Mr & Mrs D B Mirsky

Dorriemay House

Inspection report

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Date of inspection visit:
23 November 2017

Date of publication:
24 January 2018

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

Summary of findings

Overall summary

This inspection was carried out on 23 November 2017 and was announced. 48 hours' notice of the inspection was given because we needed to be sure that people who wanted to speak to us were available during the inspection.

This service provides care and support to people living in five 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. People using the service lived in 14 ordinary flats and bedsits across Margate and a single 'house in multi-occupation' shared by 20 people. Houses in multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities. People living in the house shared two kitchens and two lounges. There was an office on site and sleep in arrangements. There was also a café where people living in the house or in flats could purchase meals.

Not everyone using Dorriemay House receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

At the last inspection on 19 October 2016, we asked the provider to take action to make improvements to the way they assessed and mitigated risks, managed medicines, checked the quality of the service and recorded information.

Records in respect of each person had improved since our last inspection, however further improvements were required to make sure people's records contained all the information staff needed to provide consistent care and support. The provider had a plan in place to achieve this. Information about people was stored securely.

The registered manager had improved the checks completed on the quality of the service since our last inspection. However, these had not identified all the areas for improvement we found during our inspection and further improvements were necessary.

People's medicines were managed safely and people received their medicines in the ways they preferred and as their healthcare professional had prescribed. Further improvements were required to the way people's medicines were stored, including supporting people to store their medicines in their own home

and to manage their medicines with support where necessary.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff assumed people had capacity and respected the decisions they made. When people needed help to make a particular decision staff helped them. Decisions were made in people's best interests with people who knew them well. The registered manager had identified that they did not fully understand their responsibility to assess people's capacity to make specific decisions and we have made a recommendation about this.

Changes in people's health were identified quickly and staff supported people to contact the relevant health care professionals. People were encouraged to eat a balanced diet which met their health needs. People planned what they cooked and prepared it with staff support where necessary. Some people choose to eat at the on-site café.

Staff were kind and caring to people and treated people with dignity and respect. People told us staff gave them privacy and only entered their home with permission. Everyone was supported to be as independent as they wanted to be. People received care in the way they preferred at the end of their life from staff and health professionals.

People told us they had enough to do during the day and were involved in their local community. They used community facilities such as the local gym and joined local groups including the District Partnership Board. The local District Partnership Board is a group where people with learning disabilities, their carers and families can talk about the things that are important to them in their lives and supports people to take action to make changes and improvements for the wider population. People had opportunities for lifelong learning and some people had jobs.

People were not discriminated against and received support tailored to their needs and preferences. Assessments of people's needs and any risks had been completed. Each person had planned their care and support with staff, including taking risks when they wanted to. No two people received the same support. Staff supported people to tell other professionals involved in their care, such as the multidisciplinary team, about their needs and wishes and helped them follow any advice and guidance given. Accidents and incidents had been analysed and action had been taken to stop them happening again.

Staff knew the signs of abuse and were confident to raise any concerns they had with the registered manager. People knew how to make complaints and were confident to raise concerns. Action had not been taken since our last inspection to make sure the complaint process was accessible to everyone in a way they understood and we have made a recommendation in relation to this.

There were enough staff to provide the care and support people needed. Staff were recruited safely and Disclosure and Barring Service (DBS) criminal records checks had been completed. Staff were supported meet people's needs and had completed the training they needed to fulfil their role. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

Staff felt supported by the registered manager, were motivated and enthusiastic about their roles. A senior staff member was always available to provide the support and guidance staff needed. The registered manager worked other service provider's to keep their knowledge up to date and continually improve the service.

Services that provide health and social care to people are required to inform the CQC, of important events

that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. We had been notified of all significant events at the service.

Services are required to prominently display their CQC performance rating. The registered manager had displayed the rating in the entrance hall of the service and on their website.

This is the second consecutive time the service has been rated Requires Improvement. You can see what action we told the provider to take at the back of the full version of the 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?

Requires Improvement

The service was not consistently safe.

Guidance was not always available for staff to refer to about how to keep people as safe as possible.

Risks to people had been identified and staff supported people to be as independent as possible.

People were protected from the risks of unsafe medicines management, but were not supported to be as independent as possible when managing their medicines.

Staff knew how to keep people safe if they were at risk of abuse or discrimination.

People were supported to keep their homes clean and tidy.

There were enough staff who knew people well, to provide the support people needed.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's needs were assessed with them. Staff worked with other professionals to assess people's needs when necessary.

Staff followed the principles of the Mental Capacity Act (2005). People were supported to make their own decisions.

Staff were supported and had the skills they required to provide the care people needed.

People were informed about healthy eating and supported to prepare meals for themselves.

People were supported to have regular health checks and to attend healthcare appointments.

Is the service caring?

Good

The service was caring.

Staff were kind and caring to people and supported them if they became anxious or upset.

People were given privacy and were treated with dignity and respect.

People were supported to be independent and have control over their support.

Is the service responsive?

Requires Improvement

The service was not consistently responsive

People had planned their care and support with staff. They received the support they needed in the way they preferred.

People were supported to be part of their local community and participated in activities they enjoyed. People had opportunities for lifelong learning.

Any concerns people had were resolved to their satisfaction.

People were supported to plan the care they preferred at the end of their life.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Records about people's care and support were not always detailed enough.

Checks were completed on the quality of the service and action was taken to remedy any shortfalls. However, plans were not put in place to check that improvements were made.

People, their relatives, staff and visiting professionals shared their views and experiences of the service and these were acted on.

Staff shared the provider's vision of the service.

Staff were motivated and led by the registered manager. They had clear roles and responsibilities.

Staff worked with other agencies to ensure people's needs were met.	

Dorriemay House

Detailed findings

Background to this inspection

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

This inspection took place on 23 November 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that people who wanted to speak to us were available during the inspection.

Inspection site visit activity started on 23 November 2017 and ended on the same day. It included meeting and speaking to people who use the service and interviewing staff who supported them. We visited the office location on 23 November 2017 to see the manager; and to review care records and policies and procedures.

We looked at eight people's care and support records and associated risk assessments. We looked at everyone's medicine records. We looked at management records including three staff recruitment, training and support records and staff meeting minutes. We observed people spending time with staff. We spoke with the registered manager, five support staff, and eight people who use the service.

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we reviewed the information about the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

Before the inspection we sent surveys to people, relatives and friends, community professionals who had had involvement with the service and staff. We sent questionnaires to 15 people and received feedback from all of them. We also received feedback from four staff and six community professionals. We sent questionnaires to 15 people's friends and relatives but did not receive any responses.

We last inspected Dorriemay House in October 2016 and the service was rated Requires Improvement. We found that the provider was in breach of one regulation and told them to take action to address the shortfalls.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we found that medicines procedures required improvement. At this inspection we found that improvements had been made to the way medicines were managed but further improvements were required.

Previously, we found that the temperature in the room where medicines were stored had not been monitored. This was important as storing medicines at high or very low temperatures could reduce their effectiveness. The temperature in the room was now monitored and was within a safe range. Medicines that needed to be kept cool were stored in a locked fridge. The temperature of the fridge was not monitored and staff did not know if they had been stored at a safe temperature.

Some people were prescribed pain relief and other medicines 'when required'. Most people were able to tell staff when they needed their 'when required' medicines and staff knew the signs that other people may need them. For example, one person was prescribed an inhaler to relieve breathlessness. Staff took the inhaler with them when they supported the person to do activities and encouraged them to take it when they became 'wheezy'. However, detailed guidance was not available to staff to refer to about everyone's' when required medicines.

People had not been supported to become as independent as possible with their medicines. Medicines continued to be stored in the office and people were required to go there from their homes to take their medicines. The registered manager had not considered safe ways to store people's medicines in their own homes or how to support people to manage their own medicines. Only three people out of 36 were administering their own medicines.

A new process had been implemented to record the dates that bottles of liquid medicines were opened. This was important to ensure medicines were used safely within a given shelf life. We found that all but one bottle had an opening date on it. The application of prescribed creams was now recorded and people's creams had been applied regularly to keep their skin healthy or reduce pain. Guidance was not consistently provided to staff about where and how often to apply prescribed creams. However, people were able to tell staff where their creams should be applied and told us staff applied their creams correctly.

People were supported to take their medicines safely and on time. Staff were trained in safe medicines management and their skills were regularly checked. People's medicines were ordered, stored securely and returned to the pharmacy when they were no longer needed. Accurate records of the medicines people had received were maintained. Regular checks were completed to ensure medicines were being stored, given and recorded safely.

We recommend that the service consider current guidance on managing medicines for adults in community settings and take action to update their practice accordingly.

At our last inspection we found that there was a lack of guidance for staff about how to manage risks to

people including medical conditions such as diabetes and epilepsy. We required the provider to take action.

More detailed guidance was now available to staff about how to manage risks to people. Some people were living with epilepsy. Staff had completed training since our last inspection and knew how to respond if someone had a seizure. Guidance was in place for staff to follow for each person and was shared with healthcare professionals to help them identify and respond if people had a seizure.

Previously guidance had not been in place for staff about how to support one person who was at risk of putting their health at risk by a certain activity. At this inspection we found a risk assessment had been completed and the person had agreed with staff and their case manager that they would reduce the risky activity. Staff knew the support the person needed to remain safe.

Some people were supported to prepare meals. Risks associated with this, such as using the cooker had been identified and staff had worked with people to reduce these. For example, some people only used the cooker with the supervision of staff, other people observed staff using the cooker. One person showed us how they took food out of the oven using oven gloves, they were proud they were now able to do this without support.

Staff were informed of changes in the way risks to people were managed at the beginning of each shift. Changes in the support that people needed were recorded in their records so staff could catch up on changes following leave or days off. Plans were in place to keep people safe in an emergency. Accidents happened rarely. Staff had completed first aid training and helped people if they had an accident. Any accidents or incidents were recorded and monitored by the registered manager so they could identify any patterns or trends and take action to prevent further incidents.

People told us they were supported by staff to do their laundry and keep their flat or room clean and tidy. People's comments included, "I do my own washing with help, I put it in the tumble drier, then fold it and iron it and then take it to my room" and "When I came here I did my washing for the first time".

People told us they felt safe and appeared relaxed in the company of other people and staff. One person told us, "I feel really safe because of everyone here, staff are really nice, they look after me really well". All of the people who responded to our questionnaire confirmed they felt safe from abuse and harm. Staff had completed training about different types and signs of abuse and their ability to identify and report abuse was checked regularly. Staff knew what to do if they suspect someone was being abused or was at risk of harm. Staff described to us the signs they may see if someone was at risk, such as a change in their behaviour. The registered manager was aware of their safeguarding responsibilities and had informed the local authority safeguarding team of any concerns they had.

Some people were not able to manage their own finances and were supported by their families, staff or advocates from the local authority to pay their bills and manage their money. One person told us, "I go to the bank machine to get money out. The staff stand behind me to keep me safe". Checks were completed to make sure that people's money was safe, including keeping receipts and bank records. People always had access to their money when they needed it.

Staffing was planned around people's needs, activities and the number of support hours purchased for them by the local authority. People told us they received support from familiar, consistent staff. Community professionals agreed with this. During our inspection staff supported people on an individual basis to complete tasks and take part in activities. The communal areas of the building were busy with people and staff going out and coming back. Two people were supported to plan their menu, go shopping and cook

their lunch. Other people went to the gym and to day services. Cover for sickness or holidays was provided the staff team. An on call system was in operation to support staff in the evening and at weekends.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they were employed. Disclosure and Barring Service (DBS) criminal records 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. New staff did not begin working at the service until all the checks had been completed. Staff declared any health issues that may need to be supported. People had not been involved in the selection of new staff, and this is an area for improvement.

Requires Improvement

Is the service effective?

Our findings

Before people began using the service they met with the registered manager to discuss their needs and plan their support. An assessment was completed which summarised people's needs and how they liked their support provided. This helped the registered manager make sure staff could provide the care and support the person wanted. All the people who completed our questionnaire said they were involved in making decisions about their care and that their support needs were met. One healthcare professional told us, "This service has accepted some clients that were likely not to be accepted by other services. They have then worked hard to meet their needs. They have been willing to respond to difficult situations with sensitivity and consider the individual's needs".

People told us they were able to make choices about all areas of their life and gave us examples including what they ate, what they did each day and who they spent their time with and where. Staff supported people to make decisions by giving them information in ways they understood. During our inspection we observed staff respecting the choices people made for example, one person chose to go out for lunch rather than preparing their own meal with staff support.

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. Staff had received training in relation to the MCA. We checked whether the service was working within the principles of the MCA.

People were able to make straightforward day to day decisions. Staff told us they assumed people were able to make decisions and described to us the support they offered people when they needed it. For example, staff told us they offered one person a limited choice of three things at a time. Other people made decisions without support. When people were unable to make complex decisions, staff worked with them and people who knew the person well, including their family and care manager, to make a decision in their best interests.

The registered manager told us they did not know until a 'couple of weeks' before our inspection that it was their responsibility to complete capacity assessments at times to understand if people had the ability to make specific decisions. Community professionals had completed capacity assessments with the registered manager when they were required. We would recommend that the registered manager considers current guidance on the principles of the Mental Capacity Act and takes action to update their practice accordingly.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). Where people are at risk of being deprived of their liberty and live in their own homes applications must be made to the Court of Protection. No one had a DoLS authorisation in place. People had keys to their front doors and were not restricted. One person told us, "I have a front door key and

a key to my flat. I come and go as I please". They went out when they wanted with the support of staff when necessary. The registered manager understood their responsibilities under DoLS.

Staff worked closely with specialist learning disability community nurses and other healthcare professionals to support people to remain as healthy as possible. People had hospital passports in place to tell staff and health care professionals about their health care needs. Staff spoke with knowledge about people's health care needs and how they identified changes in people's health, such as if they had an infection. People were supported to see their doctor when they needed to.

People were supported by staff who knew them well to attend health care appointments, including health checks. Staff helped people to understand what was going to happen and supported them to tell their health care professional how they were feeling. One person told us, "I go to the doctor with [staff member's name], they organise it for me". Staff supported people to follow any recommendations made when they returned home and maintained records of checks as requested. For example, one person's epilepsy specialist nurse had asked them to check their blood sugar levels after they had a seizure to help them assess if their epilepsy was affected by their diabetes. Staff recorded the person's blood sugar levels and maintained records which the person would take to their next check-up. People were prompted to have regular health checks, including dental check-ups and eye tests, if they wanted them.

One person did not like going to hospital and required hospital treatment. Staff had discussed the person's worries with their community nurse. On the nurse's advice staff took the person for a drink in the hospital café each day to build their confidence.

People ate and drank when they wanted to. Most people prepared their meals with staff and planned weekly menus with staff. One person told us, "I choose what to have to eat. I buy my own shopping. I am helped to cook. Last week I cooked rice with sweet and sour". People were encouraged to choose healthy options, for example one person told us they had chosen to cook oven baked sweet potato chips for lunch rather than deep fried chips. The person also told us about their diabetes and what foods they ate in moderation. The person told us they ate a low fat, low sugar diet and had 'a small treat' occasionally.

People shopped for items they needed each week and told us they stored foods in fridges and freezers in their flats. People who were at risk of choking or required a low sugar diet were supported prepare meals to meet their needs. Some people chose to purchase some or all of their meals from a café at the service.

People and community professionals told us before our inspection that staff were competent to provide the care and support they required. Our observations confirmed this. For example, we observed staff encouraging and supporting people to make decisions about all areas of their life, including what they wanted to cook and how they wanted to spend their time. People made decisions with staff encouragement and told us they were happy with the support they received from staff to become more independent.

At our last inspection we found that staff had not completed specific training to meet people's individual health needs such as epilepsy or diabetes. During this inspection staff spoke with knowledge about people's needs and had completed epilepsy and diabetes training.

Staff were supported to develop the skills, knowledge and qualifications necessary to provide the support people needed. Staff received an induction when they started work at the service, which included working alongside experienced staff to help them get to know people. All the staff who responded to our questionnaire said they had not worked alone with people until they had the skills and knowledge they needed. New staff completed the Care Certificate, an identified set of standards that social care workers

adhere to in their daily working life. There was an on-going programme of training which included recognised qualifications in care. Completed training was tracked and further training was arranged when needed.

Staff told us they felt supported by the registered manager and other senior staff and were able to discuss any concerns they had with them. Staff received regular one to one supervisions to discuss their practice and an annual appraisal which included discussing plans for their future development.

Good

Is the service caring?

Our findings

People who completed our pre-inspection questionnaires and people we spoke with during our inspection told us staff were king and caring. Community professionals agreed with this. One healthcare professional told us, "The staff are helpful and friendly to both me and the people who they support". Staff described people to us in positive ways, including what they were able to do for themselves and things they had achieved. The atmosphere in communal areas was busy but calm.

Staff supported people to be as independent as possible. They knew what people were able to do for themselves and the support they needed to do other things. One person told us, "I wash and dress on my own. A lady [staff member] helps me shower my hair and my back". Another person had a job in a local shop and was being supported to walk there on their own. They had learnt the route and walked each day with staff to build their confidence. Their goal was to walk to and from work independently. One person showed us an epilepsy alarm which they wore. This alerted staff when the person was having a seizure and staff responded. Wearing the alarm gave the person more independence as staff did not need to check them regularly.

Some people wanted to improve their budgeting skills and were supported to save for things they wanted such as holidays. One person told us they were not very good at saving and staff supported them to do this at their request. They had saved up for, and gone, on two holidays in the summer of 2017 which they had "really enjoyed".

People were supported to keep in contact with family members and other people who were important to them. They told us they met their visitors in private either in their home or in communal areas. One person said, "Sometimes I have visitors. I usually see them downstairs but can go anywhere". Other people agreed with this. Some people told us about their 'boyfriend' or 'girlfriend'. People were supported to maintain respectful relationships with people of the same or different gender. Staff supported people to have privacy with their partner when they wanted it and gave them information about how to stay safe.

People told us they had privacy and their dignity was respected. They had keys to their front door and said staff did not enter without their permission. Shared bathrooms and toilet doors were fitted with locks, which people used. People had been asked about the gender of carer they preferred to support them. Where people had expressed a choice this was respected.

Staff had asked people about their cultural and spiritual beliefs and supported people to follow these when they wanted to. One person continued to worship at a church in a local village where they had been a member of the congregation for a long time. Other people attended churches of their choice.

People were relaxed in the company of staff and other people. We observed staff offering people reassurance when they were worried or upset. One person told us, "I share a kitchen with [person's name] and they were shouting this morning. I told staff and they gave me a cuddle, that was nice for me. They're very helpful". Staff knew what caused people to become anxious, such as lots of people or thinking people

were talking about them. They anticipated the support people needed in these situations and described to us how they distracted people to help them remain calm. Staff supported people to understand why inspectors were visiting them and were supported to tell us about their experiences.

Information was presented to people in ways they could understand which helped them to make choices and have control over making decisions. For example, one person read through their support plan with us and used the pictures in it as prompts to tell us what their plan said. Staff knew how each person communicated, including when people were happy to speak to them and when they preferred to spend time on their own. We spoke with one person during our inspection who we had chatted to previously, the person did not respond to us. We asked staff about this. The staff member told us the person would only speak when they chose to and would not respond if staff asked 'Are you OK?' They also told us that the person preferred not to be spoken to first thing in the morning and would speak to staff when they were ready to chat.

A close circuit television system was in operation in communal corridors at the service. People knew that the cameras were in use and had agreed to this. Staff were aware of the need for confidentiality and personal information about people was kept securely. Meetings with people carried out in private. There was good communication between staff members with handover meetings held between shifts and a communication book that noted any changes for staff to be aware of.

People who needed support to share their views were supported by their families or care manager. The registered manager knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

Requires Improvement

Is the service responsive?

Our findings

Community professionals told us that staff acted on any instructions and advice they gave them. People who responded to our questionnaire told us that they were involved in making decisions about their support needs. People we spoke with during the inspection agreed with this.

At our last inspection we found that information in people's support records was not always kept up to date. This was important as people's health and support needs had changed over time. The registered manager stated in their Provider Information Return, 'support plans are very detailed and include information about their [people's] needs, how they would like to be supported, likes, dislikes, their goals and outcomes and what they would like to change. We also have 'Pen Pictures' for each service user, which give an accurate account of individual's needs'.

We looked at four people's support records and spoke with staff about the support people required. We found that some people's pen pictures contained very detailed information about the person, including their life before they moved into the service, their health needs, what they were able to do for themselves and any support they needed. Other people's pen pictures were not as detailed. The registered manager and the staff member responsible for writing the pen pictures told us they had plans in place to review and update everyone's pen picture to make sure they contained all the information staff needed to provide people with consistent support.

Staff described people and their support needs to us consistently. They knew about the support each person needed and how they preferred this offered. They knew people's preferred names and always used these when referring to people. Everyone we spoke with told us all the staff provided their support in the way they preferred.

People's support plans had been written with them and contained information which was important to the person, including what they liked to do, information about their job and the support they need to prepare meals. People had access to their support plans and one person showed us theirs. They told us they had written it with staff and it contained pictures and photographs to help the person understand what it said. For example, the person told us they liked to complete puzzles and worked in a local shop. Their support plan included a picture of the puzzles they liked and photographs of them working in the shop.

Each person had discussed their goals and ambitions with staff; these were recorded in their support records. Dates had been set to review people's progress towards their goals. People had planned how they would achieve their goals and this was also kept under review. For example, one person had decided that they would like to lose weight and had decided to go to the gym regularly. After a few weeks the person decided they did not want to go to the gym any more. They had discussed their decision with staff and had decided to take regular walks instead. The person had lost weight.

Routines were flexible to people's daily choices. People told us they were able to lay in if they wanted to and could go to bed when they wanted. One person told us, "On Monday I was up late and had breakfast late

and didn't want to go shopping. A member of staff bought the food for me".

People told us they were supported to take part in activities and were involved in the community. Some people did this with friends and other were supported by staff and enjoyed activities including going to the local gym, playing badminton, tenpin bowling and fishing. One person told us, "I like to go fishing, there are two types of fishing, sea fishing and fresh water fishing. I like both. Last time I went was about a week ago". People also told us about how they occupied their time when they were at home, including "knitting, listening to the radio and ironing" and "watching TV, cowboy films and singing". Some people had decided to watch a cowboy film together in the communal lounge during our inspection. The provider had purchased tickets for everyone who wanted to see a local pantomime. This was an annual event that people were looking forward to. Two people were part of the District Partnership Board and attended regular meetings. The local District Partnership Board is a group where people with learning disabilities, their carers and families can talk about the things that are important to them in their lives and supports people to take action to make changes and improvements for the wider population.

Staff supported people to have opportunities for lifelong learning, and people attended classes in the local community to learn how to cook. Other people had jobs which they enjoyed. One person told us. "I work in the bus depot; it's really good working there cleaning the buses".

Staff planned people's end of life care with them, their health care professionals and family, including consideration of their cultural and spiritual preferences. No one using the service was having support at the end of their life. People who had chosen to receive their end of life care from Dorriemay House staff had been supported to do so and with the support of staff and health care professionals. The provider had plans in place to improve the support they offered people to consider their wishes for the end of their life care. These included working with health care professionals and hospice staff 'to create an end of life support programme' for people, enabling them to remain at home at the end of their life if this was their preference.

People told us they were confident to raise any concerns they had with the registered manager and staff and their concerns were listened to and addressed. One person told us that they had made a compliant and it had been responded to. Other people told us, "I've not had to make any complaints but I would if I needed to" and "I've never had to complain". Community professionals told us in their responses to our questionnaire that the registered manager and staff were accessible, approachable and dealt effectively with any concern they or others raised. No complaints had been made about the service.

At our last inspection we found that people did not have a copy of the complaints procedure in their own flat and this was not on display in the communal areas of the service. At this inspection we saw a sign on the notice board near to the front door which said a policy was in place and that people should speak to the registered manager if they had a complaint. No further information was available to people about how to make a complaint.

We recommend that the registered manager considers current guidance on accessible communications and take action to update their complaints process accordingly.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had been leading the service for many years and knew people well. They were supported by a supervisor and a senior carer. The registered manager kept their skills and knowledge up to date, including attending registered manager's groups and working with other providers. Community professionals told us before the inspection that they believed the service was well managed.

At our last inspection we found that an up to date and contemporaneous record of people's care and support had not been maintained and this had put people at potential risk of receiving unsafe or inconsistent care. During our inspection we found that staff knew people and their needs well and some records about people's care and support had improved, including pen pictures and risk assessments. The registered manager had identified that further improvements were needed to make sure staff always had detailed and up to date information and guidance to refer. They had a plan in place to continue to improve people's care records.

Previously, we found checks and audits completed were not effective and had not identified the shortfalls we found during the inspection. Since our last inspection more thorough checks had been made and the registered manager had plans in place to address some of the areas that needed improvement, such as improvements to records.

Monthly checks were completed by staff on key areas of the service including records, medication, training and health and safety. Action had been taken to address any shortfalls found. The supervisor completed six monthly quality audits which were reviewed by the registered manager.

In response to our questionnaire people and staff told us they had been asked for their views of the service and they were taken into account. Staff we spoke with during the inspection confirmed this and gave us examples of changes including how people were supported with managing their money, take part in activities and changes in staffing levels. Half of the community professionals who responded told us they had been asked for their views and these had been acted on.

The registered manager sent a survey to people, visiting professionals and friends/relatives each year. Staff were not invited to complete a survey but told us they shared their views at supervision meetings, appraisals and on a day to day basis. All the feedback received from the last survey was positive. The registered manager had identified trends, themes or patterns which required action. However, a development plan had not been produced to keep improvements under review and take action if timescales slipped.

The registered manager had failed to maintain complete records in respect of each service user's care. The registered manager had failed to operate effective systems to assess and improve the quality of the service. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had plans in place to improve the service over the next 12 months, including

attending 'more conferences and seminars to improve our practices' and 'improve our links with other care organisations to share best practice information'. They had also identified that they did not have a process in place to involve people in planning what happened at the service and had plans in place to set up a 'service users' forum' to help identify areas for improvement and development opportunities. This process had not begun at the time of our inspection.

There was a culture of openness; staff and the registered manager spoke to each other and to people in a respectful and kind way. We observed people chatting to the registered manager and staff when they wanted to. Staff and people knew each other well chatted in a relaxed way.

The provider had a clear vision of the service which was shared by staff. One staff member described this to us as, "We encourage people to be as independent as possible. If people are able we encourage them to do it for themselves". All the staff we spoke with agreed with this and we observed people being supported and encouraged to be as independent as they wanted.

Staff were motivated and enjoyed working at the service. A third of the staff had worked at the service for more than eight years and staff turnover was low. Staff told us they were supported by the registered manager who was always available to give them advice and guidance. They told us they could speak to them at any time about any worries or concerns they had and were confident to report any concerns or poor practice they had. All the staff who responded to our questionnaire confirmed the registered manager and supervisor were are accessible and approachable and dealt effectively with any concerns they raised. Staff worked together as a team to provide people with the care and support they needed. The registered manager made sure each person received the support they needed each day and staff understood their roles and knew what was expected of them. This system worked well and people received the individual support they needed throughout the day.

The supervisor led by example and supported staff to provide the service the registered manager expected. This included checking staff were providing people's support to the required standard by working alongside them and observing their practice. Any shortfalls were addressed immediately and discussed at staff supervision meetings. Staff told us they could refer to the provider's policies and processes for guidance at any time and these were accessible to them.

The registered manager worked in partnership with the local authority commissioners and multidisciplinary teams to ensure people's changing needs were met and resources were allocated appropriately. For example, the registered manager had recently identified that one person's needs had changed significantly. They had discussed the changes with the local authority commissioners who had agreed to fund additional support for the person.

Services that provide health and social care to people are required to inform the Care Quality. Commission (CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. The registered manager knew when notifications needed to be sent and we had received notifications when they were required.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating in the entrance hall of the service and on the website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager had failed to maintain complete records in respect of each service user's care. The registered manager had failed to operate effective systems to assess and improve the quality of the service.