

White Cliffs Lodge Limited

White Cliffs Lodge

Inspection report

Primrose Road
Dover
Kent
CT17 0JA

Tel: 01304219213

Date of inspection visit:
02 June 2016

Date of publication:
06 July 2016

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection took place on 2 June 2016 and was unannounced.

White Cliffs Lodge is a privately owned service providing care for up to 15 people with learning disabilities. There were 13 people living at the service at the time of the inspection. The care and support needs of the people varied greatly. The accommodation comprises of two adjacent buildings. In one of the buildings there are six purpose built self-contained flats (known as 'The Court'). There were six people living in this part of the service and they were able to make their own decisions about how they lived their lives. They were able to let staff know what they wanted. They were encouraged and supported to be as independent as possible. Some of them were able to go out independently. In the other building there was single occupancy accommodation for seven people (known as 'The Lodge'). The people in this part of the service needed more assistance and support with their daily activities. Some of them were not able to communicate using speech but used sign language or body language to express themselves.

There was a registered manager working at the service and they were supported by a deputy manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out an unannounced comprehensive inspection of this service on 19 March 2015. Three breaches of regulations were found. We issued requirement notices relating to consent, safeguarding service users from abuse and staffing. We asked the provider to take action and the provider sent us an action plan. The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. We found that two of the breaches in the regulations had been met and one had been partially met. We found another breach in the regulations in relation to the safe care and treatment of people. Therefore, the provider had not fully met their legal requirements.

Some risks to people had been identified but guidance on how to safely manage the risks was not always available. This left people at risk of not receiving the interventions they needed to keep them as safe as possible. Some areas concerning risks to people needed developing and action was needed to make sure people were as safe as possible. The registered manager told us these would be addressed. On the whole there was guidance in place for staff on how to care for people effectively and safely and keep most risks to minimum without restricting people's activities or their life styles and promoting their independence, privacy and dignity.

Although there had been improvements some staff continued not to have all the support they needed to make sure they could care safely and effectively for people at all times. Staff had not received regular one to one meetings with a senior member of staff and not all staff had received an annual appraisal.

On the whole staff were recruited safely. Checks were carried out before staff started to work at the service to make sure they were safe to work with people. Further details of how decisions were made to employ staff who may need to be monitored were not in place. This is an area for improvement.

Staff had completed induction training when they first started to work at the service and had gone on to complete other training provided by the company. There were regular staff meetings. Staff said they could go to the registered manager at any time and they would be listened to. There were sufficient numbers of staff on duty throughout the day and night to make sure people were safe and received the care and support that they needed. People said there was enough staff to take them out and to do the things they wanted to.

Staff assumed people had capacity and respected the straightforward decisions they made on a day to day basis. When people needed help or could not make a particular decision on their own, staff supported them. Decisions were made in people's best interests. The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The people at the service had been assessed as lacking mental capacity to make complex decisions about their care and welfare. We received information from the service informing us that some people had applications granted to deprive them of their liberty to make sure they were kept as safe as possible. This was a shortfall at the last inspection but the breach in the regulation had now been met.

Safeguarding procedures were in place to keep people safe from harm. The provider had taken steps to make sure that people were safeguarded from abuse and protected from the risk of harm. People told us they felt safe at the service; and if they had any concerns, they were confident these would be addressed quickly by the registered manager or the deputy manager. The staff had been trained to understand their responsibility to recognise and report safeguarding concerns and to use the whistle blowing procedures. This was a shortfall at the last inspection but the breach in the regulation had now been met.

People had an allocated key worker. Key workers were members of staff who took a key role in co-ordinating a person's care and support and promoted continuity of support between the staff team. People knew who their key worker was. Staff were caring and respected people's privacy and dignity. People were involved in activities which they enjoyed.

Before people decided to move into the service their support needs were assessed by the registered manager to make sure they would be able to offer them the care that they needed. Each person had a care plan which was personal to them and that they or their representative had been involved in writing. Most of the care plans contained the information needed to make sure staff had guidance and information to care and support people in the way that suited them best. Plans were in place for behaviours that challenge and supported positive behaviour support techniques. People's care and support was reviewed every year.

People received their medicines safely and when they needed them and they were monitored for any side effects. People received appropriate health care support. People's health needs were monitored and referrals made to health care professionals if any concerns were identified.

People were offered and received a balanced and healthy diet. They could choose what they wanted to eat and when they wanted to eat it. People looked healthy and had a wide range of foods to cook and prepare. When people were not eating well the staff made sure they were seen by dieticians and their doctor. Extra food and snacks and supplement food and drinks were given to people so they maintained their weight and stayed healthy. People's rooms were personalised and furnished with their own things. The rooms reflected people's personalities and individual tastes.

The complaints procedure was on display in a format that was accessible to people.. Feedback from people, their relatives and healthcare professionals was encouraged and acted on wherever possible. Staff told us that the service was well led and that the management team were supportive and approachable and that there was a culture of openness within White Cliffs Lodge which allowed them to suggest new ideas which were often acted on. Checks on the quality of the service were regularly completed.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service could be safer.

Most risks to people were known to staff but information and guidance was not always available to make sure all staff knew what action to take to keep people as safe as possible.

There were enough staff to meet people's needs. Checks were carried out before staff started to work at the service to make sure they were safe to work with people. Further details of how decisions were made to employ staff who may need to be monitored were not in place

Staff knew the signs of abuse and how to report any concerns.

Medicines were managed safely.

Requires Improvement ●

Is the service effective?

The service was effective.

Although there had been improvements, some staff continued not to have regular one to one meetings or appraisals with the registered manager or a senior member of staff to support them in their learning and development.

Staff had an induction when they first started to work at the service. There were on-going training programmes for staff.

People were supported to make choices and decisions and staff followed the principles of the Mental Capacity Act 2005.

People were supported to attend healthcare appointments and staff supported people to remain healthy and well.

People had a choice of food and drinks and thought the food was good.

Good ●

Is the service caring?

The service was caring.

Good ●

People and relatives said people were treated with respect and dignity, and that staff were helpful and caring. Staff communicated with people in a caring, dignified and compassionate way.

People and their relatives were able discuss any concerns regarding their care and support. Staff knew people well and knew how they preferred to be supported. People's privacy and dignity was supported and respected.

The staff involved people in making decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People were involved in developing their care plans and people were listened to when they said how they wanted their care to be provided.

People were encouraged and supported to develop their skills and interests, and to enjoy outings and their hobbies.

People and their relatives said they would be able to raise any concerns or complaints with the staff and registered manager, who would listen and take any action if required.

Is the service well-led?

Good ●

The service was well-led.

Staff were motivated and led by the registered manager and senior staff. The staff were aware of the service's ethos for caring for people as individuals and putting people first.

Staff had clear roles and were responsible and accountable for their actions.

Checks on the quality of the service were regularly completed. People, their relatives and staff were asked about their experiences of the service.

Records were stored securely.

White Cliffs Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 2 June 2016, was unannounced and was carried out by two inspectors.

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. We looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

During the inspection we spoke with five people, six staff members and the registered manager. We spoke with one relative at the time of the inspection. We asked visiting professionals for their opinion of the service but at the time of writing the report we had not received any responses. We looked at how people were supported throughout the day with their daily routines and activities. We looked around the communal areas of the service and some people gave us permission to look at their individual flats and bedrooms.

We assessed if people's care needs were being met by reviewing their care records and speaking to the people concerned. These included five people's care plans and risk assessments. We looked at a range of other records which included four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

We last inspected this service on 19 March 2015. At this inspection one breach in the regulations was identified.

Is the service safe?

Our findings

People told us that they felt safe at living at the service. People said, "I feel safe, very safe living here. The staff are always around if need them" and "People get treated very well. Nothing is too much trouble".

The guidance on how risks should be managed for each person varied. For some people potential risks in their everyday lives had been identified, assessed and actioned. Steps had been taken to eliminate risks or keep them to a minimum, such as when undertaking household tasks, attending to their personal care, monitoring their health and when they were going out in the community, but for others risks had not been identified and minimised. When some people had mental health needs there was no risk assessment to identify the signs of when people's mental health might be deteriorating and what action the staff needed to take. There was no risk assessment in place when some people had been identified as having behaviours that might be challenging. People were at risk of not receiving consistent and appropriate care from staff as the guidance was not available.

Some people were identified as being at risk from having unstable medical conditions like epilepsy and seizures. Other people were at risk of choking. There was limited information available to give staff the guidance on what to do if these risks actually occurred. Information on how to manage the risks was not available or was not clear. Some staff knew what to do in these risky situations but there was a risk of an inconsistent approach by staff and that all staff would not know what action to take. There was a risk of people receiving unsafe or inappropriate care because potential risks were not all assessed and people might not be supported to stay as safe as possible.

Care and treatment was not provided in the safest way for people because the provider did not have sufficient guidance for staff to follow on how risks to people were mitigated. This is a breach of Regulation 12(1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were recruited safely to make sure they were suitable to work with people who needed care and support. The deputy manager had identified that some of the documents, such as photographs or references were not in the files for some members of staff. These documents were kept at head office but needed to be verified. An action plan was in place to address the shortfalls. All relevant checks had been made to ensure staff were suitable to work at the service, including checking people's identity, their conduct at their previous employment and Disclosure and Barring Service (DBS) criminal records checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people living at the service. Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of work. Further details of how decisions were made to employ staff who may need to be monitored were not in place to ensure they did not pose a risk to people in the service. This was an area for improvement.

At the last inspection in March 2015 the staff were not following safeguarding policies and procedures. Incidents had not been reported to the Kent local authority safeguarding team. At this inspection the registered manager and staff were reporting incidents to the relevant outside agencies. People looked

comfortable with other people and staff. People said that if they were not treated well they would report it to the registered manager who would take them seriously and take action to protect them. Staff explained how they would recognise and report abuse. Staff had received training on keeping people safe. They told us they were confident that any concerns they raised would be listened to and fully investigated to ensure people were protected. Staff knew about the external agencies they could take concerns to if they felt they were not being dealt with properly. Staff were aware of the whistle blowing policy. There was information on the notice board to encourage staff to whistle blow, the form was entitled 'Tell us –something wrong at work?' There were pictures and information to support people and staff about what to do and how to keep safe.

People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible. This included maintaining a clear account of all money received and spent. Money was kept safely and was only accessed by senior staff. People could access the money they needed when they wanted to.

Medicines were stored securely in each person's bedroom. People said they received medicines at the right time and if they needed support the staff helped them. Staff accompanied each person to their room to support them to take their medicines in private. Each person had an individual medicine record chart showing their personal details and the medicines they were prescribed and when they should take them. People received their medicines when they needed them. Staff talked to people before giving them their medicines and explained what they were doing. They asked if they were happy to take their medicines. Staff waited for people to respond and agree before they gave them their medicines.

Medicines were ordered from the pharmacy each month. Staff checked all medicines to ensure that they matched with the medicines administration record (MAR) printed by the pharmacy. Most medicines were administered using a monitored dosage system or 'blister packs'. The name of the medicine and the person for whom it was prescribed was written on each medicine pack. This helped to make sure that people were given the right medicine as prescribed by their doctor. MAR charts were completed and clear guidance was in place for people who took medicines prescribed 'as and when required'(PRN). Staff had received training in how to administer medicines safely and they received yearly updates to make sure they remained competent when giving people their medicines.

Accidents and incidents were recorded by staff and reported to the registered manager. Each incident contained information about what had occurred. It also contained the triggers to the event, the outcome for the people involved and any lessons learnt. The information was sent to an independent quality team to rate the risk and analyse the accidents and incidents that occurred. If any concerns were identified the registered manager was contacted immediately so staff could support the person differently in future to minimise the risk of the incident reoccurring. The registered manager could access the reports at any time to look at the analysis and for any trends or patterns.

There were enough staff on duty to meet people's needs and keep them safe. People, who could, told us that the staff were always available when they needed them. There were three members of staff on duty in The Court, one member of staff allocated for each floor and four in The Lodge plus the deputy and registered manager. The registered manager told us that this was the preferred number of staff to ensure that people had the support they needed including their allocated one to one hours. Staffing numbers were determined by the number of hours funded by the placing authority for each person. Some people told us that there was enough staff on duty who were available when they needed them. There was information on display to show what member of staff was supporting people with their planned activities or health care appointments. Staffing rotas confirmed that staffing levels were consistent. The registered manager made

sure that there was a mixed gender of staff on duty to meet people's preferred choices. People were also supported by key workers who were responsible for their care. There were details of key worker duties so that staff had a clear understanding of their individual roles.

There were arrangements in place to make sure there were extra staff available in an emergency and to cover for any unexpected shortfalls like staff sickness. The staff rota showed that staffing levels were consistent and extra shifts were covered by permanent staff and on occasions agency staff. The registered manager told us that they asked for the same agency staff so that people received continuity of care. The provider was recruiting new staff to fill two vacancies but overall staff retention was good and some members of staff had worked at the service for several years.

Staff told us there were enough staff available throughout the day and night to make sure people received the care and support that they needed. On the day of the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs. The registered manager followed clear staff disciplinary procedures when they identified that staff were responsible for unsafe practice.

There were systems in place to check the safety of the premises. The staff carried out regular health and safety checks of the environment and equipment. This made sure that people lived in a safe environment and that equipment was safe to use. These included ensuring that electrical and gas appliances at the service were safe. The lift and the hoist had been serviced. Regular checks were carried out on the fire alarms and other fire equipment to make sure it was working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. Fire drills were held regularly so staff got to practice supporting people to leave the building in an emergency.

Is the service effective?

Our findings

People told us that the staff looked after them well and the staff knew what to do to make sure they got everything they needed. People had a wide range of needs. Some people's health conditions were more complex than others. People and a relative told us that they received good, effective care. They said that staff had the skills and knowledge to give them the care and support that they needed. A relative told us, "Everything is fantastic. We are very happy with the care and support (my relative) receives. It couldn't be better".

At the previous inspection in March 2015 the provider did not have suitable arrangements in place to ensure that staff were supported by receiving appropriate supervision and appraisal.

At this inspection every member of staff had been given an appraisal form to complete their contribution but not all appraisals had been completed. One to one meetings with their line manager had improved but were not in line with company policy for each member of staff to receive supervision six times per year. This shortfall had been noted in the review and service improvement plan by the compliance manager in January 2016. Not all staff had the opportunity to privately discuss their performance and identify any further training or development they required. The performance of all staff was not being formally monitored according to the company's policies and procedures. When staff had not had regular one to one meeting this had been identified and staff were being given dates for supervisions. The registered manager was addressing these shortfalls but had not completed this programme for all staff. Some staff told us that they had received some supervisions and that they were very well supported by the registered manager and deputy manager. Regular staff meetings were held which included group supervision sessions; this was when staff could discuss work related issues regarding any aspect of the service and the care and support people received. It gave staff some opportunity to raise concerns or discuss issues about the service.

We recommend that staff receive supervision in line with the company's policies and procedures.

Staff told us if they had any concerns or issues that were work related or personal they could approach the registered manager at any time. Staff said that they could trust and rely on the registered manager to support them. They said the registered manager always listened, took them seriously and took action to try resolve or improve the situation.

At the inspection in March 2015 not all decisions about people's care and treatment had been made in line with current legislation and guidance. At this inspection we found that improvements had been made.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can 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). We checked whether the service was working within the principles of the MCA

The registered manager and staff had good knowledge of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and were aware of their responsibilities in relation to these. Staff had been trained about the principles of the Mental Capacity Act 2005 (MCA). Staff asked people for their consent before they offered support. People's capacity to consent to care and support had been assessed and assessments had been completed. The registered manager and staff knew people well and had a good awareness of people's levels of capacity.

If people lacked capacity staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest, including advocates. Everyone got together with people to help decide if some treatment was necessary and in the person's best interest.

Some people were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations. Some applications had been considered, checked and granted for some people ensuring that the constant supervision was lawful. Other applications were still under consideration by the local authority DoLS office. The registered manager said they always used the least restrictive ways to support people and people were free to come and go, as they wished with the right support. During the inspection we saw people being supported to make day to day decisions, such as, where they wanted to go, what they wanted to do, and what food or drink they wanted.

People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction training programme which included competency tests to make sure they understood the training and were gaining the skills in their new role. Staff initially shadowed experienced colleagues to get to know people and their individual routines. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs.

The deputy manager had a system in place to monitor staff training and updates. They had identified any gaps in training and were in the process of booking courses to ensure staff remained up to date with current guidance. Staff were able to tell us what training courses they had completed. Staff told us that they felt supported and that the training was good. As well as the basic training staff had also completed other courses such as medicine and mental capacity training. Staff were encouraged to attend other specialist training relevant to their roles which included mental health, learning disabilities and autism, percutaneous endoscopic gastroscopy (PEG) (which is a tube inserted into a person's stomach to eat or administer medicines), and alternative communication. The majority of the staff had obtained work based vocational qualification diplomas in Health and Social Care. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability to carry out their job to the required standard. People were also being supported to complete e learning training courses to develop their knowledge and skills.

The staff team knew people well and knew how they liked to receive their care and support. The staff had knowledge of people's medical, physical and social needs. Staff were able to tell us about how they cared for each person to ensure they received effective individual care and support.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. When people had problems eating and drinking they were referred to dieticians. People who had difficulty communicating verbally were seen by the speech and language therapists so other ways of communicating could be explored. If a person was unwell their doctor was contacted and people were supported to attend appointments. When people had to attend health care appointments, with doctors, nurses and other specialists they were supported by their key worker or staff that knew them well and would be able to help health care professionals understand their communication needs.

People said the meals were good and they could choose what they wanted to eat at the times they preferred. Staff were aware of what people liked and disliked. People could help themselves to drinks and snacks when they wanted to. Staff included and involved people in all their meals.

Some people could prepare their own meals and had their own kitchen area, cooking facilities and fridges. Some people required more support. Several people confirmed they could go and get snacks and drinks from the kitchen without support and there was a range of foods to prepare and cook. People often went out to eat in restaurants and local cafés. If people were not eating enough they were seen by the dietician or their doctor and were given supplementary drinks and meals. Their weight was monitored regularly to make sure they remained as healthy as possible. Special diets were catered for. Staff prepared fortified foods with additional calories and meals for people who needed them. The amount of food and drinks some people was monitored closely to make sure they were having sufficient calories and fluids to keep them as healthy as possible. If people were putting on weight there were encouraged and supported to eat healthier options and take regular exercise. Staff were able to describe how they supported people with their individual dietary needs when they needed to eat through a tube in their stomach (PEG). When people were at risk of choking staff pureed their food to make sure they could swallow it safely.

Is the service caring?

Our findings

People said they were very happy living at White Cliffs Lodge and would not want to be anywhere else. People said that they felt listened to. One person told us, "I am very happy here, if I wasn't I would let them know and go somewhere else". A visiting professional told us, "This is a relaxed and friendly service. Staff spend quality time with people and are always trying to engage and involve them".

Staff spoke with people, and each other, with kindness, respect and patience. People looked comfortable with the staff. People chatted and socialised with each other and with staff and looked at ease. Staff supported people in a way that they preferred and had chosen. The atmosphere was calm and relaxed. Staff responded appropriately when a people appeared to become anxious. Staff spoke calmly and reassured them. One staff member said, "I really like it here. We support people to do as much as possible to become more independent and do as much as possible for themselves". When some people first came to the service they were not confident enough to go out without staff. Personal programmes had been developed to help people become independent. For example, when people's goals were that they wanted to go to the local shop on their own the staff at first went with them. Then each time they slowly supported people to do bit more of the journey on their own until they had the confidence to go to the shops to get what they wanted unsupported.

Staff encouraged and supported people in a sensitive way to be as independent as possible. Staff asked people what they wanted to do during the day and supported people to make arrangements. Staff explained how they gave people choices each day, such as what they wanted to wear, where they wanted to spend time and what they wanted to do in the community. The approach of staff differed appropriately to meet people's specific individual needs. People were involved in what was going on. They were aware of what was being said and were involved in conversations between staff. Staff gave people the time to say what they wanted and responded to their requests.

People's ability to express their views and make decisions about their care varied. To make sure that all staff were aware of people's views, likes and dislikes and past history, this information was recorded in people's care plans. When people could not communicate using speech they had an individual communication plan. This explained the best way to communicate with the person. Staff were able to interpret and understand people's wishes and needs, through sign language and body language, and supported them in the way they wanted.

People told us they were involved in planning their care and always asked about the care and support they wanted to receive. One person said, "I have written my own care plan. The staff helped me". People said that they could change how they wanted to receive their care and support at any time. People told us that they got on well with their key workers and were able to build up a good relationship. Whenever possible people were supported and cared for by their key worker. They were involved in people's care and support on a daily basis and supported people with their assessments and reviews. People discussed aspects of their care with their key worker and other staff. They said that they worked together with the staff to make sure they got everything they needed. People said that they liked the staff team that supported them and that they

were able to do as much as possible for themselves. Staff were kind, considerate and respectful when they were speaking with people and supporting them to do activities.

Advocacy services and independent mental capacity advocates (IMCA) were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf. Some people were supported by advocates and others had the support of family or friends. People could choose who they wanted to be involved to help them if they needed to make important decisions and general day to day decisions.

People's privacy and private space was respected by staff. Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. There was a day to day practice of knocking on people's doors or asking permission before entering rooms. One person had a door bell fitted to make sure staff waited for them to answer the door before entering their room. Some people also had walkie /talkies so they could call staff if they needed them. They said that the staff came quickly when they called. People were able to choose who they wanted to support them and they had the option of having someone of the same gender supporting them if they preferred this. When people were at home they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms or flats, this was respected by the staff team. People were spoken with confidentially and in private when they needed to talk staff about their personal issues. Staff were attentive and listened and acted on what people said.

Everyone had their own bedrooms which included a wet room or bathroom. People had chosen the way their bedroom was organised and decorated. Their bedrooms and flats reflected people's personalities, preferences and choices. Some people had posters and pictures on their walls. People had equipment like exercise bikes, computers and music systems so they could spend their time doing what they wanted.

People could have visitors when they wanted to and there was no restriction on when visitors could call. People were supported to have as much contact with family and friends as they wanted to. People were supported to go and visit their families and relatives.

Is the service responsive?

Our findings

People said they received the care and support that they needed when they wanted it. The staff worked around their wishes and preferences on a daily basis. People told and indicated to staff about the care and support they wanted and how they preferred to have things done. People said that they felt listened to and their views were taken seriously. If any issues were raised they said these were dealt with quickly. There were regular meetings for people and staff. There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions. One person said at a meeting that some staff were not spending enough one to one time with them. This was discussed in the staff meeting and the situation had improved. A relative said that the care was 'excellent' and staff continued to 'go over and above what was expected of them.'

When people first came to live at the service they had an assessment which identified their care and support needs. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best.

Staff were responsive to people's individual needs. Staff responded to people's psychological, social, physical and emotional needs promptly. Care plans contained detailed information and guidance about all aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, behaviours, communication, continence, skin care, eating and drinking. People's life histories and details of their family members had been recorded in their care plans, so that staff could get to know about people's backgrounds and important events. Relationships with people's families and friends were supported and encouraged. One person regularly visited their family and the staff went with them. Other people were supported to keep in touch with their family by telephone.

The staff had a good knowledge of the people they were caring for. Staff said that they kept themselves updated about the care and support people needed. The key worker system encouraged staff to have a greater knowledge, understanding of and responsibility for the people they were key worker for. Key workers were assigned to people based on personalities and the people's preferences. People were able to tell us who their key workers were. If people wanted to change their key-worker for any reason this was respected. Key workers and other staff met regularly with the people they supported and discussed what they wanted to do immediately and in the future. There were weekly meetings to discuss what people wanted for their meals and who wanted to go and buy the food.

People's care plans were reviewed monthly by their key worker and a summary was done of their care needs to make sure that staff had the correct guidance to follow. Some people were not able to communicate using speech and used body language, signs and facial expressions to let staff know how they were feeling. Staff explained how they looked out for changes in people's body language and facial expressions to identify any changes in their health and well-being.

People's independence was supported and most people went out and about as they wished. Everyone told us or indicated they were able to make choices about their day to day lives and staff

respected those choices. Some people preferred to remain in their rooms and staff respected their wishes to do this. Staff spent time with people in their rooms if people wanted this. One person said, "I often invite staff to come and have a cup of tea with me. We can sit and have a chat and a laugh". Key workers or other staff were responsible for arranging and supporting people with their social activities. Some people were able to go out on their own. Other people needed two staff to support them in the community. Everyone worked together to respond to people's individual needs to make sure people got the help and support they needed. People told us that they enjoyed what they did. One person told us about the voluntary work they had previously done at a local charity shop. People regularly went horse-riding and swimming if they wanted to. Other people preferred to go shopping or out for walks. People regularly went out for lunch. They were looking forward to going to a disco that evening. People spoke enthusiastically about what they doing and what they were planning to do.

Holidays and weekends away were organised and there were pictures in people's care plans so people could reminisce and talk about what they did. On one holiday it was discovered that a person really enjoyed the hot-tub. The service had a spa bath installed so the person could continue to enjoy the experience. People sometimes wanted to do things spontaneously that had not been planned. One person sometimes wanted to go to the library or museum. As soon as they indicated this the staff responded and took them. Some people had completed all the on line training which the staff team had to do and had been trained in a variety of subjects to increase their skills, confidence and knowledge. They were going to further develop by applying for a college course. They proudly displayed their certificates in their room.

People were encouraged to voice their opinions or concerns. There was information on the notice board for people to look at if they wished to complain. These were in easy read formats to support people to understand the process. There was an open door policy and during the inspection people visited the office and spoke with the registered manager and staff if they wanted anything or needed to raise any concerns. People were also able to raise any issues with their key worker who worked closely with them to build positive relationships. The provider had procedures in place which gave staff guidance on how to handle complaints. When compliments were received the registered manager made sure that all the staff were aware.

A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. If a complaint was received this was recorded and responded to and records showed the action that was taken to address the issue. People and relatives said that the registered manager and staff were approachable and said they would listen to them if they had any concerns. A relative said that communication was good and the service kept them informed of their relative's care at all times. As a result they felt involved in their relative's care and knew about any concerns or issues. They told us they did not have any complaints but would not hesitate to talk to the registered manager or staff if they did and were confident that action would be taken.

Is the service well-led?

Our findings

People, relatives and staff told us the service was well led. People said that they could go to the registered manager at any time. One person said, "The manager always listens and sorts things out as quickly as they can". Staff said, "The staff group overall work well together. There is a lot of respect". "The registered manager manages the place very well. I would be able to go to them. I would be able to go to them about anything. There is an open door policy". "Everyone is trying to make things better. Since they promoted staff to senior positions they have taken on responsibilities and are making improvements". The registered manager, deputy manager and staff were committed to continuous improvement and were positive about the service.

The registered manager was experienced, qualified and had worked at the service for several years. There was a culture of openness and honesty; staff and registered manager spoke with each other and to people in a respectful and kind way. Staff knew about the vision and values of the organisation which was based on people being at the centre of the service and that everything revolved around their needs and what they wanted. When staff spoke about people, they were very clear about putting people first. Staff talked about supporting people to reach their full potential, becoming as independent as possible and being part of the local community.

The registered manager knew people well, communicated with people in a way that they could understand and gave individual and compassionate care. The staff team followed their lead and interacted with people in the same caring manner. Staff said that there was good communication in the staff team and that everyone helped one another. They said that the registered manager was approachable and supportive and they could speak to them whenever they wanted to. People and their relatives told us the registered manager listened to what they had to say. People communicated with the registered manager in the way they wanted to. One person said, "I sent an email to the manager about a problem they responded quickly and sorted it all out". The staff said the registered manager always dealt with issues in a calm and fair way. On the day of the inspection people and staff came in and out of the office whenever they wanted to. There was clear and open dialogue between the people, staff and the registered manager.

There were regular staff meetings held to give staff the opportunity to voice their opinions and discuss the service. Minutes of the meetings were taken to ensure that all staff would be aware of the issues. Staff told us they were encouraged to provide feedback about the service at staff meetings and handovers at each shift kept them up to date with the people's current care needs.

Staff said that the registered manager was available and accessible and gave practical support, assistance and advice. Staff handovers between shifts highlighted any changes in people's health and care needs. Staff were clear about their roles and responsibilities. They were able to describe these well. The staffing structure ensured that staff knew who they were accountable to. Regular staff meetings were held where staff responsibilities and roles were reinforced by the registered manager and the deputy manager. People were also invited to the first part of the staff meeting so that they could have input and make suggestions for improvements and changes.

Some staff had been promoted to senior positions and everyone felt that this was working very well as there was more support and guidance for the care staff team. The registered manager and staff clear were about the expectations in regard to staff members fulfilling their roles and responsibilities. Staff had delegated responsibility for auditing and monitoring key areas within the service like fire arrangements and medicines. The registered manager had recognised the challenges of the service and was taking action to manage these.

There were effective systems in place to regularly monitor the quality of service that was provided. People's views about the service were sought through resident meetings, key worker meetings, reviews, and survey questionnaires. At the time of the inspection surveys had not been sent for 2015/ 2016 to people, relatives and visiting professionals but following the inspection we received information from the provider saying this had now been done.

The registered manager audited aspects of care monthly such as medicines, care plans, health and safety, infection control, fire safety and equipment. The locality manager, who was the providers' representative, visited monthly to check that all audits had been carried out and supported the registered manager and the staff team. They completed an improvement plan which set out any shortfalls that they had identified on their visit. This was reviewed at each visit to ensure that appropriate action had been taken. The compliance and regulation manager from the company visited the service twice a year. The last visit had been in January 2016. They used the Care Quality Commission methodology as a guideline for the audits and checks to ensure compliance with legislation. During their visit they looked at records, talked to people and staff and observed the care practice at the service. A detailed report was produced about all aspects of care and treatment at the service. It identified any shortfalls which were added to the service improvement plan so the registered manager could address the shortfalls and make improvements to the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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 provided in the safest way for people because the provider did not have sufficient guidance for staff to follow on how risks to people were mitigated. This is a breach of Regulation 12(1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.