

Advitam Limited

# Lee Beck Mount

## 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?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place over two days. Day one was unannounced and on 4 August 2016 and day two was announced and on 8 August 2016. At the last inspection in June 2014 we found the provider was breaching one regulation because they did not have systems in place to make sure people's nutritional needs were met. At this inspection we found the provider was still in breach of the same regulation.

Lee Beck Mount provides care for up to 13 people who have a learning disability. The service had a registered manager. 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.

People told us they felt safe, and talked about how they were involved in health and safety procedures, which helped keep them informed about staying safe. Staff understood safeguarding procedures and their responsibility to report any concerns relating to abuse or allegations of abuse. People were not protected against the risks associated with the unsafe management of medicines.

There was enough staff deployed to keep people safe. However, some people received additional funding for one to one staffing support but it was not clear from the rotas or care records these were being allocated appropriately. Staff were skilled and experienced to meet people's needs because they received appropriate training and support.

People told us they were happy in the home and said they were well cared for. We observed staff providing support and it was evident they knew people well. We saw examples where care was person centred and independence was promoted, which included people making decisions about where to spend their time and when to make a drink. We also observed practices that did not promote individuality and independence such as meal everyone carrying their dinner on a tray from the serving hatch and eating their dinner from the tray, which replicated a 'canteen' type of setting rather than a 'home' setting.

People's care records were personalised and provided information so staff understood their history and what was important to them. People's needs were assessed and support plans described what staff needed to do to meet people's needs. However, some information was not up to date so these were not always accurate. A range of other professionals were involved to help make sure people stayed healthy.

People who used the service and staff provided positive feedback about the management team who worked alongside everyone overseeing the care given and providing support and guidance where needed. The provider encouraged everyone to share their views and ideas about the service to help drive improvement.

The provider was not carrying out appropriate audits and checks so did not have effective systems in place to monitor the quality of the service. Information to show how the service was well led was not always

accessible. Concerns or complaints were responded to and resolved where possible to the satisfaction of the person.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see the action we have told the provider to take at the end 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?

The service was not consistently safe.

People felt safe. Health and safety was promoted to help people understand how to stay safe.

There were enough staff to keep people safe although we could not establish everyone was receiving the correct staffing allocation.

People were not protected against the risks associated with the unsafe management of medicines.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Staff received training and support to help them understand how to provide appropriate care to meet people's needs.

The provider did not have arrangements in place to make sure people's nutritional needs were met.

A range of other professionals were involved to help make sure people stayed healthy.

**Requires Improvement** ●

### Is the service caring?

The service was not consistently caring.

People told us they were happy in the home and said they were well cared for. Staff knew the people they were supporting well.

People had been involved in the support planning process. People's care records were personalised and provided information so staff understood their history and what was important to them.

Some care practices were person centred and promoted independence. However, other aspects did not did not promote individuality and independence.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not consistently responsive.

People's needs were assessed and support plans described what staff needed to do to meet people's needs. However, some information was not up to date so these were not always accurate.

People engaged in a range of in house and community activities, which they enjoyed. Some people did not have activities planned and we saw they spent time with very little to do.

Systems were in place to respond to concerns and complaints.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well led.

People who used the service and staff provided positive feedback about the management team.

People were encouraged to share their views and ideas about the service to help drive improvement.

The provider did not have effective systems in place to monitor the quality of the service. Information to show how the service was well led was not always accessible.

**Requires Improvement** ●

# Lee Beck Mount

## 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 4 and 8 August 2016 and was unannounced. An adult social care inspector and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service and contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We sometimes ask providers to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On this occasion we did not ask the provider to complete a PIR.

At the time of the inspection there were 12 people living at Lee Beck Mount. During the visit we looked around the service, observed care, spoke with seven people who used the service, two relatives, four members of staff and the registered manager. Staff assisted us to communicate with some people who used the service so we could get a better understanding of their experience. We spent time looking at documents and records that related to people's care and the management of the home. We looked at three people's care records. The registered manager and senior support worker provided management support at Lee Beck Mount; we have referred to them as the management team in the report.

# Is the service safe?

## Our findings

People's medicines were stored in their room in a lockable cabinet. When staff assisted people with their medicines they did this in their room. We observed staff administering medicine on both days of the inspection and saw staff asked people if they were happy to take their medicines and ensured they had access to water. One member of staff asked one person if they knew how many tablets they should take and the person confirmed, "three". It was evident from the discussion this was usual practice.

Staff had completed a medication distance learning course which involved the completion of a workbook, and their competency had been assessed to make sure they administered medicines safely.

One person told us they had started managing their own medicines and were very happy they could do this. They said the registered manager had gone through everything with them and we saw this recorded on a medication assessment.

People's medicines were generally administered from a 'monitored dosage system' which was prepared by a pharmacist. We saw medication administration records were completed correctly and showed people had received their medicines as prescribed.

Some people were prescribed medicines to be taken only 'as required' e.g. painkillers that needed to be given with regard to the individual needs and preferences of the person. However, there was no written guidance to help staff understand why the person required the medicine and when to administer. For example, one person was prescribed paracetamol one or two tablets when required. There was no reference to paracetamol in the person's support plan.

We saw three examples where staff were not following the prescriber's instructions. One person had a medicine prescribed 'as required' to help treat anxiety and this was clearly recorded on the Medicine Administration Record (MAR). However, it was evident from discussions with staff and the person's MAR they received this every day. A member of staff said a mental health professional who oversaw the person's care had advised the medicine should be administered daily so they were following their instruction.

Another person had a medicine prescribed 'as required' to help treat anxiety. However, the MAR indicated that no PRN had been given even though 12 tablets had been administered in the last three weeks. Staff were recording the administration of the medicine on a different sheet although this was not done every time. We found it had been administered on two occasions and a record was only made in the person's electronic care record. When we looked the different sheet we found staff were not administering the medicine as prescribed because they were giving two tablets but the MAR which had been prepared by the dispensing pharmacist stated they should only receive one.

The provider had guidance for administering medicines but they did not have a copy of the NICE guidance for managing medicines in care homes. This provides recommendations for good practice around management of medicines.

The registered manager had completed a medicines audit in May 2016. This identified that staff competency should be checked in 2018, however, the NICE guidance states annual checks should be completed annually so should be due in 2017. The registered manager said they would obtain a copy of the guidance so they could use this for future reference and make sure competency checks were carried out annually. The medicine audit identified that some people's support plans did not contain the level of support they needed with their medicines. We saw this was actioned and care records contained the relevant information. We concluded the registered person was not managing medicines safely. This is in breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

People told us they felt safe. One person held the key to their room and said they always kept it locked because they liked to keep everything safe. Another person showed us their room and said they kept their money and medicines safe in lockable cabinets. One person said, "Good people come here." Another person said, "Staff look after us and make sure we are safe. They are very good." Visiting relatives told us, "In 16 years coming here, we have had no concerns for our family member. They are happy and love it here."

Staff we spoke with said people received a safe service. One member of staff said, "Every month we will have a service user meeting and talk about anything new happening. We also tackle issues such as health and safety and safeguarding." Staff knew how to report a concern about abuse and were confident the management team would treat any concerns seriously. Staff said they had received safeguarding training and the training records we looked at confirmed this. We saw safeguarding was included as a topic for discussion at every team meeting. The registered manager told us they had not had any safeguarding incidents since the last inspection.

One person sometimes got anxious and displayed behaviours that challenged. To reduce the level of anxiety staff could administer a medicine, which should be recorded on a specific form with details of events and any other action taken. We found this was not being done consistently. For example, the person received the medicine to reduce anxiety on one day but the care records stated the person was happy all day and a form was not completed. The registered manager said the care records should always evidence why it was necessary to administer the medicine so they could ensure staff managed the situation positively. They agreed to monitor this closely.

Staff told us risk was well managed because people were safe and they enjoyed the most freedom possible. One member of staff said, "We and the service users feel very safe here. The gates are open but people understand the risk and will walk to the gates but come back." During the inspection we observed people coming in and out of the house independently, and walking to the gates and the greenhouse where they watered plants.

People who used the service participated in health and safety checks around the home. One person told us, "We do fire alarm checks, check the lights and check in the laundry and kitchen." Another person told us they always checked the doors were locked during the night. Staff we spoke with were able to describe emergency fire procedures and the actions they may need to take to protect people in the event of a fire. Records showed staff carried out fire safety equipment checks and fire evacuation procedures were practiced. Records were not available at the time of the inspection which showed staff had received annual fire safety training as stated in their fire risk assessment. The registered manager emailed an invoice after the inspection which confirmed staff had attended the relevant training in October 2015.

We looked at some service records and certificates to find out if the premises and equipment were checked to make sure they were safe. A gas safety check was completed in October 2015 and fire equipment was serviced in May 2016. An electrical installation certificate was issued in June 2011 and was valid for five

years; this had expired by five weeks so the registered manager said they would make sure another electrical installation check was completed promptly.

Several people showed us their room and told us they were happy with the facilities and comfortable in their room. We saw rooms had appropriate fixtures and fittings, were well maintained and clean. Everyone had an en-suite. We noted a strong odour in one person's room; the registered manager said they had recently replaced the flooring but acknowledged the odour was still unpleasant. They agreed to look at what else they could do to improve this area.

Staff and people who used the service told us there was enough staff to meet people's needs. No concerns were raised. One person told us, "I am happy and well provided for, there is plenty of staff. I live a life of Riley."

We looked at staffing rotas and saw there were consistent support worker levels provided. The registered manager and senior worker were included on the rota but the actual hours they worked were not evidenced so it was difficult to establish the actual staffing hours. From discussions with everyone it was evident they both worked at the service often but the times varied. The registered manager agreed to make sure their hours were reflected on the rota so staffing could be checked to make sure there were sufficient to meet people's needs.

Two people were funded for one to one staff support to make sure their needs were met. However, there was no information in their support plan, daily notes or on the staffing rota to show they were receiving the correct allocated staffing time. Therefore we were unable to determine that people received staffing to keep them safe and meet their needs. The registered manager agreed to review this as a matter of priority.

A member of staff who had started working at the service within the last 12 months told us they went through a robust recruitment process which included two interviews and a number checks to make sure they were suitable. The registered manager said only one member of staff had started working at the service within the last 12 months, and all other staff had worked at the service for at least the last four years. We asked to look at the recruitment records for the most recently recruited member of staff but were told the records were not available on site. They said the original records were scanned and then destroyed but were held on a memory stick, however, this was held by the member of staff who was not on duty. The registered manager sent copies of the relevant documentation via email after the inspection; these showed relevant checks had been carried out prior to employment.

## Is the service effective?

### Our findings

At the previous inspection in June 2014 we found a breach in regulation relating to nutrition because systems were not in place to monitor that people had sufficient daily nutrition. There was no record made of what people actually ate. We noted when someone had refused food it was not clear, from the records, what action had been taken and how this person's nutrition was being monitored. At this inspection we found there were similar issues and concluded the provider had not made the improvements and were still not ensuring they were meeting people's nutritional needs.

Staff we spoke with said they planned the menu daily and each morning they printed off the day's menu. They said the meal choices were based on people's preferences and suggestions from resident meetings. However, when we looked at suggestions made at a resident meeting at the end of May 2016 we found these had not been included on the menus we reviewed in June 2016.

We looked at the menus for the month of June 2016 and saw the meals were often repetitive. For example, every week day the lunch time meal was sandwiches, crisps and yoghurts. Some days people had biscuits for supper and other days they had a choice of cereals. Breakfast was also a choice of cereals and toast. During the week people ate their main meal in the evening and at the weekend at lunchtime. We saw from the menus these were varied and usually included a range of vegetables. Main meals in June included, shepherd's pie, meatballs, roast chicken, sausage casserole, sweet and sour chicken, gammon steak, chicken kiev and quiche Loraine. People sometimes ate out together at restaurants.

People told us they generally enjoyed the food. One person said, "The food is nice." Another person said, "I don't like the food all the time but I tell them and they give me something else. I don't like pasta and they give me nice pie and peas and mash." Another person said, "It's nice the menu is on the board."

We observed lunch in the communal area. Most people were served sandwiches and crisps which were on the menu and they seemed content and ate the food. Two people had alternative meals to the one that was on the daily menu. One person asked for an alternative and the other person was struggling to eat sandwiches. It is good practice to offer people alternative meals but staff did not record this so it was not possible to monitor people's daily nutrition when they ate meals that were different to the menu.

Staff told us people were weighed monthly and the care records we looked at confirmed this. One person had lost weight over a period of time and was underweight. They had visited the GP who was carrying out some health checks. We asked to see how the person's nutritional intake was being monitored but were told a food record was not maintained. Staff told us they offered high calorie foods but there was no strategy that addressed the person's nutritional needs.

One person had recently had some dental work and was struggling to eat. We observed staff initially cut the crust from their sandwich, but when they still could not eat they were offered soup. We raised this as concern with the registered manager because the person had the dental work two days previously so staff should have been aware of this at an earlier stage. The registered manager acknowledged this should have been picked up sooner. We were unable to check what the person had since the dental work because there

were no records of what the person had eaten.

We concluded that the provider had not made sufficient improvement since the last inspection and did not have arrangements in place to make sure people's nutritional needs were met. This is a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Meeting nutritional and hydration needs.

Staff we spoke with told us they received good support and because the management team worked closely alongside everyone they were always available. Staff said they received formal supervision. Supervision is a process through which staff are supported and managed.

We reviewed a training matrix, however, this had not been updated since August 2015 so did not contain up to date information about all the training staff had completed. We selected a range of training sessions and asked to look the relevant training certificates for five staff, and found staff had completed the training sessions. This included safeguarding, moving and handling theory and assessment, first aid and handling of medicines.

A member of staff who had started working at the service within the last 12 months told us they spent the first two weeks of their employment finding out about the service, which included going through policies and procedures, completing some on-line training and getting to know people. The training records for this person were not available at the time of the inspection; the registered manager sent these to us via email a few days after the visit.

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).

Staff said they had received MCA and DoLS training and the training records we looked at confirmed this. They talked about considering people's capacity to take particular decisions when they supported people who did not have the mental capacity to make decisions for themselves. Staff were aware that any decisions had to be in the person's best interests.

People's care records contained information about making decisions and where people could make decisions this was clearly recorded. We saw mental capacity assessments had been completed when staff considered the person did not have capacity but these did not take into account what decision was being made. A person may lack capacity to make a decision about one issue but not about others. The registered manager said they would review these and make sure assessments were decision specific.

One person had recently had some medical treatment, and staff and the registered manager discussed the process that was followed. This included consultation with family and a range of health professionals. Staff said a best interest meeting was held. Although staff could describe the process, which indicated good practice guidance was followed, there was no reference to any of this in the person's care records. The registered manager said this was an oversight and would ensure the process was captured, and any similar events would be recorded clearly in future.

People talked to us about their involvement with health professionals and it was evident from these discussions people had regular health checks. One person told us they visited the dentist every six months, had a recent blood test at the GP surgery, and had gone to the optician and were given some new glasses. Another person told us they went to the dentist last week. Other comments included, "If I am unwell I tell staff and they give me medication" and "When I am poorly I get a bandage from office".

People had health action plans and 'my care passports' that contained information about their health and covered areas such as skin, ears and hearing, exercise, eyes, feet, heart and pain. They identified who would help with health appointments and when this would happen. At the front of the health action file people had a list of health appointments they had attended; these showed people had regular appointments with their GP and other health professionals.

## Is the service caring?

### Our findings

People told us they were happy in the home and said they were well cared for. We only received positive comments from people who used the service. One person said, "It's very nice. I have a nice room and it's a nice building. All the staff help me to do things." Another person said, "I like living here. I have all my own pictures in my room, my Freeview, I get up when I'm ready. I like my keyworker." Other comments included; "We are all cared for", "They are here to support us and they do", "They treat me well. They do a good job", "I love this home", "They are lovely", "I like all the staff". A visiting relative told us, "It's a really good and caring home."

People showed us their room. These were very personalised and reflected people's preferences. One person enjoyed different sports and supported some local teams. There was an array of photographs, pictures and memorabilia displayed in their room.

There was good evidence to show people had been involved in the support planning process. People care records were personalised and provided information so staff understood their history and what was important to them. They included information about 'important people in my life', 'things that make me sad or angry' and 'things that make me feel better'. People enjoyed the company of staff and it was evident staff knew people well. They were able to tell us about people's likes and dislikes, and assisted us to communicate, when appropriate, with people when we struggled to understand. Staff explained how they maintained people's dignity and privacy, for example, giving people opportunity to spend time alone in their room and the bathroom.

Staff were confident people received good care. One member of staff said, "People here have a good life." We saw staff listened to people and were friendly and supportive. They offered people choice and checked people were happy with the care they provided. It was evident through observations that staff knew people they were supporting very well. One member of staff said, "I and other carers have been here for 16 years; staff turnover is very, very low. This is great for people who get use to the person caring for them."

We saw examples where care was person centred and independence was promoted. For example, one person told us they had been encouraged to manage their own medicines. People decided where to spend their time, and we observed people going into the kitchen and making a drink. One person said they enjoyed going shopping for clothes with their key worker and went to a local shopping centre.

During the inspection, we also noted some practices did not promote individuality and independence. At meal times everyone carried their dinner on a tray from the serving hatch; they then sat at the dining table and ate their dinner from the tray, which replicated a 'canteen' type of setting rather than a 'home' setting. One person told us a member of staff purchased their clothes and presents for their family members on their behalf. There was nothing in the person's support plan to indicate this should happen. When we looked in people's rooms we noted some people had a large of stock of shower gel. This was purchased for their personal use but had been purchased by staff on their behalf. Promoting independence includes giving people opportunity to choose items for themselves such as toiletries and clothing.

Information was displayed in the home to help keep people informed. We also saw that some easy read and pictorial guidance had been developed to help people understand procedures. For example, there was a step by step pictorial fire alarm check sheet.

## Is the service responsive?

### Our findings

People told us they enjoyed different activities which included going out with staff and other people they lived with. Some people talked about shopping trips and 'eating out', which they did regularly on a Sunday and also at other times. Several people talked to us about birthday celebrations where they sometimes had a disco or a meal out. People told us they did different things when they were at home. One person said they liked watching TV on an evening and playing snooker. Another person said they sometimes did baking with a member of staff.

Some people attended structured day care activities with other service providers. One person told us they went five days a week, and other person told us they went four days to two different day placements. Both people said they enjoyed their day care arrangements. Some people did not receive external day placements so were dependent on Lee Beck Mount. On the day of the inspection one person had a planned visit to the hairdressers and was also going out for lunch; they required staff support for this. Two other people went shopping and for lunch also this was not pre-planned. A member of staff told us it was arranged on the day which often happened.

There was an activity chart displayed in the service which listed activities carried out throughout the day and included shopping, walk about, bowling, cinema and indoor activities. Some parts of the activity chart were not filled in. Staff told us activity often depended on what people chose that particular day. One member of staff told us, "We have activities in the morning and after lunch people will wind down and then we have activities again in the evening." Another member of staff said, "We try and make people who use the services as independent as possible. We don't overly invade people's space; we leave them to potter around as if they are in their own homes."

During the inspection we saw staff were responsible for cooking, cleaning and general household duties. Some people told us they 'helped staff' and we observed they were involved in some basic tasks such as setting tables, loading the dishwasher, wiping tables and watering plants. People told us they were happy with these arrangements. Discussions and observations indicated the same people did the same household tasks but there was no expectation for people to participate or take responsibility for areas such as personal laundry or cleaning/tidying their room or ensuite. The registered manager agreed to look at how they could develop the level of involvement around the home, which would help promote independence, responsibility and daily living skills.

Although we observed some people went out and engaged in activities, we also observed others spent a lot of time in communal areas with very little stimulation throughout the day. The registered manager agreed to look at the level of activity offered to all to make sure everyone had appropriate activity provision to meet their needs and wishes. They agreed to capture this within people's support plans.

People told us they made decisions about their care and support such as choosing where to spend their time, when to get up and when to have a bath. They told us they met with their keyworker and talked about what they wanted to do. One person said, "I am happy with what I do." Another person said, "I like to stay in

my room and listen to CD's or watch videos." Another person said, "I don't do a lot downstairs; I only go for meals." One person told us staff asked everyone who was still up to go to their rooms at 9.30pm although they did not have to go to bed. The registered manager said they would follow this up because everyone should have the choice to stay in communal areas until they were ready to go to bed, and waking night staff were on duty every night so staffing arrangements were in place.

The provider had an electronic care records system and paper records. These covered key areas of support. Each person had a 'red' paper file, which contained lots of accessible information such as photographs and easy read plans. They also had a range of assessments and support plans on the electronic system which contained more specific detail and identified how care should be delivered. The electronic and paper support plans provided information about communication needs, what was important to the person, things they liked to do and routines. One person told us they did not like crossing the road because this made them anxious; we saw this was recorded in the support plan. They also told us their relative was very important to them and again we saw this clearly evidenced throughout the plan, which included maintaining very regular contact.

One person told us they discussed their care file with their key worker. They showed us their file which contained lots of information about what was important to them and was in a pictorial format which enabled the person to explain their file. It was evident from the discussion the content accurately reflected the person's needs and wishes.

Although we saw there was some good information in care records, we also found some information was not up to date and did not accurately reflect people's care needs. For example, one person's assessment had not been updated since February 2016. This indicated they were at low nutritional risk and their support plan stated they were medium risk. It was evident they were actually high risk. Another person's support plan made references to other relevant documentation that should be considered when providing support such as 'my timetable' and 'my choices' book. However, when we asked to look at these we were told they were not available. The registered manager said they were not using the electronic system to its full capacity but would be looking at using it more effectively. They were also planning on increasing support worker involvement.

People who used the service said they talked to the registered manager and senior support worker if they had any concerns. We saw people chatting with both and it was evident they were relaxed and comfortable in their presence. We saw information was displayed so people knew how they could raise concerns and complaints. A relative told us, "We have never had any reason to complain and have been coming for many years. They have always been good with our family member."

The registered manager and senior worker had recently attended complaints handling training. We saw they had discussed this with the team at a recent meeting, and explained that to receive and act on concerns and complaints was positive.

We looked at the provider's complaint record and saw three complaints were logged in the last 12 months. The record showed these were investigated and responded to in a way which resolved the issue where possible to the person's satisfaction, and minimised the risk of the same issue arising in the future.

We saw the service had received some written compliments which included feedback from relatives. One relative had 'thanked all workers for everything they did for [name of person receiving a service]' and another relative commented that staff were doing a 'brilliant job'. A visitor to the service had described it as a 'lovely home' and 'very welcoming'.

## Is the service well-led?

### Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. They dealt with day to day issues within the home and worked alongside staff overseeing the care given and providing support and guidance where needed. The registered manager was supported by a senior support worker and within the report we have referred to them as the management team.

We received very positive feedback from people who used the service and relatives about the management team. Two people told us they enjoyed going on holiday with them and were looking forward to a holiday planned for September 2016. One person said, "I think it is run well." Another person said, "[Name of senior support worker] asks me if I'm alright and so does [name of registered manager]. A relative said, "Management have always been welcoming. We can come anytime and speak to staff, they are always welcoming."

People told us they discussed the home and put forward ideas about what they wanted to do. One person said, "We have a house meeting every month. We talk about bowling. I enjoy going to the cinema." A notice with future house meeting dates was displayed on the notice board. We looked at house meeting minutes, which were only available for April, May and June 2016. These showed the meetings were structured and had an agenda which covered previous minutes, complaints/concerns, meals, birthdays and refurbishment/works.

The provider had distributed questionnaires to people who used the service in February and March 2016. Family/friends and advocate questionnaires were sent out in March 2016. The registered manager was in the process of analysing all results and compiling a report to help drive improvement. This was nearly complete at the time of the inspection, and we received a copy of this via email after the inspection. The results showed us 77% of people who used the service had said the home was always a nice place to live; 8% said it was most of the time and 15% said it was some of the time. 92% of people had said they and their things were always safe in their home; 8% said some of the time. 92% of people said the support and help the staff gave to them was always good; 8% said most of the time. 75% said staff always listened when they had things to say; 25% said staff listened most of the time. 55% of family/friends and advocates had rated the service provided within the home as excellent; 42% very good and 3% as good. Everyone rated the registered manager's understanding of the "needs" of the home as excellent or good.

Staff we spoke with told us they had no concerns about the service and provided positive feedback about the management team. One member of staff said, "If ever here is anything that needs sorting I'm confident [name of registered manager] would put it right. The home is run properly but like a family. People really are well looked after." Another member of staff said, "I have been for over 16 years and have no reason to complain. It's like one big family. Other carers have also been here for many years; the turnaround for staff is low which is great as people who use the service have consistency."

Staff told us they were encouraged to put forward ideas to help improve the service and suggestions were always well received. They said they had opportunities to share their views individually or at team meetings.

We saw from team meeting minutes discussions were held around service delivery, supervision, training, and health and safety. Staff were informed about developments and plans for the future.

We asked to look at systems and audits that were carried out to help assess and monitor the quality and safety of the service. We were shown one medication audit from May 2016; no other audits were available. The registered manager downloaded a range of audit forms that they had available as part of their computerised records system but had not implemented these. They said they would start completing these straightway.

During the inspection the registered manager struggled to locate some information, other information was not available and other information was not up to date. For example, the training matrix had not been updated since August 2015, recruitment records for a recently recruited member of staff had to be sent after the inspection but this took over a week before we reviewed this. We concluded the provider's systems and processes were not operated effectively. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Providers have a responsibility to notify CQC about certain significant events such as serious injury and police incidents. Before the inspection we checked our records and found we had not received any notifications. The registered manager told us no notifiable incidents had taken place. We asked to look at accident records and were told the last accident involving a person who used the service happened in December 2015 and no injury was sustained. We looked at the accident record which confirmed this.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered person did not have systems for the proper and safe management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered person did not have systems that were effective to assess, monitor and improve the quality and safety of services.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs  The provider did not have arrangements in place to make sure people's nutritional needs were met.

### **The enforcement action we took:**

Warning notice