

# Your Life Care Group Limited

# Alma Lodge

## Inspection report

15-17 Alma Road  
Sheerness  
Kent  
ME12 2NZ

Tel: 01795669824

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We conducted an unannounced comprehensive inspection at Alma Lodge on 5 June 2018.

Alma Lodge is a 'care home' for people with learning disabilities. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Alma Lodge accommodates up to 10 people in one building. On the day of our inspection, six people were living at the home.

There was a manager in post at the time of our inspection who made an application to register with CQC in March 2018 and is awaiting the outcome of their application. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Alma Lodge has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

We carried out a comprehensive inspection of Alma Lodge in August 2016. At that inspection the service was rated as good overall, but as requires improvement in Safe. This was because the provider had not established proper and safe systems for the management of medicines.

We undertook a focused inspection in August 2017 when we checked to see if the service now met legal requirements. Whilst the service remained rated 'good' overall, and the provider had acted to improve medicine management, we found that the service still required improvement in the 'Safe' domain. The provider had failed to ensure that the premises and equipment were clean and suitably maintained. We also found fire safety had not been effectively managed. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to act and they sent us an action plan on 18 September 2017 to say what they would do to meet the legal requirements. They told us they would be compliant within six to twelve months, by September 2018. We also reported our concerns to the fire service who acted by issuing the provider with an Enforcement Notice under the Regulatory Reform (Fire Safety) Order 2005. The fire service has since confirmed that the provider complied with their Enforcement Notice.

At this inspection we found improvements had been made, and the previous breach found at our last inspection had been met. However, we found further areas of concern. People, staff and visitors were not always kept safe as regular monitoring checks of the premises had not always taken place. We found that systems to monitor and improve the quality of services and mitigate risks were not consistently robust. Risks included those associated with people's health and wellbeing including eating

and drinking. Risk assessments and care plans were not always current; posing a risk that people could receive inappropriate care. The manager was aware of this and told us about the plans they had to improve.

The principles of the Mental Capacity Act 2005 (MCA) had not been properly understood or applied in the service. People's consent to care was not always sought in line with the MCA. People were not supported effectively to make their own decisions. There was a lack of evidence to show how decisions were made in people's best interests. We have made a recommendation about ensuring people's rights are properly considered.

People were protected from the risk of abuse. Staff had received safeguarding training. They could tell us how to recognise and report safeguarding concerns. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the provider or outside agencies if needed.

Accidents and incidents were not always reported to management, and records were not always completed. This meant there was not effective oversight of incidents and accidents by the provider or manager to ensure lessons were learned and improvements made when things went wrong.

Staff followed correct and appropriate procedures in the storage and dispensing of prescribed medicines. People were supported to maintain good health and attended routine appointments with GPs, health and social care specialists, opticians and dentists. Health needs were kept under review and appropriate referrals were made when required.

There were enough staff to keep people safe and meet their needs. Staff had completed induction training when they first started to work at the service. The manager had carried out staff supervisions and implemented competency checks. Staff had received some training but not in supporting people with challenging behaviour. We have made a recommendation about further training for staff in supporting people who may display behaviour which can be challenging.

People's care plans contained some person-centred information to help staff to support them in an individual way although some required more detail or updating. People were supported and encouraged to eat and drink to maintain a balanced diet and were offered choices around their meals and drinks. Staff understood people's likes and dislikes and dietary requirements.

People were treated with dignity and their privacy was respected. Some adaptations to the premises had been made to make them suitable for those living with learning disabilities and we were told of further plans to implement changes. People were offered the opportunity to participate in a range of activities in line with their preferences.

Staff were kind and caring. There were positive interactions between the staff and people and people were comfortable with the staff. People were encouraged to remain as independent as possible and to feel included in their environment. Staff knew people and their care needs well.

Quality assurance audits were carried out to monitor the quality and safety of the service. However, these were not effective in identifying shortfalls and areas for improvement. The provider did not have a clear oversight of the service. There was minimal evidence that lessons had been learned and improvements made when things went wrong. Feedback was not sought from people and their relatives to drive improvements. We have made a recommendation about improving systems to seek and review feedback.

Relatives and staff felt the manager was approachable and responsive. Staff told us that the service was well

led and that they felt supported by the manager to make sure they could care for people safely and effectively. Staff said they could go to the manager at any time and they would be listened to.

During this inspection, we found two breaches of the Health and Social Care Act 2008 regulations. You can see what action we told the provider to take at the back of the full version of the report.

This is the first time the service has been rated as requires improvement.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

There was a lack of robust risk assessments for some people.  
Learning from incidents and accidents was not always evident and incidents were not always recorded.  
Premises monitoring checks were not carried out regularly.  
Systems and processes were in place to protect people from abuse and avoidable harm.  
There were sufficient staff available to keep people safe and meet their needs.  
Medicines were well managed and used safely.  
People were protected by the prevention and control of infection.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Assessed needs were not always kept up to date and reflected in people's care plans.  
Processes to assess people's mental capacity and to ensure decisions were made in people's best interest were not always recorded appropriately.  
Staff had not received positive behaviour support training.  
People were supported to eat healthily and given choice with their food.  
People were supported to access healthcare services.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were treated with kindness, respect and compassion.  
Staff understood and respected people's privacy and dignity.  
People's independence was promoted.  
People and their relatives were involved in decisions about their care.

**Good** ●

### Is the service responsive?

The service was not always responsive.

**Requires Improvement** ●

Care plans were not always kept up to date.  
The service did not meet the Accessible Information Standards.  
People received person-centred care which met their needs.  
Easy read complaints procedures were in place.  
Peoples wishes regarding end of life had been discussed.

**Is the service well-led?**

The service was not always well-led.

An effective governance framework was not in place to ensure quality, safety and learning.  
The views of relatives and stakeholders had not been sought.  
A positive, person-centred culture was promoted by the Manager.

**Requires Improvement** 

# Alma 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 5 June and was unannounced. The inspection was undertaken by two inspectors. Before our inspection we reviewed the information we held about the service including two previous inspection reports. We looked at notifications which had been submitted to inform our inspection. A notification is information about important events which the provider is required to tell us about by law.

Due to technical problems we were not able to ask the provider to complete a Provider Information Return. This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We met all six people who lived at Alma Lodge and observed their care within the communal areas, including the lunchtime meal. We looked at the interactions between staff and people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We inspected the environment, including the laundry, kitchen, bathrooms and people's bedrooms. We spoke with three support workers, the manager and a visiting healthcare professional. We received feedback from one commissioner.

We displayed a poster in the communal area of the service inviting feedback from people and relatives. Following this inspection visit, we spoke with two people's relatives.

To help us assess how people's care needs were being met we reviewed three people's care records and the associated risk assessments and guidance. We looked at the medicines records of two people, three staff recruitment files, staff induction, training and supervision records and a range of records relating to the running of the service including staff rotas and quality audits.

# Is the service safe?

## Our findings

People were unable to tell us verbally whether they felt safe. We were able to observe people's facial expressions and gestures. Alma Lodge was clearly home to the six people who lived there, most of whom had been there for many years. The atmosphere in the home was friendly, people indicated to staff what they wanted using their own communication methods. These were clearly understood by staff.

We carried out a focused inspection on 9 August 2017 when we reviewed whether the service was safe. At that inspection we found that the registered provider was in breach of Regulation 15 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The provider had failed to ensure that the premises and equipment were clean and suitably maintained. We also found fire safety had not been effectively managed.

At this inspection we found that improvements had been made to the maintenance of the premises. Door frames and flooring which were previously damaged had been repaired and areas of the home had been redecorated. The kitchen units had not been replaced. However, the manager informed us of plans for large scale adaptations and improvements which included replacing the kitchen units, further redecoration and extending the lift to the lower floor.

Following our last inspection the fire service visited the home on 29 September 2017 and issued the provider with an Enforcement Notice telling them to take action to address areas of serious concern. These included rectifying inadequate fire detection and alarm systems, inadequate fire doors, damage to the kitchen ceiling, lack of emergency lighting and inadequate personal emergency evacuation plans for people. The provider had responded to the enforcement notice by carrying out the remedial work to ensure the premises were safe. The Fire service completed a further fire safety audit on 8 November 2017 and confirmed that the provider has completed sufficient work to comply with their Enforcement Notice.

At this inspection we found other areas of concern that required improvement. Not all care records contained up to date risk assessments. People's care was not always monitored as advised to ensure their safety. For example, one person who was at risk of choking had Speech and Language Therapy (SaLT) guidelines in place which advised one to one staff during mealtimes to keep them safe. The guidelines were not followed by staff as the person would not tolerate staff being present while they were eating. Whilst the person's care plan considered their choice and control, the risk assessment had not been updated to inform staff how to manage this risk. People were not protected from harm by having clear and updated assessments of individual risks.

Staff told us that none of the people displayed behaviour which may be described as challenging. However, we witnessed behaviour from one person which could have been described as such. This was not documented in the person's care plan. The same person's 'reporting pain' care plan said that 'staff need to be observant of any unusual behaviour as it could be a sign that I am in pain' but it did not say what that unusual behaviour might be. Their disability distress assessment stated what the person would do if they became distressed. This is what we witnessed however the manager dismissed it as 'normal behaviour'. We



asked about the impact this had on the other people living there and were told "they are all used to it now".

We heard the manager inform a health and social care professional that one person had displayed aggressive behaviour towards a staff member. However, there was no reference in this person's care plan. Individual risk assessments were not in place to identify the risks to people and staff that this behaviour could cause. This meant that measures were not in place to control the risk and protect the person, other people living in the service and staff.

The provider had various health and safety checks in place to ensure the environment was safe. For example, water temperatures, legionella, portable appliance testing and fire safety checks. However, the checks were not always carried out as regularly as they were meant to be. This meant people, staff and visitors were not always kept safe by appropriate and up to date monitoring. For example, the provider's policy was to test fire alarms weekly but this was not being done consistently, with gaps of up to three weeks in between checks. Records of fire evacuation drills showed all staff were present and accounted for, however, the drills did not include any people living in the service. This meant the provider could not be assured that people could vacate the premises safely if a fire were to break out as the evacuation procedure had not been fully tested. There were three wheelchairs used by people in the service. The last available servicing records were dated 10 October 2017. This was not in line with the provider's policy, which was to service wheelchairs six monthly. There was a record made on the fire alarm checks that the carbon monoxide detector had sounded as there was not sufficient ventilation in the kitchen. Action was taken to improve the ventilation in the kitchen.

The manager told us staff completed an incident report when an incident happened involving people living at the service. Staff told us they would do this and inform the manager. However, we observed an incident, which staff dealt with appropriately using a calm and reassuring manner, but which was not recorded in the daily records and an incident form had not been completed. We asked the manager about the incident and they had not been informed. The manager completed a monthly audit of incidents and accidents, however this did not reflect what further action was taken by the manager, if any. When we spoke to the manager about this they described the further action they had taken following incidents. For example, staff had completed incident reports in relation to one person who refused their morning prescribed medicine as they were still in bed. The manager contacted the GP who changed the person's prescription so they took the medicine at lunchtime when they were sitting up and more able.

The failure to ensure people received safe care was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider ensured the safe use of people's prescribed medicines. There were protocols in place for people who needed medication 'as and when required' to ensure people received medicines when they needed them. Risk assessments were in place identifying the risks associated with administering people's prescribed medicines on an individual basis. Records showed that healthcare professionals were involved as needed. Staff were trained in medicines administration and the manager carried out regular observational checks to test staff's continued competency. This meant staff were provided with the training and information necessary to support people with their individual requirements when administering their medicines. There were care plans and risk assessments in place to guide staff to recognise when a person may be experiencing pain. The service used a recognised tool to enable the staff to identify signs when a person was unable to say they were in pain.

Safeguarding systems were in place to keep people safe. Staff told us they had received safeguarding training and training records confirmed this. Staff told us how they kept people safe from abuse. Staff

understood they could blow the whistle to CQC or other external organisations if they had concerns about the service. No safeguarding concerns had been reported.

There were sufficient numbers of staff to support the assessed needs of people living in the service. Staff told us they covered any absences such as sickness and annual leave between the staff team. The manager showed us rotas which confirmed this and told us they did not need to use agency staff.

Safe recruitment processes continued to be carried out by the provider. The appropriate checks were made to ensure only suitable staff were employed to support people living at the service. Applicants completed an application form and were asked to provide a full employment history. We did find that one staff member had not provided proof of their address. We spoke to the manager about this who acted and confirmed this was an oversight. Interviews were held to assess their suitability and aid the decision-making process. References were followed up and checks had been made against the Disclosure and Barring Service (DBS). This highlighted any issues there may be about staff having criminal convictions or if they were barred from working with people who needed safeguarding.

People were protected from the risk of infection. Staff received training and understood their role in relation to this. The service had suitable policies and systems in place to support this.

## Is the service effective?

### Our findings

People were not able to verbally communicate their views but staff were able to tell us what they would do if they noticed a change in a person's behaviour or well-being. One relative said they were told if their loved one needed to go to the doctors, and said "if we notice anything it is picked up straight away". We observed that people were given choices and were supported at mealtimes to ensure they had enough to eat and drink.

The Mental Capacity Act 2005 (MCA 2005) provides a legal framework for making 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 people lack the mental capacity to take specific decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care services are called the Deprivation of Liberty Safeguards (DoLS).

All six-people living at the home had been assessed as not having the capacity to make the decision to consent to their care at the service. The manager had appropriately made DoLS applications to the local authority supervisory body for each person. However, we found peoples mental capacity assessments and best interest decision records lacked the necessary detail to evidence any decisions had been made in people's best interests. For example, documents did not provide detail about the persons wishes, their likes and dislikes and did not evidence consultation with others who knew people well, such as family members. Information about the decision was not provided in an accessible format to suit people's individual communication needs. The manager understood that complex or important decisions such as health concerns needed to involve appropriate professionals such as doctors and there was evidence of this in people's records. Staff had received MCA and DoLS training and were able to tell us what this meant within their role and for the people they supported. However, this had not been applied in practice.

We recommend the provider seeks guidance from a reputable source to ensure people's rights within the basic principles of the MCA 2005 are properly considered when making best interest decisions on their behalf.

Peoples needs were assessed before moving into the service and local authority assessments and reviews were available in people's records to add to the assessment process. This helped the provider and manager to decide if staff had the skills and experience necessary to be able to provide the care and support needs identified within the assessment. However, people's needs assessments were not always kept up to date and reflected in people's care records. For example, the medication administration arrangements for one person with diabetes, were different in parts of their care records. This meant it was not clear if people's care plans reflected the most up to date information.

The manager informed us that they wouldn't discriminate against any person when asked how they considered people's individual protected characteristics under the Equality Act 2010. They added that, for

example, they would support people to attend relevant groups and how some people living at the service used to attend church but chose not to go currently. However, the needs assessment tool used at the service did not include all protected characteristics, for example people's sexuality. We identified people's equality, diversity and human rights needed further consideration within assessments and care planning.

Training records showed that staff had not had any training around positive behaviour support. However, staff had some understanding of people's behavioural changes. For example, it was written in one person's behaviour care plan that 'there are times during the day when I become very loud but be aware I am not in pain and will usually be smiling. It may mean I am hungry, thirsty or need to go to the toilet'.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to the specialist needs of people who may display behaviour that challenges others.

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 and meet people's needs. Aside from positive behaviour support, staff had the right training and experience to meet people's needs and the manager encouraged further training. For example, one staff member had been identified for promotion to deputy manager. They had a level 3 diploma in health and social care and planned to start a Level 5 diploma. The diploma in Health and Social care is the nationally recognised qualification for support staff in the care industry. All staff had completed the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Staff continued to have regular supervision and appraisal which was evidenced in their records. Supervision meetings gave staff the opportunity to raise concerns, receive feedback on their performance and to discuss support required to improve, such as extra training. New staff continued to be inducted into the service and their role appropriately.

People were offered choice about where they wanted to eat their meals, and this was documented in their care plans. Care plans described how staff could support people with healthy eating to meet their individual needs. Menus were planned four weekly in advance and considered people's individual dietary requirements. Shopping for food was done on-line twice a week and staff told us that people were involved with ordering the food they liked. One person was always sitting with the member of staff completing the food order. The manager told us that there was always alternative food available if the person didn't want what was on the menu. At lunchtime, we observed how one person declined a sandwich and chose to have chicken soup instead. One person had all their meals sourced from a food company who specialised in providing ready to serve meals for people. This met their needs more appropriately as they required a soft diet and this ensured they were provided with meals of the right consistency. Another person's diet had been adapted to be low in protein as advised by a healthcare professional. We observed lunch and saw people were offered choice and ate different meals at their request. One person with swallowing difficulties had a prescribed thickener to make sure their fluids were at the correct advised consistency to prevent choking. We checked and found that this was used in accordance with approved guidance, and stored appropriately.

We noted that one person was encouraged to eat healthily and to have smaller portions. However, the monitoring of their weight alongside this was not always recorded in their monitoring charts. It was planned for them to be weighed monthly but they had not been weighed since March 2018. Another person had been identified as requiring 2000ml of fluid each day. We reviewed one week of records which showed this had not been achieved on any day that week. On one day the recorded total was just over a quarter of this amount.

People continued to be supported to access healthcare services to meet their health and wellbeing needs, for example physiotherapy and speech and language therapy. Peoples health files included records of these appointments. People were supported with various health conditions, for example diabetes and epilepsy. People had hospital passports and health action plans however these needed updating in some areas. For example, they held the details of the previous registered manager and one person's last chiropody appointment was recorded in 2015. The aim of a hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. A health action plan is a document that states what is needed for a person to remain healthy, including the support which a person may require.

People had been involved with making choices about how they liked their bedroom to look. People's bedrooms were personal and reflected their individual likes and interests. The environment offered people different spaces to spend time in. For example, there were two lounges so people could choose where they sat. The dining room had easy chairs as well as a dining table so people could choose to spend time in there. This meant people could find a private or quiet space other than their bedroom if they wished. The manager told us the garden was accessed when the weather was nice.

# Is the service caring?

## Our findings

People were not able to verbally communicate their views; however, relatives gave us feedback. One relative told us that their relative was well looked after. They said the person "is always well dressed, clean and shaved when we visit". We saw that people were treated with kindness and compassion and staff were caring and respectful.

There was a strong person-centred culture at the service. We observed staff communicating with people in a way they could understand for example using gestures. We witnessed good positive and personal interactions with people during lunch time. For example, staff bent down to be at eye level with one person when talking to them and staff chatted and interacted with people individually.

Staff showed concern for people's wellbeing and responded to their needs, for example making sure people had a drink or a snack. One staff member told us, "It's a very caring home. Very person centred. It's all about the individuals we support. All staff are here for the people who live here".

The manager and staff knew the people they cared for well. The manager told us, "The knowledge we have of people is very important. For example, one person who has dysphagia has been sleepier so we are going to refer them back to SaLT to ensure they are getting enough protein and vitamins. What people wanted yesterday may not be what they want today so we assess everyday".

We observed staff caring for people in a positive way with their behaviour. Even though care plans and risk assessments did not describe fully how to support people when their behaviour may challenge others, staff knew people well and showed this in their support. Staff adopted a calm approach. For example, one person took some bread from another's person plate during lunchtime. Staff provided more bread. They told the person in a caring manner not to take bread from the other persons plate and that if they were still hungry they could have more bread.

The manager encouraged people to be involved in their care. We observed how one person and their relative were involved in a meeting with a health and social care professional during the inspection. Relatives were encouraged to attend peoples care plan reviews. They told us they felt informed and involved. Although involving people in the running of the service by holding regular meetings had not always been successful, the manager told us how they planned to restore monthly meetings involving people and relatives.

People were supported to maintain contact with their families and relatives could visit their loved ones when they wanted and were made to feel welcome. One relative said "they send birthday cards to me." Another relative described how the service 'went the extra mile' when they were unable to visit their loved one due to their own ill health. Staff took the person to visit them at their home, dropped them off for a few hours, then collected them. Relatives told us they felt involved in the person's care and were kept informed by the manager if anything happened. One relative told us, "They have kept us informed all along the way. I can't praise them enough". Another relative said, "I can visit when I want. I phone up to let them know I am

coming but I am told that I don't need to phone first".

The manager knew of the local advocacy services and although no-one was currently using these services, people had done so in the past. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Staff respected people's needs for privacy and dignity. Peoples personal care support plans described how staff should always knock on people's doors before entering and detailed how the person liked to be supported. The care plan included offering the person choice, for example around what clothes they would like to wear or whether they would like to wear an apron whilst eating to keep their clothes clean. Staff told us they always knocked on the door, closed the curtains and turned away when people were undressing to afford them privacy.

Confidential information was kept secure and there was evidence that the provider was aware of new data protection laws.

People were encouraged to be as independent as possible. The manager told us how one person helped with the drying of the laundry. We observed people had specifically adapted utensils and plates to enable them to eat their meal independently. One person liked to prepare their own snacks and was encouraged to do this by staff. The manager informed us of two people who had moved on from the service to live more independently. This evidenced effective outcomes in promoting independence.

## Is the service responsive?

### Our findings

One relative told us they 'have no complaints whatsoever'. Care plans were person-centred, detailed, easy to understand and relevant to the individual. However, there were some inconsistencies within people's care records where information had not been updated in all parts of the records. For example, one person was diagnosed with type 1 diabetes and was prescribed insulin. It was stated in their care plan that they self-administered their insulin injection three times a day, yet their pen portrait stated that they had a district nurse attend for these four times a day. This meant that the person was at risk of receiving incorrect treatment as the records were not reliable. Although care plans were not always up to date, the manager and staff clearly knew the people they were caring for well. Personal profiles informed staff how to provide people with choice and included their likes and dislikes.

People had communication care plans to inform staff of their individual needs. For example, one detailed how the person pushed people away if they wanted their own space and if they held their hand out they wanted you to shake it. However, all care plans in the service were produced using widgets rather than based on individual's needs. Widgets are small pictures or diagrams alongside words to help people understand information. This format was not suitable for everyone.

The service did not use the Accessible Information Standard (AIS) to assess people's individual needs. AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Providers of health and social care services are required to follow the standard. One person was able to sign their signature to agree their care plans, although not all of them were signed. One relative described how they were involved with all their loved one's care planning and attended their care reviews.

Making sure people have every opportunity to understand and be involved in their care plans and documents on an individual basis is an area we have identified as needing improvement. We recommend the provider seeks advice and guidance from a reputable source on implementing AIS.

People were supported to take part in activities they liked. For one person, their preferred activities included, listening to their favourite music; using sensory equipment; having their nails painted and a hand massage; doing arts and crafts; visiting the zoo or going bowling. The resources for these home activities were available in the communal areas. People had an activity rota for the week ahead. Staff told us they sat with each person and used picture cards to assist with their choices when planning the activity rota. The activity rota included walks in the community and activities such as bowling, as a group. Staff told us how they had recently supported people to enjoy a picnic in the park. Staff told us if people decided they no longer wanted to take part in the activity on the rota they were offered something else to do. Care plans included guidance for staff to respect the persons choice if they declined to join in an activity. People were encouraged to be active to support them to maintain their health, for example to use the stairs rather than the lift.

No complaints had been made about the service since the last inspection. The complaints procedure was available in an easy read version for people and was advertised around the service for the benefit of people's



relatives and staff. Relatives told us they had not had any complaints to raise and said they could talk to the manager if they needed to.

There was no-one at the service recognised as needing end of life care. However, people had 'last wishes' and 'funeral plans' in their care records. This enabled staff to act within their wishes if the need arose. The manager told us how one person had been supported recently to attend their brother's funeral.

## Is the service well-led?

### Our findings

One relative said the home was well maintained and another relative told us communication with the manager and staff was good and they felt the service was well run. We saw that the manager promoted a positive culture which focused on the people being supported. A healthcare professional said, "Everybody (their colleagues) likes coming here... its really good. I've never had a problem".

There was not an effective governance framework in place to ensure that quality performance, risks and regulatory requirements were managed. The manager conducted audits across the service such as auditing the environment, medicines, health and safety and infection control. However, appropriate action plans were not in place to implement improvements and there was no evidence that the provider had an oversight of the quality and safety of the service.

The provider had not ensured robust systems and processes were in place to monitor and mitigate risks relating to the health, safety and welfare of people. People's care records, including risk assessments, health action plans and needs assessments were not always accurate and up to date and were not always reviewed either periodically or when changes in circumstances occurred. The manager was aware of the issue and explained that care plans were a 'work in progress' due to the previous manager leaving and the new manager taking up their position. We also found that people's fluid and weight monitoring records had not always been completed in line with their identified needs.

Accidents and incidents were audited by the manager monthly. However, these audits did not analyse patterns and trends of accidents and incidents to enable learning and improvements. We observed an incident which was subsequently unreported in either the daily records, an incident report or to the manager. The manager informed us they would 'look into' this. However, this indicated that staff were not following the provider's policy and procedure, and meant we could not be certain that if similar incidents had occurred they had been reported. Staff told us that the behaviour demonstrated in the incident was known and they observed the person at certain times to try to prevent it. There was no guidance for staff in how to mitigate this risk and ensure people were not left in harm's way.

The failure to assess, monitor and improve the quality and safety of the service; to mitigate risk and to maintain accurate and complete records is a breach of Regulation 17 of the Health & Social care Act 2008 (Regulated Activities) Regulations 2014.

The management team consisted of the provider, the manager and senior care staff. They told us they had plans to engage a deputy manager in the very near future and a member of staff had been identified for the role. The manager told us how they received support from the provider, who was involved with the service on a regular basis, and called in several times a week. The manager was suitably qualified with a level 5 diploma in health and social care. The manager told us they kept up to date with best practice through receiving updates from nationally recognised organisations such as Skills for Care and CQC. Skills for Care is the strategic body for workforce development in adult social care in England. We found the manager was open and receptive to feedback and started rectifying areas of concern. The manager ensured staff had

consistent training in most areas, supervision and appraisals to fulfil their roles. Appraisals had personal objectives set for staff development.

The manager promoted a positive culture that was person-centred and achieved good outcomes for people. The manager had a visible presence in the service and clearly knew people well. Staff and relatives spoke highly of the manager. The provider had a statement of purpose on display which detailed positive values around people's privacy, dignity, diversity and independence. The manager ensured staff were supported and their wellbeing protected. Staff told us the manager was supportive and would listen to them. A member of staff explained how they had been supported by the manager with some specific needs they had. Another staff member said, "I have had more support than in previous homes I have worked in".

There was no evidence to indicate regular team meetings had been held. The manager told us staff meetings took place every six to eight weeks but the last meeting minutes were dated March 2018. There were no previous team meeting minutes available. The manager told us they were aware staff meetings had been neglected while they were concentrating on other areas of priority since coming in to post. They said they would be resuming regular team meetings. The manager informed us they met with the provider regularly but there were no meeting minutes to evidence the provider's governance and oversight. The manager told us if staff had any concerns they wouldn't wait for a team meeting or a supervision, that they would come and speak to them. Staff confirmed this and told us they felt involved with the running of the service. One staff member said "The manager is very approachable. She really does have an open-door policy". Another staff member said "This is the first home I've worked in where it's all about the individual. I have worked in two homes previously and this is completely different and better".

The manager and the provider had responded to feedback from one relative who had requested they improve the garden. They informed us how they had raised beds and built planters in response. However, the provider had not actively sought the views of people, relatives, staff or others to gain feedback about the service provided. This meant a valuable opportunity was lost to use feedback as a means of improving the service.

We recommend the provider seeks advice and guidance from a reputable source about seeking feedback on the service provided.

The manager and staff worked in partnership and liaised with a range of health and social care professionals when people's needs changed. Annual reviews were held for people with their care manager. A range of policies and procedures for staff to refer to for advice and support were in place. Policies were up to date and staff knew how to access them.

Services that provide health and social care to people are required to inform CQC of certain changes and important events that happen in the service. These are referred to as Statutory Notifications. This enables us to check that appropriate action had been taken. The manager was aware that they were required to inform CQC of significant events and any allegations of abuse in a timely way. However, we were informed that there had not been any events to notify us of since the last inspection.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their inspection report and ratings in the reception area and it was on the providers 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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure people received safe care and treatment.  Regulation 12 (1) (2) (a) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to assess, monitor and improve the quality and safety of the service; to mitigate risk and to maintain accurate and complete records.  Regulation 17 (1) (2) (a) (b) (e) (f)