FitzRoy Support

Taylor Road

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
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 16 October 2018 and was unannounced. The last inspection to this service was 23 and 25 August 2017. We rated the service requires improvement in three key questions: Safe, caring and well-led. We identified two breaches of Regulation 10: Privacy and dignity and Regulation 12: safe care and treatment. We found people's privacy and dignity was compromised by the inappropriate use of monitoring equipment. We also found that risks associated with the safety of the premises, including access to substances that might be hazardous had not been adequately controlled. There were also concerns about the cleanliness of the service. Risks to the safety and well-being of people using the service were not always robustly managed and mitigated and medicines were not always managed safely and consistently.

Following the last inspection, the service submitted an action plan telling us what action they were going to take to improve the service. They have kept the action plan up to date. At our latest inspection on the 16 October 2018 we found some improvements have been made but still identified a few areas of concern in relation to records and care.

The service can accommodate up to seven people who have a learning disability, physical disability, sensory disability and, or autism. Most of the bedrooms are on the ground floor and accommodation is provided across two separate dwellings which are interconnected. At the time of our most recent inspection there were four people living at the service and a fifth person was due to move in.

Taylor Road is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It does not provide nursing care.

The care service has not 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. We have identified some concerns about people's opportunity to access the community and engage in everyday activities.

The service had a registered manager in post. 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 service was working hard to improve the quality and safety of the service and provided mainly good outcomes for people. They had met the previous breaches of regulation identified at the last inspection.

Further though needed to be given to the deployment of staff and the range and availability of appropriate activities for people. There were enough staff to support people with their physical care needs but there was

not always sufficient opportunity for people to go out as they wanted as they needed one to one support which was not always provided due to existing funding arrangements.

There was a plan of care for each person but their daily notes did not clearly show how people's needs were being met in line with the plan of care. Care records were not kept in sufficient detail and did not clearly establish clear objectives and how these would be measured. We could not see if people were being supported in the way they wished and in line with their goals and preferences.

Staff understood how to support people lawfully in line with legislation relating to mental capacity.

Risks to people's safety were identified and there was a plan in place to reduce the risk. This was clearly documented but we raised concern about a lack of documentation in relation to lap belts. We also asked the registered manager to seek further advice about having integral bumpers to protect a person with bedrails from the risk of entrapment and injury. Records were not always robust in demonstrating how a change in need had been identified and addressed.

People were supported to take their medicines as intended and there were robust systems in place to help ensure medicine errors did not occur and if they did these were quickly identified.

People were well supported with their health care needs and physical care needs and staff knew people well and were able to deliver effective care. Staff worked with other health care professionals and made referrals and acted upon advice where appropriate.

Staff had a good understanding of how to keep people safe and how to respond to any allegation of abuse. There were adequate recruitment processes in place to ensure staff recruited were safe to work in care.

People were supported to eat and drink sufficient to their needs and any risks associated with eating and drinking had been identified.

Staff were caring and spent time with people actively listening to people and helping them to reach day to decisions. They provided the necessary emotional support and were skilful in their approach.

The service had an accessible complaints procedure. There were no recorded complaints but the service recognised the need to record any concerns even if they were not an official complaint. This enabled them to address things in a timely way.

The service had an experienced, registered manager who had very good interpersonal skills and was proactive in supporting their staff and people using the service. Most staff had worked at the service a long time and had a lot of skill in supporting people well.

The service required improvement in relation to its record keeping and auditing processes. Care records need to be more personalised and clearly account for how staff were supporting people with their assessed needs and providing holistic care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

Risks from the environment and risks associated with people's assessed needs had been assessed and steps taken to reduce the risk. The service monitored incidents and accidents but there were not robust systems in place to ensure lessons were learnt and shared across the service.

There were adequate levels of staffing across the service but funding did not match people's assessed needs.

There were robust recruitment processes in place to help ensure staff employed at the service were suitable to work in care.

There were checks in place to ensure medicines were available as required and administered as prescribed.

Staff understood and recognised what constituted abuse and how they should act to protect people from abuse or avoidable harm.

The service was sufficiently clean and well maintained.

Is the service effective?

Good

The service was effective.

Staff were competent, and well supported. They had training appropriate to their job role and regular support to ensure they continued to deliver safe, effective care.

The service kept up to date with best practice and relevant legislation. Staff's practice reflected current good practice.

The staff gained consent before supporting people, but were less clear how to support people with more complex decisions.

People were supported to access health care services and to have a balanced and healthy diet.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was upheld by staff who supported people in line with their needs and only after they had given consent.

Staff engaged with people in a positive, respectful way which enhanced people's well-being.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's support and care plans reflected people's needs but did not show how people (or their families/advocates) were involved or take sufficient account of people's preferred routines or care objectives. Records were not consistently up to date.

People did not have sufficient opportunity to go out or access things they enjoyed.

Records were in place to show how people's health care needs should be met but there was no recorded evidence around people's end of life wishes or how this should be considered in line with their care and treatment.

The service had an established complaints procedure and took into account the views of people using the service but did not have regular meetings with people (or their families/advocates) or a procedure to ensure there was clear oversight and review of the person's care.

Is the service well-led?

Requires Improvement

The service was not always well-led.

People were well supported by staff who knew them well. Records did not always clearly show how staff should meet people's current needs or risks associated with their care.

Staffing levels were maintained across the service and in line with what the service said it should provide. People received timely care for their physical needs but staffing levels were not always sufficient to support people with their social needs.

We identified a number of concerns in regard to the planning and running of the service specifically in relation to records and care not always being in accordance with people's wishes.

The service had processes in place to help ensure the quality of

the service was good and lessons were learnt from any adverse accidents or incidents but this was not fully embedded across the service. Regular audits were undertaken as part of the services quality assurance system. The service also obtained feedback from people, relatives and stakeholders about the service

The manager and their staff team were very experienced and skilled and supported people in the least intrusive way.

Taylor Road

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.

The inspection took place on 16 October 2018 and was unannounced. The inspection was undertaken by two inspectors, one of whom was on their induction.

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

At the inspection we spoke with three people using the service and one person's relative. Most people using the service could only communicate with us in a limited way without considerable support. We observed the interactions between people to help us better understand their care experiences. We spoke with the registered manager, the deputy manager, and four care staff. We looked at records relating to medicines, two staff recruitment files, two care and support plans and other records relating to people's care and experience. We also looked at health and safety and care audits.

Good

Is the service safe?

Our findings

The last inspection to this service was 23 and 25 August 2017 and we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found systems for managing medicines needed improvement to ensure prompt action was taken if anomalies arose and to ensure medicines were always stored safely. We found areas of the service compromised people's safety due to poor repair and potentially dangerous chemicals left out where people could ingest them. There were also individual risks which were not being well managed in line with people's assessed needs.

At our most recent inspection on 16 October 2018 we found improvements had been made and people were living in a safe service which took into account risks associated with their assessed needs. Individual risks had been assessed in line with people's safety and health care needs. Some people were at risk of falls, but the service had reduced the likely impact of a fall using the least restrictive measure. For example, some people had beds which could be height adjusted and placed on the lowest setting. Crash mats were in place which were placed on the floor by the bed and would cushion the person should they fall out of bed. Bedrails were used where safe to do so to prevent a fall out of bed. This had been recommended and the person assessed by an occupational therapist. Equipment checks were regularly carried out but we were concerned that one person had bedrails without bumpers which increased the risk of entrapment or injury caused by the bedrail. This person was mobile and had full cognition but was not always cooperative around their care needs. The registered manager agreed to go back to the occupational therapist who had recommended the bed to further assess the need for bed bumpers.

A number of people had specialist wheelchairs and there was consideration given to people's seating postures and exercises they needed to maintain the use of their muscles. Staff took into account people's skin integrity and the care reflected this with staff changing people's position regularly. People had air flow mattresses and other equipment to help prevent their skin breaking down.

Manual handling plans included in some case pictures of equipment and moving and handling techniques which was helpful but not in place for every care plan. The moving and handling plan gave sufficient detail about how a person should be moved safely and with how many staff. Staff confirmed they had regular manual handling training updates to ensure they were supporting people safely.

We noted people had lap belts when sitting in their wheelchairs and this had not been risk assessed or documented to show why it was necessary and the least restrictive means of keeping a person safe. We discussed this with the registered manager to ensure they would reflect this in the person's plan of care.

There were measures in place to help reduce accidents and incidents within the service. For example, there were clear procedures and contingency plans for staff to follow in the event of an emergency. There was a clear fire evacuation plan and the risks to individuals in the event of a fire had been documented in line with their needs. There was a plan for the maintenance and servicing of equipment to ensure it was safe to use.

The service was clean and mostly well maintained. There were processes in place to help reduce the risk of

infection and cross contamination. The service did not employ staff specifically to clean the service. This was done by care staff both day and night. There was a checklist for night staff to complete who did the majority of cleaning. There was not a checklist for day staff to complete and no clear oversight of the cleanliness of the service. Service audits and health and safety audits were completed and these looked at all aspects of the service, but did not give much detail about environmental factors, room by room. We did not identify any issues with cleanliness. Staff were issued with hand gel, gloves and aprons and had training in infection control. Staff had sufficient awareness of infection control measures. The service was homely and clean but we noted a number of maintenance issues which had not been clearly logged to show how quickly these were noted, and notified to the relevant contractor. For example, a grab-rail was loose and several overhead lights were not working which increased the risk of trips, slips and falls. The registered manager said a maintenance book was being introduced to clearly show how quickly things were addressed.

We reviewed accidents and incidents that had occurred at the service. There was a record of these and they were logged on to an events records which was submitted by the registered manager to their line manager each month so they could have oversight of events occurring. They also looked for any themes or trends which could be reduced by certain identified actions. However, we found records incomplete and not always clearly showing lessons learnt or actions taken. We discussed this with the registered manager who told us that incidents might result in a care plan or risk assessment being updated. They said in future they would ensure this was reflected on the original accident or incident form so there was a clear audit trail and showed sufficient action and oversight of incidents and accidents.

There were adequate processes in place to help ensure people received their medicines as prescribed. Staff received suitable training and they were assessed as being competent before being able to administer medicines.

There was clear guidance for each person to show what medicines they were prescribed, what it was for and any potential side effects of the medicines. There was a contemporaneous record of medicines administered or a reason why it had not been, such as in the case of medicines prescribed for when necessary (PRN.) An example of PRN medicines were analgesics. Staff were clear about what medicines people took and what they were for.

There had been no recent medicine errors and there were clear procedures for ordering, returning, storing and administering medicines. In addition to the monthly medicine audits, there was also a daily check of all boxed tablets. The majority of the medicines were issued in blister packs and these were stored in a locked facility in people's bedrooms. The staff members designated to administer medicines held the keys on their person. There were always at least two members of staff trained to give medicines on shift. One staff member would administer medicines, the other would check to ensure medicines had been given and signed for. This meant any errors could be quickly accounted for and rectified.

A recent audit from the supplying pharmacist had made a number of recommendations which were to be addressed by the service. This did not impact on the safety of the service.

We spoke with staff and asked them about their understanding of safeguarding. Staff were able to recognise what might constitute abuse and what actions they should take to protect people. They were aware of internal procedures and external agencies they could refer to.

The service had not had any recent safeguarding concerns but there had been two earlier this year which had been investigated and the service had cooperated with the local authority in their investigations. The investigation was open and transparent and used to show the outcome and lessons learnt to reduce the

likelihood of a similar incident occurring.

There were adequate numbers of staff employed for people's assessed needs and we observed people receiving timely care. Some people did not have regular activities in the community because this would be difficult to provide within the current staffing levels. The registered manager told us they raised this regularly at people's care reviews and provided to the level of staffing they were commissioned to provide. Some people had physical care needs which meant they needed one to one support to go out. Staff told us there must always be two staff left at the service which limited people's opportunity to go out particularly in the evening when two staff was the norm. On the morning of our inspection one person went to a day centre but only had the opportunity to do this once a week in line with funding. Another person went out with staff to a medical appointment. They were very animated and clearly enjoyed going out with staff.

The registered manager told us staffing levels had been maintained despite a number of bed vacancies. They said it was usual to have at least two staff on duty but mostly three staff and this was based on seven people using the service. If people needed additional hours this would be provided in line with their needs. For example, one person had been assessed as requiring additional support at night so the service currently had two waking night staff. Another person who had yet to move into the service had been assessed as needing one to one support throughout the day.

Most staff had worked at the service for some years and were familiar with people's needs. Agency and bank staff were used but this was limited to a few staff who got to know people well to ensure the effective delivery of care. The registered manager, deputy manager and the senior carer worked across two registered services belonging to the same organisation. Both were in close proximity and staff said this worked well and they had the necessary support from the senior management team as required.

There was an adequate staff selection and recruitment process in place. This helped ensure that only suitable staff were employed to work in care. Recruitment was processed centrally and only when all the necessary checks were completed and satisfactory would an employment of contract be provided. This included proof of address, rights to work in the UK, previous employment history, identification and at least two references both professional and personal. A disclosure and barring services check (DBS) was carried out to ensure the person had not committed an offence which might make them unsuitable for employment. Interviews helped to establish staff suitability for employment, both in terms of their attitude, values and previous experiences. Where temporary staff were employed from an agency the service sought assurances that robust recruitment processes had been followed. A copy of the recruitment check was held by the service. This included recruitment and training details and a valid DBS reference number.

Good

Is the service effective?

Our findings

The last inspection to this service was 23 and 25 August 2017. We rated this key question as good and we found at our latest inspection it was still good.

The service had a robust system of training and support for staff. This helped to ensure they were sufficiently competent and had the necessary skills to provide people with appropriate care in line with current guidance and best practice. Staff told us they had face to face training and updated their training on their learning academy on the computer. Staff said they had training in line with their roles and the specific needs of people using the service. For example: autism, learning disability, epilepsy and dementia. Staff were confident in their role and said they received the necessary support and guidance when on shift.

Staff records documented that they received regular supervision either on a one to one or group supervision. They had observations of their practice in their induction around specific activities and all staff had regular, annual observation of their medicine administration and moving and handling practices. Spot checks were also carried out if there were any concerns of their practice. Staff had an annual appraisal of their performance which looked at their training and developmental needs.

The service had a sufficiently robust induction programme for all new staff. Staff had their own electronic log in training account and had access to training materials and policies relevant to their job. They were able to access these before commencement on shift. New staff did not work on their own until they were competent and confident to meet people's needs. As part of their induction they completed all the required training and also completed the care certificate. This is a nationally recognised and endorsed induction programme for staff working in the care sector. The service had its own training department and key staff with specialist skills who could be contacted for specific advice or to carry out bespoke work with individuals they supported where necessary.

Agency staff were employed occasionally at the service and worked under the supervision of regular staff. Although they received an in-house induction this was not recorded. We discussed this with the registered manager in terms of the advantages of having a written record of their induction.

People were supported to eat and drink in line with their needs and preferences. Staff told us they ordered most of the food on line but people were involved in this and asked on a regular basis what they would like to eat. Everyone had been assessed as being able to make day to day choices and could choose their preferred foods. Staff supported people to have a balanced diet and regularly promoted people to eat and drink but it was recognised this was sometimes difficult. To prevent unplanned weight loss staff added additional calories to people's food where necessary such as full fat milk, cream and milkshakes. Food and fluid charts were completed but we saw no evaluation of these. This would help ensure people were drinking and eating in line with their needs. There were no individually agreed fluid target protocols which might assist staff in knowing how much people would normally eat or drink. We also found people were being weighed but not always in line with the guidance given by other professionals. However, staff were helping to ensure people identified at risk from unintentional weight loss did not continue to lose additional

weight. We saw a reversal of weight loss which meant actions being taken were effective.

We saw throughout our observations that people received the support they needed to eat safely and reduce the risk of choking. There was clear guidance about the consistency and texture of food and people's seating position to help promote their safety. There was detailed guidance from the speech and language team (SALT) and the risk of choking had been considered. Staff were aware of people's dietary needs and the consistency of food people should have. Most people required assistance in this area and there were enough staff to provide this safely.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 principles of the MCA are that staff should assume people have capacity to make their own decisions and where they were not able to there should be clear processes to ensure decisions were made lawfully in a person's best interest. Care staff involved people in decisions about their care and treatment. They offered people choices in ways which were meaningful for them. For example, by showing them different foods and asking them to choose. Staff were clear that people could make simple choices and as staff got to know people well could establish what the person might want even where they could not verbalise their choices. There was good staff engagement with people and they encouraged people to do things perhaps they did not initially want to do, such as have personal care, or elevate their legs to prevent poor circulation. Staff were respectful of people's rights and used clear reasoning and encouragement to help people to engage.

Staff knew how to lawfully support people with bigger decisions where people might not be able to give their expressed consent. Some people's records recorded who the decision makers should be for complex decisions that people might need help with. For example, surgery or invasive treatment. Staff were aware they were not the primary decision makers and could refer to people's personal information to establish who was if this was clearly established. The registered manager said they engaged with family, the learning disability team and independent advocates where appropriate and gave us examples of when this had happened.

People had a range of complex health care needs which staff understood well and were able to anticipate and plan for. Staff worked in conjunction with other health care professionals and sought advice from other professionals when required. Staff told us they got a good service from other professionals.

We had a concern with the records kept at this service because they were not always in chronological, date order and information was kept in different places so could be easily missed or duplicated. For example, it said for one person they could propel themselves in their wheelchair which in fact they could no longer do. Health records did not always show how concerns had been actioned or how professional advice had been acted upon or incorporated into the person's plan of care.

The environment lent itself to people's needs and provided sufficient communal and private space. It was sufficiently personalised and did not inhibit people from moving around freely. The service was divided into two dwellings which meant people's different needs could be accommodated within the service. There was a secure garden. Risks to people's safety had been considered when adapting the environment but we noted a number of maintenance issues which were being addressed.

Good

Is the service caring?

Our findings

The last inspection to this service was 23 and 25 August 2017 and we found a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the use of CCTV within the premises without proper consent and control did not uphold people's dignity. Following the inspection, the service told us how they had addressed the issue.

At our latest inspection on 16 October 2018 we found people were monitored for their safety but this was done in a discreet way which did not infringe on people's right to privacy. Staff were respectful and took into account people's mood and likely cooperation. They were skilled at engaging and communicating with people. We observed staff offering people's choices in a way which were meaningful to them and delivering care in a timely way. Interactions between staff and people using the service were polite and respectful. We observed people relaxed in the company of staff and clearly enjoying their company with lots of chatting and laughing.

We observed across the day that some people received more regular, positive attention from staff which meant people had different experience of care. We found staff approach varied with some staff having really positive relationships with people and able to get a better response from people due to their open, inclusive approach. There was information around the service reminding staff how to respect people's privacy and dignity and on the whole staff did this well.

People were supported to stay in contact with family or other people they had known. We met with a family member who told us staff had worked hard to get to know their relative and felt all staff could respond appropriately to their needs. They told us the service was always relaxed and care was provided to a high standard. They told us some people had developed positive relationships with each other within the service. Staff had clearly made efforts to trace family and recognised the importance of family life.

People had one-page profiles in their care plan which gave a snap shot of the person and what their strengths were, what support they needed and things staff should know about them. People also had communication plans which helped staff know how to communicate with people who did not have expressive verbal communication. The plans did not refer to the use of picture books which might help aid communication. One person regularly contacted their family through their electronic tablet.

Requires Improvement

Is the service responsive?

Our findings

The last inspection to this service was 23 and 25 August 2017. We rated this key question as good and we found at our latest inspection of 16 October 2018 we have rated this key question as requires improvement.

The service was restricted by funding available to support people with their individual needs. For some people there was a lack of regular opportunity to do things that other people without a disability had access to. We asked staff if anyone did regular activities in the community they said that they took people out when they could. We were not assured that the deployment of staff across the shift provided sufficient opportunity for people to pursue their interests and hobbies in line with 'ordinary life principles.'

Staff told us one person loved to watch films, enjoyed music and loved football. However, when we asked how often they did these things in the community they said, "Not often, they went out last week." They clearly enjoyed going out but did not have opportunity to do this every day as they did not have one to one funding. This had an impact on staffing levels. We noted in the last inspection report it said people could use accessible transport that staff could drive. This was no longer the case which restricted people's access to the community. Staff said they were about a 45-minute walk from town and public transport was difficult due to peoples' physical needs.

One person was reluctant to go out and spent a lot of time in bed. This was the person's choice and was in line with previous patterns of behaviour. Staff told us that when they were willing to go out they would take full advantage of this and take them out which was in line with their individual needs. Their care records did not clearly reflect the range and frequency of activities they were provided or how often staff spent time with them. On the day of inspection, they were only willing to engage for short periods of time and staff were respectful of this.

One person was described by staff as, "Agitated," on the morning of our inspection. The registered manager said there was a clear plan in place for this person, which gave suggested strategies staff could use to try to reduce the persons agitation. We observed staff's interaction during the day, which was variable with some staff having an inclusive approach and other staff not communicating well with the person or trying to establish their preferences or if there was a reason for them being unsettled. We observed staff bringing the person into the dining room and then into their bedroom to help reduce their 'agitation.' The person remained in their bedroom for the morning and was unsettled. We did not observe staff regularly interacting with them or trying anything else to try and reduce their 'agitation.'

People were supported by staff who knew them well and worked responsively to meet changing or unmet needs but the lack of planned and spontaneous activity impacted on people's experiences. The registered manager said there were no regularly planned activities or clubs and the service did not have anyone coming to the service anymore regularly to provide a service such as art therapy, pet therapy or music therapy. Staff told us they had more time to sit with people in the afternoon and had clearly developed positive relationships with people which enhanced their well-being.
People's needs were assessed and the service engaged with other health care professionals to ensure

people's physical care needs were met. However, people's records did not clearly show how their social and emotional needs were met. Records were not robust and sometimes had conflicting information or information which was difficult to track through or find.

We noted in the last inspection report there were comments about people's personal goals and aspirations being broken down into smaller steps to help people achieve this. We did not see clear evidence of this at our recent inspection and people were not supported to retain existing skills or develop new ones. We noted that some elements of people's support plans needed updating to ensure they reflected progress made or changes in the person's needs. Staff told us they held a monthly resident review when they collated information about each person to see if the care being provided was still appropriate or if there had been a change in need. However, we were unable to see evidence of this happening regularly. The registered manager told us they were reviewing the paperwork to make sure it captured what it needed to. This included the monthly review sheets and they said monthly reviews had not been held recently until the new paperwork was in place. Our concern was until these were in place the current care records did not reflect the care being given or clearly demonstrate how the care provided met people's individual needs.

The registered manager was committed to providing a service for as long as possible to people around their assessed needs. This included end of life care. They had support from other services and were completing accredited training around end of life care. However, people's care records did not include details about what people might wish to happen should they become ill, need to go into hospital or were approaching the end of their lives. A number of people had experienced a change in their health including hospital admissions. Nothing was recorded in their plan of care about whether they would want invasive treatment or what they might wish to happen in the future in terms of their care and treatment. This meant there had not been adequate planning for people's future care needs in a timely, responsive way which meant their wishes might not be upheld.

The service could not demonstrate how it clearly took into account people's feedback about the service. There was an established complaints procedure which was in different formats and font size. People using the service would need support to raise concerns and did not currently have the opportunity to meet regularly with staff to discuss their care. Staff would act on people's behalf but were not clear who had power of attorney for people or who should be involved in decision making. No one had an independent advocate and we discussed at least one situation in which they might be of benefit to a person.

Requires Improvement

Is the service well-led?

Our findings

The last inspection to this service was 23 and 25 August 2017. We rated this key question as requires improvement as we identified breaches in Regulation. We found systems were not always sufficiently robust in identifying the shortfalls we found. Records were not always up to date and lacked clarity for staff about mitigating some risks.

At our recent inspection on 16 October 2018 we found some areas had improved but still had concerns about the robustness of audits and whether the necessary actions had been taken. Audits were undertaken each month to assess the safety and suitability of the premises. Further audits were undertaken to ensure medicines were given safely and staff had undertaken the necessary training and were supported in their role. We found the audit process was based on a tick list approach and did not include observation of care or discussions with staff or people using the service. Where actions had been identified, it was not clear how these had been addressed and they were not recorded on the action plan from one month to the next.

People's care records contained sufficient information about their assessed needs but daily notes did not show comprehensively what care had been given and how the person had been throughout the day. For example, several people had input from the physiotherapist who had shown staff how exercises could help the person. People's daily notes made no reference to this. Daily notes did not clearly indicate how people had spent their day, or what activities they had been engaged in. A monthly summary of the person's needs would be a helpful way to identify any changes to the persons need's and how these had been addressed. This had not happened for several months because the registered manager said they were looking to change the paperwork to make it more personalised and reflective of the person's needs. Care plans were difficult to track through and not clearly indexed. Records were not always up to date and lacked clarity for staff about mitigating some risks.

At the last inspection we reported that we had a discussion with the registered manager about the need to complete a thorough review of care plans, daily plans, risk assessments and daily records to ensure their consistency and accuracy. We found at our latest inspection insufficient progress had been made.

Each year the service asked people, relatives and other stakeholders for their feedback about the service and care provided. The registered manager said the results were collated centrally and they would be told of any actions necessary. The registered manager said the surveys for this year were just being sent out and were unable to provide the outcome of the last year's survey. There was nothing in the service to clearly show how they sought people's feedback and how it was acted upon. Regular one to one meetings with people were to replace resident's meetings as a more appropriate way to gain people's feedback but these had not happened recently. It was difficult to assess how the service considered people's feedback in the absence of a robust quality assurance system.

Accidents and incidents were recorded and each month the registered manager was expected to document anything that might impact on the service such as staffing vacancies, complaints and any training issues and send this to their regional manager. The regional manager could see if actions taken by the service were

adequate and there were sufficient resources to provide the regulated activity. We found individual records did not always provide a clear audit trail of what actions had been taken or lessons learnt.

We found the service was safe and fit for purpose and housekeeping was adequate but we did not see routine audits of the cleanliness of the service. We identified a number of things, (lights and grab rails) that were not working but generally the maintenance and décor of the service was appropriate and furniture and equipment was safe to use.

The registered manager was open and transparent and supported staff well. Staff felt they could raise concerns or suggestions and said the registered manager was accessible. They and some of their senior staff team worked across two registered services but this did not appear to impact on the stability of the service. On the whole people received good outcomes of care and we observed staff to be responsive and caring. Staff received the necessary support and training to ensure they were sufficiently skilled.

There was evidence that the service worked collaboratively with other agencies to ensure people's needs could be met and the service could respond to people's changing needs.

The registered manager told us they were supported well by their regional manager, other managers working for the same organisation and health and social services. They were motivated and committed to providing the best possible outcomes for people using the service.