Beech Care Limited

Beechcare

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection was carried out on 29 June 2017. The inspection was unannounced.

Beechcare provides accommodation and support for up to six people who may have a learning disability, autistic spectrum disorder or physical disabilities. The home is a single storey building in a quiet residential area. There were four people living at the home when we inspected.

The service had a registered manager in post who was available and supported us 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 provider of the service is Beech Care limited which is owned by CareTech Holdings PLC.

At our previous inspection on 22 and 23 March 2016, we found breaches of Regulations 9, 12, 15 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to do all that was reasonably practicable to mitigate risks. Safety checks had been missed to ensure equipment and systems were effective in keeping people safe. People did not benefit from an environment which was suitable for the purpose for which it was being used. The provider had not designed care and treatment with a view to achieving people's preferences and ensuring their needs were met. Accurate, complete and contemporaneous records had not been maintained. We asked the provider to take action to meet the regulations.

The provider sent us an action plan on 22 June 2016 which showed they planned to make the changes and meet regulations by October 2016.

During this inspection we found that the provider and registered manager had not made all of the improvements that they had planned to make.

Relatives told us their family members received safe, effective, caring and responsive care and the service was well led.

Medicines were not always well managed. Medicines had not been recorded appropriately.

Risks to people's safety and wellbeing were not always managed effectively to make sure they were protected from harm. Risk assessments were not in place for all areas of identified risks. People were at increased risk because fire safety advice had not been followed in a timely manner.

People's care plans had been reviewed and updated to ensure that their care and support needs were clear and their preferences were known in the form of care plan summaries. The registered manager was still working on reviewing and updating care plans to ensure they reflected the care people received from the

service. We made a recommendation about this.

There were enough staff deployed on shift during the day to keep people safe. At night time staffing had been reduced to one waking night staff and one sleep in staff. The sleep in staff member was frequently woken to provide care and support. We made a recommendation about this.

The service had not been adapted to ensure all areas had wheelchair access, which meant some people were unable to access to kitchen.

Systems to monitor the quality of the service were in place. Audits picked up a number of issues and concerns which the management team had completed and were continuing to work through. Audits had not picked up all the issues we found during the inspection. Action to address previous breaches of regulations was not timely.

Effective recruitment procedures were in place to ensure that potential staff employed were of good character and had the skills and experience needed to carry out their roles.

Staff had received training relevant to their roles. Staff had received regular supervision.

Relatives were encouraged to feedback to the service through surveys.

People were encouraged to take part in activities that they enjoyed.

Staff knew and understood how to protect people from abuse and harm and keep them safe. The home had a safeguarding policy in place which listed staff's roles and responsibilities.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority.

People had choices of food at each meal time. People with specialist diets had been catered for. Staff supported people with their food and drink, following health and social care professional's guidance.

People were supported and helped to maintain their health and to access health services when they needed them. People's weights had been consistently monitored to ensure people remained in good health.

Staff were cheerful, kind and patient in their approach and had a good rapport with people. The atmosphere in the service was calm and relaxed. Staff treated people with dignity and respect.

People were supported to maintain their relationships with people who mattered to them. Relatives and visitors were welcomed at the service at any reasonable time and were complimentary about the care their family member's received.

Relatives knew who to talk to if they were unhappy about the service.

Relatives and staff told us that the home was well run. Staff were positive about the support they received from the management team and the provider. They felt they could raise concerns and they would be listened to.

Communication between staff within the home was good. They were made aware of significant events and any changes in people's behaviour. Handovers between staff going off shift and those coming on shift took place to make sure all staff were kept up to date.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risks to people's safety and welfare were not well managed to make sure they were protected from harm.

People's medicines were stored safely and securely. Medicines had not always been well managed. Not all medicines had been appropriately recorded.

People were protected from abuse or the risk of abuse. The registered manager and staff were aware of their roles and responsibilities in relation to safeguarding people.

Effective recruitment procedures were in place. There were enough staff deployed in the home to meet people's needs during the day.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The service had not been adapted to ensure all areas had wheelchair access. Not everyone could access the kitchen.

Staff had received training relevant to their roles. Staff had received supervision and good support from the management team.

People had choices of food at each meal time which met their likes, needs and expectations.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People received medical assistance from healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect. People's confidential information was respected and locked away to prevent unauthorised access.

People were involved with their care. Peoples care and treatment was person centred.

Relatives were able to visit their family members at any reasonable time. Feedback from relatives was positive.

Is the service responsive?

Good

The service was responsive.

People participated in activities which met their needs. People received care that was based on their needs and preferences.

The service had a complaints policy and peoples relatives knew how to complain. People were unable were unable to verbally express their views on the service and therefore complain themselves.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems to monitor the quality of the service were embedded. Improvements had been made as a result of audits, but they had not picked up all the issues we found during the inspection. Action to address previously breaches of regulations was not timely.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

Staff were positive about the support they received from the registered manager.

Beechcare

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 29 June and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, we reviewed previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with five staff including support workers, senior support workers and the registered manager.

People were not able to verbally express their experiences of living in the home. We observed staff interactions with people and observed care and support in communal areas. We spoke with three relatives by telephone after we inspected.

We contacted health and social care professionals including the local authorities' care managers to obtain feedback about their experience of the service.

We looked at records held by the provider and care records held in the home. These included two people's care records, medicines records, risk assessments, staff rotas, three staff recruitment records, meeting minutes, quality audits, policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including training records, policies and some contact telephone numbers. The information we requested was sent to us in a timely manner.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection on 22 and 23 March 2016, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to do all that was reasonably practicable to mitigate risks. Safety checks to ensure equipment and systems were effective in keeping people safe had been missed. We asked the provider to take action to meet the regulations. The provider sent us an action plan on 22 June 2016 which showed they planned to make the changes and meet regulations by October 2016.

People were unable to verbally tell us about their experiences. We observed that staff supported people to maintain their safety within the service. Relatives told us their family members received safe care. One relative said, "She's as safe as she can be" and "I don't have one shred of anything bad regarding how she's looked after". Another relative said, "They are safe".

At the last inspection we found that risks to people were not always managed safely. At this inspection we found that although some risk assessments had been reviewed and updated and some risks removed, such as locking cleaning chemicals away. Risk assessments were not in place to mitigate all of the risks to people. People's risk assessments included risks relating to food and drink, fire, bathing, leaving the house, abuse, slips/trips and falls. One person was known to display behaviours that others would consider to be challenging towards staff. There was no risk assessment in place in relation to this, which meant that staff may not have all the information they needed to work safely with this person. We observed an incident during the inspection where the person grabbed a staff member and caused them pain. The same person required an additional harness to wear when travelling in the car as they were known to remove their seat belt. There were no risk assessments in relation to this in the person's care file.

Systems were in place to protect people from the risks of fire, each person had a personal emergency evacuation plan (PEEP) in place which was individual to their needs. Fire tests had been carried out frequently and new staff had received fire inductions so they knew what to do if the alarm sounded. The fire service had visited the service in February 2017 for a routine fire safety inspection, during the visit they identified a number of actions that were required to make the building safer for people. Some of these actions had been completed, such as installing a smoke detector in the loft space and improving the fire exits to the garden. However, work had not been started to improve the fire safety within the home. The fire service had advised that additional fire doors were required in the hallway these would prevent a fire from easily spreading. This put people at risk of harm, especially as every person living in the home had mobility difficulties and would need staff support to evacuate the home safely.

People were not always protected by the safe storage of items that could cause them harm. We observed that prescribed thickening powder was left in a kitchen cupboard without being locked away. Prescribed thickeners should be kept locked away to prevent accidental ingestion of the powder. A patient safety alert had been cascaded by NHS England in February 2015 which warned care providers to the dangers of ingesting thickener. One person in particular was at high risk of ingesting this because they were known to grab at food and non-food items and put them in their mouth. We reported this to the registered manager

and they moved the thickener to a locked cupboard in the kitchen immediately.

Action had not always been taken to address high water temperatures in people's bedrooms which may put people at risk of scalding. One person's water temperature was recorded at 44.1 degrees Celsius during checks on 09 June 2017 and 24 June 2017. No action had been taken to report that the water was running hotter than it should be. Although water temperatures had been checked on a weekly basis. Staff had not been recording the temperatures of people's baths and showers on a daily basis. We spoke with the registered manager about this and they told us that staff had been checking the water temperature was safe for people to use but they had not been recording this.

The examples above evidences that care had not been provided in a safe way. Risks had not been assessed and managed effectively. This was a continued breach of Regulation 12 (1)(2)(a)(b)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were not always managed safely. During the inspection, we found that medicines were all kept securely. Each person had a locked medicines cabinet in their bedroom which contained their prescribed medicines. However, medicines stock records did not always detail accurate amounts of medicines in stock. Medicines in their original containers (those that were not in pharmacy filled compliance aids) were counted daily. One person was prescribed Loperamide capsules, the daily stock check form stated there were 12 capsules in stock, however we found there were 42 capsules in stock. The person was also prescribed Chlorphenamine tablets, there was no stock record of these tablets and they were not listed on the person's medicines administration records (MAR) despite there being 13 tablets in stock. Another person was prescribed Sodium Valporate tablets, the medicines records showed there were only five tablets in stock. However, we found there were 33 tablets in stock.

We observed one person being given their medicine in a teaspoon of jam. The registered manager told us that the service had permission from the GP for this to happen. We asked to see the records. The registered manager was unable to find the multidisciplinary agreement for the medicines to be given in this way.

Protocols were not in place for each medicine that people had been prescribed 'as and when required' (PRN). We found that PRN protocols were missing for Loperamide Capsules, Xerotin spray or Chlorphenamine tablets. This meant that there was no guidance for staff to detail when someone may need the medicine, how often it should be taken and what it should be taken for.

MAR charts for people prescribed thickening powder did not detail whether people had been given the prescribed thickener or not. The MAR was recorded with an 'F' which meant 'other'. However, there was no explanation of why F had been recorded. We spoke with the registered manager about this, they told us F was recorded because thickener was kept in the kitchen and added to drinks as and when it was needed. This meant that thickening powder had not been adequately recorded when it had been administered.

The examples above evidences that medicines have not been managed safely. This was a breach of Regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The medicines storage areas had been temperature checked by staff daily to check that medicines were stored within suitable temperatures. The medicines records evidenced that people had received their medicines contained in pharmacy filled compliance aids as they had been prescribed.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Robust recruitment procedures were followed to make sure that only suitable staff were

employed. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Employer references were also checked.

There were suitable numbers of staff on shift to meet people's needs. A senior staff member was allocated on each shift. The staffing rotas showed that there was plenty of staff. Staff told us that when additional staff were needed (such as when staff went off sick) that staff were offered extra shifts to help out. On the day we inspected the registered manager was working a shift to cover some leave. If no one was available cover the shift, agency staff were used. Staff told us that the staffing levels were appropriate to meet people's needs. Relatives said, "I visit at various times, I don't let them know [that I'm coming]. There's always enough staff on [shift], sometimes they use agency [staff] I do not like this" and "There appears to be enough staff on". Staff meeting minutes recorded that staffing levels at night had reduced. The registered manager confirmed that the staffing had reduced from two waking night staff per night to one waking night staff and one sleep in staff member. The registered manager confirmed that people regularly required care and support at night. One person had seizures at night on a regular basis and one person required two staff to support to reposition them and provide personal care. This meant that the sleep in member of staff was frequently disturbed.

We recommend that the provider reviews staff deployment to ensure that people's needs are adequately met.

People continued to be protected from abuse and mistreatment. Staff had completed safeguarding adults training. The staff training records showed that 14 out of 16 staff had completed training. Staff understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. Staff all told us they were confident that any concerns would be dealt with appropriately. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager knew how to report any safeguarding concerns.

The service had been well maintained and was clean and tidy. One relative told us "Every time I have been, the home is lovely and clean". Regular checks of equipment and services took place to ensure the environment was safe for the people who lived and worked at the service. This included moving and handling equipment such as hoists and wheelchairs, checking the water supply to prevent Legionella, and safety checks on the supply of gas and electricity. There were suitable supplies of personal protective equipment available and these were used appropriately by staff.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection on 22 and 23 March 2016, we found a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not benefit from an environment which was suitable for the purpose for which it was being used. The provider sent us an action plan on 22 June 2016 which showed they planned to make the changes and meet regulations by October 2016.

People were unable to verbally tell us about their experiences. We observed that staff supported people effectively, providing choice and respecting people's decisions. Relatives told us their family members received effective care. Comments included, "She's well looked after, fed and cleaned. I couldn't give one bad fault"; "The food is well cooked, everything is fresh"; "I trust that they would be in touch if something happened" and "Staff seem to understand her, she gives them nice smiles".

At the last inspection we found that the service had not been adapted to ensure all areas had wheelchair access. Not everyone could access the kitchen. At this inspection we found this had not improved. Although the provider had ordered a kitchen in 2017, this had not yet been fitted. Staff told us that the kitchen had been delivered and was placed in an empty bedroom but it had been taken away again. We spoke with the registered manager about this who confirmed the kitchen had been removed for storage and they had not been informed or involved in when it was rescheduled for delivery and fitting, explaining that the maintenance staff had been prioritised to work elsewhere. This meant that people who used wheelchairs to mobilise around the home were still unable to use the kitchen.

People did not benefit from an environment which was suitable for the purpose for which it was being used. This is a breach of Regulation 15 (1)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they had received training to support them to carry out their roles. One staff member told us, "We can ask for courses". Training records showed that all 16 staff had completed medicines training, 15 staff had attended equality and diversity, fire safety, food safety, moving and handling, first aid and nutrition training. Staff told us they had attended additional training relevant to people's needs such as training in relation to epilepsy.

Staff were supported to undertaken qualifications relevant to their role. One member of staff explained that they were in the process of applying for a health and social care qualification. Another staff member told us they were in the middle of their qualification.

Staff had received supervision on a regularly basis. One staff member told us, "I've had supervision, it's done every couple of months, [Staff member] is my supervisor". The registered manager maintained a supervision matrix to enable them to monitor when supervisions had taken place. Staff we spoke with had received supervision from their line manager. This meant all staff received effective support and supervision for them to carry out their roles. Staff told us they felt supported in their roles.

Staff told us they had completed an induction which had involved reading policies, care plans, getting to know people and their individual routines, attending training and shadowing more experienced staff. Staff had completed a short in house induction sheet to verify they had been shown things such as fire exits, policies and other essential information. The induction process also included a three day induction into the company, staff received an induction book which covered the Care Certificate. The Care Certificate includes assessments of course work and observations to ensure staff meet the necessary standards to work safely unsupervised.

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 the best interests and as least restrictive as possible. Staff understood that it should be assumed people had capacity to make their own decisions. Staff gained consent from people before supporting them with any tasks such as supporting them to mobilise. Best interest meetings had been held with people's family members and representatives when these were required.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Systems to monitor DoLS authorisations were robust. Applications were completed by the registered manager and then submitted to the local authority. The registered manager understood when an application should be made and how to submit one.

People received food and fluid which met their needs. The staff were fully aware of people's specialist diets and additional nutritional needs such as pureed food, soft diets, allergies and where people were at risk of choking. There was plenty of food in stock; people had access to snacks in between meals. People were supported appropriately at meal times to ensure their safety. Meals were planned, prepared and cooked by staff who knew people's likes and dislikes. Staff explained that because people were not able to verbally tell them what they wanted to eat, they chose meals on their behalf which they knew they liked. If a person pushed the food away or seemed disinterested they made them a different meal. Staff knew which drinks people liked and offered them cold and hot drinks throughout the day. Two people had thickening powder added to their drinks to aid their swallowing. Staff made drinks up consistently to the required consistency. A health and social care professional told us, 'Food and drink are of good quality and plentiful, on offer when required in addition to set mealtimes. All SALT [speech and language therapist] recommendations and guidelines are adhered to, staff are trained to effectively deliver specialist diets and address impaired swallowing avoiding choking episodes etc. Staff are sensitive to non-verbal service users, able to react to subtle hints regarding need for drink or snack'.

People were supported to maintain good health and have access to healthcare services. Relatives told us their family member's health needs were well met. One relative told us, "They call me if he has had a seizure, they do contact the GP". They also said, "When he came out of hospital last year he was very weak, they have improved his health since and he is much stronger". Another relative said, "They manage her needs, they tell me about any concerns in person or on the phone". People had a health action plan in place. This outlined specific health needs and how they should be managed. Care plans evidenced that referrals had been made to the relevant health care professionals as appropriate. People had seen their GP when required. Evidence was found in care records of advice and guidance being sought from a range of health professionals including GP's, mental health nurses, dieticians, speech and language therapists (SaLT), opticians and occupational therapists. A dietician visited the home during the inspection to see people that had been referred to them. When the dietician left they said "I have no concerns, continue to monitor". They also advised that staff should ensure that the weighing scales were calibrated to make sure they were

recording accurately. A staff member took immediate action to arrange this. People's weights were consistently monitored. People had attended hospital when required.

Good

Is the service caring?

Our findings

People were unable to verbally tell us about their experiences. We observed that staff were friendly, kind and caring. Staff made time to chat with people and interact with them throughout the day. People responded with smiles and eye contact. Relatives told us that staff were kind and caring towards their family members. Comments included, "Staff are absolutely kind and caring. They treat her with respect"; "Staff do treat her nicely. They know what she likes such as sensory, toiletries, shopping, enjoys trips on the bus and tea out" and "They do look after him very well".

A health and social care professional told us, 'The service provides a safe and homely atmosphere for people with complex mobility and personal care needs. All residents have their own bedroom, furnished and decorated to their own taste, communal area is comfortable, the hall way and bathroom are wide enough for easy use of wheelchairs, all is kept clean and tidy, all residents appear settled and relaxed' and 'All support staff I have met during visits are well presented, demonstrate commitment and generally appear happy. During reviews with client and keyworker I repeatedly witnessed a genuine caring and mutually affectionate relationship'.

Some staff had worked at the home for a number of years and knew people well. Staff addressed people by their preferred names. Staff spoke about people in a way which showed they really cared. People's personal histories were detailed in their care files which enabled new staff to get to know and understand people and their past.

Positive interactions were observed between staff and the people who lived at the home. People were offered reassurance when it was needed. For example, there was slight delay for one person in being supported to get up and have a bath. Two staff were required to support the person to get up safely using a hoist, at the particular time the person wanted to get up the other staff were busy supporting other people with their personal care or their breakfast. A staff member was heard reassuring the person and explaining that the other staff member would be with them soon.

Staff were aware of the need to respect choices and involve people in making decisions where possible. A staff member told us, "We do ask people what they want and give choices". Another staff member shared the different ways in which people made decisions. We saw people making decisions throughout the day including whether to go out on a community trip, whether to change a top and what to eat. For example, one person smiled and tried to put on their shoes when offered an opportunity to go out for a walk in the local community. Another person walked away from a staff member who was encouraging them to change their top. One person refused to move from their comfortable chair into their wheelchair, signalling they didn't want to go out. Staff accepted people's decisions.

We observed that people were woken gently and according to their preferences detailed in their care plan summary sheets. We heard staff, greeting people when they were waking them, talking quietly and softly. Such as "Good morning [person]". Staff knew people's routines, such as how many cups of tea they needed in the morning to help them wake and where they liked to sit in the dining room.

Staff were clear how they would maintain people's dignity when they provided support with personal care. All of the staff we spoke with explained how they ensured curtains and doors were close and people were given privacy using the toilet. One staff member explained how they chatted with people constantly and told them what was happening next, so people were fully informed and part of the process. We observed staff knocking on doors before entering bedrooms and giving people privacy when they were in the bath.

People's bedrooms were decorated and furnished to their own tastes which included personal possessions and photographs of their families.

People had communication passports. They had been developed with as much input as possible from the person they were about and we saw that they were highly individual. They included specific preferences for activities that people liked to do. For example, one person liked spending time with staff and family members and also liked to go out. The communication passport detailed that if they were shown or given their shoes or coat they would put them on if they wanted to go out. One person's communication passport detailed what actions and gestures they make when they are happy or sad, such as smiling and laughing or rubbing eyes.

Staff spoken with were aware of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office to make sure they were accessible to staff.

Relatives told us that they were able to visit their family members at any time, they were always made to feel welcome and there was always a nice atmosphere. Relatives said, "I have always been accommodated when I visit"; "I am always made to feel welcome, I am asked if I want cup of tea". The service had held a strawberry tea the previous week, people, their relatives, staff and their relatives came together.

Although people had not been able to verbally tell staff about their end of life wishes. Discussions had been held with relatives. Some relatives had arranged prepaid funeral plans for people to plan for the future.

Good

Is the service responsive?

Our findings

At our previous inspection on 22 and 23 March 2016, we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not designed care and treatment with a view to achieving people's preferences and ensuring their needs were met. The provider sent us an action plan on 22 June 2016 which showed they planned to make the changes and meet regulations by October 2016.

People were unable to verbally tell us about their experiences. We observed that staff encouraged and supported people to take part in activities to keep them stimulated. People were smiling, laughing and were relaxed around staff. Relatives told us that their family member's received responsive care and they had access to activities which met their needs. Comments included, "There is lots to do, they go on holidays. She seems to be content and she seems to be quite chilled out" and "They take him to visit cafes and restaurants. I worry that they take him out in the sun".

Activities that took place during the inspection included trips out to the local shops, walks, foot spas and colouring. A reflexologist visited the service and provided one person with a massage. The reflexologist visited the home twice a week. There was a large sized wall mounted calendar detailing activities for each day of the week for the month of June, these included trips, massage, sensory activities and arts and crafts. Activities records evidenced that people attended appointments, ate lunch out, went for walks, drives in the car, reflexology, visits from relatives and visits to garden centres. Records also evidenced where people had been offered activities but they had refused.

Staff explained that one person went to a local day centre once a week with staff support, they had lunch there, they shared how the person enjoyed it and spent time watching people which they got great enjoyment from. Staff detailed how they tried to make people's birthdays a special event. One person had recently been on a steam railway trip and afternoon tea to celebrate a milestone birthday. Trips had been planned to attend a music event at a local theatre. One relative said, "She loves going out. She smiles and laughs on her return [to the home]".

Care plans had changed since our last inspection. Improvements had been made to make the care plans more person centred. Care files contained a detailed and clear summary of care sheet which gave staff clear information about each person's care needs and support they required. For example, the summary detailed what time people liked to get up. One person's detailed that they liked to usually wake between 07:00 and 08:00 and they will find staff when they are ready to start the day. We observed this happening in practice. The summaries detailed people's personal care routines, epilepsy guidance, support with eating, drinking, mobility, dressing, travelling in vehicles, finances and appointments. Staff told us that the summaries provided them with good information. If agency staff were used they were shown the summaries to help them understand people's likes, preferences and routines. The registered manager confirmed these had only just been created and were printed the day before. They shared that they had worked alongside staff with people to really get to know people so that the care plan summaries were personalised to each person. The registered manager was still in the process of amending and altering care files so that the full care plan

was as detailed and person centred. One person had been assessed by a psychologist in June 2016. The psychologist had detailed in their report that staff should use an activity planner to communicate about activities. We observed that an activity planning board was fixed to the person's wall in their bedroom but it was blank.

We recommend that the provider and registered manager review and amend people's care plans in a timely manner to ensure that staff have all the information they need to provide care to people. We also recommend that the provider and registered manager follow advice and guidance given to them from healthcare professionals in relation to meeting people's needs.

Relatives confirmed that they had been involved in reviewing people's care packages. One relative said, "I am involved in reviews of care. They do listen to us". Review records evidenced that review meetings took place at least annually.

Relatives knew who to complain to if they were unhappy about the service they received. Relatives confirmed that when they had raised concerns in the past, these had been dealt with appropriately. There had been two complaints in 2017; these had both been dealt with appropriately and in accordance with the complaints procedure. The complaints procedure gave information about who to if a person was not happy with the complaint from the provider, which included the local authority and Local Government Ombudsman (LGO) and detailed the timescales for acknowledgement and investigation. An easy to read complaints booklet was available to help people understand the complaints process.

Records showed that the service had received a compliment had been received from a health and social care professional. This stated, 'I wanted to pay your staff a compliment for the effectiveness of the file keeping for [person]'.

The provider's communication policy detailed that 'Regular meetings of 'residents' and their families will be organised and the outcomes recorded'. There were no 'residents' meetings held at the service. There was no formal mechanism in place to gain feedback about people's experience of living in the home. The manager explained that because most people did not verbally communicate it was difficult to gain feedback. The provider had not explored other ways of gaining feedback from people.

Relatives had been sent surveys in December 2016. Only one survey was returned and this contained mostly positive feedback about the service. Comments included, 'All staff very approachable and friendly'. The relative mentioned that they would like to see their family member get out in the community more and detailed that the bathrooms needed updating. We spoke with the registered manager about the feedback and they detailed that the provider's maintenance team had been informed of the feedback. They also provided feedback about the community activities the person had been involved with since. Health and social care professionals had also been sent surveys. Two surveys had been completed which provided positive answers to the questions asked.

The registered manager detailed that people were not able to provide feedback about the service they provided. However, they confirmed it was easy to tell if people were happy or not by observing how they interacted with others and through their behaviour.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection on 22 and 23 March 2016, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Accurate, complete and contemporaneous records had not been maintained. The provider sent us an action plan on 22 June 2016 which showed they planned to make the changes and meet regulations by October 2016.

People were unable to verbally tell us about their experiences. We observed that people knew the registered manager and were relaxed in their company. The registered manager knew people well from working with people on shift and helping staff out when required. Relatives told us the service was well managed. Comments included, "It's well managed, I really do think it is"; "I like the new manager very much. I have confidence that it is well led and concerns would be addressed" and "I think it is well run, she [the registered manager] seems to handle things well".

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 provider and registered manager had worked hard to implement new systems and embed audits. However, they were still in breach of Regulation 12 and Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This meant timely action had not been taken to address the issues identified at the last inspection and robust audit systems were not in place. The audit systems and checks that were in place had not identified that people's safety was at risk because medicines were not stored, recorded or administered effectively. Risks had not been assessed and managed effectively. The registered manager had carried out a monthly audit of medicines records, they had picked up issues regarding gaps in recordings which had been followed up through medicines observations and competency checks. The medicines audits had not picked up concerns that we identified during the inspection.

The provider's own audit of the home on 04 May 2017 had identified that the kitchen had not been replaced and fire safety concerns not resolved and there were continuing breaches because the issues had not been adequately addressed. The auditor had noted, 'Please also see the compliance action plan for the ongoing serious maintenance issue which has still not been addressed despite being given a reasonable date for completion. This issue has been ongoing since May 2016 despite the manager and LM [locality manager] continually chasing and I am sure you will agree this is unacceptable'.

Records were not always filed efficiently so it was sometimes difficult to find information. The office area had large piles of paperwork that required filing or action. The registered manager agreed that filing systems could be improved. Records we did see were accurate and complete.

The failure to operate effective systems and processes to monitor the quality of the service was a continued breach of Regulation 17 (1)(2)(a)(b)(c)(f) of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

Audit systems were in place and had been embedded into practice. The provider carried out an annual finance audit which was last done 10 October 2016. All issues identified during the audit had been actioned by 31 October 2016. Other audits carried out included, Health and safety audits and infection control audits. The registered manager used an electronic system created by the provider to provide a self-assessment of each key area which included sickness, vacancies, complaints, compliments, medicines errors, compliance with regulations, agency use. The registered manager carried out the self-assessment on a quarterly basis. The locality manager then carried out a quarterly check to assessment carried out by the registered manager. Any actions arising from the audits were added to an action plan. The action plan showed that the registered manager had been working through actions. However action was not always timely.

A health and social care professional said, 'In my opinion the service is very well led since the appointment of the current manager [name] in early 2016. [Registered manager] has implemented some positive changes initially resulting in a few members of support team choosing to leave, [Registered manager] recruited new staff. [Registered manager] will always act in the best interest of all the residents in her care, always approachable by residents, staff, CM [care manager] and professionals, promoting positive interaction with families and friends of residents. [Registered manager] has demonstrated huge commitment in turning a service at risk of failing into a safe and homely environment, not shying away from battles with her own regional manager with regard to expenditures for the property as needed to benefit residents and staff'.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the hallway and on the parent company's (CareTech holdings PLC) website.

The registered manager explained that they had good support from the provider. The registered manager told us, "If I need the operations manager, she's there"; "We have some management meetings locally, I don't attend registered manager forums" and "I do have peer support from other registered managers at local homes as we do joint night visits together".

The registered manager kept up to date with events, changes and information relating to the health and social care sector by receiving regular communications from the provider and CQC newsletters. The registered manager had a good understanding of their roles and responsibilities in relation to notifying CQC about important events such as injuries and safeguarding.

The provider's website stated as a company they worked hard to deliver high quality care and support within a strongly person centred approach. We observed good practice from the staff providing care and support and saw that this ethos was deeply embedded into their work. The registered manager told us, "We work in partnership to give service users a better quality of life".

Policies and procedures were in place for staff to refer to. The policies and procedures were up to date and relevant. The manager's office contained a number of reference books and guidance to help staff and the management team.

Staff told us that communication between staff within the home was good and they were made aware of significant events. One staff member said, "We do communicate well as a team. Meetings are held once a month on a Thursday". Another staff member said, "Communication is quite good". There were various meetings arranged for staff. These included monthly staff meetings and senior staff meetings and hand over

meetings. The staff meetings were recorded and shared. Staff also confirmed that they attended team meetings, they could speak up at meetings and that the registered manager listened to them.

The provider operates a carer of the month award. The registered manager explained that none of the staff had received this accolade yet. However, they said, "I try to make staff feel valued". Staff were complimentary about the support they received from the registered manager and provider. They all told us that the registered manager was approachable and friendly and they felt comfortable talking to them about work and personal matters. Staff said, "I do feel well supported. [Registered manager] keeps us up to date through the message book. Requests are dealt with quickly" and "[Registered manager] is quite supportive".

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to manage medicines safely. Risks had not been assessed and managed effectively. Regulation 12 (1)(2)(a)(b)(d)(g)

The enforcement action we took:

We served the provider and the registered manager a warning notice and asked them to comply with Regulation 12 by 11 August 2017

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People did not benefit from an environment which was suitable for the purpose for which it was being used. Regulation 15 (1)(c)

The enforcement action we took:

We served the provider a warning notice and asked them to comply with Regulation 15 by 08 September 2017

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate effective systems and processes to monitor the quality of the service. Records were not always filed efficiently so it was sometimes difficult to find information. Regulation 17 (1)(2)(a)(b)(c)(f)

The enforcement action we took:

We served the provider and the registered manager a warning notice and asked them to comply with Regulation 17 by 11 August 2017