

Victoria House (North East) Limited

Victoria House

Inspection report

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23 July 2018

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 10, 16 and 23 July 2018 and was announced. The provider was given 24 hours' notice because the location was a care home for people with a learning difficulty, who needed to be advised and prepared for the inspection.

Victoria House 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 registered to provide support for up to nine people over two floors. It is a single home converted from three terraced houses. Residential care is provided for people with a learning disability, physical disability or those with an autistic type condition. Nursing care is not provided at the home. On all three days of the inspection there were nine people using the service.

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. Registering the Right Support CQC policy

The home had a registered manager who had been registered since May 2017. 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.

Staff were aware of safeguarding issues and were confident about reporting any concerns around potential abuse. The home was working actively with services on issues external to the home. Monitoring was in place with regard to people's financial affairs.

Checks were carried out on the equipment and safety of the home. The majority of checks carried out on systems and equipment were satisfactory. However, on the first day of the inspection we found upstairs rooms did not have window restrictors fitted. By the second day of the inspection this had been rectified. A risk assessment with regard to legionella was planned to be completed by the end of the month. Fire drills were undertaken at the home, although we noted none had taken place during the night shift. By the second day of the inspection the deputy manager had undertaken fire drills later in the evening and had also worked with the local Fire Service on a new fire plan for night staff. Personal emergency evacuation plans were not always detailed but contained information specific to the individual's support needs.

People's care plans contained risk assessments linked to their individual care plans. However, it was not clear how the levels of risk had been arrived at. We also found some areas of risk were not comprehensively covered or the level of risk did not reflect that detailed in local authority review documents. The home was

maintained in a clean and tidy manner.

People and staff told us they felt there were enough staff on duty. Staff told us they were able to accompany people to access the community and support them with their personal care needs. Proper recruitment procedures and checks were in place to ensure staff employed by the service had the correct skills and experience.

Medicines at the home were managed appropriately. Medicines were safely stored and regular checks were made on stock levels and administration. Staff had received training with regard the safe handling of medicines.

Staff had an understanding of issues related to equality and diversity and what it meant for people using the service. They told us they had access to a range of training and updating and records confirmed this. They confirmed they had access to regular supervision and an annual appraisal and records supported this.

People were always supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People had given consent for staff to enter their rooms and to support them with medicines. Day to day consent was sought by staff.

People had been supported to access health care services to help maintain their physical and psychological wellbeing, including health monitoring appointments. People were supported to access adequate levels of food and drink.

Parts of the home had been redecorated and updated and overall the decoration was of a good standard, and provided a homely atmosphere. People had been able to make individual choices about the decoration of their rooms.

People told us they were happy living at Victoria House and we observed there to be good relationships between people and staff. People looked happy and relaxed in staff company. Staff displayed a good understanding of people as individuals and treated them with dignity and respect. There was some evidence people had been actively involved in the development of their care plans, although this was less clear with regard to monthly reviews. Professionals told us staff ensured people's views were noted. A monthly 'residents' meeting took place where people could express their views.

There was some evidence people's needs had been assessed, although the home relied mainly on local authority assessments. The deputy manager told us people were also assessed when they visited the home initially. Some care plans had detailed information for care staff to follow. Other care plans lacked specific detail about how to support people or had not been updated to reflect recent professional advice. Reviews of care plans were not always appropriately detailed or effectively recorded. People were supported to attend various events and activities in the local community, work placements and holidays. Activities also took place within the home and people clearly enjoyed these.

The provider had a complaints policy. No formal complaints had recently been received. People told us they had no complaints.

Regular checks and audits were carried out by the registered manager and deputy manager. Where actions were noted these had been detailed and actively followed up. However, these checks had not highlighted the issues identified at this inspection, although the deputy manager told us action would be taken to

address any issues highlighted.

Staff were positive about the registered manager and deputy manager. They told us they were well supported in their roles. Professionals were also positive about the management of the home. With the exception of those previously noted records at the home were of a high standard and had good detail.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the Safe care and treatment and Good governance. 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?

Not all aspects of the service were safe.

Risk assessments were often limited in detail and did not always identify how risks would be minimised. Risk assessments did not always reflect information contained in local authority assessments. Personal emergency evacuation plans were not individual. Some issues with the safety of the environment were noted but addressed during the inspection process. Safety certificates for gas and electricity system were in place.

Staff had undertaken training on safeguarding issues and recognising potential abuse. Proper recruitment processes were in place to ensure appropriately experienced staff worked in the service. Staffing levels were maintained to ensure individualised care.

Medicines were managed safely and effectively. The home was maintained in a clean and tidy manner.

Requires Improvement ●

Is the service effective?

The service was effective.

The service supported people with regard to equality and diversity. Records confirmed training was up to date and staff told us they received regular supervision and appraisals.

Appropriate processes had been followed in relation to Deprivation of Liberty Safeguards applications. Where appropriate people had been asked to give permission and consent.

People were supported to maintain adequate levels of diet and fluids. Regular access to health care services, to maintain wellbeing, was supported. Some areas of the home had been refurbished and updated.

Good ●

Is the service caring?

The service was caring.

Good ●

People and visiting professionals praised the care and described it as individual and personal. We witnessed very good relationships between people and saw staff that were supportive and compassionate.

People had signed their care plans to say they were happy with the content. Involvement in monthly reviews of care was not always clear, but there was a monthly meeting for people to be able to express their views. Responses to an annual questionnaire about the service were highly positive.

People's dignity was supported and their right to privacy respected. Information was provided in formats that supported people's individual needs.

Is the service responsive?

Not all aspects of the service were responsive.

Details contained within care plans were not always sufficient or did not reflect matters identified in assessments of care. Monthly reviews of care were variable and did not always consider how people had been during the period. Reviews often simply repeated care plan information.

There were a large range of activities available for people, taking place both in the home and in the local community. People talked enthusiastically about going on holiday and told us stories from their trips away.

There had been no recent complaints and people told us they were happy with the service. End of life wishes were recorded and supported.

Requires Improvement ●

Is the service well-led?

Not all aspects of the service were well led.

A range of checks and audits were undertaken and actions identified and followed up. However, these had failed to identify the issues found at this inspection, including issues with regard to window restrictors, fire drills, risk assessments and monthly reviews of care. Other care records were well maintained and contained good detail.

Managers had a clear vision that they wanted the service to be personal and have a 'family' feel to it.

Staff talked positively about the management of the service and

Requires Improvement ●

said they were well supported in all aspects of their work. Staff said they were happy working at the service and there was a good staff team. Regular staff meetings took place and staff told us they could actively participate in these.

Victoria 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 10, 16 and 23 July 2018 and was announced. The provider was given 24 hours' notice because the location was a care home for people with a learning difficulty, who needed to be advised and prepared for the inspection. The inspection was undertaken by one inspector.

Before the inspection, the provider completed 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. We reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local authority contracts team and the local authority safeguarding adults team. We used their comments to support our planning of the inspection.

People using the service were not always able, or wished, to communicate with us in detail, but we observed they looked happy and relaxed. We spoke with three people who used the service, two members of staff, the deputy manager and a staff member who provided administrative support. We also spoke with a health and social care professional who was visiting the home during the inspection.

We reviewed a range of documents and records including; four care records for people who used the service, nine medicine administration records, two records of staff employed at the home, accidents and incident records, fire records, training records, minutes of meetings, communication documents and a range of other quality audits and management records.

Is the service safe?

Our findings

People's care plans contained risk assessments linked to their individual care plans. However, it was not clear how the levels of risk had been arrived at. We also found some areas of risk were not comprehensively covered or the level of risk did not reflect that detailed in local authority review documents. For example, we noted one local authority review undertaken in June 2017 and again in June 2018 stated a person was at high risk of falls. The deputy manager also told us the person's abilities and needs were changing. There was no specific care plan around managing or limiting falls. Falls were considered as part of other care plans, such as personal care or physical care, but these were rated as a medium risk. Risk assessments contained limited information about how the service and staff were to mitigate risks to people. For example, we noted one person had regular seizures. Past information stated they had often injured themselves during seizures. There was limited information about how these risks would be managed and minimised. We spoke with the deputy manager about these matters. They told us she would look to review the care plans and risk assessments of all people living at the home to ensure they contained appropriate detail.

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

People had personal emergency evacuation plans (PEEPs) in place to advise staff and emergency services what assistance they would need in the event of a fire or other emergency. We found parts documents to be general in nature although there was some reference individuals' needs for support. The provider subsequently wrote to us and told us the local fire officer had reviewed the documents and not raised concern about the quality.

On the first day of the inspection we found windows on the upper floor of the home did not have restrictors in place to prevent falls from height. We spoke with the deputy manager about this. They told us this had been an oversight and they would arrange for appropriate restrictors to be fitted as soon as possible. On the second day of the inspection we saw restrictors had been fitted to all windows on the upper floor and some windows on the lower floor.

On the first day of the inspection we saw fire drills had been carried out on a regular basis, but that all the drills had been undertaken during the day time period. The home operated on one waking staff member being on duty during the night. There had been no drills undertaken on a night shift to ensure staff knew what to do and how they should react in the event of a fire. We also noted there was no specific evacuation or moving procedures in place for the night shift, which addressed the particular layout of the home and how one staff member would deal with the matter. We spoke with the deputy manager about this. They told us the issue had not been raised by the Fire Service when they had carried out their inspection of the premises the previous year. However, they acknowledged the increased risks at night and agreed action needed to be undertaken.

They subsequently wrote to us stating they had met with a local fire officer, who had visited the home within a few days, to discuss the issue and a new procedure for the night shift was now in place. On the second day

of the inspection we saw the deputy manager had visited the night shift twice to carry out a mock fire drill and explain the new fire evacuation procedure. The deputy manager told us night staff had reflected the new evacuation procedure was more manageable and reassuring for them.

Accidents and incidents were recorded and appropriate action taken. The majority of such incidents were noted to be minor in nature. We saw each individual incident was reviewed to highlight any particular matters that needed to be addressed, or changes in procedure that needed to be considered. The deputy manager also carried out a monthly review of falls looking at the time of falls and any other factors that may indicate a change in needs or a recurring issue.

Checks on the safety of the fabric of the building and equipment used were made. We saw up to date certificates for portable appliance testing (PAT), fixed electrical systems and gas safety. Regular checks on fire safety equipment were undertaken by staff at the service and outside contractors, including on extinguishers and emergency lighting systems. There were also regular checks carried out on water systems at the home, including the checking of water temperatures to limit the risk of legionella. A formal survey for risks associated with legionella was detailed in the diary to be completed by the end of July 2018. A survey with regard to potential asbestos hazards at the property had been undertaken in 2013, with no risks found.

People we spoke with told us they felt safe living at the home. One person told us they felt much safer at Victoria House than their previous placement. Records showed staff had undertaken training with regard to safeguarding vulnerable adults. Staff were able to explain any possible safeguarding situations and tell us what action they would take if they had concerns, including reporting issues to the local authority safeguarding adults team. Staff told us they had no current concerns about anyone who lived at the home. There had been one recent safeguarding matter when a person had become lost, whilst out in the community, and failed to return to the home. The deputy manager told us they had changed the lock system in the home to ensure staff could monitor if people left the home. They also told us recently installed CCTV had helped pinpoint the time the person had left the building. Professionals we spoke with had no concerns with regard to safeguarding. The home was also supporting, and working in collaboration with, other agencies on safeguarding matters external to the home's operation.

The home supported people to deal with their finances. Staff showed us the system in place to ensure all financial details were fully recorded and double checked by another member of staff. Copies of receipts were kept and people signed to say they had been given cash to spend as they wished. Most people's overall finances were managed by the local authority.

People we spoke with told us they felt there were enough staff at the home to support them and they did not have to wait long for assistance. One person had an individual call button, so they could call staff from any point within the home. We saw that when this was activated staff responded quickly. A visiting professional also told us they felt there were enough staff at the home. At the time of the inspection there were nine people living at the home, most of whom attended to their own personal care needs with prompting. The deputy manager told us there were at least two care staff on duty during the day and one waking staff member on at night. During the day there was also a manager available and administrative support. Staff we spoke with told us they felt there were enough staff. They told us that if specific events were taking place, such as a person attending a concert, then additional staff would be brought in to help cover this.

The provider followed safe and appropriate recruitment processes, to ensure staff employed by the service had the right backgrounds and skills to support people. This included undertaking Disclosure and Barring Service checks (DBS) and ensuring they had references from previous employers. DBS checks ensure staff working at the home have not been subject to any actions that would bar them from working with

vulnerable people.

We looked at how medicines were managed at the home. Medicine administration records (MARs) were well maintained and there were no gaps in records. Medicines were stored safely. We noted some people were prescribed medicines 'as required.' 'As required' medicines are those given only when needed, such as for pain relief. We found there were not always care plans linked to these medicines showing when they should be given or detailing how much may be given, as recommended by the National Institute for Health and Care Excellence (NICE). The deputy manager subsequently wrote to us saying this was being addressed. We saw 'as required' care plans had been put in place by the second day of the inspection. The service worked closely with people's general practitioners to monitor medicines. There was evidence people medicines had been reviewed or reduced as necessary. Training records showed staff had received training with regard to the safe handling of medicines.

The home was clean and tidy. Care staff undertook cleaning and laundry duties as part of their normal routine. We found the cleanliness of all areas of the home was well maintained, with toilets and bathrooms clean, personal rooms all tidy and communal areas, along with the kitchen and laundry areas, orderly and uncluttered. People we spoke with told us they thought the home was always clean and tidy.

Is the service effective?

Our findings

Care records contained some information with regard to people's care needs and choices, although the home relied on local authority needs assessments, rather than carry out their own detailed assessments. Records contained information about people's preferences and particular routines, which staff had recorded after speaking with people. Staff we spoke with talked fluently about the individual support people required, how they ensured their actions provided this support and how they tried to develop people's abilities and experiences.

People living at the home had diverse needs in respect of the seven protected characteristics of the Equality Act 2010 namely; age, disability, gender, marital status, race, religion and sexual orientation. We saw as part of the home's assessment and monitoring process people had been asked about any diversity issues linked to the protected characteristics. Any particular needs linked to these had been recorded. We spoke with staff about their understanding of equality and diversity. Staff had a good grasp of the issues regarding this area. One staff member told us, "Part of the care is about ensuring they have all the choices that others have." Staff said they had not encountered any issues when accompanying people out in the community. They said the local community was supportive and accepting of people living at the home.

The deputy manager showed us the home's training matrix. This detailed which courses staff had completed, the frequency of refresher training and when this training was due for renewal. We saw all mandatory training was up to date. Mandatory training is training the provider considers essential for staff to undertake their roles. Staff confirmed they had completed a range of training recently. They told us the majority of training was completed on line, although practical training, such as moving and handling and first aid was conducted face to face. We noted a small number of longer serving staff had completed more specific training a number of years ago. For example, training with regard challenging behaviour had been undertaken between 2012 and 2014. Epilepsy training for one staff member had been undertaken in 2008. We spoke with the deputy manager about this. She told us training was carried out in line with the local Learning and Development Unit guidance, but acknowledged the need for updating of these skills to remain current.

Staff told us, and records confirmed they had regular supervision and annual appraisals. Staff said they were able to raise any issues they wished in these meetings. However, they also told us that because of the size of the service they could speak to the registered manager or deputy manager at any time, if they had any concerns.

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 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). We checked whether the service was

working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The deputy manager demonstrated people living at the home had either been subject to a DoLS order or were awaiting the local authority to grant an order. Where granted, copies of DoLS documentation was available in people's care files. Staff understood about supporting people to make choices. They told us all the people living at the home had the ability to make day to day choices and decisions about their care and what they wanted to do. Where appropriate people had signed forms to say they were happy for staff to enter their rooms to clean them or make repairs. People had also signed documents to say they did not wish to deal with their own medicines and were happy for staff to assist them. We noted in one person's file a relative had been appointed a deputy by the Court of Protection. The Court of Protection is a court established under the MCA and makes decisions on financial or welfare matters for people who can't make decisions at the time they need to be made, because they may lack capacity to do so. A copy of this document was available.

A visiting professional told us the home supported people to have good access to health care. They said staff accompanied people to health appointments, as necessary, and always had a good understanding of the issues that needed to be addressed. They told us, "I asked about the dentist and when [person's] next appointment was. They didn't have to look in the diary to check. They knew it was organised." Records showed people were supported in accessing a range of health services, including regular check-ups and screening appointments such as mammograms.

People were supported to access a range of food and drinks. One person told us, "The food is alright; I can't complain about it." On the first day of the inspection we sat with people while they enjoyed lunch. Whilst the meal was only a light lunch of sandwiches; people had their preference of fillings. Some people had crisps or snacks with their sandwich. They told us the variety they had been given was their favourite. They told us they enjoyed the meals at the home and were able to make choices and suggestions about the sort of food they had. One person had a medical condition that meant some food items were restricted. We saw information in their care plan showing what items were or were not allowed. On all the inspection days we saw people in the kitchen helping with meal preparation or making themselves drinks. People's weight was regularly monitored and any concerns raised with a health professional.

Victoria House consists of three terrace houses that have been converted into a single dwelling. The environment for the people was homely and intimate. The deputy manager showed us around the building and explained work was on going to refresh and redecorate the home on a rolling programme of improvements. We saw some of the bedrooms had recently been updated with new wall paper, carpets and furniture. The deputy manager told us people had been able to input into the decoration of their individual rooms and people we spoke with confirmed this. They told us further work on the remaining bedrooms would be undertaken in the near future. One person told us, "I like my bedroom. It is very nice." To the rear of the property two of the yard areas had been knocked into a single space providing a safe and private outdoor area where people could relax.

Is the service caring?

Our findings

People we spoke with told us they liked living at the home and were well cared for and we observed this to be the case. Comments included, "Yes, I like living here. The staff are nice, they speak to you nicely"; "I get a shower everyday"; "Yes, I like it here. It's quite nice"; "Yes, I like it here. I do like it. The staff are nice" and "I'm quite happy, thank you."

A visiting professional told us, "I have no issues or concerns about Victoria House. I think the care is very person centred." People we chatted with over a lunch time period also told us they enjoyed living at the home and felt very settled there. During the inspection we spent time observing how staff and people who used the service interacted. We saw there were good positive relationships between them, with people looking relaxed and happy, chatting freely with staff. People shared jokes and talked with staff about what activities they had done, past holidays and their families. Staff told us people who lived at the home were like a second family.

People told us they were involved in making decisions about their care. Comments included, "I talk about what I like and what I don't like"; "I get a say in what happens to me" and "I get to do the things that I like to do." A visiting professional told us staff worked extremely hard to ensure people's voices were heard. They told us, "They ensure [person's name] is included in all meetings" and "Staff go that extra mile to ensure that [person's name] input is included in decisions." The professional told us staff had taken one person on a special birthday trip to London and had also taken another person with them because they knew the two got on really well together.

We saw in care files that people had signed their care plans to say they had viewed them and were in agreement with the actions indicated, to provide them with support. It was less clear people were actively involved in monthly reviews of care plans, although there was evidence they had participated in annual reviews involving outside professionals. We spoke with the deputy manager who told us people were involved but this was not always documented. A specific meeting had been held with people who used the service to explain recent changes to data protection regulations, what information the service held about people and how it was used.

The provider had asked people to complete a yearly questionnaire about their experiences in living at the home. The most recent questionnaire had been completed in October 2017. Eight people had returned the questionnaire, which also contained picture prompts to assist people's understanding of the questions. All the questionnaires rated the service highly and indicated they were happy with the support they received. Space was available for people to make individual comments. These were limited, but where comments had been added, these too were extremely positive about the care and support. One relative had returned a questionnaire. They had rated the service as 'Good' or 'very good' in all areas.

People told us there was a meeting for everyone who lived at the home and we saw notes from these meetings. Meetings were held monthly and were attended by all the people who lived at the home. The meetings looked at how people had enjoyed passed events. For example, the meeting in June 2018 looked

at how people had enjoyed their recent holiday. Comments recorded were all highly positive. There had been discussion about the ongoing redecoration of the home and also a discussion about future activities. People were also given the opportunity to raise any concerns or issues they may have at the end of each meeting.

Some people living at the home did not have English as their first language, although could communicate their needs reasonably well to staff. We saw the provider had had key documents, such as information and contracts, translated into people's first language, so they were clear about the contents of these records. The deputy manager also told us that if they were unsure a person had fully understood what they were being asked then they would use an on line electronic translator. They said whilst this was not always well liked by people it did help to clarify day to day matters.

Staff talked knowledgably about supporting people with their independence and how they encouraged people to undertake as much as possible for themselves. Staff talked about how they supported people to go out into the community. A visiting professional spoke with us about how the service had supported a person who wanted to extend their ability to access the community independently. They told us staff had supported the professionals' view that this should be done gradually and the individual was making good progress, visiting local shops and amenities. Care plans indicated that where staff supported people with personal care tasks then people should be encouraged and helped to do as much for themselves as possible.

People told us their privacy was supported and respected. They told us they could retire to their rooms at any time to spend time on their own. During the inspection we saw people spend time in their rooms listening to music or watching their favourite DVD. When staff went to people's rooms, to enquire what they wanted for lunch, they always knocked on people's doors prior to entering.

Is the service responsive?

Our findings

There was some limited evidence in people's care files that they had been subject to an assessment of needs, although much of the available information was contained in local authority review documents. We spoke with the deputy manager about whether the service undertook an assessment prior to the person coming to live at the home. They told us that prior to people moving to the home they came on visits or overnight stays when a diary would be completed covering sleep patterns, behaviours, personal preferences and dietary needs. From these visits they were able to assess whether the person would fit with the other people who lived at the home and whether the service could meet their needs. They told us all the most recent placements had taken place on an emergency basis and so little time had been available for preplanning.

Care plans had been developed to cover a range of areas and care needs including; personal care, communication, behaviour and community access. Care plans varied in detail. Some contained good detail for staff to follow. For example, one person living at the home had a long term health condition. They were able to manage this condition themselves, with support from staff. Their care plan detailed how staff should monitor and prompt the person with the self-care. Another person was noted to suffer with anxiety at times. The care plan advised staff that structure helped the person cope with this condition and suggested staff should engage in positive conversations when the person expressed anxious thoughts or ideas. A third care plan detailed the specific action staff should take immediately if a person suffered from an epileptic seizure.

Other care plans were less detailed or did not always reflect issues highlighted in review documentation. For example, a review document had highlighted a person was at high risk of falls, but there was no specific falls care plan. Staff were aware of the person's risk and other care plans did have some detail about how to support the person during the delivery of personal care or during transfer into a wheel chair. The deputy manager told us they would review care records to ensure plans contained sufficient detail for staff to deliver effective care.

Care plans were reviewed on a monthly basis. Some care plans contained good details and noted any changes in people's needs or presentation. Other reviews were often minimal and did not always detail how the individual had functioned, presented or their care needs changed over the previous month. In a number of instances, the monthly review simply repeated the wording of the care plan. In some care plans we found the three previous monthly review notes were exactly the same. For example, one person was noted to have fluctuating weight and could put on increasing amounts or lose substantial amounts, depending on their presentation. The care plan stated the person's diet needed to be adjusted depending on their physical state. Monthly reviews made no reference to the person's weight and no reference to their dietary intake over the previous month.

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

People we spoke with talked enthusiastically about trips out, holidays and other events that took place at

the home. On the first day of the inspection everyone who was at the home at that time, plus staff, took part in a regular exercise class. The deputy manager told us the class leader visited the home each week to lead the event. Over a lunch time people spoke ardently about their most recent holiday to Blackpool. They told us about all the activities they had done including visiting the top of the tower and standing on the glass viewing platform there, going to the ballroom to see where 'Strictly Come Dancing' was filmed, visiting the waxworks and the Sea life Centre. They told us they had had a 'fantastic' time and had really enjoyed themselves. People also told us about other events they attended and how they were supported to access the local community. During the inspection we saw people attended local days centres or supported work arrangements. Copies of reviews of work placements were available in people's care files. A visiting professional told us, "I think the staff get as much pleasure from taking the residents out and on holiday as the ladies do themselves."

People also told us they were able to maintain relationships. People said friends and relatives could visit the home and were encouraged to do so. People and staff also told us individuals were supported to visit relatives, wherever possible, including traveling away on the train.

The provider had in place a complaints policy. At the time of the inspection there had been no formal complaints made in the previous 12 months. People we spoke with told us they had no need to make complaints and were happy with the care they received. Comments included, "I've no complaints, just the noise occasionally, but no complaints" and "I definitely have no complaints. I like it here." Time was made available in monthly meetings with people who used the service for them to raise any concerns or complaints. There had been no issues raised in recent months.

Information was made available for people in an accessible manner. Questionnaires had pictorial prompts to help people understand the questions, documents were available in languages other than English and notice boards contained a mix of bright coloured captions and photograph to help people understand what events were coming up or when people's birthdays were. Where people did not have English as their first language the home had access to an interpreter. The deputy manager told us the interpreter visited the home at least once a week to allow one person space to discuss any matters in their own language. They told us the interpreter was available at any time if any immediate matters arose.

Where appropriate people had plans in place related to their end of life wishes, including copies of funeral plans and requests for certain songs to be played at the service. One person had recently lost a close relative. The provider had organised the wake to be held at the home and relatives and friends had been invited to attend. Staff had also been encouraged to be available to support the individual during this difficult time.

Is the service well-led?

Our findings

This was the services first inspection under the current provider. The provider details had changes in May 2017 when a new company had registered to run the home. The home had a registered manager who had been registered with the Commission since May 2017, when the new provider took over. The same individual had also been the registered manager for the service under the previously registered providers.

At the time of the inspection the registered manager was unavailable. The deputy manager explained the registered manager visited the home around two or three times a week, but the deputy manager ran the home on a daily basis. The deputy manager was supported by an administrative assistant.

Audits were undertaken for a number of areas of the home including health and safety, infection control, and medicines. These checks were carried out monthly. We saw that where there were any issues these were recorded and a note made of the action required. When the action had been completed a date was added to show the matter had been dealt with. Whilst the service had responded promptly to safety issues we found on the first day of the inspection, related to window restrictors, fire drills and a legionella risk assessment, these matters had not been identified as part of the provider's ongoing audit and checking processes.

We asked the deputy manager if there where checks carried out on care records. They told us all care plans and records were reviewed and refreshed at six monthly intervals. However, these reviews of care plans had failed to identify the deficits in risk assessments and the monthly reviews we identified as part of this inspection. The deputy manager told us they would review the service's processes as part of their continuous improvement.

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

People, staff and a visiting professional were extremely positive and complimentary about the management of the service and in particular the leadership and support provided by the deputy manager. Comments included, "[Deputy manager] is nice. She looks after us well. [Registered manager] also comes and visits" and "[Deputy manager] is nice; very nice." A visiting professional told us, "[Deputy manager] is on the ball. They taught me a lot when I first came into post and taught me a lot about [person's name]. They always take time and pre-empt any questions [person's name] may have so that I'm prepared when I meet them." The professional also told us the service was working hard to reflect current standard for support to people with a learning difficulty. They emphasised how much people were involved in determining their care wherever they could.

Staff told us they were happy in their roles, were well supported and enjoyed working at the home. Comments from staff included, "[Deputy manager] talks and listens. They are just so supportive of everything"; "[Registered manager] is always on the phone. You can contact them any time about anything"; "I've never had such support"; "[Deputy manager] is really, really good. Any problems they are there for you";

"It's a pleasure to work at the home and a pleasure to work for the family" and "One big happy family, we are."

Staff had been asked to complete a questionnaire in October 2017. Five questionnaires had been returned. Three indicated they found the service 'excellent' in all areas. The remaining two rated the service either 'excellent' or 'good'. Space was available for free comments but there were limited responses. Where responses had been made these too were extremely positive about the home and the management support.

Staff told us there were staff meetings and we saw records of these. Notes from meetings showed there was a good attendance at these meetings. Items discussed included a review of past social activities, looking at what had gone well, forthcoming events and people's planned holidays, planned training and other management issues. There was also time to discuss any particular issues concerning people who used the service.

The deputy manager spoke about the home being very much a family run establishment. They talked about how their parents had started the home and how the service had been part of their life. Several generations of the family were actively involved in the running of this service and a sister service also run by the family. The deputy manager told us her aim was to maintain the high standards set previously, whilst also helping to develop and modernise the service. They talked about improving the service and ensuring that care was both personal and individualised.

They spoke animatedly about helping people make choices and maintaining and developing their independence. Professionals we spoke with also confirmed that the service had a strong ethos of promoting independence and ensuring that people's voices were strongly heard. The deputy manager emphasised that people were encouraged to participate as much as possible. They said this was their first inspection in a management position and whatever lessons needed to be learned would be taken on board and acted upon.

The deputy manager spoke about local links with the community. People who lived at the home were known within the local community and by local businesses. The service also had strong links with other providers of services, who supported people with the provision of day services or sheltered employment. The service also had strong links with a range of other services, supporting the work they were undertaking in the wider community.

With the exception of the issues already highlighted we found other records were generally well completed and up to date. Daily records regarding people who used the service contained good detail about their activities or presentation.

The provider was meeting legal requirements of their registration. The service had notified the Commission of significant events at the home, such as deaths, serious injuries and DoLS application decisions, as they are legally required to do.

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 Systems were not in place to ensure care and treatment were provided in a safe way. Systems for the assessing of risk and ensuring action was taken to mitigate risks were not in place or actively applied. Regulation 12(1)(2)(a)(b)(d).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes to ensure effective operation of the service and compliance with regulations were not in place or actively applied. Systems to assess, monitor and mitigate risks or improve the quality of safety at the service were not in place. care records did not always accurately reflect people's individual care needs. Regulation 17(1)(2)(a)(b)(c)(d).