

East View Housing Management Limited

# East View Housing Management Limited - 368 The Ridge

## Inspection report

368 The Ridge  
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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?

Requires improvement 

Is the service responsive?

Requires improvement 

Is the service well-led?

Requires improvement 

### Overall summary

The inspection took place on 31 March and 1 April 2015 and was an unannounced inspection. The previous inspection on 4 September 2013 found that there no breaches in the legal requirements.

The home is one of a number of locations operated by East View Housing Management Limited, who provide support locally for people with learning disabilities.

The service is registered to provide accommodation and personal care to six people who have learning disabilities,

# Summary of findings

including autism and limited verbal communication. People living at the home were male and female younger people. There were no vacancies at the time of the inspection. The home is a detached chalet bungalow, which stands back a little from a busy road. There is limited off road parking on the unmade drive. Each person has their own bedroom, most have ensuite facilities. There is a communal bathroom, kitchen, a lounge and a lounge/diner area. There is an accessible garden with a paved seating area at the back of the house.

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

At the time of inspection we were able to meet with all of the people living in the home and speak with some of them. People told us that they liked living in the home, they were happy and the staff were kind.

Whilst our inspection showed that whilst the service offered people a homely environment and their basic care needs were being supported, there were shortfalls in a number of areas that required Improvement.

Records of incidents of behaviours that challenged did not always provide sufficient information to support risk assessment reviews or promote learning, understanding and evaluation of strategies to reduce the risk of future occurrences.

Some areas of the home required improvement. Growth of mould and mildew in some shower areas had not been addressed. Some of the dining chairs were stained and torn and the dining table tops were damaged and worn.

Some aspects of staff recruitment process had not been completed as needed.

People were offered choices of food they could not have. Some supplies of food and drinks had run low or run out and had not been replenished, this meant there was little choice of food at the home.

The provider had identified areas of training that would help staff provide support to the people they cared for. However, this training had received little priority and in

some instances had not been delivered. This affected how staff were able to communicate with some people, their understanding of people's conditions and how to apply aspects of the Mental Health Act and Deprivation of Liberty Safeguards in their work roles.

Communication by staff did not always ensure that people experienced a good level of care; we saw that some people's expectations were not well managed and staff were not always aware of people's priorities or the meaning of some of their mannerisms.

Individual activity planners were not up to date or always presented in the ways identified in people's care plans. The home was not always responsive to people's needs because their goals and wishes were not effectively progressed to encourage development of learning and exploring new activities and challenges.

A quality monitoring system was in place but was not effective enough to enable the service to highlight the kind of issues raised within this inspection. Some of the issues that had been highlighted, particularly in relation to the condition of some areas of the home and furnishings, had not been resolved.

There were also the following areas that did work well.

People felt safe in the service and out with staff. The service had safeguarding procedures in place and most staff had received training in these. Staff demonstrated an understanding of what constituted abuse and how to report any concerns.

People had personalised records detailing their care and support, including well developed support plans for their emotional and behavioural needs. People were supported to access routine and specialist health care appointments and staff showed concern when people were unwell and took appropriate action.

We checked the arrangements for the management of medicines. They were stored appropriately and people received the right amount of the right medicine at the right time. Staff had received training to administer medicines and were assessed as being competent to do so.

# Summary of findings

The manager had an understanding of the mental capacity Act 2005, and Deprivation of Liberty safeguards, they understood in what circumstances a person may need to be referred, and when there was a need for best interest meetings to take place.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Which now correspond to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. Incident and accident reporting did not always contain sufficient information to usefully link into behavioural management and risk assessment reviews.

Areas of the home and some furnishings required improvement, repair or replacement. Some people's showers and bathroom were affected by mould or mildew.

Some elements of staff recruitment processes did not fully meet requirements.

Staff were aware of safeguarding, they understood about keeping people safe from harm and protecting them from abuse.

People's medicines were managed safely by staff who had been trained.

Requires improvement



### Is the service effective?

The service was not always effective. People were offered food choices that were not available. Poor communication between staff had not ensured the kitchen was adequately stocked with food.

Training identified as needed to support people at the home had not been delivered to most staff.

Although Deprivation of Liberty Safeguard applications had been made where needed, some staff did not have a clear understanding of the Mental Capacity Act decision making processes.

People received the support they needed to see their doctor. Where people had complex health care needs, appropriate specialist health care services were included in planning and providing their care.

Requires improvement



### Is the service caring?

The service was not always caring.

Communication between staff was not always good to ensure people experienced a good standard of care all the time.

Staff willingness to help people did not always promote independence and encourage learning.

Interaction between staff and people was pleasant and well-intentioned. People told us they liked all of the staff.

Requires improvement



### Is the service responsive?

The service was not consistently responsive.

Requires improvement



# Summary of findings

Some key worker reviews were not clear if people's goals and wishes remained current or how they were actively pursued.

Individual activity plans were not updated or presented and communicated by the most appropriate means.

There was an accessible complaints procedure and people were confident that any concerns would be addressed and action taken where necessary.

Care plans were individual and person centred.

## Is the service well-led?

The service was not always well led.

Systems for the assessment and monitoring of quality were not fully effective. Some shortfalls had not been identified by monitoring systems and some that had, were not resolved.

Insufficient priority had been attached to training and levels of communication at the home did not underpin the values and behaviours envisaged by the provider in their commitment to care.

People, staff and relatives thought the service was well run and spoke positively about the leadership of the manager.

There was an open culture and meetings were held for staff and people to hear information about the service and to raise issues and comment.

**Requires improvement**



# East View Housing Management Limited - 368 The Ridge

## 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 checked 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.

On 1 April 2015 the Care Act 2014 came into force. To accommodate the introduction of this new Legislation there is a short transition period. Therefore within this inspection report two sets of Regulations are referred to. These are, The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As from 01 April 2015, CQC will only inspect the service against the new Regulations - The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The inspection took place on 31 March and 1 April 2015, it was an unannounced inspection. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

We focused on speaking with people who lived in the home, some of whom were able to tell us directly about their day to day experiences. We also spent time

throughout the inspection observing how people were cared for and how staff interacted with them. We looked around most areas of the home including some people's bedrooms, bathrooms, lounge and dining areas. During our inspection we spoke with each person who lives at the home and five care staff the deputy manager and the manager.

We reviewed a range of records. This included four care plans and associated risk information and environmental risk information. We looked at recruitment information for four staff, including some who were more recently appointed; their training and supervision records in addition to the training record for the whole staff team. We viewed records of accidents/incidents, complaints information and records of some equipment, servicing information and maintenance records. We also viewed policies and procedures, medicine records and quality monitoring audits undertaken by the registered manager and the provider.

We also reviewed the information we held about the service. We considered information which had been shared with us by the local authority, members of the public, relatives and healthcare professionals such as a social worker. We reviewed notifications of incidents and safeguarding documentation that the provider had sent us since our last inspection. A notification is information about important events which the provider is required to tell us about by law. This formed part of our planning process for this inspection.

# Is the service safe?

## Our findings

We asked people if they liked living at the home and if they felt safe there. Those who were able to communicate with us told us or gestured they were happy and felt safe. To help us understand the experiences of people who didn't communicate with us, we observed their responses to the daily events going on around them, their interaction with each other and with staff. People appeared comfortable and at ease within their home environment.

Although people told us they felt safe, we found examples of care practice, recruitment practice and concerns about the repair of the building and some furnishings which were not safe.

Risk assessments, particularly around behaviours that challenged, were informative and extensive. However, records of incidents about behaviours that challenged, which were intended to support risk assessment review processes, did not always contain sufficient information to inform learning from events. This was because when these incidents occurred, staff did not always record a trigger, action taken or whether any follow up support was required. For example, multiple behavioural incidents were recorded for a person in one day. However, the behaviour was not reflected in their daily notes. Behaviour monitoring charts, or their equivalent, were not completed. The lack of information made it difficult for staff to develop and evaluate behavioural management strategies to help ensure that potential causes of behaviours were understood. This would have helped in the review and development behavioural risk assessments, staff understanding and response to behaviours and ensure that people were safely and consistently supported.

Incident and accident reporting did not always support risk assessment reviews and did not, as reasonably as is practicable, mitigate against future risks. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked around each area of the home. The radiator cover in one person's bedroom was insecure; it could be easily lifted off exposing sharp screws and the hot surface of the radiator. This presented a risk of cuts and burns. In another person's bedroom, supplementary high level

lighting in a canopy over the bed had come away from its recesses and hung by its wires, exposing the wiring terminals. These issues were addressed by the manager immediately. However, without exception, some of the sealant and tile grout in each shower area was discoloured and in some instances black. Staff told us "It stays like that no matter how hard we clean it or what we use." Some of the ceilings and high level wall areas in people's bathrooms were also affected by a black mould or mildew. The existence of mould and mildew can irritate underlying health conditions such as asthma and does not present a clean or well maintained environment. The laundry was located in an enclosed converted area of the garage. The laundry floor was bare concrete with bare brickwork exposed on some walls. Staff felt there was a lack of shelving and storage in the laundry area. The unfinished wall and floor surfaces were dusty and difficult to clean and did not present a well maintained or suitable environment. Some of the dining chairs were covered in a fabric; this was stained and, in some instances, torn. The surfaces of the dining tables had reacted with moisture from cleaning solutions. This had caused the protective covering of the table tops to lift in places, exposing the absorbent wooden substructure. This made it difficult to ensure that the tables were clean. The outside area of the home and garden was well maintained, with the exception of the path to the upper garden. Moss grew on the path, presenting a possible slip hazard, particularly when wet.

Premises and equipment should be properly maintained and clean. This was in breach of Regulation 15 and 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment processes showed and staff told us they had an interview and before they started work and we saw the provider had obtained references and carried out criminal record checks. However, we found some staff files did not contain a photograph as proof of identity or reference to indicate it had been seen. Whilst there was no evidence to suggest people in the service had been placed at risk, there was a failure to ensure that the recruitment process was sufficiently robust to protect people. This is required to validate that the candidate is the same person the other checks relate to, which help to ensure that staff are who they say they are and suitable to work with people at risk.

## Is the service safe?

This is a breach of Schedule 3 of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We assessed the procedures for the ordering, receipt, storage, administration, recording and disposal of medicines and found them to be satisfactory. Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. We looked at people's Medicine Administration Records (MAR) and found that all medicines had been signed to indicate that they had been given. Staff who administered medicines to people had attended appropriate training and were regularly assessed as being competent to manage medicines. However, we saw one person had dry skin on their forehead; staff did not apply cream for this condition until it was pointed out to them during the inspection. This indicated an isolated occasion when PRN (as needed) medication was not given when required. We have identified this as an area that requires improvement.

Staff levels were based upon people's funding and their dependency assessments. Staffing comprised of five staff on the day shift in addition to the manager. Two waking staff provided support at night. There was an established on call system should additional support be required. One person's needs meant that they required two to one support when out in the community, leaving three care staff to support the remaining people, one of whom

required one to one support. Staff gave mixed views about whether they felt there were enough staff on duty, they felt at times shifts were busy but were clear that people's safety was not compromised as a result. Staff felt able to raise concerns about staff and staff performance with the manager should the need arise.

Discussion with staff showed that they understood about keeping people safe from harm and protecting them from abuse. Approximately 85% of staff had received training in safeguarding adults. They were able to describe different types of abuse and knew the procedures in place to report any suspicions of abuse or allegations. There was a clear safeguarding and whistle blowing policy which staff knew how to locate. Staff were familiar with the process to follow if any abuse was suspected, they knew the local safeguarding protocols and how to contact the East Sussex County Council's safeguarding team.

Environmental risk assessments had been reviewed and action plans put in place which described how staff should reduce or minimise risks. Staff had signed the risk assessments to acknowledge they had read them. Records showed regular checks of services such as the electrical installation and gas safety as well as portable electrical appliances, fire alarm and fire fighting equipment. Tests and checks of fire equipment and the alarm were conducted on a weekly and monthly basis, to ensure equipment was in working order. Fire drills were held regularly to ensure staff were familiar with actions in the event of an emergency.



# Is the service effective?

## Our findings

Most people smiled and reacted to staff positively when they were supporting them with their daily routines. However, we found that some communication within the service was not always meaningful or effective. This undermined people's choices and we saw this caused some people confusion and frustration. For example, communication between staff had not ensured that the kitchen was adequately stocked with food. Staff offered people choices of food when it was not available and pictorial reference material, intended to support some people's decisions about food choices, was misleading.

Some people told us what they most liked to eat and about how they had meetings and made choices about food at the home. Staff used a menu board with pictures to remind people what there was to eat each day. On the day of our inspection staff did not have the filling for the sandwich choices shown on the menu board, this raised confusion for people and undermined the purpose menu board. Instead, when one person asked for an alternative sandwich and a yoghurt, the other people followed suit with the same choice. When preparing lunch, staff told people they did not have enough yoghurt for everyone. This again meant some people were unable to have their choice of food. One person asked for a milkshake, staff told them they needed to go shopping because there was no milk. A menu for the evening meal did not accurately reflect what it was because of limited pictorial reference material. We looked in the fridge and found it was virtually empty, in addition there was no choice of bread or fresh vegetables. We saw that fruit flies had settled on a bowl of overripe fresh fruit in the kitchen. We raised our concerns with the manager about the lack of food. While they shared our concern, they were unable to provide a meaningful explanation why food supplies had run so low and why staff had not rotated food into the home from its well-stocked freezers.

A variety of nutritious and appetising food was not available to meet people's needs. This was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had not received sufficient training to effectively support the people they looked after. The home employed 19 members of staff including the manager. While staff had

received essential training in areas such as health and safety, moving and handling, first aid and safe guarding, additional training, specific to people's needs had not been widely delivered. This included provision for training about mental capacity awareness, autism, epilepsy and Makaton. Makaton is a language programme of signs and symbols used by some people at the home to help them communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.

Training records showed five staff had received autism awareness training, 10 had received epilepsy training and eight staff had received Makaton training. Some of the staff we spoke with were unfamiliar with Makaton. They could not clearly explain how they would support people who used Makaton to assist their communication, how they measured their progress or how they would know what people were learning. There was no priority given to train new staff with the tools needed to communicate with some of the people they supported. In addition, particularly in relation to managing people's expectations about meals, staff did not fully appreciate the importance of routine for people living with autism. Managed expectations and routines often serve an important function because they introduce order, structure and predictability. Care plans and behaviour assessments indicated that some people can become distressed if their routine is disrupted or plans are changed, avoiding changes can help to manage anxiety and behaviours.

Six staff had received mental capacity awareness training. However, some of the staff we spoke with did not have a clear understanding of how the Mental Capacity Act enables others to make decisions on behalf of those who lack the mental capacity to do so safely for themselves. They were unclear what may constitute a deprivation of liberty, or the processes involved in determining a person's best interests. No staff, other than the manager and the deputy manager, had received training about Deprivation of Liberty Safeguards. This did not assist staff understanding of the importance of supporting people to make choices and encouraging people to be as independent as possible.

The provider had not ensured that sufficient staff had undertaken training identified as necessary to meet the needs of the people they care for and support. This is a

## Is the service effective?

breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and deputy manager had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Records showed the registered manager had referred all of the people using the service to the local authority to be assessed with regard to deprivation of liberty safeguards.

Staff told us and we observed that they gained people's consent by talking through their care and support. People were offered choices, such as when to go to bed, what to eat or drink and what clothes to wear.

Care plans contained personalised information about people's health care needs, dietary needs, individual preferences, behaviour, and their likes and dislikes. There was information about people's lives and who was important to them so that staff were able to support them with their interests and keeping in touch with friends and family.

People's health care needs were met. They had regular appointments and check-ups with dentists, doctors, the

nurse and opticians. People attended well person clinics as a proactive way of maintaining good health. Records confirmed if people were not well, staff supported them to go to the doctor. Staff told us they knew people and their needs very well and would immediately know if someone was not well, this was supported by disability distress assessment tools (DisDAT) which described people's demeanour if they were unwell. Where people had specific medical conditions, information was available about this within their care plan to inform and help staff understand the person's health needs.

There had been some recent gaps in staff supervision, with a minority of staff having not received their March 2015 supervision. Supervisions are one to one meetings with the manager to discuss work practice and any issues affecting people who use the service. However, this had been identified by the manager and was being addressed. Monthly staff meetings were arranged and this gave staff the opportunity to review the service provided, share information and discuss best practices. Staff told us the training they had received was "top quality, brilliant and very professional" however some staff expressed frustration that some new training and refresher training took a long time to arrange.

# Is the service caring?

## Our findings

People told us staff were kind in their approach and that staff listened to them, however, during our inspection it was not always evident that staff acted on what they said. People said their privacy was respected and that staff at the home were caring. They told us they “liked all the staff”; they said staff were “kind and caring”. This was also reflected in a recent quality assurance questionnaire people were independently supported to complete. Some people with more complex needs we were not always able to share their view on the care and support they received, so we spent time observing staff and people interacting together. The staff were kind in manner and caring by nature but on occasions some staff lacked perceptive awareness. We identified some aspects of care which required improvement.

Most people were relaxed in the company of the staff, smiling and communicating happily using either verbal communication or noises and gestures. Some people enjoyed listening to music on the television and singing along. Staff interactions were pleasant and well-intentioned but were not always appreciative of people’s priorities, anticipatory of consequence or geared towards developing and maintaining independence. For example, before lunch, one person had asked for a snack which staff agreed to make. However, sometime later the person became distressed and was crying. They told us they had not had their snack; staff had not recognised the person’s growing anxiety about not receiving their snack and acted upon it, or managed the person’s expectation about when they would receive it. We observed another person in the communal lounge. Their care plan clearly described behaviours and sounds they may present when bored. Despite this person having displayed all of their behaviours associated with boredom for most of the morning; there was little interaction between the person and three staff present. Staff had not recognised or acted upon indicators contained within the care plan.

Throughout the inspection we saw staff making simple food and drinks which they served to people. Although baking took place as an organised activity, the lack of opportunity for involvement in preparing every day food did not promote development of simple life skills, like making a drink or sandwich. This would enable people to experience a greater degree of learning, promote self-esteem, individuality and autonomy in their life.

People did not always receive person centred care and treatment that was appropriate, met their needs and reflected personal preference. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9(1)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff spoke in a fond and caring way about people and told us that they enjoyed working at the home. One member of staff told us, “I love coming to work; supporting the people here is more like spending time with good friends.” Our observations confirmed that staff had a positive rapport with people.

Observations showed that people were dressed appropriately for the temperature of the service and in a manner which maintained their modesty. Several people spoke about how they had been consulted about the redecoration of their bedrooms. We saw that people were able to personalise their bedrooms and close their bedroom doors if they wanted privacy. When staff supported people with personal care, they did so discreetly.

Staff were aware of advocacy services and information was available for people if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. Staff told us at the time of the inspection most people that needed support were supported by their families or their care manager and no one had needed to access any advocacy services. We saw that some people had formal legal processes in place to help them manage their finances.

People were supported to maintain important relationships outside of the service and encouraged to keep in contact with family and friends where possible, including visits, telephone calls and a facility for Skype – an audio visual system.

People were provided with opportunities to meet together in resident meetings to discuss issues affecting them. The manager had arranged for staff meetings to overlap resident meetings so that any issues raised could be dealt with immediately within the staff meeting.

# Is the service responsive?

## Our findings

Care plans were personalised and contained detailed information about people's background, personality and preferences. They included some guidance about how people wanted to lead their lives and the support they needed. However, we found some people were disinterested in the activities that took place, some activity plans were not updated or provided in an accessible format. Reviews of goals and aspirations tended to reflect on what had happened, rather than focusing on future ambitions and planning how these would be achieved.

Some people we spoke with had clear ideas about what they wanted to do. They told us about being out and about, enjoying visiting friends and family, holidays, camping, trips to the zoo and going into town. They told us staff supported them to do this. Although an activity plan was displayed in the home, few of the activities were individual. They centred on group activities such as swimming, going to the soft gym and bowling. One person told us, "It's bowling tomorrow, I hate bowling, it's boring." Some staff told us they were aware that people did not always enjoy their activities. People appeared to have a choice to say no to activities, however, we saw when one person did say no, they were not listened to.

Goal setting is an effective way to increase motivation and enable people to create the changes they desire. We looked at how people's goals and aspirations were recorded and reviewed and how this linked to activity planning, development of learning and exploring new activities and challenges. The records we looked at showed that reviews of goals were not well developed, they looked at what had happened the previous month and did not set out future goals or map actions needed to meet those goals. We found few current goal plans in place and, of those looked at, the most recent reviews did not reflect previous reviews to track progress or inform whether changes needed to be made. A review of goals and wishes for one person read 'Don't know (person's name) got up and walked off.' There was no suggestion that staff had tried to reengage with the person or try different approaches to gain their interest. When we looked at individual activity planners, some had not been updated for over a year and where care plans identified pictorial communication prompts to be of benefit, the relevant activity plans were not presented in this way.

Care and treatment was not planned with a view to achieving people's preferences and ensuring their needs were met. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some care plans and associated documentation had been written in an easy to read format to assist people when discussing their care needs. Each person had a care plan which included information on maintaining their health, daily routines and personal care. The care plans set out what their care needs were and how people wanted them to be met. The plans contained detailed and specific information, including information from health and social care professionals where necessary. For example, we saw that there were comprehensive behaviour support plans and risk assessments about the support people needed when they became distressed and challenging towards staff.

Staff told us and we saw that changes to care plans were communicated to them at handover meetings and a message was put in the communication book to read the changed care plan. This ensured that staff were kept up to date with all changes to care practices.

People had opportunities to provide feedback about the service provided. Staff undertook a regular one to one meeting with each person so they could discuss any issues or suggest any improvements. The provider worked alongside staff, so was able to see and hear feedback. People and relatives had completed questionnaires to give their feedback about the service provided. Those held on files in the office were very positive. A compliment letter from a relative was very positive about the service their family member received.

People told us they would speak to a staff member if they were unhappy, but did not have any complaints. They felt staff would sort out any problems they had. In a quality assurance survey people said they would always tell someone if they were unhappy. However, we found people's statements were undermined where no action was taken when they had expressed dissatisfaction to staff about some of the activities they did not enjoy.

## Is the service responsive?

The home had an accessible complaints policy telling people 'how I can complain.' This information was presented using pictures and words so people would be able to understand the process. There had been no complaints received by the home in the last 12 months.

Staff told us that any concerns or complaints would be taken seriously and used to learn from and improve the

service. Staff were confident about how to support people to make a complaint, should the need arise. One person had been refused service in a shop. We saw that the member of staff who had accompanied them had supported the person to make a written complaint.

# Is the service well-led?

## Our findings

Staff were positive about the registered manager and the deputy manager, describing them as “approachable and supportive.” People were involved in developing the home and monitoring the quality of service. Examples included assisting in staff recruitment selection and taking part in meetings where things like decoration and improvements to the home were decided. However, we found some areas in how the home was led required improvement.

The home had developed a commitment to the people they supported. This was ‘To ensure the residents benefit from a tailored support package from well trained and experienced staff. The main focus is aimed at providing a person centred lifestyle with the incorporation of a life plan and regular resident meetings. In our view, it is essential each resident contributes to their support plan, no matter how high their level of needs or ability. We all have the right to make decisions about lives and this is an integral part of our philosophy’.

However, we found that some key training, identified as needed to support people who lived at the home, had not been delivered. Some staff were not equipped with the skills or tools needed to communicate with some of the people at the home. This may have impacted on the choices and decisions people made and their ability to be understood when they communicated them. Planning had not attached a suitable priority to training.

Shortfalls found in the planning and review of people’s goals and ambitions did not demonstrate the ethos and values of the service set out within their philosophy.

Inadequate planning and team work resulted in a poorly stocked kitchen, poor communication meant people were offered food choices that were not available. This did not demonstrate the required values and behaviours envisaged by the provider to underpin their commitment in the support they provided to people.

Although the provider had identified some of the areas for improvement within the home, such as the poor condition

of the dining tables and chairs, the discoloration in people’s showers and the presence of mould or mildew on some bathroom ceilings, timely action had not been taken to rectify them. Audit and checking processes did not reflect observational assessment of the delivery of service against people’s needs. While the manager was aware and audit processes identified a requirement to revisit planning of goals with people, this had not been undertaken. Plans were not in place to drive forward required improvement and the quality assurance framework was not effective.

This inspection highlighted shortfalls in the service. The failure to provide appropriate systems or processes to assess, monitor and improve the quality and safety of services is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they attended regular staff meetings and felt the culture within the service was supportive and enabled them to feel able to raise issues and comment about the service or work practices. They said they felt confident about raising any issues of concern around other staff members practice and using the whistleblowing process to do so; they felt their confidentiality would be maintained and protected by the manager.

Questionnaires were sent out to families and feedback obtained from people, staff and involved professionals. Returned questionnaires and feedback were collated, outcomes identified and appropriate action taken. The information gathered from regular audits, monitoring and the returned questionnaires was used to recognise any shortfalls and make plans to improve the quality of the care delivered. We saw that the manager had developed action plans for improvements to the service, for example, in relation to its maintenance and repair. However, these were not always underpinned with dates when actions should be completed.

This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered provider had not taken steps to ensure that care and treatment was provided in a safe way for service users including assessing risks to their health and safety and doing all that is reasonably practicable to mitigate any such risks. Regulation 12(1)(2)(a)(b)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The provider had not ensured the premises and equipment used by the service were properly maintained and clean. Regulation 15 (1)(a)(e)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Recruitment procedures were not established and operated effectively to ensure that information was available in relation to each such employed person specified in Schedule 3. Regulation 19 (3)(a)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

The provider did not take reasonable steps to ensure that the nutritional and hydration needs of service users

This section is primarily information for the provider

## Action we have told the provider to take

provided with accommodation were met by meeting the reasonable requirements of a service user for food and hydration and support for a service user to eat and drink. Regulation 14 (1)(2)(b)(4)(c)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person did not have sufficient numbers of suitably qualified, competent, skilled and experienced persons. The persons employed by the service provider in provision of the regulated activity did not receive appropriate training to enable them to carry out the duties they are employed to perform. Regulation 18 (1)(2)(a)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The provider had not ensured that everything reasonably practicable was done to ensure that people who use the service received person centred care that is appropriate, meets their needs and reflects their personal preferences. Regulation 9(1)(a)(b)(c)

The provider had not ensured care and treatment was not planned with a view to achieving people's preferences and ensuring their needs were met. Regulation 9(3)(a)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes must be established and operated effectively to assess and improve the quality and safety of the services provided, assess, monitor and mitigate risks and evaluate and improve practices. Regulation 17 (1)(2)(a)(b)(f)