

# Eastbourne & District Mencap Limited

## Sedgemoor & Framley

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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 inspection took place on the 30 and 31 May 2018 and was unannounced.

At the previous inspection of this service in February 2017 the overall rating was requires improvement because we found improvements were needed in relation to the allocation of staff and the quality assurance system was not robust as it had not identified areas where improvements were needed. We carried out a focused inspection in June 2017 to look at 'safe' and found that the concerns regarding staffing continued.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and confirm that the service now met legal requirements. We found improvements had been made, the provider had met the legal requirements and the overall rating had improved to Good.

Sedgemoor and Framley is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is one of three owned by the Eastbourne and District Mencap charity. It comprises of two houses joined by a link building and there is a separate bungalow to the rear that is used by two people.

The home provides support and accommodation for up to 23 young adults with learning disabilities, autism and mental health issues. There were 18 people living at the home during the inspection, who needed assistance with personal care and with support in the community.

The registered manager was present during the inspection. 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.

The quality assurance system had identified areas where improvements were needed and the provider had taken action to drive improvement, with regard to ensuring that records reflected the support provided and that policies and procedures were up to date. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. With current guidelines in terms of smaller units to support people with learning disabilities, this home would be unlikely to be considered for registration as they support a large number of people.

There were sufficient staff working in the home and people were supported to be independent and enjoy their hobbies and interests. Staff were appropriately trained and assisted people to take part in activities and join in with community groups and festivals.

Staff had a good understanding of safeguarding and how to protect people from abuse and supported people to make choices and decisions about their daily lives. Feedback was consistently sought from people about the services provided and staff planned improvements based on their views.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The management and staff had attended training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and were aware of current guidance to ensure people were protected. DoLS applications had been made when required to ensure people were safe and the registered manager was waiting for a response from local authority.

From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Staff said they had not received this training, but they had a good understanding of each person's communication abilities. We have made a recommendation that the provider seeks advice and guidance from a reputable source, about Accessible Information Standards (AIS) to ensure staff are aware of their responsibilities.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

There were enough staff employed to provide the support people needed. Recruitment procedures were used to ensure only suitable staff worked at the home.

Staff managed and administered people's medicines safely.

Staff understood the safeguarding procedures to protect people from the risk of abuse and how to make a referral if they had any concerns.

Risks to people had been assessed and people were supported to be independent and make choices.

The home was well maintained with effective policies to keep people safe from the risk of infection were in place.

### Is the service effective?

Good ●

The service remains effective.

Staff had completed relevant training and demonstrated good knowledge of people's support needs.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and mental capacity assessments had been completed.

People enjoyed the meals and were provided with food and drink which enabled them to maintain a healthy diet.

Staff ensured people had access to healthcare professionals when they needed it.

### Is the service caring?

Good ●

The service remains caring.

The staff encouraged people to be independent and make decisions about the support they received.

Staff ensured people's equality and diversity needs were respected.

People were encouraged to maintain relationships with relatives and friends, who could visit at any time.

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

**Good** ●

The service remains responsive.

People attended day centres and took part in a range of community activities of their choice.

People's needs had been assessed and the support provided was linked to their preferences, likes and dislikes.

People and visitors were given information about how to raise concerns or to make a complaint.

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

**Requires Improvement** ●

The service not consistently well-led.

Quality assurance and monitoring systems were in place and had identified areas where improvements were needed. However, additional work was needed to ensure records were complete and up to date. For example, the daily logs of the support provided.

Feedback about the service provided was consistently sought from people, relatives and staff.

Staff were aware of their roles and responsibilities and there were clear lines of accountability.

# Sedgemoor & Framley

## 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.'

This inspection took place on the 30 and 31 May 2018 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. 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 our inspection we reviewed the information we held about the service, including safeguarding's and notifications which had been sent to us. A notification is information about important events which the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with all of the people living in the home. We spoke with nine staff including registered manager, care staff and housekeeping staff.

We observed the support provided and interaction between people staff throughout the inspection. We observed medicines being given out and looked around the home.

We looked at a range of documents relating to the support provided and the management of the home. These included four support plans, medicine records, three staff files, accident/incidents, complaints and quality assurance audits.

We asked the registered manager to send us copies of records after the inspection including policies and procedures for equality and diversity, safeguarding and infection control. These were sent to us as requested.

# Is the service safe?

## Our findings

At our inspection in February 2017 this key question was rated requires improvement. This was because although there were enough staff working in the home they had not been effectively allocated to provide appropriate support for people and keep them safe. In June 2017 we carried out a focused inspection and looked at 'safe'. We found improvements in staffing were still needed as there was a reliance of agency staff. At this inspection we found the staffing levels were appropriate and the rating had improved to Good.

People told us they were comfortable living at Sedgemoor and Framley and there were enough staff to support them. Their comments included, "Yes, I know I am safe, I know Eastbourne quite well." "Yes I am, I have all my friends here, staff as well." Relatives were equally positive. A relative said, "Yes they are safe, over 10 years and never had any problems."

At the last inspection we found that the routines in the home were linked to the number of staff working rather than supporting people to make choices. At this inspection we saw that there were sufficient staff working in the home to ensure people were supported to spend their time as they wished. We discussed the use of agency staff to cover some shifts at the weekend with the registered manager. They said they only used agency staff that had worked at the home before and knew people very well and, were continuing to advertise for staff to cover these shifts. People and relatives did not raise any concerns about agency staff and, they said there were enough staff. One person told us, "Oh yes, absolutely plenty, they really changing my life, this place is brilliant" and another person said, "Yes always." A relative told us, "They have a board up to let you know (which staff are working each day) I do know there are enough working during the week." Another relative said, "My query was the use of agency or bank staff, have raised this and it has felt more settled." People said staff responded promptly when we asked if they had to wait long if they needed assistance. One person told us, "Come quickly, bell in room on wall." Another person said, "No always staff here 24/7." Staff said there were enough staff working in the home; they had time to sit and talk to people in the home and support people attend clubs or go shopping. The atmosphere in the home was relaxed, staff were not rushed and people chose what they wanted to do.

The management of medicines had been reviewed and the system for ordering, storing, giving out and recording of medicines was safe. People said they had help with their medicines when they needed it. One person told us, "Yes, once in the morning, once at night and cream before I go to bed." Another person said, "Yes they do, every day at night." Relatives told us they had clear guidance about the medicines their family members took when they were away from the home. One relative said, "Yes, very good and when he comes away. listing it all out, when it has to be given. I like the information on the medicines, like the picture on it." Another relative told us, "Yes, when she is out of the house I'm very aware of what is required and what's needed."

Staff explained how prescribed medicines were ordered, checked and stored. Medicines were ordered monthly and checked in the week before they were needed to ensure they had received the correct ones. They no longer used blister packs as they had found errors were more likely when these were used. Tablets were in individual packets, each person's name on the outside, with information about the contents and the

amount prescribed. Medicines were stored securely in locked cupboards, in locked room, a fridge was available to use if needed and daily temperatures were taken to ensure the medicines stored there were safe to use. Staff said only senior staff gave out medicines; when they had completed training and had been assessed as competent. Records showed this was up to date. The medicine administration records (MAR) were checked when staff gave out medicines to ensure there were no errors, such as gaps, and we found the MAR to be completed correctly. As required medicines (PRN) were available when people needed. For example, for pain relief. There was clear guidance for staff to follow in terms of what the medicines were for; the amount to be given and how often. Medicines were given out individually to people as prescribed and the MAR was signed only when they had been taken. Risk assessments had been completed to assess if people could be responsible for their own medicines and, if topical creams prescribed for their skin, could be kept in their bedrooms. Creams were kept in the medicine cupboard where it had been assessed as appropriate and staff were responsible for taking these when needed and then signing the MAR after they had been applied. Staff were aware that the MAR had not been consistently signed when creams had been used, because only senior staff held the keys to medicine cupboards. This had been reviewed and staff planned to add a separate form, that was easily accessible to all staff, to the daily records folder.

People were protected from the risk of abuse because staff had attended training in safeguarding people. Staff knew what steps to take if they thought someone was at risk of harm or abuse and were clear who they would contact. One member of staff said, "The local authority, the number is on the wall in the office and I don't have a problem ringing them about anything. We have a whistleblowing policy as well, but I haven't had to use it." Staff were clear that people's safety was their responsibility and they were confident senior staff and management would deal with any concerns they had. People told us they felt safe and relatives had no concerns about their family member's safety. One person said, "Yes, with my mates" and, a relative told us, "Nothing that would make me feel he is unsafe."

Risk to people was well managed and people were supported to be as independent as possible. Where risks had been identified, risk assessments had been completed and management plans were in place to provide support without restricting people. For example, one person had been assessed as at risk going into town on their own, staff accompanied them so that they continued to go shopping or out for coffee and their choices were not limited by the risk. Staff demonstrated a good understanding of each person's specific needs and how they were supported to be independent and make choices. One member of staff said, "Residents can be independent about most things in the home, some can go out shopping on their own and others need staff with them, but we don't restrict what residents do, we plan what they want to do with them."

Staff had completed equality and diversity training. They had an understanding that people's needs and preferences were different, but they ensured people were treated equally and safe from harm. Staff said, "Each resident is quite different, which is the same as us, and they are respected and supported accordingly" and, "There is no discrimination here, wouldn't be tolerated."

A robust recruitment system ensured only suitable staff were employed at the home to protect people as much as possible. This included completed application forms, two references, evidence of residents and the right to work in the UK and a disclosure and barring system (DBS) check, which ensures they are safe to work in care. Staff said the checks were completed before they worked at Sedgemoor and Framley. One member of staff told us, "My DBS and my references were done before I started here."

Accidents and incidents were recorded and there were systems in place to audit these, by the registered manager. One member of staff said, "If there is an accident or incident we inform the senior or manager, we fill in the form and if it is about behaviour we look at what happened and if there were was a trigger, so we can prevent it happening again and if there is an accident we do the same thing." One person had had an

accident when away from the home. On returning to the home it had been agreed, with the person and their relatives, that they should have a room on the ground floor to reduce the risk when using the stairs. This showed that lessons were learnt when incidents or accidents occurred and action had been taken to prevent them happening again.

The home was a large building originally two detached properties that was linked on the ground floor, with a two bedroom bungalow to the rear. Records showed relevant checks had been completed, including lighting, hot water, call bells and electrical equipment. Fire system checks were carried out during the inspection including the door guards, to ensure they closed when the fire alarm went off. A fire marshal was on each shift, which meant a member of staff was responsible for ensuring people and staff left the building safely if needed. Staff had carried out an evacuation to assess if there were any difficulties and were aware how much support each person needed. Each person had been risk assessed for their ability to move from the home in an emergency and had their own Personal Emergency Evacuation Plan (PEEP). These were kept near the fire alarm panel and included guidance for staff regarding the action they should take to move people safely, if they had to leave the home at short notice.

People and relatives said the home was clean and staff helped people to keep their bedrooms clean and tidy. One person told us, "Yes, cleans my bedroom." Another person said, "Yes I do my own bedroom." Relatives told us, "From what I have seen, yes" and, "Kept to a very good standard, they are doing better now." Staff had attended infection control training. Protective personal equipment (PPE), such as gloves and aprons were available and we saw staff used these when needed. Hand washing and hand sanitising facilities were available throughout the home and staff used these. Laundry facilities with appropriate equipment to clean soiled washing safely were available and people were supported to use these if appropriate.□

## Is the service effective?

### Our findings

At the last inspection this key question was rated good. At this inspection the good rating had been sustained.

People and relatives told us the staff were very good. People said, "Yes, they keep an eye on me" and, "Yeah I think they do understand people's needs." Relatives told us staff had the skills to look after people appropriately and said, "Yes the staff I've met and seen," and, "Yes I have no reason to think they don't, he seems well looked after." The provider had arranged training and staff had to attend. Staff assisted people to make decisions about the care and support provided. People said the food was very good and they chose what they wanted to eat. One person told us, "Food is wonderful." A relative said, "It usually smells nice, if he doesn't like something he can choose something else."

Staff said the training was very good. They told us, "It is really well organised and we can ask for other training if we are interested in doing something else." Recent training had included food safety, first aid, moving and handling and infection control, communication and, training specific to people's needs. For example, introduction to learning disabilities, understanding autism and supporting people with epilepsy. Records showed that staff had attended training. Staff said they were supported by management to work towards vocational qualifications and two staff said they had completed level 2 in care and one had signed up to start the course. New staff completed induction training and worked with more experienced staff as they supported people. One member of staff said, "I worked with other staff and got to know residents and their needs, they had to get to know me as well and it takes time to do it properly." The registered manager said new staff signed up to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers.

Regular supervision was provided to support staff to discuss their roles and responsibilities and yearly appraisals were used to review their practice. Staff said the supervision was good, "We can talk about our work, if we have any concerns and they tell us if they feel we need to change our practice, but I haven't had that" and, "We can talk to the manager at any time as well as supervision and I am pretty sure if I was doing something wrong they would tell me straight away, which is good."

Staff had attended training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They demonstrated a good understanding of capacity and involving people in decisions about their lives. We saw staff discussed with people what they wanted to do and asked people for their consent before they provided support. One person said, "Yes, they ask." Relatives told us they were involved in decisions about the support their family member received. Staff said, "They can decide what they want to do and they change their minds if they want to do something else." "All of the residents make decisions about what to do and we assist them so that they can do it safely." "If they can't make a decision then we talk to relatives and their care managers, like hospital appointments" and, "Residents really decide what we do, we are here to support them to have a good life."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Staff understood when an application should be made and the process for doing this. One member of staff said, "We have locked doors to prevent people leaving the building on their own, but it doesn't mean they don't go out. They have been assessed and some go out on their own, although usually with another residents and we go with others, so they still make decisions and they are safe." The purpose of DoLS, which is part of the MCA, is to ensure that someone, in this case living in a care home, is only deprived of their liberty in a safe and appropriate way and is least restrictive. DoLS applications had been made to the local authority with regard to the locked front doors and these had been agreed.

People said the food was, "Brilliant, absolutely fantastic. They do two main and if we don't like what they are cooking always a choice." "You can have what you want" and, "Very nice. Help cook, can have snacks and drinks." The registered manager said they had looked at the food and drinks that people bought when they went shopping and, what was cooked in the home and felt that it could be healthier with minor changes. They talked to people and used a questionnaire to find out what people preferred and what they would like to see on the menu. The questions included, 'What is your favourite dinner' and 'Is there anything else you would like to see'. This resulted in a reduction of some meals to once a week. For example, fish/sausage and chips and takeaways and, more fruit, healthier snacks and fruit drinks rather than high sugar drinks when people went shopping. People were quite happy with the changes and a new pictorial menu was used for people to refer to if they wanted to see what the main meals were. We sat with those that had been shopping, for lunch they ate pasta salads, sandwiches and cakes if they wanted them, they were very relaxed, chatting with each other and staff. Staff said the change had been more about making good meals for people and staff rather than restricting food and people had supported the change.

People joined staff to cook the meals if they wanted to and if it was appropriate for them to do so. We saw a people making themselves and other people hot drinks and preparing their own packed lunch for the following day. One person told us, "We had a house meeting and asked if we can cook and we can." The main meal was provided in the evening as people were usually out during the day. People took it in turns to lay the tables for the meal, they had their preferred seat and the meals were a sociable time for people and staff. Specific diets were catered for, such as diabetic diet and gluten free. People were offered choices and supported by staff to eat slowly if required, to reduce the risk of choking.

People had access to health care professionals as and when they were required. People said, "Went to doctors last week" and, "Yes, opticians and doctor, my keyworker does that." Relatives knew that their family members saw their GP if they needed to, one had regular blood tests and people saw opticians, chiropodists and dentists regularly. Staff said people may not want to attend appointments and they worked with them to reduce the stress as much as possible. A relative told us, "Yes, doesn't like going and they work very well getting her to the doctor" and, one person said, "I have stress balls at the dentist and doctor." Appointments and visits to the home were recorded and care plans were updated if there was a change in support need.

People's individual needs had been met by adaptations to the home and, equipment was provided to ensure they were as independent as possible. Walking aids had been provided as required an staff used wheelchairs to transfer people who were unable to walk long distances. Staff asked people for their permission before they provided support and they chatted to people as they assisted them and asked them if they had everything they needed.

## Is the service caring?

### Our findings

At the last inspection this key question was rated good. At this inspection the good rating had been sustained.

People and staff were on friendly terms with each other, using their first names they chatted about how they were feeling, the weather, what they wanted to eat and what they wanted to do during the day. People said they talked to staff about the support they wanted and how they wanted to spend their time. One person told us, "Yes I talk to them about what support I need" and, another person said, "I ask them to help me with my laundry." Relatives told us staff knew people's likes and dislikes; they supported people to make choices and involved relatives if there were any changes. One relative said, "I am happy," with the care provided. Another told us, "Yes very kind, they know their specific needs."

People said staff treated them with respect and provided support in a kind and caring way. People told us, "They've helped when I have been stressed." "They go out of their way to find out what is wrong." "They help me choose what to wear" and, "I speak to staff about my problems." The atmosphere at the home was comfortable and people who chose to stay in sat in their pyjamas watching TV and playing on their laptops or phones. Staff said, "They are chilling out; some are going shopping, they really enjoy shopping and others are staying in, it is absolutely up to them."

A keyworker system continued to be used at the home to ensure people's equality and diversity needs were respected. As keyworkers got to know people and their relatives very well, they demonstrated a good understanding of each person's likes and dislikes. Staff spoke knowledgeably about how to support people to make choices whilst remaining as safe as possible. People knew who their keyworker was and when they were working at the home, more so than the staff on duty; which reflected how well the system was working and that positive relationships had developed between people and staff.

When people returned from shopping they talked about which shops they had been in, what they had bought and sat together with staff having lunch. Staff treated people with respect; they made suggestions as they supported people to make choices. For example, one member of staff reminded a person that they had bought a cake, "Did you enjoy the sandwiches, don't forget you have a cake, are you going to have it now." People cleared the table after lunch and went to their rooms with their other purchases or into the lounge to sit and chat with each other. The atmosphere in the home throughout the inspection was very relaxed and people were clearly comfortable with staff and the support they received.

People caught up with each other and staff when they returned from the day centres or their voluntary work. They chatted about what they had done, there was considerable laughter and people were happy to talk to us and show us around the home and their rooms.

People were supported discretely with their personal care to protect people's privacy and dignity. We saw staff assist people to use the facilities as required, doors were kept closed and staff knocked on people's bedroom doors before they entered. Staff said people's rooms were their personal space and they asked

people if they could enter, this included the housekeeping staff as they cleaned the home. One person told us, "I don't always want them to come in and they don't."

A confidentiality policy was in place and staff said they had been given this when they started work at the home, "With other policies and we had to sign to say we had read them." Staff said information about each person was strictly private and, "We don't talk about any residents needs with another resident or with visitors and we use the staff room if we have any worries to discuss what we should do." We saw staff used the staff room for handovers, to record the support provided and discuss people's needs.

People were supported to maintain their personal relationships and relatives said they were welcome to visit at any time. People said their relatives could visit when they liked. They told us, "Oh yes any time" and, "All my family yeah." Relatives said they could visit at any time. One relative told us, "Yes, staff are pleased to see us and we know who is working that day as their picture is on the board, which is very good."

## Is the service responsive?

### Our findings

At the last inspection this key question was rated good. At this inspection the good rating had been sustained.

People were supported to enjoy their interests and hobbies and activities had been arranged based on people's preferences. People said they decided with staff how much support they needed and felt involved in decisions about their care needs. People told us, "Yes, make changes and make sure I am happy with it." "Opinion yes, changes yes." Relatives said they were involved in discussions about people's needs and had seen their family members care plans. One person told us, "Yes I have seen a copy, and the behaviour support plan." People and relatives knew how to make a complaint and when they had raised issues said they had been resolved.

People said they chose what they wanted to do; they spoke very positively about how they spent their time and the different activities that were available. Staff said, "It is completely up to them" and is based on their choices and individual needs. One person told us, "If I go out every day I feel anxious, so got my own rota, I go to college not day centre." Other people had a busy schedule that covered the whole week. People attended The Hive, a day centre managed by the provider, Eastbourne and District Mencap, supported people with learning disabilities during the week. Cooking, arts and crafts and exercises were arranged daily and there was a weekly party event that people were looking forward to attending. People said they chose what they wanted to do. One person told us they had been cooking, another person showed us their nails and said they had had a manicure and third person was going to use the hairdressing service provided. In addition, people did voluntary work at local charities. People said they had one 'day off' a week, when they went shopping, doing laundry, tidying their rooms and watching TV in the home. They spent time in the evenings as they wished, listening to music, doing puzzles and word search. People felt Saturdays and Sundays were for relaxing, although they also went swimming, shopping and attended the shows at the Bandstand on the seafront. A group had recently seen an Elvis tribute and people had booked to see Little Mix and Neil Diamond tribute bands the following weekend. People signed up to take part in shows. For example, cycling with bikes adapted to suit people's specific needs such as stabilisers. The South of England Show, the Eastbourne Festival, Eastbourne Pride and Airborne.

Regular activities were arranged in the home and a monthly newsletter kept people and staff up to date with what was happening in the charities three homes and the community. Fortnightly visits to the home had been organised from a yoga teacher; canine concerns to learn dog handling and have cuddles with dogs and a massage therapist for an individual session or group sessions to listen and relax to music. People had wanted to eat healthier and lose weight and, because of the cost of attending external weight loss programmes they had set one up for people to attend on Wednesday afternoon in the home. People began the session by being weighed, they then spoke about healthy options for breakfast, what they liked to eat and if they should limit the high sugar cereals. The challenge they had set themselves the previous week to try two new fruits, one was passion fruit and they had liked it. They agreed to try mango, grapefruit, yoghurt and bagels and feedback at the next meeting. There was laughter and engagement, with people discussing different foods with staff.

Each person had a weekly plan that had been agreed with staff, but this was flexible depending on how people felt each day. Relatives knew which activities their family members joined in and said these were based on their preferences. Relatives said, "He has sky TV and papers every day" and, "They go out to the pub", and "He likes sport and staff know this."

People's needs were assessed before they moved into Sedgemoor and Framley and, if staff identified that a person's need could not be met alternative accommodation was sought. Since the last inspection three people had moved out; one to a supported living service and two people to smaller homes that provided services more appropriate to their needs.

Pre-admission assessments were completed to ensure staff could provide appropriate support to enable people to be independent and make choices. People, their relatives or representatives were encouraged to visit the home to meet the people living there and staff. This was to see if people liked the home and their needs could be met; but also to ensure that they would not have a negative effect on the people living there or the services provided. The assessments were completed with the involvement of people, their relatives and commissioners of the care and, were used as the basis of the support plans.

The support plans included information about people's health and social care needs, medication, likes and dislikes, hobbies and interests, with clear guidance for staff to follow to provide appropriate support. For example, one person had one to one support during the day and there was guidance with regard to supporting them to go shopping. Another person was assisted to decide how they were going to spend their time in the afternoon using picture cards. Staff picked up the pictures, showed the person and explained what they were and the person took their time to choose what they wanted to do. People knew they had support plans; their relatives were involved in discussions about meeting their family member's needs and were kept up to date about any changes. Relatives said, "He does, I have seen it when I come for yearly reviews" and, "We talk about it with her." Staff knew people very well and were able to tell us each person's support needs, their preferences and interests. The registered manager said they were reviewing the support plans to make them more pictorial to assist people to be more involved in planning and writing their plans.

We sat with staff during a handover at the beginning of the shift. They discussed how people were feeling and if there had been any changes in people's needs and allocated staff to support people with activities. Staff said it was a really good system to discuss how people were feeling, if they had changed their minds about an activity or needed additional support. Staff recorded how people spent their time, the food and drink they had and medicines in the daily log which were checked and signed by senior staff.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Staff said they had not received this training, but they had a good understanding of each person's communication abilities and their specific needs had been recorded in the support plans. We recommend the provider seeks advice and guidance from a reputable source, about Accessible Information Standards (AIS) to ensure staff are aware of their responsibilities.

A complaints procedure was in place; in pictorial format for people living in the home to use if they wished. Staff said they encouraged people to talk to them if they were not comfortable or happy with the support provided. We asked people if they had raised a concern or made a complaint and they told us, "I have and it had been resolved. Spoken to someone directly." "Never made a complaint, unhappy speak to my keyworker." A copy of the complaints procedure was displayed in the home and given to people and their relatives when they moved in. Relatives told us if they had concerns they would talk to the staff, but they had

no formal complaints. They said, "No complaint only little things." "I have asked for more communication and this has been done." "No complaints, no reason to" and, "No, not unhappy with the care provided."

End of life care was included in the care plans if appropriate. It was clear that people and relatives wanted to ensure that people could remain at Sedgemoor and Framley if their health care needs changed.

## Is the service well-led?

### Our findings

At the last inspection this key question was rated requires improvement. This was because the quality assurance system had not identified areas where improvements were needed. At this inspection we found additional work was needed to ensure improvements continued and were embedded into practice. The registered manager was aware that further improvements were needed and said these would take some time to complete.

People said the registered manager and staff were very approachable. One person told us, "Yes you can speak to her whenever you want." Relatives said the management was very good and have emailed or phoned her as needed. One relative told us, "Yes I actually rang today and she phoned me back." Staff said the management was very supportive and had enabled them to improve opportunities for people to go out into the community and, make decisions about the support provided.

The quality assurance system had identified areas where improvements were needed and the registered manager said they were focusing on completing the support plans first, which would enable people to be involved in writing them. Policies and procedures were generic and this needed to be reviewed and changes made to ensure they were appropriate to the services provided at Sedgemoor and Framley. She said, "We know this will take some time to do and some of the responsibilities will be given to staff so that we can all be involved in driving improvements forward. There were additional areas where improvements were needed included the daily logs as there were gaps. For example, it was not consistently recorded how much people, who were at risk of poor diet, had eaten if they were at a day centre or out shopping. Therefore there was no way of assessing if their nutritional needs had been met.

A number of internal audits were regularly completed these included accidents/ incidents, complaints, medicines, daily logs and infection control to identify if any additional improvements could be made. For example, a cleaning schedule had been developed and would be introduced to involve people, support staff and housekeeping staff, working together to keep the home clean and tidy. The registered manager said they were supported by the provider to identify areas where change was needed to drive forward improvements.

The registered manager said feedback was sought from people living in the home, their relatives or representatives and health professionals. Questionnaires had been sent out in February 2018 to relatives and the comments from those returned were very positive. They included, 'Have noticed improvements', 'Seems to be happy' and, 'Thank you for all your hard work'.

Staff spoke to people throughout the inspection and asked them if they had any concerns or if they wanted to change their plans. Residents meetings had been arranged, the last one had been 14 May 2018 and included discussion about how people could reduce the amount they spent on eating out so there was more money to do other activities of their choice. Keyworkers would be talking to people individually about this. They agreed that people would take it in turns to cook for everyone once every two weeks and there would be afternoon tea parties at weekends during the summer with homemade scones. People were asked

where they wanted their medicines kept, if they wanted an In/Out sign near the front door and if they wanted staff to check they were ok at night. Consent was also discussed and information was given out for people to look at and discuss with their keyworker. It was clear from the comments we received from people during the inspection and records that people were involved in decisions about the support they received and how the services provided could be improved.

Staff said they were very well supported by the management; they were aware of their roles and responsibilities and there were clear lines of accountability at the home. Staff spoke about the support they provided and demonstrated a good understanding of people's specific needs and how these were met. One member of staff said, "We have the handover, can talk to our colleagues and the manager and also have meetings to keep us up to date and to discuss things." From the minutes of the last meeting we saw there were discussions about the keyworker systems, support plans, staff were encouraged to put themselves forward as 'Champions' for particular areas such as infection control and food hygiene, particular triggers for people's behaviour and how they can be supported, record keeping and fundraising. One member of staff told us, "The meetings are very good, we can all talk about any concern or issues and it is really good to hear how other staff think about things."

The provider had notified CQC of significant events which had occurred in line with their legal obligations and the registered manager was aware of their responsibilities under Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to, it requires providers to be open and transparent and sets out specific guidelines providers must follow if things go wrong. The registered manager told us they were open about all aspects of the services and relatives said they were informed of any concerns and changes in people's needs.

The registered manager was aware of General Data Protection Regulation (GDPR) which came into effect in May 2018. GDPR was designed to ensure privacy laws were in place to protect and change the way organisations approach data privacy. She said additional guidance was being arranged by the provider, training had been included in the training plan and records evidenced this.