

# Caretech Community Services (No 2) Limited

## Church Lane

### 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?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

The inspection was carried out on 07 May 2015. Our inspection was unannounced.

Church Lane is a care home providing accommodation and personal care for up to twenty adults who have learning disabilities and may also have physical disabilities. The upstairs of the home is called Inglewood and this provides accommodation and personal care for eight people who have learning disabilities and the ground floor of the home is referred to as Church Lane. The ground floor provides accommodation and support for 10 people who have learning and physical disabilities.

Some people had sensory impairments, epilepsy, limited mobility and difficulties communicating. The home is located close to the centre of Bearsted Green near Maidstone.

The service had a registered manager. 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.

# Summary of findings

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments had been carried out to identify and reduce risks relating to the premises. The control measures identified within these risk assessments had not always been followed. People were exposed to trip hazards in a corridor, and the door to the cellar had been left ajar and unlocked which presented a serious risk to people moving around the home. The hallway and area to the bottom of the stairs had been used to store filing cabinets and files, which had caused a narrow point. We made a recommendation about this.

The premises and gardens were generally suitable for people's needs. However, there had been a number of water leaks above the ground floor dining room and staff office. These had been temporarily repaired but left looking unsightly.

Policies and procedures were available for staff had not been updated and reviewed in line with changes in legislation and good practice guidance.

Fridge and freezer temperatures had not always been monitored and recorded in line with good practice and guidance to ensure food had been stored at the correct temperature. We made a recommendation about this.

Policies and procedures relating to consent had not been updated to reference the Mental Capacity Act 2005. There was no guidance included in the policy about how, when and by whom people's mental capacity should be assessed. We made a recommendation about this.

Staff did not have a good understanding of mental health issues that may affect people and they had not had any mental health awareness training.

People were mostly communicated with effectively. However there was one period of thirty minutes during the day where this was not the case. We made a recommendation about this.

There were limited planned activities within the ground floor of the home. Some people had a schedule of activities, sometimes these didn't go ahead as planned, which meant that people did not have activities to stimulate them. Staff told us that they felt there could be more activities for people.

Staff were clear about their roles and responsibilities and knew who to report to if they suspected abuse.

There were suitable numbers of staff on shift to meet people's needs. The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles.

People received safe care and support with their medicines because medicines were appropriately managed to ensure that people received their medicines as prescribed. Records were clear and the administration and management of medicines was properly documented.

Staff received good support from their manager. They had access to training and supervisions took place regularly which meant that staff had opportunities to discuss their practice, seek guidance and discuss training.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS applications to the local authority had been made for most people. The registered manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People had access to nutritious food that met their needs. The cook had a good knowledge of preparing and cooking food for people with different dietary needs. The cook had met with a speech and language therapist as part of their induction to gain guidance specific to people who lived in the home.

The kitchen of the home was well stocked and included a variety of fresh fruit and vegetables. Food was prepared in a suitably hygienic environment and we saw that good practice was followed in relation to the safe preparation of food.

People living in the upper floor of the home were supported by staff to make their own food on a daily basis. There was a kitchen rota in place and each person took it in turns to cook.

People received effective, timely and responsive medical treatment when their health needs changed. Records evidenced that people received treatment from their GP, hospital, nurse, chiropodist, dentist and had regular optician appointments.

# Summary of findings

People were supported by staff who understood their needs and how they communicated. We saw that when staff interacted with the people they asked them about things that they liked to do and this was consistent with what was in their care plans. Staff made efforts to ensure that people received the support they needed.

Relatives told us that they had been involved with planning their family member's care; however we did not see evidence to show that relatives and people had been involved. Where people had made decisions about their lives these had been respected.

Staff made efforts to preserve people's privacy and dignity, such as closing doors and using shower curtains when giving care. People's information was treated confidentially.

Relatives told us that they were able to visit their family members at any reasonable time.

Relatives were encouraged to provide feedback about the service provided to their family members.

There was a complaints and comments folder that contained the complaints procedure. An accessible

version of the complaints procedure was available which described in simple terms and pictures how people should complain. Staff knew how to support people to complain.

Effective procedures were in place to keep people safe from abuse and mistreatment. Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported.

Staff told us they felt valued, they felt there was an open culture at the home and they could ask for support when they needed it. Staff communicated well with each other regarding the needs of people.

The registered manager demonstrated that they had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries and abuse, as these had been made in a timely manner. The registered manager explained that they had good support from their manager.

A number of audits were carried out by the provider in order to identify any potential hazards and ensure the safety of the people.

You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Environmental risks within the home had not always been appropriately managed to keep people safe from harm.

Staff had a good knowledge and understanding on how to keep people safe. Safeguarding policies and procedures were in place.

There were suitable numbers of staff on shift to meet people's needs. The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles.

People received safe care and support with their medicines.

**Requires Improvement**



### Is the service effective?

The service was not always effective.

There was no guidance in the consent policy about how, when and by whom people's mental capacity should be assessed.

Staff had received training and supervision relevant to their roles. Staff felt they received good support from their manager.

People had access to nutritious food that met their needs. People upstairs in Inglewood were supported by staff to make their own food on a daily basis.

People received effective, timely and responsive medical treatment to ensure their health needs were met.

**Requires Improvement**



### Is the service caring?

The service was caring.

People were supported by staff who understood their needs and how they communicated.

Relatives told us that they had been involved with planning their family member's care. Where people had made decisions about their lives these had been respected.

Staff made efforts to preserve people's privacy and dignity. People's information was treated confidentially. Relatives were able to visit their family members at any reasonable time.

**Good**



### Is the service responsive?

The service was not consistently responsive.

There were limited planned activities within the ground floor of the home, which meant that people did not have activities to stimulate them.

**Requires Improvement**



# Summary of findings

Relatives were encouraged to provide feedback about the service provided to their family members.

There was an accessible complaints procedure which described in simple terms and pictures how people should complain. Staff knew how to support people to complain. The registered manager had dealt with complaints effectively.

## Is the service well-led?

The service was not consistently well led.

Staff did not have access to up to date policies and procedures.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported.

Staff felt valued, they felt there was an open culture at the home and they could ask for support when they needed it.

The registered manager demonstrated that they had a good understanding of their role and responsibilities.

A number of audits were carried out by the provider in order to identify any potential hazards and ensure the safety of the people, these audits were not always robust and had not identified some of the issues we found during the inspection.

**Requires Improvement**



# Church Lane

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 07 May 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

We reviewed previous inspection reports and notifications before the inspection. A notification is information about important events which the home is required to send us by law.

We spent time speaking with four people. Some people were not able to verbally express their experiences of living in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help

us understand the experience of people who could not talk with us. We observed staff interactions with people and observed care and support in communal areas. We spoke with five relatives by telephone. We interviewed nine staff including the cook and deputy managers. The registered manager was not available on the day of our inspection, so we spoke with them the week after our visit.

We contacted health and social care professionals 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 six people's care records, risk assessments, four weeks of staff rotas, six staff recruitment records, meeting minutes, policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including maintenance records and completed surveys. The information we requested was sent to us in a timely manner. However we did not receive a full copy of the staff training records which we had requested.

We last inspected the service on the 24 February 2014 and there were no concerns.

# Is the service safe?

## Our findings

One person told us, “I am happy living here, I feel safe”. Most people were unable to verbally tell us about their experiences. We observed that people were relaxed around the staff and in their own home.

Relatives told us their family members were safe and that the staffing levels were adequate. One relative told us there was “Always enough staff” working when they visited. One relative told us, “They have excellent health and safety measures”.

The premises and gardens were generally suitable for people’s needs. During our inspection a decorator was painting the hallway on the ground floor. Risks relating to the redecoration work had been assessed. However, the control measures to ensure people were protected from risk had not been monitored. People were exposed to trip hazards in the corridors, paint cans and other items had been left unattended. The door to the cellar had been left ajar and unlocked which presented a serious risk to people moving around the home. Some areas of the home had undergone temporary repairs but had been left unsightly. There had been a number of water leaks above the ground floor dining room and staff office, large holes had been cut out of the ceiling to enable the leaks to be fixed however the holes had been covered up by pieces of wood which had been screwed to the ceiling.

This failure to ensure that people were safe from risks relating to the building and works being carried out was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most staff demonstrated a good level of understanding of their responsibilities regarding safeguarding people from abuse, they were aware of the signs of abuse and the actions they would take if they suspected abuse. Staff were also aware of the home’s whistleblowing policy. 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. Effective procedures were in place to keep people safe from abuse and mistreatment. However, we observed an incident where a

person was putting themselves at risk of harm by squeezing fluid from a dish cloth and drinking it, a member of staff intervened by shouting at the person. We spoke with the deputy manager about this, who spoke with the staff member and the locality manager and appropriate action was taken. We were assured that the matter would be properly investigated and reported to the local authority.

Risk assessments had been undertaken to ensure that people received safe and appropriate care. Risk assessments included a list of assessed risks and care needs, they detailed each person’s abilities and current care needs. For example, one person’s (whose behaviour could cause a risk to themselves or others) had risk assessments which provided clear direction to staff to ensure that trigger words could be avoided. There were risk assessments in place for various activities such as using the bath, using moving and handling equipment such as hoists and risk assessments for staff supporting people with their finances. The risk assessments and care plans were reviewed regularly. Staff were able to provide care which was safe and met each person’s needs.

Each person’s care file contained a personal emergency evacuation plan (PEEP) which detailed how to evacuate people in an emergency. Staff had an awareness of how to evacuate the home and the processes to follow if the fire alarm sounded in order to keep people safe. Each PEEP was personalised for the individual. One person who had moved into the home in March 2015 did not have a PEEP in place, which meant that staff did not have detailed guidance about how to safely evacuate this person in an emergency. A PEEP was put in place five days after our inspection.

Moving and handling equipment and other essential equipment in the home had been serviced and maintained regularly to ensure it was in good working order. Fridges and freezers had not always been checked daily to ensure that they were working correctly. We found that a number of days had passed in Inglewood where temperatures had not been checked and recorded to ensure that frozen food items were stored at the correct temperatures.

**We recommend that adequate checks are made to ensure that goods are stored at the correct temperature.**



## Is the service safe?

A new sensory room was in the process of being set up on the ground floor. This room had been fitted with sensory equipment such as lights, projector and bubble tubes. A ceiling track hoist had been fitted to the room which would enable people to be supported to move from their wheelchairs. The room had previously been an office, which housed bookshelves and filing cabinets. These items had been moved out of the room but had been placed in the corridors and at a narrow point at the bottom of the stairs, which could cause a risk to people, staff and visitors during a fire or other emergency.

**We recommend that the provider researches suitable storage solutions within the home to ensure documentation is appropriately stored.**

Fire extinguishers were maintained regularly. Fire alarm tests had been carried out. One person who lived in the home liked to complete the weekly fire checks and they were supported to do so by staff. Records confirmed that these were done weekly.

Urgent repairs were completed quickly. Maintenance jobs were added to a repairs and maintenance lists. We observed that the kitchen window opening mechanism was broken; the cook explained that this had been reported and we saw this had been added to the list. There were a number of items that required maintenance on the upper floor of the home that had not been added to the maintenance list. For example the boxing in of water pipes in the toilet needed some attention. Bedrooms had been decorated and furnished to people's own tastes.

There were suitable numbers of staff on shift to meet people's needs. Relatives told us that there was always enough staff working in the home. The staffing rota evidenced that there was less staff working each morning at weekends. All the staff we spoke with told us that there were enough staff on duty to provide person centered care and support for people.

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 in staff files held at the providers

Human Resources department. 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.

Medicines were appropriately managed to ensure that people received their medicines as prescribed. Records were clear and the administration and management of medicines was properly documented. The home's policy was detailed and clear. We looked at the storage of medicines and saw that the cabinets were clean, organised and contained a suitable level of stock. Staff with responsibility for administering medicines were clear about their responsibilities and understood the home's medicines policy. For example, they were able to describe the steps they would take if an error occurred in relation to medicines. Only staff who were trained to administer medicines carried out this task. Their competence to administer medicines had been assessed and this was documented. Records showing the signatures of staff who were trained to administer medicines were maintained. This meant that if there were any issues in relation to the administration of medicines, it was possible to ascertain which staff members had been involved.

We observed a medicines round on the ground floor of the home. This was completed by two staff members. Each person who required medicines had a locked medicines cupboard in their bedroom. The staff washed and dried their hands when they entered each person's room before administering medicines. They spoke with people to keep them informed about each stage. For example, "This one is your Epilim". People were supported to take their medicines with plenty of water. People received praise when they took their medicines especially those who didn't like the taste. The staff members administering medicines checked each other's calculations and checked that the medicines dispensed from the packaging were correct. Medicines that needed to be drawn into a syringe for administering through a feeding tube were checked to ensure that air bubbles had been removed and that the correct dose had been drawn up. Both staff counted tablets in original packaging before and after administration. An auditing sheet was signed, countersigned and dated by both staff each medicines round.



# Is the service effective?

## Our findings

One person told us that they made decisions about their life, they confirmed that “Staff will always call doctor” if they were unwell. Another person told us the food was “Lovely”. Not everyone was able to verbally describe their experiences. We observed that people had the freedom to move around the home and spend time alone in their rooms as well as in communal areas.

Relatives told us that their family members health needs were met. One relative told us that their family member “Sees the GP as soon as they have a complaint or when in pain”. Another relative said that staff “Are good at picking up general ill health”. Relatives told us that the food met their family member’s needs.

Staff had good understanding of the Mental Capacity Act 2005 (MCA). Policies and procedures relating to consent had not been updated to reference the MCA, which meant that staff did not have all of the information they needed to carry out their roles. The consent policy made it clear that ‘Capacity should be assessed in relation to the specific activity or issue which is being considered’ which corresponds to the MCA. There was no guidance included in the policy about how, when and by whom people’s mental capacity should be assessed. Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training.

**We recommend that the policies and guidance are updated and codes of practice are made available to staff to ensure they can effectively work with people who may lack capacity.**

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS applications to the local authority had been made for most people. The registered manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

We reviewed the records of training for all staff in Inglewood. This showed that most staff were up to date with mandatory training, although some training was overdue for some staff. Staff had not received recent training in Mental Health Awareness. We observed a discussion at handover regarding a person’s mental health,

which indicated that staff did not have a good understanding of mental health issues that may affect people. We discussed this with the deputy manager who agreed that mental health awareness training was needed for all support staff.

The registered manager had carried out a training audit in April 2015 which had identified that staff needed to complete update training. For example, 10 staff had been identified as needing first aid update training. A training plan had been created to ensure staff received this training.

Staff received support from their manager. Supervisions took place regularly which meant that staff had opportunities to discuss their practice, seek guidance and discuss training. The supervision records showed that most staff had received two supervisions within the first four months of the year.

Staff had received suitable advice, guidance and training to support people who could become challenging and at risk of hurting themselves or others. The registered manager explained that the training staff had attended taught staff about diffusion and deflection and the company policy was not to restrain people. Where people had bed rails in place to prevent them from falling and hurting themselves these had been properly assessed.

People were not always communicated with effectively. We spoke with the deputy manager on the ground floor after we observed staff talking with each other over a period of thirty minutes in the afternoon. Staff had been speaking to each other about their plans for the day and what they had been doing. There was limited interaction between the staff and three people who were sitting in the same room, which meant that people living in the home were not involved and included in the conversation. The deputy manager agreed that this was not acceptable practice and advised that they would talk with the staff members involved.

**We recommend that communication is reviewed to ensure people are involved and included.**

People had access to nutritious food that met their needs. People had access to and were offered plenty of drinks, such as tea, coffee, squash, milk and fizzy drinks. Where people’s fluid intake needed to be restricted and monitored fluids were measured carefully. A cook had been employed by the provider to work in the ground floor of the home. The cook explained how they ensured that there was a choice of two different meals at dinner time and could ask

## Is the service effective?

for another option if they wished. We observed the cook visit one person in their room to encourage them to eat and offered to cook them a meal of their choice. The person chose to have pizza and chips. The cook made this food for the person in addition to the planned meal. Weights were regularly monitored to identify any weight gain or loss that could have indicated a health concern.

The cook had a good knowledge of preparing and cooking food for people with different dietary needs, including how to add extra calories to food for people at risk of weight loss. The cook had met with a speech and language therapist as part of their induction to gain guidance specific to people who lived in the home. The kitchen of the home was well stocked and included a variety of fresh fruit and vegetables. Food was prepared in a suitably hygienic environment and we saw that good practice was followed in relation to the safe preparation of food. Food was appropriately stored and staff were aware of good food hygiene practices. The cook was in the process of developing new menus which better reflected people's likes, dislikes and cultural needs. There was a laminated booklet in the ground floor kitchen which detailed each person's likes and dislikes, the booklet included a photograph of each person to assist the cook and staff.

People living in Inglewood on the upper floor of the home were supported by staff to make their own food on a daily

basis. There was a kitchen rota in place and each person took it in turns to cook. This enabled people to maintain a level of independence and enabled people to gain skills in a supported environment.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. A local authority care manager told us that sometimes communication within the home needed to be better as there had been times when the care manager and community nursing staff had to chase the home to complete tasks such as following up concerns with the GP and providing general feedback. People had a health action plan in place. This outlined specific health needs and how they should be managed. Records evidenced that staff had contacted the GP, community learning disability nurses, social services, community psychiatric nurse and relatives when necessary. Records also evidenced that people received treatment regularly from the chiropodist, dentist and had regular opticians appointments. This meant that people received effective, timely and responsive medical treatment when their health needs changed.

# Is the service caring?

## Our findings

Some people were unable to verbally tell us about their experiences. We observed that people were relaxed and their facial expressions indicated that they were happy. People were welcomed home from their day services and staff asked people about their day, they listened to people's responses and showed interest in each person. People were called by their preferred names. There was a relaxed and calm atmosphere.

Relatives told us that staff were caring and kind towards their family members. One relative told us, "Staff seem to communicate well". One relative said they "Can't think of any problems" with confidentiality. Another relative told us, "Staff are respectful" and "Staff keep us informed of progress". One relative said that "Staff are respectful" to their family member and this included when their family member was challenging.

A local authority care manager told us that their 'client' was happy in the home. Another told us that staff had got to know their 'client' really well and that their client had a key worker to ensure that support was consistent.

Many staff had worked at the home for a number of years and knew people well. People's personal histories were detailed in their care files which enabled new members of staff to know and understand people and their past.

People were supported by staff who understood their needs and how they communicated. Information about likes dislikes and preferences were outlined in their care plans. We saw that when most staff interacted with the people they asked them about things that they liked to do and this was consistent with what was in their care plans. For example, a staff member chatted to one person about their favourite music and helped them relax by playing the music CD. The person responded to the music by shaking a musical instrument. Staff knew people well and were able to adapt their communication to meet their needs. We saw

that they used their body language to support what they were saying. Staff had been trained to use Makaton sign language which enabled them to communicate effectively with people.

We observed a number of interactions between staff and people. Staff treated people with respect and talked to them compassionately and patiently and spoke with affection about people during handover.

Staff made efforts to ensure that people received the support they needed. For example, one person did not wish to attend an appointment with another healthcare professional outside the home. Staff offered alternatives such as arranging for the professional to visit the person in the home on another day.

Relatives told us that they had been involved with planning their family member's care, however we did not see documented evidence to show that relatives and people had been involved. Where people had made decisions about their lives these had been respected. For example, several people had chosen not to eat with other people, this had been respected and they were supported to have their meals in their room.

Staff treated people with dignity and respect. Staff made efforts to preserve people's privacy and dignity, such as closing doors and using shower curtains when giving care. One member of staff said "You treat them [people] how you would want to be treated" and "It's about what they want and not what we think they should have".

People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in the office to make sure they were accessible to staff. A relative told us that confidential information was always discussed away from others and only people that needed to know were given information.

Relatives told us that they were able to visit their family members at any reasonable time, they were always made to feel welcome and there was always a nice atmosphere.

# Is the service responsive?

## Our findings

One person told us that if they had any complaint they would speak to the manager. People upstairs in Inglewood told us that they were able to choose which activities they did. One person told us that they “Enjoyed planning treat day”. Staff responded to people’s needs by reacting to changes in their expressions and when their noises changed. For example, one person dropped a maraca which they had been playing with, they alerted staff by making noises. A maraca is a hand held musical instrument. Staff knew the person well and recognised that the person wanted something.

A visiting physiotherapist told us that they visited the service twice a week. Staff explained that the physiotherapist worked with each person in the home with their own movement and exercises plan. The visiting physiotherapist told us, “All staff are involved with the care and I get to know them well”.

Relatives told us that their family members participated in activities such as horse riding, hydrotherapy, going to the library, hovering, dusting and shopping. One relative told us that their family member had been encouraged to leave the home. They explained that their relative had been to the pub, fast food restaurant and the shops had been supported to make and receive calls from them.

There were limited planned activities within the ground floor of the home. A local authority care manager shared that they had noted on several occasions there did not appear to be activities taking place in the ground floor of the home and people were in the lounge watching TV with staff. We observed that at times during our inspection people spent time in the lounge with staff. Some people had a schedule of activities, sometimes these didn’t go ahead as planned. For example, on the day of the inspection one person hadn’t gone to hydrotherapy which was part of their weekly plan. This activity didn’t go ahead because of staff sickness and the late arrival of replacement staff. Staff told us that they felt there could be more activities for people. One member of staff said there was “Not much that really happens” and “There could be more to do.” Another said “With a bit more pushing [people] could do more possibly”. Activities being held in the ground floor of the home during the morning consisted of watching a DVD, listening to music, one person was

supported to use hand held musical instruments such as a tambourine. Because activities were not scheduled, people who lived downstairs in Church Lane did not have adequate stimulation to keep them active and engaged.

The failure to provide activities to meet people’s individual needs was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People upstairs in Inglewood had more opportunity to participate in activities of their choice, they had a computer which was available for them to use with staff support. We observed one person being supported to do a jigsaw in the lounge. However, there was a board outside the kitchen upstairs in Inglewood with space for date, weather, seasons and activities but this was either out of date or had not been completed, which meant that people did not have up to date information about the day.

The minutes of one of the ‘service users’ meetings indicated that people had said they would like more organised group activities. Staff told us that these were very difficult to arrange from a practical point of view, but that individual and small group activities were available to people. We saw evidence that people went swimming, horse riding, shopping and bingo. One person was regularly supported to attend church locally.

No one was registered to vote. The deputy manager told us that senior staff had discussed this and concluded that people would not be interested. This was not discussed with people directly. Accessible information to help people understand about voting was not available, which meant that people were not supported to use their right to vote and be active members of their local community.

Relatives were encouraged to provide feedback about the service provided to their family members. We viewed four completed feedback questionnaires, all of which contained positive feedback about the service. Written comments included, ‘As a family we are delighted with the care our sister is receiving’ ; ‘Very caring and thoughtful staff’ and ‘Church Lane is a well-managed and friendly home providing exceptional care’.

We saw that one person had recently been supported to attend a family member’s wedding and had been accompanied by a support worker for the whole day. The family had written a letter of appreciation which was filed in the person’s records.

## Is the service responsive?

Relatives knew who to talk to if they had concerns and complaints and were confident that any concerns would be addressed. There was a complaints and comments folder that contained the complaints procedure and a few letters of appreciation as well as a log of minor complaints, mainly from neighbours about such issues as parking. The registered manager had responded to these complaints in a timely manner, which had resolved the issues and built stronger relationships with the neighbours. An accessible

version of the complaints procedure was available which described in simple terms and pictures how people should complain. Staff knew how to support people to complain. Where minor complaints had been made, there was evidence that the management team had taken steps to make improvements to the service. One relative told us that they had previously complained to the provider, they said that the provider had listened to their concerns and had made improvements.

# Is the service well-led?

## Our findings

One person told us that they felt they were listened to; they liked the manager and would be happy to talk to him.

Relatives told us that they had confidence in the management team. One relative explained that the registered manager participated in regular reviews for their family member. One relative told us, “the home seems well run”. Another relative said, “The home is well run” and another said “No faults there at all”.

Staff were positive about the support they received from the senior managers within the organisation. They felt they could raise concerns and they would be listened to. They were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. The home had a clear whistleblowing policy that referred staff to ‘Tell us’ which supported staff to blow the whistle on poor practice. Effective procedures were in place to keep people safe from abuse and mistreatment.

Policies and procedures were available for staff on the computer system and in paper format. Staff signed to say that they had read and understood policies. However, we found that the policies and procedures were many years old. For example, we viewed the health and safety policy which was dated 2004. There was a sheet attached to the policy which staff had signed in 2015 to say that they had read the policy. One deputy manager told us that the most up to date policies were available on the computer system. We checked these and found that these were dated between 2009 and 2012, which meant that they had not been updated and reviewed in line with changes in legislation and good practice guidance.

Management of the home was overseen by a locality manager and compliance managers. They were able to engage with people and monitor the management and operation of the home. We viewed the most recent service review which had been carried out on the 26 February 2015 by the compliance managers. The compliance managers checked the home against the five key questions. Is the service safe? Is the service effective? Is the service caring? Is the service responsive and is the service well led? An action plan had been created from the service review, which listed a number of actions for the registered manager. It was clear that some of the actions had been completed, however not all of the actions had been. For example, outstanding items

included ‘An effective filing system needs to be implemented’. We were able to evidence that filing hadn’t been resolved as we found filing cabinets and records stored in hallways and at the bottom of the stairs. The actions did not specify dates to be compliant by and had not been updated to show what had been rectified and when it had been completed.

Audits and checks completed by the management team had not identified out of date policies and procedures and lack of evidence of involvement from people and relatives with planning their care. This evidences that the audit processes in place were not robust.

This failure to ensure policies and procedures and quality monitoring systems and processes are operated effectively was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The deputy manager upstairs in Inglewood carried out a weekly audit of medication records and of monies held on behalf of people. A number of audits were carried out by the provider in order to identify any potential hazards and ensure the safety of the people. This included health and safety audits. We checked areas of the home that had been included in these audits and found that actions had been taken when it was identified that actions were required. For example, when automatic door closing devices had failed to activate during a routine fire alarm test, these were reported and fixed.

Staff were clear about the aims and objectives of the home, which are to offer a personalised, individual service, to ensure people have choices and independence. They told us that people were supported “To have as much independence as possible” and that they wanted them to “Be happy”. One staff member said “We take it seriously. It’s their [people’s] lives and we are here to look after them”. One staff member said one of the aims was to “See each person as an individual, catering the support to give them a fulfilling life, offering new experiences and giving the level of support that the individual needs”.

Staff told us they felt valued, they felt there was an open culture at the home and they could ask for support when they needed it. A staff member told us, “There is an open culture, people [staff] feel comfortable to express their views” and “There is good team work including the agency staff”. Staff told us that the registered manager had an open door policy.

## Is the service well-led?

Staff communicated well with each other regarding the needs of people. There was a communications book in which staff wrote important messages. New staff coming on shift read this book prior to starting work. Handovers between shifts were comprehensive including an update on people's activities and health needs and a plan for the next shift. Written records of support given were comprehensive. People's appointments were logged in a diary.

The management made efforts to involve the local community in the home. The manager had written a letter to neighbours informing them of changes to the home, maintenance planned and undertaken, and inviting them to visit the home and have a cup of tea with people and staff if they wished.

One deputy manager told us that they carried out regular staff supervision and carried out observations of staff working with people and have provided feedback to staff about their interaction. The registered manager and deputy manager explained that staff responsible for administering medicines were observed regularly to ensure that they were still competent to carry out this task.

The registered manager demonstrated that they had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries and abuse, as these had been made in a timely manner. The registered manager explained that they had good support from their manager.



This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

**The provider was failing to provide activities to meet people's individual needs.**

Regulation 9 (1) (a) (b) (c)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**The provider had failed to ensure that people were safe from risks relating to the building and works being carried out.**

Regulation 12 (1) (2) (a) (b) (d)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**The provider had failed to ensure that policies, procedures and audits had been established and operated effectively.**

Regulation 17 (1) (2) (a) (b)