

# Valeo Limited

# The Lodge

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

We inspected The Lodge on 20 July 2016. This is a small service so we checked the night before that people would be at home.

The Lodge provides a service for up to seven adults who have learning disabilities. The home is divided into two units across two floors; one floor for three people and the other for four people. The floors are connected by a central office area. The home is close to community facilities including shops, cafes, and a garden centre.

At the time of the inspection there were six people who used the service (three females in the lower lodge and three males in the upper lodge). Most of the people had lived at the service for many years dating back to the late 1990s with the last admission to the service in 2010.

A registered manager had been in place since June 2016. 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. Prior to the registered manager coming in post the other registered manager had been in place since June 2011.

We found the building was in need of a complete refurbishment as all the rooms, fixtures and fittings were showing wear and tear. The carpets and vinyl were heavily marked and some were ill-fitting. We found no carpets had been replaced since the previous owner of Valeo Limited had sold the company to Caretech over six years ago and some had not been replaced for 11 years.

There had not been any domestic staff in post for three months and this had a marked impact on the cleanliness of the home. We saw that the sides of settees were heavily soiled with split coffee, the vinyl floors were dirty, woodwork needed cleaning and carpets were in need of hovering.

We observed were sufficient staff on duty to meet people's needs during the day. We saw a senior carer and five staff were on duty. However, overnight there was one waking staff and one staff member who slept at the home. We found that the sleep-in staff members were woken in the early hours of the morning as at least three of the people often got up and needed to be supported.

We found care records were comprehensive, however they needed to be reviewed and updated. Also staff needed to ensure all incidents were recorded and reviewed.

Staff had received training around the application of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The staff we spoke with understood some of the requirements of this Act but needed to ensure capacity assessments and best interest decisions were accurately recorded and in place where needed.

All of the documentation within the home refers to Caretech and we were unclear as to whether this was a different provider to the registered provider Valeo Limited. Following the visit we confirmed that the home was registered correctly and established Caretech operate Valeo Limited as a subsidiary of their portfolio so the registration was valid.

Caretech had developed a range of systems to monitor and improve the quality of the service provided. However, we found the internal systems for monitoring these services were ineffective as they did not identify the gaps in care records, the potential infection control issues, the impact of sleep-in staff being woken in the early hours of most mornings or that incidents were not always recorded. Thus information fed to the operational manager did not cover all the issues.

We met with five of the six people who used the service and we were able to speak with three people and spent time observing staff practices. We saw the people were comfortable with each other and staff and there was lots of laughter.

Staff were aware of how to respect people's privacy and dignity. We saw staff supported people to make choices and decisions.

People were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure their nutritional needs were met. Each individual's preference was catered for and people were supported to manage their weight.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. We saw people had hospital passports.

Recruitment and selection procedures were in place and we saw appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

There were systems and processes in place to protect people from the risk of harm. We found staff understood and appropriately used safeguarding procedures.

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control and first aid as well as condition specific training such as working with people who have learning disabilities. The registered manager also ensured supervision and appraisals of staff practices was completed.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

We saw the registered provider had a system in place for dealing with people's concerns and complaints. There was an accessible complaints policy and relatives also knew how to complain.

We found the provider was breaching three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also highlighted the provider needed to ensure notifications were submitted in line with the requirements of The Care Quality Commission Registration Regulations 2009. You can see what action we took at the back of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Work was needed to ensure the building was clean and appropriately maintained.

Improvement was needed to ensure there were sufficient staff on duty overnight to meet people's needs.

Appropriate checks were undertaken before staff started work.

Staff could recognise signs of potential abuse. Staff reported any concerns regarding the safety of people to the manager.

Appropriate systems were in place for the management and administration of medicines.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff understood the requirements of the Mental Capacity Act 2005 but work was needed to ensure capacity assessment and best interest decisions were in place when required.

Staff had the knowledge and skills to support people who used the service.

People were provided with a choice of nutritious food.

People were supported to maintain good health and had access to healthcare professionals and services.

### Is the service caring?

**Good** ●

This service was caring.

Staff were supportive and tailored the way they worked to meet each person's needs.

We saw the staff were empathic and effectively supported people to deal with all aspects of their daily lives.

People's independence, privacy and dignity were promoted. Staff actively supported people to make decisions about their care.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were tailored to meet each individual's requirements.

People were involved in a wide range of everyday activities and led very active lives.

We saw accessible information was available to show people how to raise complaints. We found relatives were regularly contacted to check if they were happy with the service.

### Is the service well-led?

Requires Improvement ●

The service was not well led.

The systems in place to monitor and improve the quality of the service provided needed to be improved.

There registered manager had only been in post since June 2016. They were starting to critically review all aspects of the service but needed to take action to make necessary changes.

Staff told us they found the new manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

# The 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.

Two adult social care inspectors completed this inspection on 20 July 2016. With the home being a small service we contacted the staff the night before our visit to check that people would be in.

Before the inspection we reviewed all the information we held about the home. This included reports from local authority contract monitoring visits. The registered manager also supplied us with a range of information, which we reviewed after the visit.

During the inspection we met five of the six people who used the service. People had limited verbal communication so we observed staff practices. We also spoke with the operational manager, registered manager, a senior support worker and three support workers.

People in the upper lodge found experienced distress when meeting strangers so we spent time with people in the communal areas of the lower lodge. We spoke with three people and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. We looked at three people's care records, recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the service and, with permission, in some people's bedrooms, all of the bathrooms and the communal areas.

# Is the service safe?

## Our findings

We looked around the building and saw in the lower lodge that the window of the bathroom on the upper floor was not restricted to ensure the safety of people. We pointed this out to the registered manager at the time of the inspection who told us they would take immediate action to make sure a window restrictor was in place.

We saw records to confirm evacuation practices had been undertaken in January and April 2016 and others were planned. Tests of the fire alarm were completed on a regular basis to make sure it was in safe working order. However, there was not a methodical system in place which ensured all call points were tested as regularly. We pointed this out to the registered manager who told us they would speak with staff to make sure they checked each call point regularly.

We reviewed people's care records and saw staff had assessed risks to each person's safety. The risk assessments were evident in the care records however some were better than others. One person had a risk assessment for dehydration and exhaustion and one of the measures in place to keep them safe was to encourage the person to wear appropriate clothing to prevent overheating. We saw how staff put this into practice on the day of the inspection which was a very hot day. The person asked if they should wear a cardigan and staff respectfully reminded them the sun was shining and they would be too hot if they put on a cardigan. However, there was another risk assessment for medicines, but this only identified the risks associated with staff administering medicines not the risks to the actual person. This meant that staff were not appropriately considering the risks to the people such as side effects of medication. The registered manager told us they would review risk assessments for people who used the service.

We also found staff were not recording all of the incidents when people displayed behaviours that may challenge others or taking steps to ensure these were managed appropriately. We heard staff were seeking additional funding for one person because of their unpredictability and tendency to display behaviours that may challenge when out in the community. None of these incidents were recorded in their care records. Whilst we were at the home we observed the person displaying behaviours that may challenge which included assaulting and reported this to the staff and registered manager. However, no action was taken to support the person to manage their agitation, no staff came to provide the person with additional support and the incidents were not recorded. We were told, "They are always like this at handover." Without an accurate record staff could not identify if people's behaviour was changing. In addition, the failure to take action to provide additional support for people when they were distressed left other people in the home vulnerable.

We asked the registered manager to show us personal emergency evacuation plans (PEEPs) for people who used the service. PEEPs provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. The registered manager told us they did not have individual evacuation plans for people but had a general list of people who used the service, however this could not be found. This meant in the event of a fire clear information would not be available for those attending the emergency on how to support people.

Through our observations and discussions with staff members, we found there were enough staff to meet the needs of the people who used the service during the day. We saw a senior support worker and three staff were on duty during the day. The manager worked during the week in a supernumerary capacity and the assistant manager also provided cover during the week. However, overnight there was one waking night staff member and one staff member who slept. We found from our discussions and the review of care records that the sleeping staff members were woken in the early hours as three of the people often got up. The way the home was designed meant people lived in different self-contained units so the waking night could hear what was happening in the other unit. The people in both units needed support and therefore both staff were needed, which meant the sleep-in staff member had broken sleep, would be working in excess of 12 hours and therefore was at risk of making errors. The registered manager told us they had recognised this need and was taking action to provide two waking night staff members.

We also found the staff member who slept at the home had to make a sofa bed up in the lounge in the upper lodge. The lounge door did not have a lock so there was no means to ensure the staff member's privacy, dignity and safety was protected when they slept.

This was a breach of Regulation 12(1) (Safe care and treatment), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Many areas of the service looked tired and worn. In the lower lodge carpets were heavily stained and worn and walls needed to be painted. A blind in the lounge of the lower lodge which was broken was left hanging in mid-air from the ceiling and the curtain pole did not have any ends. In addition, on the day of the visit the building was very hot. Staff told us there was a problem with the heating system. Later in the afternoon of the inspection we saw a workman who we were told was a plumber came to visit the service to fix the heating.

In the upper lodge the vinyl flooring in one of the bathrooms, including a large section around the toilet, was scratched and could therefore pose an infection control risk. Another vinyl floor was raised in one section and was a trip hazard. All of the walls in communal areas were scuffed and needed repainting.

The home had two separate garden areas. We saw the garden for the people on the lower lodge was very attractive and well-maintained. However, the garden area the men could use was mainly made up of cracked tarmac, a section of dirt and an area that contained a trampoline. This meant the people in the upper lodge were not provided with equal facilities.

During the inspection we were shown some people's bedrooms. One person showed us their ceiling light and bedside lamp was not working. We asked the registered manager about this who told us they were going to get replacement bulbs. We found although it was expected that staff replaced bulbs there was no system in place to ensure this happened. This meant people were not getting maintenance work completed when needed.

We found the home had been without a cleaner for a three months and the registered manager told us they were recruiting a new cleaner. However, no cover had been provided to fill this gap whilst the post was being filled and staff were expected to clean whilst also providing care. We found the home was dirty and in need of a deep clean throughout. Simple tasks such as wiping down the armchairs if tea was spilt were not done so some chairs had extensive evidence of spillages. The floors needed to be washed and carpets hoovered. Also, staff were not checking liquid soap dispensers, hand towels and toilet rolls. This meant there was no system in place for routine visual checks to make sure stocks were replenished.

The issues with the upkeep and cleanliness of the home were breaches of Regulation 15(1) (a) and (e) (Premises and equipment) and Regulation 17(1) (Good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they were happy and liked the staff. People said, "I like living here. The staff are nice and take us places." And, "It is good here."

From our observations we found staff were dedicated to ensuring the home supported people's needs. We saw staff managed situations in a positive way and protected people's dignity and rights. The registered manager and staff we spoke with showed they sought to understand and reduce the causes of behaviour that distressed people or put them at risk of harm.

Staff told us they had received safeguarding training. However, the new manager was unable to locate any of their certificates and the previous manager had not recorded this information on a matrix. From our discussions with staff we found they did have a solid understanding of safeguarding procedures. The staff were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions they had. Staff told us they felt the manager would respond appropriately to any concerns.

Staff told us they felt confident in whistleblowing (telling someone) if they had any worries about the service. The home had up to date safeguarding and whistleblowing policies in place that were reviewed on a bi-annual basis. We saw these policies clearly detailed the information and action staff should take. This meant staff had clear guidelines to follow.

Staff could clearly explain what they needed to do in the event of a fire or medical emergency. The staff we spoke with during the inspection confirmed the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found staff had the knowledge and skills to deal with all foreseeable emergencies. However, we found the new manager was unable to provide us with supporting evidence because the previous manager had not stored this information.

The registered manager told us the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure that they were within safe limits. Records showed water temperatures were taken regularly and were within safe limits.

We looked at records which confirmed checks of the building and equipment were carried out to ensure health and safety was maintained. Documentation and certificates showed relevant checks had been carried out on the fire alarm, fire extinguishers and gas boiler, which meant the action had been taken to mitigate risks associated with fire and carbon monoxide.

We found the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS). The DBS checks whether people have been convicted of an offence or barred from working with vulnerable adults. These checks were carried out before staff started work at the home.

Staff obtained the medicines for the people who used the service. Each person's medicines were kept securely. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MARs) together with receipt records and these showed us people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service. We found staff were readily able to discuss people's medicines and people got their medicines when they needed them. We saw records to confirm staff checked medicines each month to make sure they reconciled. We checked records of medicines against the stocks held and found they balanced. The senior care assistant was able to describe the arrangements in place for the ordering and disposal of medicines. They said the MARs were checked each month to ensure they corresponded with the information from the previous month's records and with the medicines prescribed. This meant that there was a system in place to promptly identify medication errors and ensure people received their medicines as prescribed.

## Is the service effective?

### Our findings

The new registered manager told us they had found the care records did not provide all of the required information and needed to be updated. The registered provider had recently reviewed the care record templates and designed a new record. The registered manager was in the process of going through each person's care records to bring them up to date. Staff told us they had been looking at the care records to make sure they were accurate. However, we reviewed three people's care records and found important information was not included, despite them having been checked. For example, the action taken to support people who display behaviours that may challenge others was not clearly set out. We saw one person who used the service whose behaviours had been increasing had a care plan in place for this however it had not been evaluated effectively to identify the cause to the increasing behaviours. This meant staff did not have the evidence to use to support their case for requiring more hours of support for this individual.

We also could not establish from care records what type of epilepsy one person experienced or the actions to take if they had a seizure. Another care record stated Paracetamol was to be given 'as required' for a person's behaviour, but why pain relief was being given for agitation. We found staff could explain the rationale for the use of this medication and what type of epilepsy people had. However, we found checks the registered manager completed around the accuracy of care records did not identify these gaps. This meant the systems in place were not ensuring staff kept accurate and informative records.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us staff had attended training within the last 12 months on the MCA. We saw records to confirm this. Staff we spoke with understood their obligations with respect to people's choices and consent. Staff told us people and their families were involved in discussions about their care.

During the inspection we looked at the care records of people who used the service. We saw people had decision specific mental capacity assessments for areas such as care, health and finances. Relatives, staff and professionals had been involved in making best interest decisions for people and these had been recorded in their care plans. However, we identified additional decision specific capacity assessments were needed, for instance for specific prescribed medicines, the one-to-one support people needed and alcohol use. There was no evidence staff checked whether people's family members had the legal authority to make decisions on their behalf, such as being a Court of Protection deputy, prior to asking them to care plans. This was discussed with the registered manager and staff who acknowledged further work was needed.

This was a breach of Regulation 17(1) (Good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that the staff were kind and helped them with everyday activities like cooking.

People told us that they could choose what they did and joined staff to look at their care plans. We heard about their day and likes as well as seeing how staff worked with them. People said, "I like the staff and the manager is lovely." And, "We are always busy and staff make sure we do things we like."

All the people were subject to Deprivation of Liberty Safeguards (DoLS) authorisations. The registered manager showed us documentation which listed the people who were subject to DoLS authorisations. Staff described how they ensured the least restrictive options were used. They explained that although some people were unable to go out on their own, the front door to the service was always left open. One person liked to go and sit outside but never ventured any further on the drive. In addition, the door to the garden in the lower lodge was left open at all times. We saw people walking freely outside during the inspection. This meant staff supported people to take positive risks and understood that having a DoLS authorisation in place did not mean people needed to be confined in a building.

The registered manager was aware of a person's right to contest their DoLS and that the relevant person's representative (who could not be a family member involved in the placement) could apply to the Court of Protection for a review of this order. Staff we spoke with had some understanding of DoLS and why the service needed to apply for these authorisations.

All the staff we spoke with told us they were supported to access a variety of training and learning opportunities. Staff were able to list a variety of training they had received over the last year, such as moving and handling, infection control, meeting people's nutritional needs and safeguarding, amongst others. Staff said the recent training sessions had been extremely beneficial and they felt able to approach the registered manager with additional training needs and were confident additional training would be provided.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. We confirmed nearly all of the staff had completed refresher training. The registered provider had ensured newly recruited staff could access the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

Staff we spoke with during the inspection told us the registered manager was supportive. We found the previous manager had not ensured the staff completed supervision sessions in 2015. We noted the registered manager had identified this gap and was developing a plan to ensure all of the staff received supervision and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff, so not having these sessions would mean the team could not readily seek support around their own practice.

We looked at the menu plan. Menus were created from discussions with the people who used the service as showed a varied selection of meals. Staff told us people who used the service chose their own lunch and at tea time there were two choices. At the time of the inspection none of the people needed a special diet, however, staff said this could be organised if it were needed.

At lunch and tea in the lower lodge we saw staff and people sat together to eat their meals and socialise. When people were finished they were encouraged to be independent and take their plate back to the kitchen. People told us they liked the food provided. After lunch one person said, "I really enjoyed that."

They told us they liked all the meals that staff prepared.

We saw people were offered a plentiful supply of hot and cold drinks and snacks throughout the day. At lunchtime there was a jug of juice placed on the table and people helped themselves. This meant people received adequate nutrition and hydration.

From our review of the care records we saw nutritional screening had been completed for people who used the service. This was used to identify if they were malnourished, at risk of malnutrition or were overweight. We found the people were all within healthy ranges for their weight. This meant people were supported to remain healthy and have an adequate nutrition.

We saw records to confirm staff encouraged people to have regular health checks and, where appropriate, staff accompanied people to appointments. People had hospital passports. The aim of a hospital passport is to provide hospital staff with the information they need to know about a person with a learning disability when they are admitted to hospital.

People had been supported to make decisions about their health checks and treatment options. One person said, "If I'm poorly I see the doctor." Records showed people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. When concerns arose staff contacted the relevant healthcare professionals. For instance, staff were in regular contact with people's community liaison nurses and when needed had asked these professionals to organise reviews with consultants.

# Is the service caring?

## Our findings

We asked people about the staff at the home. One person said, "The staff are very nice and always kind." And, "Oh they are good here and do their best to make sure we are ok." One person instigated a ring a ring a roses dance with us and the registered manager, which we joined in. On one occasion one person who used the service reached out to the operational manager for a hug and they responded, which we found was met the person's need for a connection with people. When we asked the person if they were happy at the home they said they were. Another person told us about a football match staff were supporting them to go to that night.

People were provided with choices throughout the day, for example what they would like to eat, drink and wear. One person told staff they wanted to change their shoes. They were asked if they wanted to go into their room so they could choose what they would like to wear. The person returned wearing sandals which they showed to us.

We found staff at the service were very welcoming. The atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach with all of the people they supported. We saw staff sought confirmation from people that they were happy with what was happening. Staff actively listened to people, understood what was being asked of them and took time to help people feel valued and important.

We saw staff were able to understand the needs of the people and knew when they needed assistance or were getting frustrated. They recognised the people found changes to plans, strangers and handover times difficult.

Staff were able to tell us how people expressed their views via facial expressions and made their needs known. Staff had developed a range of ways in which they sought people's views. Staff could describe how a person expressed their agreement to plans and what would indicate that they were enjoying an activity. This meant people were supported to make choices.

The staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that staff had taken actions to ensure they became familiar with the ways people communicated. The staff we spoke with could outline individuals' personal history, likes and dislikes and they had used this knowledge to form relationships with the people. We found staff worked in a variety of ways to ensure people received the support they needed. For instance they encouraged one person to pick what they would like to have as a snack and to get this ready to eat.

Staff were attentive, showed compassion and interacted well with people. Staff respected people's privacy. We saw staff treated people with dignity, compassion and respect. They followed a person's lead to identify what they wanted, dealt with personal care issues in a dignified manner and ensured that people were included in conversations.

We found the staff team was committed to delivering a service that had compassion and respect for people.

Where appropriate they had ensured people had access to advocacy services. The staff also played an active part as advocates on behalf of people.

## Is the service responsive?

### Our findings

People told us about the activities they completed and we heard that everyone went out each day. People said, "I am always going out and we also sit in the garden a lot. We do the planting in the pots in the garden as well." And, "We go to the park, out for meals and all over." And, "I'm off to the football match tonight and go to see all of the home games. The staff go with me, which is good and we can go on about the match when we get back."

On the day of the inspection two people who used the service went for a walk in the park with staff. When they returned they told us they had enjoyed the outing. One person said, "I really enjoyed that we went to the park and had a coke. I like to go to Costas [coffee shop] on a Thursday." The activity plan for one person detailed how they had aromatherapy every two weeks and liked to do arts and crafts. The person confirmed that they had chosen the activities.

We heard how people were being assisted to lead fulfilling lives and picked the things they wanted to take part in. Staff told us people were involved in a wide range activities and outings, which we found to be the case when we visited. People had been on holiday. One person had been to Blackpool, another to Menorca, another to Wales and others were enjoying day trips out.

People told us that staff ask them about what they like to do and put this in the records. Staff were very knowledgeable about the people and could give us a great deal of detail about people's needs, which we saw was then recorded in the care records. Staff discussed how people used body language and non-verbal signals to indicate what they wanted, what would make people anxious and how they supported people to manage their emotions and reduce behaviours that might challenge others. We saw this was also recorded in people's care plans, which meant staff could readily gain an understanding of the people who used the service.

We found care records were individual to the person and encouraged independence. For example, the care plan of one person who needed assistance to bathe stated staff to encourage individual's to be independent and give the person their face cloth so they could wash their own face. We found the latest information, such as advice from psychologists, had been used in assessments, support plans and risk assessments. We saw that staff completed a wide range of support plans and these covered each person's needs. They charted the changes in people's needs over the years and triggers for behaviours that may challenge. However, the registered manager was aware that action was needed to ensure all of the information was up to date and accurate. We found staff ensured the plans were person-centred and recognised how they could make improvements to the current format.

The registered provider had developed an accessible complaints procedure, which we saw was on display. People told us that they did not have any concerns and the written feedback we saw from relatives showed they did not have concerns. We also found people views were sought by the manager and through meetings and one-to-one conversations. The manager discussed with us the process they would use for investigating complaints and they had a thorough understanding of the complaints procedure.

## Is the service well-led?

### Our findings

All of the documentation within the home refers to Caretech and we were unclear as to whether this was a different provider to the registered provider Valeo Limited. Following the visit we confirmed that the home was registered correctly and established Caretech operate Valeo Limited as a subsidiary of their portfolio so the registration was valid.

A registered manager had been in place since June 2016. 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. Prior to the registered manager coming in post the other registered manager had been in place since June 2011.

We looked at the systems in place for monitoring the quality of the service. The registered provider had systems for monitoring and assessing the service but this was ineffective as it had not identified the problems with the previous manager's oversight. We found that over the years, audits and reviews had failed to identify the need for refurbishment of the building and, more recently, the impact of there being no cleaner on the environment.

We asked to see the audits but the registered manager could not produce them. The only record of audits the current registered manager had was a medication audit they had completed. This meant they could not show us reviews of the service and any associated action plans. The operational manager system for monitoring the service was comprehensive but as the internal audits were limited it did not pick up on issues we identified. For instance the operational manager's audit had found the home's sprinkler system needed replacing and they had arranged for this to happen, but they were not fully aware of the poor state of the building, the lack of window restrictor, that the heating system did not work and there was no lock on the sleep-in room door. This meant they had not taken steps to rectify these matters. However when we highlighted these issues to the operational manager they undertook to ensure action was taken and took immediate action to fix the boiler and the window.

The service had a business contingency plan. A contingency plan is designed to help an organisation to respond effectively to a significant event or situation. We saw this plan contained important information on action that staff should take in the event of a situation such as flooding, fire and an outbreak of flu. The contingency plan was confusing in places as it referred staff to a 'grab file' and 'emergency file' for further information on how to turn off the gas electricity and water. We asked the registered manager for the 'grab file' and 'emergency file' however these could not be found. This meant that staff did not have the information they needed.

This was a breach of Regulation 17(1) (Good Governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person who used the service and staff we spoke with were complimentary about the registered

manager and staff felt they were doing everything possible to improve the home. We found that in the weeks since the manager had come into post and been registered they had started to review and identify what improvements were needed.

Staff told us they were all comfortable about being able to challenge each other's practice as needed. Staff spoke positively of the registered manager and said, "[Name of registered manager] is a really good listener and she works with [people who used the service]. She is very approachable." And, "The new manager is interested in what we do and we are pleased they have taken over the running of the home."

The operational manager discussed how the registered provider gained feedback from the people who used their services, which included "Snack and Chat" events where someone from each home went to chat about what they thought of the home. They also told us about the surveys relative, staff and people who used the service completed and showed us the recent one. This did not split the information into each service but the operational manager said the registered provider had recognised this as an issue. They were designing a survey that would not identify the person but would show which service the feedback related to and expected this to be in place for the next surveys later in 2016.

The registered provider completed regular surveys of staff, people who used the service and their relatives. We saw staff meetings were being held and the staff views were actively sought about the changes made to the care records and what currently worked well. This meant staff were an integral part of the developments within the home.

Staff had policies within the home that helped them understand why certain processes and protocols were in place. These policies included safe handling of medication, safeguarding, recruitment and obtaining consent. This access to information meant staff to feel more confident at challenging practices and also helped to set out the expectations people should have of the home.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way as action was needed to improve the safety of the building and to ensure staff were able to manage behaviours that challenge.</p> <p>12 (1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The registered person had not made sure the premises and the hygiene within the home were maintained to an appropriate standard.</p> <p>15 (2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the regulations</p> <p>17 (1)</p>