

Isand Limited

Beckly House

Inspection report

56 Cooper Lane
Shelf
Halifax
West Yorkshire
HX3 7RG

Tel: 01274606350
Website: www.woodligh-care.co.uk






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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection which we carried out on 8 August 2016.

We last inspected Beckly House in March 2014. At that inspection we found the service was meeting all of the legal requirements in force at the time.

Beckly House is a care home that provides accommodation and personal care for up to 12 people with learning disabilities. Nursing care is not provided. The home is divided into two separate units and supports three people in one unit and eight in the other.

A manager was in place who was not yet registered with the Care Quality Commission. 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.

Due to their health conditions and complex needs not all of the people were able to share their views about the service they received. There was a lively and friendly atmosphere and people appeared contented and relaxed with the staff who supported them. Staff knew the people they were supporting well and care was provided with patience and kindness. People's privacy and dignity were respected.

People told us they felt safe but we had concerns that there were not enough staff on duty at all times to provide safe and individual care to people. Risk assessments were in place and they identified current risks to the person. Beckly House was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Best Interest Decision Making when people were unable to make decisions themselves.

Staff had received training to give them understanding of people's care and support needs. Staff had also received some training about safeguarding and knew how to respond to any allegation of abuse.

The premises were not all clean and well maintained for the comfort of people who used the service. The home had a quality assurance programme to check the quality of care provided. However the systems used to assess the quality of the service had not identified the issues that we found during the inspection to ensure people received safe and individual care that met their needs

People told us they were supported to go on holiday and to be part of the local community. They were provided with opportunities to follow their interests and hobbies and they were introduced to new activities. People had food and drink to meet their needs. Some people were assisted by staff to cook their own food. Other people received meals that had been cooked by staff. People had access to health care professionals to make sure they received appropriate care and treatment. People received their medicines in a safe way.

Staff said the management team were supportive and approachable. The manager monitored the quality of the service provided and introduced improvements to ensure that people received safe care that met their needs. However, their quality assurance system had not identified the issues we highlighted at inspection.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

Not all aspects of the service were safe.

People told us they felt safe. However staffing levels were not sufficient to ensure people were looked after in a safe way. Staff were appropriately recruited.

Records accurately reflected risks to people's safety. Staff were aware of different forms of abuse and they said they would report any concerns they may have to ensure people were protected.

Policies and procedures were in place to ensure people received their medicines in a safe manner.

Checks were carried out regularly to ensure the building was safe and fit for purpose. The standard of cleanliness around the building was not satisfactory.

Is the service effective?

Good 

The service was not always effective.

Staff were supported to carry out their role and they received the training they needed to do their job effectively.

The service was meeting the requirements of the Deprivation of Liberty Safeguards and the requirements of the Mental Capacity Act 2005.

The building was showing signs of wear and tear in some areas.

Systems were in place to ensure people received a varied diet to meet their nutritional needs. People were supported by staff to access other professionals to ensure their health needs were met.

Is the service caring?

Good 

The service was caring.

We observed and some people could tell us the staff team were caring and patient as they provided care and support.

Good relationships existed and staff were aware of people's needs and met these in a sensitive way. Staff spent time interacting with people and they were encouraged and supported to be involved in daily decision making.

People were supported to maintain contact with their friends and relatives. Staff supported people to access an advocate if the person had no family involvement. Advocates can represent the views of people who are not able express their wishes.

Is the service responsive?

Good ●

The service was responsive.

People received support in the way they wanted and needed because staff had guidance about how to deliver people's care.

People were supported to live a fulfilled life, to contribute and be part of the local community. They were encouraged to take part in new activities and widen their hobbies and interests.

People told us they knew how to complain if they needed to. They had a copy of the complaints procedure and it was written in a way to help them understand if they did not read.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

A manager was in place. Staff told us they were supportive and could be approached at any time for advice and information. A management team was in place who promoted the rights of people to live a fulfilled life within the community.

People were consulted and an ethos of individual care and involvement was encouraged amongst staff with people who used the service.

The systems used to assess the quality of the service had not identified the issues that we found during the inspection. They were not always effective as they had not ensured that the environment was clean and well-maintained and that people received care in a safe way.

Beckly House

Detailed findings

Background to this inspection

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

This inspection took place on 8 August 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send the Care Quality Commission (CQC) within required timescales. We contacted the local authority commissioners and the local authority safeguarding team.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

We undertook general observations in communal areas and during mealtimes.

During the inspection we spoke with five people who lived at Beckly House, the deputy manager, the area manager and seven support workers. We observed care and support in communal areas and looked in the kitchen, dining rooms, bathrooms, lavatories and some bedrooms after obtaining people's permission. We reviewed a range of records about people's care and how the home was managed. We looked at care plans for four people, the recruitment, training and induction records for five staff, three people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and their relatives, the maintenance book, maintenance contracts and the quality assurance audits that the manager had completed.

Is the service safe?

Our findings

Due to some people's complex needs we were not able to gather their views. Other people said they felt safe and they could speak to staff. People's comments included, "I feel safe here," "The staff are kind," and, "Staff help me."

We had concerns that staffing levels did not provide safe care to people at all times as night time staffing levels were not sufficient to provide safe care to people.

Beckly House provided care and support to 11 people some of whom had complex needs which included exhibiting distressed behaviours. At the time of inspection the service comprised two units, one which accommodated three people and the other eight people. Five people required two to one or one to one staffing to support them safely because of their physical health or behavioural needs. Staffing rosters showed during the day there were four shifts of ten and usually eleven support staff and two team leaders to support 11 people. These numbers did not include the manager or deputy who were also on duty during the day.

There were two waking night staff and one sleep in night staff member to staff the two units. Staff we spoke with had concerns that as night staffing levels had reduced it was difficult to support people safely. Several staff told us they did not feel safe at night and staffing levels did not ensure people were cared for safely. There had been recent incidents, such as fire alarms being set off intentionally, which in turn distressed some people, which had caused all three staff to attend one unit thereby leaving people on the other unit unattended. People's records and the incident log showed some people became unsettled and agitated at night and required staff support to help calm them when they got up. This included people who needed one to one and two to one staff support. Examples in people's care records included, "[Name] sets off the fire alarm when they seek attention from staff. [Name] may activate the fire alarm touch panel," "[Name] is afforded two to one staffing during waking hours and one to two during night time hours," and, "[Name]'s sleep pattern has changed in recent months and they have become more erratic with their behaviours during the hours of 10.00pm and 4.00am." When there were only three night staff this meant there were not enough staff. We were told on one occasion it had taken over an hour for one person to settle and this meant staff were not available to support other people as they attended to people who were distressed. We noted one person was also monitored closely because of high risk of seizures. We were told after the inspection an additional sleep in member of night staff was rostered to be on duty for a trial period so this meant four night staff were now on duty.

We had concerns there was not an adequate standard of cleanliness around the building. Communal areas and hallways were not all clean and some carpets were stained. We were told no ancillary staff were employed and support staff had to carry out domestic work whilst they were on duty to maintain the cleanliness of the building. This meant they were not available to provide direct care and support to people and at the same time maintain an adequate standard of hygiene and cleanliness around the building.

This was a breach of Regulation 18 of the Health and Social Care Act 2008. (Regulated Activities) Regulations

2014.

Staff had received Management of Actual and Potential Aggression (MAPA) training before they started to work with people. This training helped to prepare staff and ensure they had the knowledge to support people with distressed behaviour and recognise signs to de-escalate any potentially unsafe situations. Staff told us they were issued with two way radio transmitters to summon urgent assistance from other staff if they needed help. Care plans were in place to show peoples' care and support requirements when they became distressed and they were regularly updated to ensure they provided accurate information. Staff knew people they were supporting well and behaviour management guidelines were in place for people to help staff support them. The care plans contained details so staff would have information to help them recognise triggers and help de-escalate situations if people became distressed and challenging. Care plans were also in place that provided detail and guidance when physical intervention was required with some people. This was used as a last resort and it was used to keep people safe.

Records showed if there were any concerns about a change in a person's behaviour a referral would be made to the department of psychiatry or the psychologists employed by the provider. Staff told us they followed the instructions and guidance of the psychologists for example, to complete behavioural charts when a person displayed distressed behaviour. This specialist advice, combined with the staff's knowledge of the person, helped reduce the anxiety and distress of the person.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. These included environmental risks and any risks due to the health and support needs of the person such as epilepsy and distressed behaviour. These assessments were also part of the person's care plan and there was a clear link between care plans and risk assessments. They both included clear instructions for staff to follow to reduce the chance of harm occurring. At the same time they gave guidance for staff to support people to take risks to help increase their independence.

A personal emergency evacuation plan (PEEP) giving guidance if the home needed to be evacuated in an emergency was available for each person. They took into account people's mobility and moving and assisting needs. PEEPs were reviewed monthly to ensure they were up to date.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to the management team so that appropriate action could be taken. We were told all incidents were audited in the home and at head office to check action was taken as required to help protect people. The deputy manager told us learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of them recurring.

The provider had a system in place to log and investigate safeguarding concerns. We viewed the log and found six concerns had been logged appropriately since the last inspection. Safeguarding alerts had been raised by the service with the relevant local authority and investigated and resolved to ensure people were protected. The management team understood their role and responsibilities with regard to safeguarding and notifying the Care Quality Commission (CQC) of notifiable incidents. They had ensured that notifiable incidents were reported to the appropriate authorities or independent investigations were carried out. Where incidents had been investigated and resolved internally information had been shared with other agencies for example, the local authority and the CQC.

Staff knew how to report any safeguarding concerns. They told us they would report any concerns to the manager. Some staff told us safeguarding was highlighted and included as a topic at their supervision with the management team. They were aware of the provider's whistle blowing procedure. They told us they

currently had no concerns and would have no problem raising concerns if they had any in the future. Peoples' comments included, "I'd let the senior know straight away," and, "I'd tell the manager." Staff told us, and records confirmed they had completed safeguarding training.

We checked the management of medicines. People received their medicines in a safe way. All medicines were appropriately stored and secured. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed in the handling and administration of medicines. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines. The deputy manager told us any reported medicine errors were reviewed and action was taken to strengthen systems and help protect people with regard to medicines management.

Staff we spoke with and staff records confirmed staff had been recruited correctly. The necessary checks to ensure people's safety had been carried out before people began work in the service. We saw relevant references had been obtained before staff were employed. A result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions, had also been obtained before they were offered their job. Application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

We saw from records that the provider had arrangements in place for the on-going maintenance of the building. Routine safety checks and repairs were carried out, such as checking the fire alarm and water temperatures. External contractors carried out regular inspections and servicing of, for example, fire safety equipment, electrical installations and gas appliances. There were records in place to report any repairs that were required and this showed that these were dealt with. We also saw records to show that equipment used at the home was regularly checked and serviced.

Is the service effective?

Our findings

Staff had opportunities for training to understand people's care and support needs. Comments from staff included, "There are training opportunities," "I've done Mapa (Management of actual and potential aggression) training," "I've done relevant training," "I have regular training with updates every year," "You can choose some training," "We do some practical face to face training," and, "I've been on a few training courses."

Staff told us when they began working at the service they had completed an induction programme and had an opportunity to shadow a more experienced member of staff. This ensured they had the basic knowledge needed to begin work. They said initial training consisted of a mixture of face to face and practical training. The deputy manager told us new staff completed an induction and studied for the Care Certificate in health and social care as part of their induction training. The staff training matrix showed existing staff members also studied for the Care Certificate.

Staff training records showed and staff told us they had received training in safe working practices and they had received some training to meet people's needs. The staff training matrix showed areas of study included, distressed behaviour, MAPA, autism, person centred care, equality and diversity, communication, personality disorder and epilepsy. Staff told us they also received developmental training such as diabetes, mental health awareness and palliative care.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be the least restrictive 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The deputy manager and staff were aware of the deprivation of liberty safeguards and they knew the processes to follow if they considered a person's normal freedoms and rights were being significantly restricted. The deputy manager told us four applications had been authorised and three applications were being processed. Several people received one to one or two to one staff support in order to keep them safe.

Most records that were in place were up to date and showed why people were restricted to keep them safe. For example, we noted a door, which was similar to a barn door was divided into two. It had two locks on the outside top half of the door and a bolt on the inside of the door. The agreement to lock the door was recorded in the Deprivation of Liberty safeguards that had been assessed and agreed by the local authority. A care plan was in place for the person that stated, "[Name] has a barn door with the bottom half locked at all times when [Name] is occupying the room." The care plan however did not accurately reflect the person's current care and support needs as we were told the door was no longer locked by staff but the person liked

to bolt the door from the inside sometimes as they were used to it. We observed the door was not locked at the time of inspection.

Peoples' care records showed when 'best interest' decisions may need to be made. Best interest decision making is required to make sure people's human rights are protected when they do not have mental capacity to make their own decisions or indicate their wishes.

We had concerns not all parts of the building were well maintained.

We looked around the premises and saw it was showing signs of wear and tear in some areas. In one of the downstairs bedrooms on the smaller unit there was a foisty and damp odour. Some bedroom walls and skirting boards were marked in some rooms and en-suite facilities. Some en-suite areas required attention to the flooring. Kitchen work surfaces in two of the kitchens were worn and some of the kitchen cabinets and drawers required attention as they did not close fully. We were told by the deputy manager that this would be addressed.

This was a breach of Regulation 15 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Staff told us they could approach the management team at any time to discuss any issues. We saw regular supervisions took place with staff. The deputy manager told us they were cascaded and carried out by the management team. They were an opportunity to discuss staff performance and training needs. Staff said they received an annual appraisal to review their work performance.

People's needs were discussed and communicated at staff handover when staff changed duty, at the beginning and end of each shift. This was so that staff were aware of the current state of health and wellbeing of people. All staff were involved in the handover. Staff comments included, "Communication is usually good," "There's very good communication about people's needs," "Communication could be better," "We have a verbal and written handover," and, "We use a communication book."

We checked how the service met people's nutritional needs and found that they had food and drink to meet their needs. People's care records included nutrition care plans and these identified requirements such as the need for a weight reducing or modified diet. Care plans indicated if people had the need of a specialist diet for example, due to diabetes. Food was prepared and made available for people with other cultural requirements. Some people were involved in meal preparation and required different levels of support. They received support from staff to help prepare or make a meal and drinks. People's records showed the support people required. People told us they helped themselves to breakfast and we saw drinks were available throughout the day. People had a choice of meal at main mealtimes.

People were supported to maintain their healthcare needs. Records showed people had access to a range of healthcare professionals. For example, in people's care records there was evidence of input from General Practitioners (GP), dentists, psychiatrist, psychologist, nurses and other healthcare personnel. Staff told us they would contact the person's General Practitioner (GP) if they were worried about them. Records were kept of visits. Care plans reflected the advice and guidance provided by external professionals.

Is the service caring?

Our findings

People who could comment were all positive about the care and support provided by staff. Their comments included, "I like living here," and, "Staff are kind."

People were supported by staff who were kind, caring and respectful. Good relationships were apparent and people were very relaxed. Staff spent time with people individually. People were laughing and engaging with the staff. The staff were knowledgeable about people's backgrounds, interests and likes and dislikes.

Staff engaged with people in a calm and quiet way. They were enthusiastic and made time to sit and talk to them. Staff bent down as they talked to people so they were at eye level. We observed the tea time meal being served in the dining room. The atmosphere was pleasant and unhurried and staff provided people with assistance as necessary. We saw a staff member who assisted a person to eat explained what they were doing and reassured them as they supported them and provided words of encouragement.

We saw staff were patient in their interactions with people and took time to listen to them. Staff asked people's permission before carrying out any tasks and explained what they were doing as they supported them. This guidance was also available in people's care plans which documented how people liked and needed their support from staff. Examples in care plans included, "[Name] usually likes to get up between 9:00 am and 11:00am each day," and, "[Name] likes to be involved in conversations they can become anxious if they're not involved." All people's care records advised staff how people communicated. For example, one person's care plan stated, "Staff should ensure they communicate with [Name] with basic simple sentences and ask [Name] simple questions to enable them to understand. For example, "Hello [Name], shall we go out today?," and, "When supporting [Name] staff must ensure they involve them in all conversations."

Information was made available in a way to promote the involvement of the person. Not all of the people were able to fully express their views verbally and staff used pictures and signs to help the people to make choices and express their views. We saw pictures were available to help people make a choice with regard to activities, outings and food.

Staff supported people to be as independent as possible and to maintain some control in their day to day living. Detailed information was in place that provided guidance for staff to enable the person and encourage their involvement whatever the level of need. We observed people were supported to access the kitchen and make their own drinks and a person was supported by staff to make the evening meal. We were told one person had learned new skills and had been supported to become more independent and to move to a less supported living environment.

Staff respected people's privacy and dignity and provided people with support and personal care in the privacy of their own room. People were able to choose their clothing and staff assisted people, where necessary, to make sure that clothing promoted people's dignity. We saw staff knocked on a person's door and waited for permission before they went into their room.

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the manager or senior staff any issues or concerns. The deputy manager told us if necessary a more formal advocacy arrangement would be put in place. Advocates can represent the views of people who are not able to express their wishes.

Is the service responsive?

Our findings

People were supported to access the community and try out new activities as well as continue with previous interests. We were told the service had two cars and people were also supported to use the bus to get out and about. People enjoyed meals out and trips to the coast and countryside. Staff said there were always enough staff on duty during the day so people had the choice to go out or to remain at the service. People completed a monthly, 'My Life, My Goal' plan with staff to record their aspirations each month. Examples in people's care records included, "To visit Manchester United football ground," "To go for a curry every month," "To have trampolining sessions," "To go shopping," and, "To go swimming." We saw records that showed when these had taken place and how people had enjoyed them. Suggestions were also gathered at resident meetings for individual activities and outings as well as group events. Individual suggestions included baking, 'smoothy' (liquidised fruit drink) making, badminton and arts and crafts. People told us they went out and we saw some people were supported to go to the local shops during the inspection. One person commented, "I've had lunch out today."

People were supported by staff to holiday in this country or abroad. For example, people had enjoyed individual holidays to Barcelona, Blackpool and Scarborough. People were asked monthly at their meetings about trips and individual holiday suggestions and recent ideas included theatre trips to London and to visit Haworth for a 1960's weekend.

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort. We were told when there was a vacancy a process took place to check that people wanted to live at the service and that they were compatible with people who already lived there. The induction included visits such as tea time and overnight visits and was carried out at the pace of the person.

Records showed pre-admission information had been provided by relatives and people who were to use the service. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives. Care plans were developed from these assessments that outlined how these needs were to be met. For example, with regard to nutrition, personal care, activities of daily living, communication and behaviour management. Records showed that regular assessments of people's needs took place with evidence of regular evaluation that reflected any changes that had taken place. For example, with regard to activities of daily living and personal hygiene.

Staff at the service responded to people's changing needs and arranged care in line with their current needs and choices. The service consulted with healthcare professionals about any changes in people's needs. For example, the district nurse and GP.

People were involved in developing their care and support plan, identifying what support they required from the service and how this was to be carried out. For people who did not have the capacity to make these decisions, their family members and health and social care professionals involved in their care made decisions for them in their 'best interests'.

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. Care plans were detailed and provided information for staff about how people liked to be supported. For example, a care plan for personal hygiene stated, "Staff pass [Name] the flannel and prompt them to wash from the face down," and, "[Name] likes to spend five-ten minutes in the shower relaxing." Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. We saw that staff completed a daily accountability sheet for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans which were up-dated monthly. Monthly meetings took place to review people's care and their care and support needs and aspirations for the following month. This was necessary to make sure staff had information that was accurate so people could be supported in line with their up-to-date needs and preferences.

Written information was available that showed people of importance in a person's life. Staff told us people were supported to keep in touch and spend time with family members and friends. Some people had visitors and some people went to spend time at their family home for a day or overnight stay.

Records showed regular meetings took place with people. They gave a flavour of all the activities and events that were available for people. They documented how people were involved, listened to and their views were actively sought and acted upon. The monthly resident meetings took place to discuss menu suggestions and activities. Other topics included health and safety, staffing, upcoming events, the provider's resident forum and compliments and complaints. Minutes were available that recorded action to be taken from the meeting and the following meeting minutes included action that had been taken. For example, people had suggested they would like barbecues, and one had been purchased and people had enjoyed them, a camera had also been suggested and purchased and people wanted themed menu nights and an Italian night was being arranged.

People we spoke with said they knew how to complain. One person commented, "I'd tell the manager. A complaints log was available and we saw one complaint had been received that had been investigated and resolved. Resident meeting minutes also showed the complaint's procedure was discussed with people to remind them of how to complain. A copy of the complaints procedure was available and was written in a way to help people understand if they did not read.

Is the service well-led?

Our findings

The manager was not yet registered with the Care Quality Commission. The deputy manager told us the previous registered manager had recently transferred to another service run by the organisation. A new manager had been appointed but they were absent from work and not yet registered. The service was being run by the deputy manager, team leaders and the area manager was also available for support.

We had concerns the audit and governance processes had failed to ensure satisfactory standards were maintained.

We found some of the audits were ineffective. For example, the risk at night due to the lower staffing levels had not been identified despite analysis of incidents and the environmental audit had not ensured all parts of the environment were clean and well maintained.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities)

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of monthly, quarterly and annual checks. They included health and safety, infection control, training, care provision, medicines and information governance. Audits identified actions that needed to be taken. The annual audit was carried out to monitor the safety and quality of the service provided. Records showed regular audits were carried out by a representative from head office and the manager to check on the quality of service provision. A quarterly peer audit was carried out by a registered manager of another service to speak to people and the staff with regard to the standards in the service. They also audited a sample of records, such as care plans and staff files. These visits were carried out to provide an external monitoring of the service. They were to check on service provision to ensure any areas of need were identified and timely action taken to improve the care experience for people who used the service.

The culture of the service promoted person centred care, for each individual to receive care in the way they wanted and to be helped to maximise their potential. Staff were made aware of the rights of people with learning disabilities and their right to live an 'ordinary life.' Information was available to help staff provide care the way the person may have wanted, if they could not verbally tell staff themselves. There was evidence from observation and talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

The atmosphere in the service was pleasant and welcoming. Staff and people who used the service told us they were happy with the management and with the leadership at the service. Staff said they felt well-supported by the management team. They said they could approach them to discuss any issues.

Staff told us and meeting minutes showed monthly general staff meetings and team leader meetings took place. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Minutes showed staff had discussed service issues, health and safety, resident meetings, staffing, staff

awards and the needs of people who used the service. Staff told us meeting minutes were made available for staff who were unable to attend meetings.

A staff award scheme was operated by the provider as an incentive to promote good care practice and staff performance. Staff in each of the services could be nominated for different categories of the award. Staff meetings minutes showed the scheme was discussed with staff.

A monthly service user forum was run by head office with representatives from people who used each of the providers services. Recent minutes showed policies and procedures had been discussed and put into an accessible format such as pictures so people who did not read would have the information to keep them informed. For example, the personal care policy and fire policy were made pictorial. Other topics included respecting people's privacy and dignity, pictorial menus and person centred care. Subjects discussed at the meeting and any changes and suggestions were then introduced across the services.

The deputy manager told us the registered provider monitored the quality of service provision through information collected from comments, compliments/complaints and survey questionnaires that were sent out annually to people who used the service and relatives. We saw some survey results from December 2015 and they were positive. Results had been analysed by head office and we were told if any action was required it would be taken if required to improve the quality of service.

This section is primarily information for the provider

Action we have told the provider to take

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

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 ensured, in relation to the premises, they maintained standards of hygiene and they were properly maintained.</p> <p>Regulation 15 (1)(a)(e)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not ensured systems and processes were established and effectively operated to ensure compliance with the registered persons need to: assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17(1)</p>