Care Quality Commission

Optima Care Limited

The Chilterns

Inspection report

5-9 Sea Road
Westgate On Sea
Kent
CT8 8SA

Tel:Tel: 01843 832628
Website:

Date of inspection visit: 15 and 16 July 2015
Date of publication: 15/10/2015

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?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

The Chilterns was inspected on 15 and 16 July 2015. The inspection was unannounced. The service provides accommodation for persons who require nursing or personal care for up to 26 people with learning disabilities and mental health needs. The service is split into three houses. There are communal spaces which include lounges, a dining room and kitchen. People have access to the garden.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People told us that they were safe and that they were protected from bullying and avoidable harm. Some staff had not had safeguarding training and were unsure as to how to report abuse to organisations outside of the service.

Summary of findings

People's needs and personal risks were identified when people moved into the service and these assessments were on going. However, these risks were not always documented and shared with all staff, so risks were not always identified or managed. Some people did not have comprehensive risk management plans that are a requirement of the Mental Health Act 1983. Care plans were not always fully completed and did not always include the guidance staff needed to make sure people received care in ways that suited them best.

There were sufficient numbers of suitable staff deployed at the service. Staff did not all have the necessary skills, knowledge and experience to make sure people received their care and support safely. Staff did not always receive the training and support they needed to carry out their roles and responsibilities effectively and safely. Staff did not always have access to specialist training in order to meet individual people's needs in ways that suited them best.

Systems were in place to monitor the quality of service. However, action had not always been taken to address all the shortfalls which had been highlighted. Support and care records were not included in the quality assurance process and people could not be sure that their care records were up to date, accurate and included all the information staff needed to give them the care and support they needed.

Safe recruitment practices were followed and there was a clear disciplinary process.

People's medicines were managed safely. People told us that they were given their medicines when they needed them. People were supported to have regular access to the doctor, dentist and optician. All appointments with, or visits by, health care professionals were recorded in individual health action plans and advice and recommendations were followed. Some people were using the service due to the requirements of the Mental Health Act 1983 and had their mental health needs monitored and reviewed every six weeks.

People were asked for their consent in ways they could understand before care and support was given and staff understood the requirements of the Mental Capacity Act 2005 (MCA).

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The manager understood when a DoLS application should be made and how to submit one. The service was meeting the requirements of the DoLS.

People were encouraged to follow a healthy diet. People were asked about their dietary requirements and were regularly consulted about their food preferences. People could prepare their own snacks and meals if they wanted to.

Staff felt valued and supported by the manager. Communication between staff took place through regular meetings and handovers between each shift. The manager and staff were aware of their accountability and responsibility in meeting the requirements of legislation.

People were treated with respect and dignity. Staff spoke with and supported people in a caring, respectful and professional manner. People's diversity was recognised and supported. Staff supported people to be as independent as they could be, and their privacy was respected. There were no restrictions on people having visitors.

Staff were aware of the values and behaviours expected of them and the manager regularly reviewed the culture of the service to make sure staff were positive, inclusive and empowering towards the people they supported. People had the opportunity to be as involved as they wanted to be in their assessments and in the planning of their care and support.

People said they knew how to make a complaint and there was an easy read version of the complaints process available for people who needed it.

The manager made sure they submitted notifications to CQC in line with CQC guidelines.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we have asked the provider to take at the end of this 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.

Staff knew how to recognise and respond to abuse but they did not always understand the processes and procedures for reporting abuse outside of the service.

Risks to people were identified but staff did not always have all the information and guidance to make sure that people were supported safely.

The provider had recruitment and selection processes in place to make sure that staff employed at the service were suitable.

People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. Medicines were handled appropriately and stored safely and securely.

There were suitable numbers of staff deployed at the service to meet people's needs.

Is the service effective?

Requires improvement

The service was not always effective

Staff did not all have the training and supervision they needed to support people safely and effectively.

Staff had a good understanding of people's needs and preferences and knew people well. The registered manager held formal supervisions with most of the staff.

People's health was monitored and staff worked closely with health and social care professionals to make sure people's health care needs were met.

People's nutritional and hydration needs were met by a range of nutritious foods and drinks.

Staff understood the requirements of the Mental Capacity Act 2005 and people were asked for their consent before they received the care and support they needed.

Is the service caring?

Good

The service was caring.

Staff were kind to people, and spent individual time with them. People were treated with dignity and respect and staff adopted an inclusive, kind and caring approach.

Staff communicated effectively with people, they were attentive to people's needs and responded to their requests for support.

Summary of findings

People's records were stored securely to protect their confidentiality.

There were no restrictions on when people could see their visitors.

Is the service responsive?

Requires improvement

The service was not always responsive.

Some people's care needs were regularly reviewed as a requirement of the Mental Health Act 1983. The outcomes of these review meetings were not always shared with all staff, or recorded in people's care plans. Staff did not always know how to support people in ways that suited them best.

People were included in the planning of their care and in choosing activities. A range of activities were available.

There was a complaints system and people knew who to complain to. Views from people and their relatives were taken into account and acted on.

Is the service well-led?

Requires improvement

The service was not always well led.

Systems to monitor and audit the quality of the service people received were not always robust and effective. Action was not always taken to address the shortfalls identified to ensure people's safety and welfare.

Staff told us they were well supported by the management team and they had confidence in how the service was run.

Staff were aware of the vision and values of the organisation. People were involved in the development of the service.

The Chilterns

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 15 and 16 July 2015 and was unannounced. The service was inspected by one inspector, two specialist advisors whose specialisms were learning disabilities, mental health conditions and behaviours that challenge. In addition, we were accompanied by an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service, and the expert was experienced in the care of people with mental health conditions.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service.

Before the inspection we looked at all the information we held about the care people received, along with any information from the local authority and safeguarding team. We looked at notifications received by the Care Quality Commission. A notification is information about significant events which the provider is required to tell us by law.

During the inspection we spoke with 17 people living at the service, the provider's representative, the registered manager, 18 members of staff and four external professionals involved in people's care and support. We observed the lunchtime period in the dining room and lounge and observed how the staff spoke with and engaged with people throughout the inspection. We looked at communal areas, the garden and people's bedrooms, with their permission. We looked at care and support records, health and care records and associated risk assessments for six people. We observed medicines being administered and inspected medicine administration records (MAR). We also looked at staff files and records about how the quality of the service was monitored and managed.

This service was registered by CQC on 28 March 2014. The service had not previously been inspected under this provider.

Requires improvement

Is the service safe?

Our findings

People said that they knew how to keep safe. They told us that they would tell staff and the manager if they had a concern about their safety. Other people said that they would tell their families or their representatives. One person said, "The staff support me to keep myself safe when I am out and about". Another person said, "I like being here, I feel safe".

Most staff were able to identify the different types of abuse such as physical, financial, emotional and sexual abuse, but some staff were unsure. Some staff told us that they had not had any training on safeguarding people and they were not sure how to identify some types of abuse. Staff rotas showed there were 46 staff employed at the service. Training records showed that 11 members of staff had not had any safeguarding training and no training had been arranged for these staff. The safeguarding policy for the service stated that all staff received training in recognising abuse during their induction process. However, the manager confirmed that this had not happened for some staff.

The manager was clear about their responsibilities for reporting abuse to the local safeguarding authority and said they had made sure that staff had read the safeguarding policy. Staff had signed the policy to say they had read it. Staff said they 'would report any concerns to the manager and if they still had concerns they would contact someone higher up in the organisation'. Although there was a poster containing information on who to report abuse to externally, for example, to the Care Quality Commission, most support staff said they did not know that they could report abuse outside of the service, as the safeguarding policy 'led them to believe it was their manager's and senior staff's responsibility to report abuse'. Some staff said they were confused and were not sure what action they should take if they needed to report abuse to organisations outside of the service.

The provider had not established effective systems to respond to abuse. This was a breach of Regulation (13) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Health Act 1983 required some people, who had specific risks, to have 'robust' risk management plans, to make sure people were safe. People's individual risks had been discussed with them at regular meetings attended by a range of professionals involved in their support. Risks were assessed, and regularly reviewed in these meetings but levels of risk were not always documented or updated. Some people needed support from staff to understand risks to themselves and the risks they sometimes presented to others. Care plans we reviewed did not always include up to date risk assessments and risk management plans. For example, some people had a history of self-harm and could be unpredictable in their behaviour when they were unwell or upset. There were no guidelines for staff to recognise the signs that people may be upset and getting ready to self-harm. There were no up to date risk assessments to tell staff what they should do to reduce the risk of self-harm. Staff said they were not always made fully aware of the actual risks some people presented to themselves and others because they did not have all the up to date information and guidance they needed to manage people's risks and give the required support effectively.

People were supported by staff to take part in various activities of their choice in the community such as, going to college, arts and crafts, having walks, going shopping, swimming and playing football. Care plans lacked detailed guidance on how staff should manage people's specific risks when in the community. Staff spoke about the risks relating to some people when supporting them in the community. They said they were not aware of all the specific risk factors and triggers that could increase risks to people and others, because these had not always been assessed and recorded. Staff said that they could not always anticipate risks to people and others before the behaviour actually occurred because they lacked information and guidance on how and when people's specific risks could occur, and how the risks should be managed.

Care and treatment was not always provided in a safe way for people because the provider did not have sufficient guidance for staff to follow to make sure risks were mitigated. This was a breach of Regulation (12)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said they were familiar with the whistleblowing process and staff had signed the whistleblowing policy to confirm they had read it. Staff said they felt supported by the manager and would not hesitate if they had cause to

Is the service safe?

whistle blow. One member of staff said that they had previously had cause to whistle blow. They said that they had felt supported by senior management throughout the process. The manager told us that they had used the disciplinary procedure following the concerns raised to make sure people were safe and action had been taken to resolve the concerns. Records showed that the appropriate action had been taken.

People's needs in areas such as age, disability, sexual orientation, religion and beliefs were understood by staff and were met with compassion. People told us that there was no discrimination in the home. A member of staff said, "We do not discriminate here. Most of the people we help have been discriminated against a lot and it's important that we don't, it's too damaging". Another member of staff said, "The manager takes the issue of discrimination very seriously and talking about discrimination is part of our supervision". Information about discrimination was on display on the notice board and people told us that if they had any concerns regarding discrimination they could talk to the manager or senior staff and 'it would be sorted'.

Accidents and incidents were recorded, analysed and action was taken to prevent further occurrences. When there was a likelihood of incidents reoccurring, there were systems in place to make sure people were monitored and had the support they needed to make sure they were safe.

There were procedures in place for emergencies, such as, gas, water leaks and fire. Fire exits in the building were clearly marked and were clear from obstruction. Fire risk assessments were regularly checked and were up to date. Although some people smoked they did not smoke in their rooms and used the designated smoking area in the garden. People's cigarettes and lighters were kept in the office and staff made sure that they were returned when people had finished smoking. Regular fire drills were carried out and documented. People told us that they had regular fire practices and knew what they should do in the event of an emergency. One person told us, "We have regular fire practice so we know where we need to go if a fire starts".

People told us that there were enough staff at the service. One person said "There are always lots of staff; if I need help they are there for me". Assessments were carried out to ensure that there were enough staff on duty meet people's needs. Each house had a senior member of staff supporting a staff team. Numbers of staff varied and were dependant on people's needs and activities. Some people needed two to one support in the community whilst others needed one to one support when at the service and this was provided. Other people needed less support. Two people were in one house and needed minimal support. There were three members of staff available to support them. Staff said that people's needs could sometimes change quickly and when this happened more staff were always available. Staff shortfalls, like sickness, were covered by regular staff employed by the service. Staff told us that they were happy to work flexibly to cover any shortages such as sickness and annual leave.

When new staff were appointed, they completed an application form, gave a full employment history, completed a health check declaration and had a formal interview as part of the recruitment process. New staff were checked to make sure they were fit to work at the service and Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Recruitment checks included obtaining two written references from previous employers and people's identity and qualifications had been verified, whilst any gaps in employment history had been explained. There were policies and procedures for managing any employment issues. These included a disciplinary procedure which guided the manager to deal with staff fairly and within the law.

People were protected against the risks associated with the unsafe use and management of medicines and said they received their medicines when they needed them. No one at the service chose to manage their own medicines so all medicines were administered by the nurse or senior staff. Medicines were stored safely in a medicine trolley. The medicine trolley was securely locked in a dedicated room when not in use.

There were records of medicines received into the service and records of administration and disposal. When medicines were stored in the fridge the temperature was taken daily to make sure the medicine was stored at the right temperature.

Medicines were given to people by staff who had received medicine administration training. Staff made sure people were given their prescribed medicines and that medicine administration records (MARs) were completed correctly

Requires improvement

Is the service safe?

with no errors. Staff gave people drinks and waited with them until they had taken their medicine. One person said "They [staff] don't make a big thing of it they give me my medicine discreetly when I need it". Staff were aware of any changes to people's medicines and read information about any new medicines so that they were aware of potential side effects.

The provider completed a medicines audit on a monthly basis. They said that if any concerns were identified these would be addressed with the individual members of staff.

Requires improvement

Is the service effective?

Our findings

People said they were happy with the care and support given to them by staff. One person said, "The staff here are good at their job; they understand my problems and support me well".

The provider's web site said 'Our Investors in People accreditation underpins our career and professional development framework with significant investment in training. Learning and development is a cornerstone to developing our staff'. However, not all staff had the training they needed to make sure they had all the necessary skills and knowledge to give people the care and support they needed. There were 46 staff employed at the service. Training records and staff files showed that most staff had not received basic training or their training had not been refreshed in line with the provider's policy. Staff were not all trained in subjects related to people's needs.

Staff told us that they had repeatedly requested training but that none had been forthcoming. The manager confirmed we had examined the most up to date training records and said that they had requested training for their staff but they were 'still waiting for a response from the provider'. For example, no staff had attended 'control of substances hazardous to health' (COSHH) training even though they used chemicals every day. 22 members of staff had not had health and safety training, 12 staff had not had training about fire awareness, eight staff had not had infection control training even though they were cleaning the home daily and needed to know about how to minimise the risk of infection. Ten members of staff's infection control training had not been renewed by the specified date on the training record and seven staff needed updates on health and safety training. The training records showed that no updates or refresher training had been arranged. One member of staff said, "I know the manager has asked for us to have the training we need, but nothing happens".

People required care and support with their individual conditions linked with their learning disability and mental health needs. Staff were unable to explain how certain conditions might affect the people they were caring for. Staff said they had not received training relevant to people's specific needs, such as understanding metal health conditions and learning disabilities, person centred practice and positive risk assessment. Some staff we spoke to did not understand the impact certain conditions could have on people's levels of understanding. One person repeatedly asked the same question about when they were going to see their family. They were in the lounge where there were lots of distractions. Rather than answer the question directly the member of staff said "We have talked about this, try to remember what we said." Although the member of staff was kind in their approach they did not recognise that the person was becoming anxious because they were not able to concentrate due to the distractions in the room. The person's anxiety increased and they approached another member of staff who guided them out of the room and gave them the dates their relatives would be visiting and took the person to check the date on the calendar. The person appeared calmer.

Qualified health professionals were employed who were registered with the Health and Care Professions Council (HCPC). The HCPC protect the public by registering health and care professionals who are required to meet standards for their training, professional skills, behaviour and health. They currently regulate registered professionals such as, physiotherapists, practitioner psychologists, occupational therapists, speech and language therapists, chiropodist's dietitians, and social workers in England. All of these professionals are required to register with the HCPC because their professional titles are protected by law.

There was no record of training or supervision to support the professional's continual professional development which was a requirement of their professional registration with HCPC. One member of professional staff, who was responsible for making decisions about people's care and therapy sessions, told us that they had not received peer supervision or supervision by an appropriately qualified supervisor since they had joined the organisation over a year ago and that they had not had access to supervision outside of the service. There was no record of supervision for this staff member. There were no checks to make sure they were up to date with their practice and that they had maintained their competency. The manager said that they recognised that they did not have the knowledge or qualifications to provide qualified health professionals, registered with the HCPC, with supervision. The provider's representative confirmed that no supervision had been arranged and there had been no other checks on the

Is the service effective?

health professional's practice to make sure they remained competent. They said that they recognised that this may have a negative impact on people and that 'this was something they would need to explore and arrange'.

The provider had failed to make sure all staff received appropriate training, supervision and professional development necessary to fulfil their roles. This was a breach of Regulation (18) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Processes were in place, such as handovers, to share information between staff. A handover record was completed during the shift to make sure that information was recorded and shared with staff at the beginning of their shift or on their return from leave.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by making sure if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The manager was aware of the recent judicial review which made it clear that if a person lacking capacity to consent to arrangements for their care is subject to continuous supervision and control and is not free to leave the service, they are likely to be deprived of their liberty. Some people did not have capacity to understand the risks they sometimes represented to others and were under constant supervision. Meetings had been held with representatives and professionals to make sure those decisions were made in their best interests. DoLS authorisations had been applied for if a person was restricted or constantly supervised. DoLS authorisations that had been granted and had been reviewed in accordance with the Mental Capacity Act 2005.

The Mental Capacity Act 2005 (MCA) is a law that protects and supports people who do not have the ability to make decisions for themselves. Staff had received training in understanding the MCA. The MCA was discussed with staff at their supervisions so they were aware they needed to obtain people's consent before giving them care and support. People told us that staff supported them to make day to day decisions. For example, some people had restrictions and boundaries set in line with the requirements of the Mental Health Act (MHA) 1983 so some people's items such as lighters and cigarettes were withheld and access to the internet was restricted without the need for their consent, in order to manage associated risks. During observations we heard staff explaining to people that the restrictions were to reduce risks to them and to others. Staff explained in ways people could understand and sat with people to help them fill out a consent form. Staff then checked again that people understood and agreed with the restrictions before they signed. Staff said "Although we do not need people's consent (if they are subject to the MHA), we still ask for their consent so that they still feel valued".

People said that restraint was not used in the service. Staff told us that us they were trained in the Therapeutic Management of Violence and Aggression (TMVA). They explained that this was a method of talking to people and creating a safe environment if they became aggressive. Staff explained that their training included 'passive restraint techniques', but that they had not had cause to use them and they would only be used as a last resort to protect people and others.

Some people were reviewed every six weeks by a team of professionals such as a psychologist, mental health nurse, care manager/social worker and the manager of the service, to monitor their mental health needs using the care programme approach (CPA). The CPA provides the framework for the delivery of secondary mental health services. It is a system of care delivery for people with long term or permanent mental health conditions. People told us that they were fully involved in their reviews and said that they had the opportunity to 'talk about how they were doing'. Some people needed to have strict boundaries and routines in line with the MHA. Staff made sure that people understood why they had boundaries. One person said, "These are for my own good. I need boundaries. I haven't got very good willpower". Another person said, "I need the boundaries and staff help me to keep them. It makes me feel safe". Staff explained that although people had boundaries these could be maintained in a positive way. They said, "It's not about control it's about people understanding they are responsible for their actions. Sometimes people ask us to give them boundaries because they can get a bit lost without them". One person said, "Sometimes I need boundaries and sometimes I don't, it depends how I am feeling. Staff support me when I need them to, they are brilliant". Records showed that people's support matched what they had agreed to in their care plans.

Requires improvement

Is the service effective?

Some people received treatment in the form of regular therapy sessions conducted by an appropriately qualified health professional. People said that they often used these sessions to talk about past experiences and said that they found them helpful. We did not have access to therapeutic treatment records at the time of the inspection so we asked the manager to send them to CQC. We were sent a report which showed that people were engaged in a varied long term programme of therapeutic treatment and talking therapies which were regularly reviewed as part of the CPA programme.

People said they had enough to eat and drink and that they enjoyed the meals provided. People said that they were involved with the menu planning and could have a choice of something different if they did not want the meal on offer. People told us they could have snacks in between meals. Some people were able to prepare their own snacks and meals when they wanted. Some people needed special diets and kitchen staff told us they were aware of what people needed and made sure suitable food and drink was available to them. We observed that staff sat and chatted with people during lunch time and ate their lunch with them so it was more of a social occasion.

People said they were able to see the doctor, dentist and optician when they needed to. One person said “I see my GP when I need to; staff support me to do that”. People were supported to maintain good health and received on-going healthcare support. People’s health needs were assessed and recorded in their health action plans which included actions staff should take to help people remain as healthy as possible. People’s health was monitored and when it was necessary health care professionals were involved to make sure people had the support they needed. One person’s weight was monitored because there was a risk of them losing weight. Weight charts were up to date and when there was an issue the person had been referred to the dietician and records showed that their recommendations had been followed.

Good

Is the service caring?

Our findings

People said that staff were kind and caring. One person said, "The staff here are really good, they take the time to listen and they don't judge, they have helped me a lot". One person told us that they had difficulty in communicating their feelings and found forming relationships with other people difficult. They said, "The staff are easy to talk to and try their best. We don't always get along, but we are able to talk and we understand each other." Another person said, "They (staff) spend time with me and make me feel like I matter, they are helping me get more confident". We observed that staff adapted the way they approached and communicated with people in accordance with their individual personalities and needs.

People told us that there was a process for giving feedback about staff and for nominating staff for compliments. Several staff had been nominated and people said that 'they wanted to let staff know when they had done a good job'. A member of staff said, "It means a lot when people highlight your work, it means we are getting it right".

Staff knew people well and were aware of their personal histories so they could talk to people about how they were getting on and made sure people were supported to follow their beliefs and where possible, their lifestyle choices. People told us that they were supported to go to church and other places of worship when they wanted to.

Staff chatted with people about the things they were doing and things that they enjoyed. Staff spoke with people respectfully and people responded to staff positively and in a relaxed way. One person became anxious when speaking to the inspector. Staff reassured the person and made sure the person understood that they had a choice. The person wanted to speak to the inspector so the staff member stayed with them to offer support. Another person was clear that they did not want anyone entering their room and that they did not want to speak to us and this was respected.

We observed that staff were attentive to each person and people were included in planning their care and encouraged to make decisions. One person said "Staff talk to me about my support all the time and ask me what I think". Another person said "Sometimes I don't want as much support but staff explain things and help me to understand the support I need". People were treated equally and staff were able to adjust their approach to make sure support was given in ways that suited people best. Everyone at the home communicated verbally but staff recognised that people had different levels of understanding. During observations, we heard staff explain things about people's support in different ways and then they checked with people to make sure they had understood and agreed with the support offered. Staff gave people the care and support they needed at a pace that was comfortable to them and staff did not rush people.

Advocates, including independent mental capacity advocates (IMCA's), had been included in people's support when they were needed. An advocate can help people express their needs and wishes, and weigh up decisions about the options available to them. An advocate represents people's interests, by supporting people to speak, or by speaking on their behalf. One person said, "The staff are very good at supporting us with what we need and what we want, but sometimes people need a bit extra". People had been referred to advocates when they had requested it or when they needed help to make fully informed choices about the care and support they received.

Staff made sure people's confidentiality was protected. Personal, confidential information about people and their care and health needs was kept securely. We observed that staff were respectful and compassionate in their approach. Staff were aware of people's rights to privacy and knocked on bedroom doors before entering. One person became anxious because they did not want us to see their room. Staff reassured the person in a way that suited them and made sure that they understood that their privacy would be respected. We observed that staff checked with people and sought their permission before sharing any information.

People were supported to maintain relationships with people who were important to them. People told us that relatives and friends could visit when they liked. The manager confirmed that there were no restrictions on when people could have visitors and people were supported to go home to visit their relatives where possible. One person said "I am able to see my sisters as they live close by". The manager said "Some people do not have contact with relatives despite our best efforts, but for those who do, it's important that we support them to maintain their relationships".

Requires improvement

Is the service responsive?

Our findings

Each person had a pre-admission care needs assessment which held all the information needed to check that the service would be able to meet their individual needs. This included details on the care and support people needed and how they liked to receive their care. People and their relatives were invited to look around the service before making a decision to live there. One person said "I have been coming for lots of visits; I hope to move in soon and have been supported to go to the local shopping centre to buy furniture and shelves for my new room."

Some people had regular CPA meetings and a six monthly review attended by the person and external professionals involved in their care and welfare. They told us that they were able to 'speak up' in these meetings and that their views were listened to. People said that they had regular meetings with professional staff to talk about how they were doing and what they wanted to achieve. One person said "It makes me feel good about myself when I can talk about what I am good at".

Other people said that staff talked to them about their care and support often to see if any changes were needed and that they were encouraged to 'take the lead' during their reviews. Outcomes of these reviews and people's views on how they were getting on were not always recorded or shared with all staff, so support staff were not always informed of changes in people's care and support needs and were not always aware of how to support people in ways that suited them best. One person said, "I can't always remember what's gone on in my reviews and what's been decided". Support staff said that details from people's reviews were not always written down in people's care plans so they were not aware of the outcomes. One member of support staff said "Sometimes it's difficult to support people when they are anxious before or after a review because we don't always know what's been discussed with them and they can't always remember".

People told us that they were included in writing their care plans. Care plans were personalised and in an easy read format where possible and included people's personal histories and life events, what people needed support with and how people wanted to be supported. Staff had knowledge about people's life history so they could talk to them about it and were aware of any significant events such as birthdays. However, care plans did not include information about what people were good at, what skills they wanted to develop and what their personal goals were. For example, some people were getting ready to move on from the service to learn to live more independently. There was nothing included in the care plans or other records to highlight what level of support they needed to maintain the skills they had gained and what they still needed to work on to be more independent. There were no assessments to show people and staff the level of support people might need with things such as cooking, understanding a tenancy, looking after money, keeping themselves and others safe and other everyday daily activities like how to change a light bulb. One person told us that they were looking forward to the next stage in their life and would be moving to another service where they would be expected to be more independent. They said they were anxious because they didn't know if they had all the skills they needed to be successful and were not sure what they needed to learn 'to be ready'. They said, "I am excited because I need to be more independent but I don't know what's expected of me or if I know enough to live on my own safely. I don't want it to all go wrong". Staff said that they supported people with developing their independence skills but did not know if this support was given in a consistent way. One member of staff said "We just use our common sense". There was nothing to say that people's skill levels had been assessed and there was no guidance on how to support people to develop and increase their skills in their care plans.

People had access to activities of their choice. One person said, "I used certain cafes and shops I knew, but the staff suggested I mix my shops up and try new ones as well to provide a change and to get to know more people which I enjoy". Another person said, "I play football and play for a team locally with my friends. It keeps me fit and I enjoying being able to play".

The activities co-ordinator, along with other members of staff, had motivated people to form project groups. There was a 'healthy eating group' and people had been working on a board which showed how much sugar was in fizzy drinks. Staff supported one person to lead a gardening group. The person described their plans for developing different areas of the gardens. They said, "I love gardening and the staff encouraged me to start a group, I was nervous at first but it's going really well".

Requires improvement

Is the service responsive?

Staff were responsive to people's needs. People told us that they wanted to do more cooking. They said they were 'fed up with making fairy cakes' and wanted to learn how to prepare 'proper meals'. People told us that the manager and staff had listened to their requests and as a result they were in the process of opening a cookery school. This would be in the large kitchen in one of the houses. People told us that they had lots of meetings about it and that the people who lived in the house had agreed to let people use their kitchen. The manager and team leader said that it was almost ready but they needed to do more work around assessing and addressing the risks before they could start the cookery sessions. As soon as they had completed this the school would be opened. One person said, "I like to cook stir-fry's" and another person said, "I am really looking forward to learning how to cook, I can't wait".

People knew how to make a complaint. There was an easy read complaints process on the notice board. Minutes of 'community' meetings showed that there was an opportunity for people to speak about things they were not happy with such as 'keeping the noise down' and 'considering other people and treating them with respect'. Actions that were taken to address any issues were recorded and followed up at the next meeting. People said they were happy with the outcomes. People could also follow the complaints process and talk to the manager in confidence if they wanted to. One person said they had complained about the main phone not working. They said, "I have no means of making a complaint outside of the service because the phone is not working. It's too expensive to use my mobile". The manager said they had spoken to the person and that they were in the process of rectifying this.

Requires improvement

Is the service well-led?

Our findings

People said the service was well led. One person said the manager 'is nice' and 'we can always go to them and talk about things if we want to'.

There were systems in place to monitor the quality of service people received. Regular quality checks were completed in areas such as, fire risk assessments, health and safety, and medicines, in addition to an overall quality check based on recognised fundamental standards. Issues with the care records and shortfalls in risk assessments and risk management plans had not been identified, so no action had been taken to make sure care and support records held all the information staff needed to deliver consistent support and to make sure people were safe at all times.

Records did not contain all the information the staff needed to provide consistent, safe care. Outcomes from CPA meetings were not always recorded in care plans or shared with all staff, so support staff were not kept up to date with changes in people's support needs and current levels of risk. Staff did not always know if they were managing risks effectively and supporting people in ways that suited them best. Some people presented an increase in risk if they became unwell but there was no information in care plans on how people's support should be adjusted or how risks should be managed differently if the level of risk changed or decreased, to make sure people always had the least restrictive care and support to make sure they were safe.

We asked for the most up to date audits and monitoring records. The audits showed that when shortfalls were identified action had not always been taken to address them. There were outstanding issues, including a lack of fire warden training for team leaders, no fire plan for the layout of the building and no introduction of grab packs in case there was an emergency. After the inspection the provider told us that they had addressed this. We will follow this up at the next inspection.

The health and safety risk assessment showed that action had been taken to address some shortfalls, such as, checks had been completed on window restraints and fly screens had been repaired. However ,18 of the 28 shortfalls identified within the audit had not been addressed within the time scale highlighted. The audits we were shown were confusing and included sections that related to a different service within the organisation and it was not possible to tell what items within the audit process related to which service.

The safety of the service had been assessed but action had not always been taken to mitigate risks to people's safety and welfare. This was a breach Regulation 17 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A registered manager was managing the service on a daily basis and knew the people and staff well. They were aware of their responsibilities and made sure that staff were clear about the aims of the service and shared the organisation's visions. Staff told us the core values of the service were to give people choices, respect, dignity and empowerment and improve their self-esteem. Staff knew they were all responsible for the quality of the service provided.

Staff told us they were happy in their jobs and that they felt supported by the manager. They said that if they had any concerns they could raise them and they would be listened to. Staff said, they 'enjoyed their work' and one member of staff said "I look forward to coming to work, it's a very rewarding job". Staff had opportunities to tell the provider and registered manager their views about the quality of the service and make suggestions about changes and developments. Staff felt involved in the development of the service and felt that their views were valued. One member of staff said, "I feel listened to by the manager and I know that my suggestions are taken seriously". As a result of suggestions from staff, the manager had created a "blue room" which was described as a staff room and library. Staff showed us that there were files and information on subjects relevant to their roles in this room, such as the effects of specific mental health and learning disability conditions, research articles and the services' policies and procedures. They said that they could contribute to the 'blue room' when they found information that was useful.

People and staff were actively involved in the development of the service. There were regular 'community meetings' for people to discuss what was working well and what needed improving. Minutes of these meetings included discussions of how the environment needed to improve. Some people had suggested that another lounge would provide a 'quiet space'. People had been listened to and a new lounge had been created and had been furnished in the way people had chosen. People had been involved in other areas of

Requires improvement

Is the service well-led?

refurbishment and showed us how they had contributed to the decoration of the dining room and explained how they were planning to decorate one of the lounges. We heard conversations between people and staff which were positive and where staff encouraged people to share their views and ideas.

People told us that they had been involved in planning days out and told us about some of the forthcoming trips and outings they were looking forward to. On the second day of the inspection people were out visiting a wildlife park. This trip matched what they told us they had been involved in planning.

People's relatives were asked for their views on how the service was doing and how it could develop. We saw copies of surveys that had been sent out. We did not see the responses to the survey because the service was waiting for the replies. The manager confirmed that the results would be used to help improve the service.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC checks that appropriate action has been taken in response. The manager had submitted notifications to CQC in line with CQC guidelines.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for people because the provider did not have sufficient guidance for staff to follow to make sure risks were mitigated.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not established effective systems to respond to abuse.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The safety of the service had been assessed but action had not always been taken to mitigate risks to people's safety and welfare.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The safety of the service had been assessed but action had not always been taken to mitigate risks to people's safety and welfare.