessed as requiring. The registered manager told us that the home never used agency staff. Absences were covered by three permanent casual bank staff or the regular staff doing extra shifts. The bank staff all lived locally so could respond when needed. We spoke to a member of the bank staff who said they felt a full part of the team, they knew people well and were kept up to date by the management team. The staff confirmed that there were sufficient staff to meet people's needs, particularly with the flexibility of the bank staff. We were told by a staff member, "There are lots of activities, everyone likes to go out most days and we make sure that happens even for a short time. It is very rare they are let down". As well as "Bank staff come in or the permanent staff come in to do an activity rather than the person missing out. We are all very committed".

People were protected from the risks associated with the management of medicines. A medicines procedure was in place and all staff had signed it to say they had read and understood it. People were given their medicines by trained staff who ensured they were administered on time and as prescribed. People's care plans detailed the medicines they had been prescribed, why they had been prescribed them and the potential side effects to be aware of.

Medicines were kept in a locked cupboard which was well ordered and tidy. Medicines arrived from the pharmacy by monthly delivery in pre dispensed blister packs and these were arranged in well organised racks. Medicine administration recording sheets had photographs of people to mitigate the risks of giving medicines to the wrong person. Records were kept well, were neat and easy to check and understand. The temperatures of the locked cupboard, room and fridge were taken and recorded daily. People had been involved in the decision for the staff to administer their medicines and signed their consent.

The registered manager checked the medicines recording and stocks on a daily basis to ensure no errors had been

Requires improvement

Is the service safe?

made. An independent pharmacy medicines audit had been carried out. A small amount of issues were picked up and there was evidence that the registered manager had dealt with the actions.

Requires improvement

Is the service effective?

Our findings

Family members were involved in people's lives and the planning of their care when appropriate.

One relative told us, "I am kept updated on events" and, regarding big decisions, "I certainly have been involved in these".

A health and social care professional told us that when a client had started to have some issues, it was the staff who picked up on it and alerted them. They said, "They (staff) have been so good at keeping me informed".

Staff had not had performance appraisals on an annual cycle as described in the provider's supervision policy. One staff member had their last appraisal in 2013 and another in 2012. This meant that staff were at risk of not having their personal development needs assessed and addressed.

We recommend that the service undertakes the cycle of staff annual appraisals as set out in their supervision policy.

New staff had an in house induction where they had the necessary basic training and 'shadowed' more experienced staff until they were competent to carry out the job role. A supervision procedure was in place and we found all staff had received one to one support from the registered manager or team leader as outlined in the procedure. One to one meetings were planned for the whole year. A supervision record log was displayed on the office notice board showing dates for each person's meetings. The discussions that took place in the meetings included training and development, personal workloads, policies and procedures and personal issues.

People were supported to have their care and support needs met by skilled staff. The staff team was stable and consistent, most having worked at the home for some years. The staff had good experience of providing the care and support people had been assessed as requiring. They had the skills and confidence to be responsive to people's changing needs. Staff had the opportunity to take part in relevant training to equip them to support people successfully. Specialist training had also been provided in order to care for people with more complex needs such as dementia, challenging behaviour and autism. Future training needs and updates had been identified and a training plan was in place to ensure staff skills continued to be at the desired level.

There was good communication within the staff team. They were constantly keeping each other up to date and including people in discussions. The office was a hub of activity with people and staff in and out talking with each other. Plans for the day were talked about and changed when requested by people, with a good level of flexibility. Formal communication methods were also in place including a handover meeting between shifts, a communication book and diary. Staff told us, "We work together, we all have jobs to do". This meant that people were supported by a staff team who all knew what was planned and were able to be flexible when requested.

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. 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. The registered manager had assessed people's capacity to live at the home and receive care and support.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People did not require a DoLS authorisation as they had the capacity to make decisions themselves. The registered manager was aware that this needed to be kept under review on an individual basis.

Staff understood the basic principles of the mental capacity act and how it applies to people living at the home. Capacity assessments had been carried out for making complex decisions. Best interest's decisions had been discussed where appropriate. The registered manager had close contact with health and social care professionals when needed and people themselves continued to be

Is the service effective?

involved. For instance the involvement of the court of protection. The registered manager had a good knowledge of circumstances and liaised with appropriate people when necessary to ensure people got the best possible support.

People were able to make day to day decisions. This was apparent throughout the day as staff involved people in making decisions as a matter of course. For example, did people still want to go to their planned activity that day and did they want to get the bus or to walk. People were supported to understand more complicated decisions such as voting in order to take an active role in their basic rights.

People were able to make decisions about food, supporting choice and independence. We saw that there was plenty food and drinks available. The kitchen was a hive of activity where staff did the cooking and people were encouraged to sit and chat or help with basic preparation. We were told by a staff member, "Each team member has their own skill around cooking, so we draw on that". People living at the home had no special nutritional needs and were able to make decisions and choices about food. The registered manager had made the decision not to do food shopping on line as the home was close enough to the shops to be able to go shopping regularly through the week. People always went shopping with a staff member and were able to choose their favourites for meals and snacks. Sometimes people chose to have take away food. If others decided they did not want a take away they were able to choose to have something cooked at the home instead.

New dining room furniture had recently been purchased. Two dining tables had replaced one large table meaning people had a better experience at mealtimes. They had more choice where to sit and with who. Lots of photographs of people and pictures were around the walls of the dining room. This created a homely and relaxed space to eat in.

Day to day health needs were identified and people were supported to look after their health and wellbeing. Peoples care plans included a 'my health' plan. These showed that people attended regular appointments such as opticians, GP and dentist to maintain good health. People's 'my health' plans also encouraged exercise, for instance walking and riding a bicycle to look after themselves. A family member told us, "They react very well" to health concerns, and "They keep me updated". A health and social care professional told us they were kept informed by email if any appointments had taken place and the outcome.

Guidelines for staff had been devised within their 'my health' plans for people who required special help to be able to keep appointments. For example, people with Asperger's syndrome. People were involved in putting a plan together, 'how to support me', to appointments. This would include making sure the person had plenty of notice to prepare, what to take with them, booking the appointment together and who will be supporting them. It was made clear that if the right support was given the person would always be able to attend. People had hospital passports which provided detailed information for hospital staff should people need to attend the hospital. Apart from routine appointments, staff had made prompt referrals to health services when this had been necessary. For example, a GP had been called out to the home to see a person who had a chesty cough and was quite unwell.

Good

Is the service caring?

Our findings

There were positive relationships observed between people and staff. People were happy and relaxed; one person told us, "I really like it here" and another said, "I'm very happy". We were also told, "They help to sort out my money".

Relatives said, "The staff appear to be caring and capable".

A health and social care professional spoke to us about the staff and said, "They really do provide good care" and "They are brilliant, they are very patient with (my client)."

Staff knew people very well. They knew people's likes and dislikes, their interests and what was important to them. They could speak knowledgeably about people's families, their personal histories and relationships. When people spoke about different family members staff were able to join in and a conversation could be enjoyed between them.

The home had a warm and welcoming atmosphere. It was very lively with lots of chat and banter going on through the day. People knew staff well and were able to have a joke with them and talk about mutual interests. We saw staff sitting and listening to people and taking time to explain things to them. They would then check the person's understanding to be sure they could then make the right decisions or choices. There were easy read formats of information with pictures and photographs to aid people's understanding.

People's views were listened to and taken into account as a matter of course by all staff. We saw this was natural practice by a staff team who understood their responsibilities when supporting people. Ongoing dialogue as well as monthly residents meetings meant that people had an opportunity to raise issues or suggestions for change within the home. As a result of this people had very personal bedrooms that were decorated on request and bedroom carpets that had been changed. Also kitchen and dining room floors were due to be replaced. The registered manager was expecting to receive samples to share with people and staff in order to choose the flooring.

Some people chose to go to a place of worship and also took the opportunity to join in other events and activities there. Staff would support people to attend if they made this choice.

A cat had moved into the home recently and people really enjoyed its company. People spoke positively about its presence. The registered manager thought the cat had added to the wellbeing of people.

Photographs of staff were displayed on Information boards in the hallway showing who was in and who was out of the premises. A similar board showed the same information regarding people living in the home. This illustrated an example of people and staff being treated with equal importance within the home.

People's bedrooms were individually decorated, very personal to them and the way they wanted their room to be. Rooms were large and airy with plenty of space for people to inject their own personality. For instance, one person had a sofa in their room and one a pool table. Everyone had lots of photographs of family and friends as well as posters of their favourite bands or football teams. For example, people's favourite football teams were very evident. One person chose to have their bedroom all red – carpet and walls. They made it clear they loved their room and insisted on the decoration. Another person who loved music and dancing had music equipment, a karaoke machine, dvd's and posters of singers and bands. Staff said, "We impress on people this is their own room and space and they are entitled to privacy in there". People were afforded their privacy in a space chosen by them where they felt comfortable and relaxed.

Staff were aware of maintaining and supporting people's privacy and dignity. They described how they would ensure people's doors were always kept closed if they were being supported in their bedroom. We were told by a member of staff, "We always knock on doors, if people say no this is always respected. We would go back later" and "This is upheld by all staff".

People had been asked if they had a preference for male or female support with personal care. Some people had a preference documented and others said they did not mind. Plans were in place to ensure people's preferences were respected. People were asked how they would like their support plan recorded, for example in words and writing or with pictures and words.

People were encouraged to help out around the home. All were supported to keep their rooms tidy, making their beds

Good

Is the service caring?

and tidying up. People also helped with the tidying around the home, for example one person liked to empty the bins and others helped with washing and drying up after mealtimes.

Staff were aware of confidentiality and why it was important to safeguard people's personal information. All private and confidential information was locked away appropriately. Maintaining and having respect for people's privacy and dignity was understood to be a responsibility held by the home.

Good

Is the service responsive?

Our findings

People were involved in how their care and support was planned. One person told us, "I tell the staff what I want and they help me to do it". Another said, "Yes, I know about support plans".

Relatives told us, "I attend the annual reviews and I have an input".

A health and social care professional said, "They follow up on things I ask them to do. For instance when I ask them to refer to another agency, they do it straight away".

The registered manager carried out an assessment before people moved into the home to make sure they were able to meet their needs. They would gather information from the person and their relatives as well as other people who knew the person, such as social workers. They documented why the person had been referred to live at the home, what support they would require and if there were any risks to consider. People, and where relevant their family members, had signed the assessment in agreement.

Following assessment and when the person moved to the home, a more detailed assessment took place which led to an individual support plan for the person. The person, and where relevant their family members, were involved in putting together the support plan. The support plan looked at all areas of the person's life. For example their daily living skills or travel arrangements for getting out and about. The person agreed what goals they wanted to achieve and this was documented. Smiley faces and sad faces were used where appropriate to help people to follow the planning. Support plans reflected people's personal details and how they wanted things done. Their likes and dislikes in each area covered by the support plan were clearly recorded. People's life histories had been well researched with the person and their family members.

Photographs and names of the people most important in a person's life were also detailed in the plan. Improving or maintaining independence was the key element in the support planning process. People were guided to say what they could already do for themselves and what they would like to be able to do. A section entitled 'All about me' gave more very detailed information where necessary for some people. For example, how to understand why a person behaves in the way they do. All support plans were signed by the person and reviewed regularly to see how they were getting on. The person centred information and planning meant the staff had the information available to support people well. People were reassured that staff knew them well and were able to respond in the most appropriate way to their needs.

The registered manager was responsive to people's changing needs. They had noticed people's care needs changing so carried out an assessment. This had shown that more one to one support was required to enable people to be able to maintain their independence. For example so that they could return to the home when out with others if it became too much for them to cope with, or to be able to continue to use public transport. The registered manager contacted the health and social care professionals responsible for funding to request an early review to discuss the situation. Funding was agreed to provide more one to one support. The registered manager had made sure they focussed on people's changing needs.

A keyworker system was in place. A staff member had the responsibility of making sure a person's support plan was kept up to date and reviewed regularly. They met monthly with the person to do this and had to report monthly to the staff team, keeping everyone up to date.

People had many opportunities to follow their interests and take part in activities on a daily basis.

Staff told us, "We like to be out in the community". Each person had a weekly activity planner in picture and word format to remind them of their planned activities. People had been supported to write a CV in order to pursue volunteer or employment opportunities. Five people had found volunteering roles. Three delivered a local parish magazine, one worked in the local library one day a week and one worked in a local café.

Staff supported people to many activities outside of the home on a daily basis. These included 'Dance Academy', going to the gym, bowling and the cinema. People who had just been 'curling' for the first time told us, "I liked it and will go again". Going to the football games of a particular team were a regular occurrence for one person.

A relative said, "(my relative) can't do as much as they used to, but they used to do all sorts of activities. They still do many various things though".

People and staff had strong links with the community where they lived. They were well known at a local resource

Good

Is the service responsive?

centre where they joined in many activities. People used the local bus service and the local supermarkets on more or less a daily basis. They were also regular users of the local cinema and gym. As people were out and about locally it meant they were visible and known in their neighbourhood.

More far reaching goals looking at people's wishes and realising their potential were also planned for. Person centred plans looked at the exciting things people wanted to do that required future planning. There were many examples of people's future goals. The registered manager and staff told us that there was always one holiday each year as well as a weekend away and lots of day trips particularly in the summer months. One person told us they had decided they would like to go on holiday over Christmas. A member of staff volunteered to go with them even though it was over the holiday period to make sure they were able fulfil their wish. We saw in a person's person centred plan that they had wanted to go on holiday last summer and had made a choice of where they wanted to go. This was based on holidays as a child. We saw in their goal plan that they had gone and had a lovely time. Another person was planning on applying to go to see the filming of a popular music TV programme. They had been last year with a family member and enjoyed it so much wanted to go again.

A staff member told us, "We like to make people happy and reach their goals".

A health and social care professional told us, "They definitely take on board individual interests. I told them about a musical experience I knew one of my clients would like and it happened".

The complaints procedure was easy to understand. It detailed who to contact and how if someone needed to raise a complaint. Complaints had been responded to by the provider. Following the recent replacement of windows at the home, one person had complained that one window had been left out and they had to put up with noise at night. The window was replaced promptly.

Staff understood it was important people felt comfortable to raise concerns and complaints if they needed to and encouraged this. We were told by staff that there were complaints among the people living in the home, about each other generally. The staff team supported people to resolve their differences between themselves and this always worked. We saw the notes of a residents meeting where particular issues were raised and discussed. We looked at the following meetings notes and saw that everyone said that things were much better.

A relative told us they knew who to speak to if they had concerns and said they had raised small issues in the past, "I have done, when things needed to be addressed. If something is on my mind then I raise it". When asked if their concerns had been addressed, they said, "They most certainly deal with things".

Residents meetings were held each month and were well attended. Two staff usually attended too to help people to run the meeting. We saw that people talked about issues in the home as well as suggesting activities and days out for the coming month. We could see that actions had happened by the following month. For instance, we saw that a person needed a new bedroom carpet and this had been actioned by the following month. The staff listened to what people had to say and took their views, opinions and ideas into account.

Requires improvement

Is the service well-led?

Our findings

The provider had a quality audit policy in place, reviewed in April 2015 which outlined the process for monitoring the quality of services. We found that the quality assurance systems were not being undertaken as described. A senior manager was expected to carry out a compliance visit on a quarterly basis. One visit had taken place in August 2015 where support plans had been looked at. Some actions had been identified, one of which was that there were some gaps in the daily logs and time recording in these was poor. We saw that this had been raised with the staff team by the registered manager in a team meeting. This was the only compliance visit undertaken in the last year. We saw that one health and safety audit had been completed in August 2015. However the action plan from this had not been received by the registered manager until the day of our inspection. This meant that any identified concerns found during the audit had not been actioned.

The provider was not effectively monitoring risk and safety within the home.

No formal auditing mechanism had been used by the provider to ensure that effective quality within the service was assessed, audited and monitored. These issues would have been picked up if such auditing had taken place.

The provider had not asked relatives for their views of the service or others, such as health and social care professionals involved in the home. Relatives told us they used to get questionnaires asking their views some years ago but haven't for the last few years.

The examples above were a breach of Regulation 17 (1) (2) (a) (b) of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Three further audits had been undertaken over the last year. However, these were described in the provider's quality audit policy as 'random' or 'additional'. They were not part of the quarterly quality compliance visits. A 'scheduled visit' took place in September 2015 by a senior manager. Observing the evening meal and preparation, a number of recommendations were recorded. The recommendations were discussed at both team meetings and residents meetings. A finance audit had been completed in July and August 2015 and a second audit had started but had not been completed. A date had been set for this. A medicines audit had been undertaken in April 2015 and actions had been completed following this. However, there had not been another medicines audit since then.

The registered manager was able to contact their manager for support when necessary. Either by telephone, email or by calling in to the head office nearby. However, we found that the opportunity to have regular, planned one to one meetings was not consistent. The supervision and appraisal procedure stated these should take place three times per year, as well as an annual appraisal cycle. The registered manager had only had two one to one meetings and no annual appraisal. This meant they were at risk of not having their personal development needs assessed and addressed.

The registered manager was not getting the support required to carry out their duties.

We recommend that the provider undertakes the supervision and annual appraisal of the registered manager as set out in their supervision policy.

Accidents and incidents were recorded on an on line recording system. Once recorded by the home they would be automatically received and logged by the head office. An incident had been recorded where a person had been unwell. The staff called the 111NHS line who sent paramedics in response. This had been logged on the online system so the provider had knowledge of the incident and was able to follow it up as necessary. A recording process was in place to enable the provider to manage accidents and incidents and highlight trends within the home should they arise.

There was good communication from the registered manager to people and staff. The home had an inclusive culture where people had a voice in decisions that affected them. A relative said to us, "I can't fault communication". The service had a friendly and relaxed atmosphere where people chatted openly and moved around freely. The office was seen as another room in the home where people would come and go, sit and chat and be a part of discussions. People were comfortable and relaxed in the company of the registered manager, team leaders and their team. The atmosphere was vibrant with lots of activity going on and plans being made about the day.

The registered manager held staff meetings every month. They used the opportunity to thank the team and discuss

Requires improvement

Is the service well-led?

items such as future training, discussions about safeguarding and health and safety. The meetings gave staff the chance to raise any issues they had and to make suggestions for improvement. One such point was a concern about the front door security. They suggested a door sensor alarm so that when people answered the front door the staff would be alerted to this. It would give staff the opportunity to go to the door and support the person who answered it if someone was at the door they did not know. We saw that the suggestion was raised at the residents meeting following this. Staff explained how it would work and people agreed it was a good idea. We saw that the door sensor had then been fitted.

One staff member told us, "(the registered manager) does their best for staff and service users". Another said the registered manager, "Battles for what (they) want and gets there in the end".

There was a clear vision and values that were understood by the staff team. The registered manager and team leaders were present in the home every day and knew people and staff very well. The registered manager knew what was happening on a day to day basis and was an integral part of the home, well thought of by people and staff alike. People were encouraged to be independent as a matter of course without pressure. We saw a supportive environment where people and staff were talking openly and being listened to. Staff confirmed the registered manager was approachable. One staff member told us, "(the registered manager) is a brilliant manager" and another said they were, "An approachable manager, would come in on their day off if needed".

A health and social care professional told us, "(the registered manager) is brilliant and she knows people very well".

Most of the staff team had been in post for many years so the turnover of staff was very low. The staff team felt well supported by the registered manager. Staff were able to discuss concerns with them whenever they needed to, as they were visible and made themselves available. The door of the office was always open unless a private meeting was taking place. People and staff were welcome to move in and out of the space as they wanted. This meant that concerns were invited to be discussed as they happened and staff felt comfortable doing this. We were told that the registered manager regularly gave praise. One staff member said the registered manager is, "Very appreciative, does tell you thank you" and another told us, "The best manager I have had".

The registered manager understood and could describe what their responsibilities were. They had a good knowledge of the requirements of the Health and Social Care Act 2008 and associated Regulations. They were clear that the quality of life for people living at the home was of paramount importance. We saw this to be the case during the inspection.

A health and social care professional said the home is, "A service I really have confidence in".

The provider, who also owns the property, called in to the home at times. They also dealt with all landlord type issues such as maintenance and replacements. The provider was in contact regularly so they were familiar with the home.

People had taken part in an annual questionnaire in February 2015. Only one concern was noted, 'the house to be decorated'. This had started and the provider had plans to continue redecoration. The provider listened to people's suggestions for improvement and acted on them, valuing their opinion of the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes were not followed regularly to ensure the provider could identify, assess and monitor issues with quality and risk within the service. Regulation 17(1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Recruitment records were not adequate to keep people safe from receiving care from unsuitable staff. Regulation 19 (1) (a) (2) (3) (a) (b)