

FitzRoy Support

Boldshaves Oast

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection carried out on 15 and 16 December 2016. The previous inspection on 3 November 2015 found breaches in risk and medicine management, appropriate support, supervision and training for staff, understanding and implementing the Mental Capacity Act 2005, care plan records, effective quality monitoring systems and reporting notifiable events to the Commission. The provider had taken significant action to address these shortfalls.

Boldshaves Oast is registered to provide accommodation for up to fifteen adults with a learning disability, because none of bedrooms are used as double rooms the maximum number of people that can be accommodated is 14. The main building is a converted Oast where there are eight bedrooms set over three floors. There is a purpose built log cabin where two people's bedrooms are accommodated. In addition there is another self-contained log cabin and a cottage where two married couples live. The service is situated down a quiet country lane, one and a half miles from the village of Woodchurch. Only one bedroom is suitable for a person with poor mobility. All bedrooms had ensuite facilities or sole use of a nearby shower or bathroom. There is a parking area along the driveway of the service. There were no vacancies at the time of the inspection.

The service has a registered manager. 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.

People were not fully protected by safeguarding procedures as incidents were not always properly reported to the local safeguarding team. Recruitment records lacked evidence that full checks had been carried out to ensure staff were suitable in order to protect people.

Quality assurance and monitoring systems had not been effective in identifying shortfalls found during this inspection. Relatives had not received feedback in relation to their comments about the service or how these may have been used to drive improvements.

People received their medicines when they should. Risks were assessed and staff took steps to keep people safe whilst encouraging their independence wherever possible.

People were involved in the planning of their care and support. Care plans contained adequate information about people's wishes and preferences. People had reviews of their care and support where they and/or their representatives were able to discuss any concerns or aspirations.

People were supported to make their own decisions and choices and these were respected by staff. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received training in the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to

assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager demonstrated they understood this process to ensure the principles of the MCA were followed.

New staff underwent an induction programme, which included shadowing experienced staff. Staff received training relevant to their role. Staff had opportunities for one to one meetings and team meetings, to enable them to carry out their duties effectively. Some staff had gained qualifications in health and social care. People had their needs met by sufficient numbers of staff. Staff rotas were based on people's needs, health appointments and activities.

People were relaxed in staff's company and staff listened and acted on what they said or gestures, noises and body language. People were treated with dignity and respect and their privacy was respected. Staff were kind and patient in their approach and often used good humour where appropriate. Staff had built up relationships with people and were familiar with their life stories and preferences.

People had a varied diet that met their needs. Some people were involved in planning the menus, shopping, preparing and cooking meals. Staff encouraged people to eat a healthy diet. People had a varied programme of interactive and leisure activities and often went out and about into the community.

People were supported to maintain good health and attend appointments and check-ups. Appropriate referrals were made to health professionals when required. People did not have any concerns, but felt comfortable in raising issues. Complaints had been taken serious and were used to improve the service. People's and relatives feedback was gained both informally and formally. The registered manager had an open door policy and people were confident in approaching the registered manager to talk about anything that bothered them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People were not fully protected by safeguarding procedures as incidents were not always properly reported to the local safeguarding team.

Recruitment records lacked evidence that full checks had been carried out to ensure staff were suitable in order to protect people.

People received their medicines when they should and safely.
People had their needs met by sufficient numbers of staff.

Is the service effective?

Good ●

The service was effective.

Staff followed the principles of the Mental Capacity Act 2005.
People were supported to make their own decisions and staff offered people choices to enable this.

People received care and support from staff that were trained and supported.

People had adequate food and drink and their dietary needs were met.

People's health was monitored closely and appropriate referrals made to health professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect and staff adopted a kind and caring approach.

Staff supported people to maintain their independence.

Staff took the time to listen and interact with people so that they received the care and support they needed. People were relaxed

in the company of the staff and communicated happily.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support and their care plans reflected their preferred routines.

People had opportunities for a variety of work and leisure activities and enjoyed trips out into the community.

People did not have any concerns. Any complaints had been investigated and used to make improvements. The service sought feedback from people and their relatives both through care review meetings and surveys.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Quality assurance and monitoring systems had not been effective in identifying shortfalls found during this inspection.

Relatives had not received feedback in relation to their comments about the service or how these may have been used to drive improvements.

The registered manager and staff worked well as a team to help ensure people received quality care and support.

Boldshaves Oast

Detailed findings

Background to this inspection

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

This inspection took place on 15 and 16 December 2016 and was unannounced. The inspection carried out by one inspector.

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. Prior to the inspection we reviewed this and other information, such as the previous inspection report, we held about the service, we looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we reviewed people's records and a variety of documents. These included three people's care plans and risk assessments, three staff recruitment files, staff training and supervision, rotas, medicine, servicing and maintenance checks and quality assurance records.

We spoke with eight people who used the service, the registered manager and eleven members of staff.

Following the inspection we received feedback from three health and social care professionals who had had contact with the service.

Is the service safe?

Our findings

People told us they felt safe living at Boldshaves Oast and received their medicines when they should.

There were good interactions between staff and people, and people were relaxed in the company of staff. Staff were patient with people giving them time to make their needs known. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions of abuse or allegations. There was a clear safeguarding and whistle blowing policy in place, which staff knew how to locate. However records of incident monitoring showed that some incidents had taken place, which should have been reported under safeguarding procedures and they had not. One professional talked about an incident and the timing of reporting and also felt this was an area that required improvement.

The provider had failed to implement correct safeguarding procedures and report incidents of abuse. This is a breach of Regulation 13 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always protected by robust recruitment procedures. We looked at three recruitment files of staff that had been recruited since the last inspection. Recruitment records did not include all the required pre-employment checks to make sure staff were suitable and of good character. Two files had no evidence that staff were physically and mentally fit to undertake the role and one file did not contain a full employment history allowing the provider to make a sound judgement that these staff were suitable for the role.

The provider had failed to ensure that recruitment information was available in relation to staff employed as specified in Schedule 3. This is a breach of Regulation 19 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Incidents and accidents had been clearly recorded. The registered manager told us any incidents or accidents were reported to the health and safety department who checked the action taken to reduce the risk of further occurrences and looked for any trends and patterns.

At the previous inspection we found shortfalls in the way medicines were managed and the provider had taken steps to address the shortfalls identified during that inspection.

There was a clear medicine administration procedure in place. Staff had received training in medicine administration and following this their competency was checked by senior staff.

The registered manager had identified a number of low level medicine errors during audits that had been carried out. Procedures had recently been changed so that a dedicated person now had responsibility for administering medicines to each person who required them and they were supported by a second trained person. During the inspection medicine administration followed a safe practice. Staff were patient and administered medicines at the person's own pace.

Staff checked the medicines when they arrived into the service and these checks were recorded on the Medication Administration Record (MAR) chart. MAR charts showed that people received their medicines according to the prescriber's instructions. There were systems in place for returning unused medicines to the pharmacist and for when people made day trips out.

The registered manager had reduced stocks of 'over the counter' and 'homely remedies' medicines since the last inspection. Medicines that were purchased over the counter were specifically for an individual person. The homely remedies stock now only consisted of paracetamol, these were a stock of medicines that were held in case of an emergency, such as for pain relief and could be used by any person. The local doctor's surgery had authorised for both types of medicines to be administered alongside people's prescribed medicines. The registered manager told us that the other doctor's surgery that people used had also authorised their use, but this record was not seen.

Where people were prescribed medicines on a 'when required' or 'as directed' basis, for example, to manage skin conditions, there was clear individual guidance for staff on the circumstances in which these medicines or topical medicines were to be used safely and when they should seek professional advice on their continued use.

New storage arrangements had been put in place for most people's medicines. They had individual medicine cupboards within their own room to enhance their privacy and dignity at the time of administration. The registered manager told us those that did not have this facility at the time of the inspection had cupboards on order. Some medicines prescribed orally and topical medicines to be applied were stored together, which is not good practice as recommended by the Royal Pharmaceutical Society and following discussions the registered manager agreed to change this. Temperature checks were taken daily on storage facilities and recorded to ensure the quality of medicines used.

At the previous inspection we found that most risks associated with people's care and support had been assessed and there were procedures in place to keep people safe. For example, the management of finances, vulnerability to abuse, using the kitchen and accessing the community. However there had been some risks that had not been assessed previously, some required clearer information and others required review or updating to ensure risks were mitigated and people were kept safe. Since the last inspection a new format for risk assessment had been introduced and this now provided better guidance for staff on how to keep people safe.

People benefited from living in an environment and using equipment that was well maintained. There were records to show that equipment and the premises received regular checks and servicing, such as checks for fire alarms and fire equipment, the boiler and electrical items. People told us they were happy with their rooms and everything was in working order. Repairs and maintenance were dealt with by the handyman and staff told us when there was a problem things were fixed fairly quickly. Since the last inspection some people had had their bedrooms redecorated, choosing the colours, and had new flooring, new fitted wardrobes, an ensuite had been refurbished and another retiled and additional supports had been fitted to the stairs to keep people safe.

People had their needs met by sufficient numbers of staff. People and staff felt there were sufficient numbers of staff on duty. During the inspection staff responded when people approached them and were not rushed in their responses when supporting people. There was a staffing rota, which was based around people's needs, health appointments and their activities. There was a minimum of six staff on duty during the morning and five during the afternoon/evening. These numbers could increase between 2.30pm and 4pm as staff handed over and changed shifts. There were two members of staff on duty at night, one of

which was a wake night. In addition there were activity therapists that supported people with activities held on site, such as photography, gardening and woodwork. There was an on-call system covered by management. The service used outside agency and existing staff to cover any sickness or leave. At the time of the inspection there were no staff vacancies and three new staff were commencing work the week following the inspection.

Is the service effective?

Our findings

People told us they were happy living at the service. One person said, "This is a very good place to be".

Health care and social professionals felt staff had a good understanding and knowledge of people and their care and support needs. One professional told us their advice was always listened to and followed up.

Staff chatted to people positively when they were supporting them with their daily routines. Staff talked about how people's communication and interactions had developed.

People reacted or chatted to staff positively when they were supporting them with their daily routines. Staff were heard offering choices to people throughout the inspection. For example, what they wanted to eat or drink, whether they wanted any more to eat, where they want to have their lunch, whether they wanted to go out and what they wanted to do.

Care plans contained information about how people communicated. For example, 'I can communicate my need if you ask me a question and give me a choice, but I will need time to answer'. 'I can use Makaton/sign, but am better if you show me a picture. My understanding is high, but my speech is limited to one or two words together' (Makaton is a language programme using signs and symbols to help people to communicate). This was reflected in staffs practice during the inspection. Staff used different approaches with people, sometimes using banter and other times speaking gently. Staff were patient and not only acted on people's verbal communication, but people's facial expressions, noises and gestures.

At the previous inspection the provider had failed to ensure that staff had an embedded understanding and practices, which met the principles of the MCA 2005 and the provider, had taken steps to address the shortfalls identified during that inspection.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager was aware of their responsibilities regarding DoLS and there were two DoLS authorisations in place, where people were restricted. The registered manager was continuing to look at least restrictive options and as a result assisted technology in the way of two epilepsy alarm/monitors were on order.

People's consent was gained by staff talking through their care and support at the time or by staff offering choices. One person told us, "I make all my own decisions". The registered manager told us staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff had been involved in recent best interest discussions including the treatment for one person and demonstrated they

understood the process to be followed.

At the previous inspection the provider has failed to ensure staff received appropriate support, training and supervision and the provider had taken steps to address the shortfalls identified during that inspection.

Staff understood their roles and responsibilities. Staff told us they had completed an induction programme, which included attending training courses, completing on-line training and shadowing experienced staff.

The registered manager told us the induction met the specification of the Skills for Care Certificate. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life.

Staff received training relevant to their role and this included first aid, nutrition and food hygiene, safeguarding vulnerable adults, fire safety, infection control, health and safety, equality diversity and inclusion, medicine administration, moving and handling, awareness of mental health, dementia and learning disability, supporting people with an autistic spectrum condition and positive behaviour support. Training was periodically updated and the registered manager told us further training in dementia and Makaton was planned. Staff felt the training they received was adequate for their role and enabled them to meet people's needs.

The service had 22 care staff and five had achieved a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff generally felt supported and received opportunities for support and supervision. Most staff had received a one to one meeting with their manager recently. Some of the support staff received was achieved in an informal way as the deputy manager and registered manager operated an open door policy and spent time within the main house. Staff felt the registered manager was on the whole available to discuss any concerns or issues. A new appraisal system was being introduced by the provider in January 2017 where staff would have another the opportunity to discuss their learning and development more formally. Team meetings were held where staff discussed people's current needs, good practice guidance and policies and procedures.

People had access to adequate food and drink. Where people were at risk of poor nutrition or hydration their food and fluid intake was monitored, some people had been prescribed meal supplements and people's weight was also monitored. Staff encouraged a healthy diet and people told us the meals "were very very good". Three people's meals were planned in line with advice and guidance from health professionals and staff used their knowledge of people's likes and dislikes where they were unable to make a choice. Others were asked each week for menu suggestions and staff told us photographs or pictures were used to aid the variety of meals. Most people's main meal was served in the evening with a light meal or sandwiches at lunchtime, some people had two cooked meals a day to aid their calorie intake as well as fortifying their diet with full fat milk and cream. During the inspection some people made their own lunch or drinks or were supported to help with meal preparation and cooking. Lunch was relaxed with people coming in from activities, choosing what to have to eat and eating their lunch where they choose. The record of food showed people had a varied diet. People used adapted cutlery and plate guards to aid their independence when eating. Some people had a soft diet or their food cut into bite size pieces and their liquids thickened. Celiac and gluten free diets were catered for.

People's health care needs were met. People had access to dentists, doctors and opticians. A chiropodist visited the service regularly. People told us if they were unwell the staff contacted the doctor and either an appointment or visit was arranged and we saw this to be the case during the inspection. One person had been unwell and had a doctor's appointment during the inspection. Another person had recently visited the doctor for a skin complaint. Appropriate referrals had been made to health professionals. For example, one person had recently been visited by an occupational therapist; another had attended the memory clinic. People's health needs were monitored. Any health appointments were detailed clearly including outcomes and any recommendations, to ensure all staff were up to date with people's current health needs.

Is the service caring?

Our findings

People told us staff listened to them and acted on what they said and this was evident from our observations during the inspection. People said they liked the staff and they were kind and caring. One person told us, "I like it here it is special and we are like a family". During the inspection staff took the time to listen and interact with people so that they received the support they needed. People were relaxed in the company of the staff, smiling and communicated happily, sometimes with banter and laughter and other approaches involved staff reacting to noises and gestures or sitting quietly encouraging people. For example, to eat their lunch or look at a book.

Health and social care professionals felt staff were caring. One health professional told us, "The staff always care for the residents with compassion and good humour. The residents seem happy and well cared for by all staff and it seems to be an enjoyable place to live and work".

The atmosphere within the service during the inspection was busy and very lively with people relaxed and engaged, followed by periods of quiet when most people went out to activities or the local community. When people were at home they were excitedly talking with staff and the registered manager about events coming up and what they would wear, such as at the Christmas party. This was held on the first evening of our visit at one of the activities people attended. There was also a family and friends Christmas party, which was being held the day after our inspection and visits people were going to be making to their family over Christmas.

People had been involved in decorating the Christmas tree in the dining room, which looked lovely and displayed many things people had made in art and craft sessions, each one had a label to say who had made it.

Staff supporting people at lunchtime demonstrated a patient and caring nature. Staff explained to people what they had on their plate for lunch talking quietly to them as they ate their lunch and people's facial and body language showed they were relaxed and happy. Staff gently reminded a person not to put too much food in their mouth at one time and to finish what they had in their mouth before having any more. One staff member used a hand over hand technique to initially encourage a person to eat their lunch. People were encouraged to eat independently as much as possible and then may have received some support from staff to help ensure they ate enough. One person left the table leaving their food, staff intervened although at this point the person could not be persuaded back so staff sat with them looking at a book and then later attempted successfully to get them back to the table and eating. Staff offered assistance to people, but were respectful when they declined. One person was keen to complete their food diary as soon as they had finished their lunch and staff supported them with this when they asked.

Staff were attentive and responded when they saw a person required support so they did not have to wait. We saw staff supporting a person from their dining chair into their wheelchair. They were patient, went at the individual's own pace and explained clearly what was happening and what they needed the person to do independently so the transfer was undertaken safely.

The service had received some compliments about the care and support provided. Comments included, '(Person) is in good hands with you so very many thanks to all the staff at Boldshaves' and 'I thought (person's) review went very well and wanted to thank you very much for your support and input. It is a great comfort to me to know that (person) is loved and well looked after'.

People confirmed that they were able to get up and go to bed as they wished and have a bath or shower when they wanted. People were able to choose where and how they spent their time. During the inspection one person was encouraged to attend an activity but decided against this. People accessed the house as they chose and some prepared their own or were supported in preparing their lunch. There were areas where people were able to spend time, such as the lounge, two dining areas and two people had summer houses in the garden as well as each person having their own room. One of the summerhouses was used for a person to play their drums, so they did not disturb others. There were two married couples living at the service and they had their own self-contained properties within the grounds. Rooms were decorated to people's choice. People told us staff knocked on their door and asked if they could come in before entering. Bedrooms were individual and reflected people's needs, hobbies and interests. When people required support with personal care they were assisted to the privacy of their own room. Medicines cabinets were situated in people's bedrooms, to enhance people's privacy when they were taking their medicines.

People's care plans contained some information about their life histories and about their preferences, likes and dislikes. They also contained information about the person's family and people were supported to visit or stay with their family as well as families visiting Boldshaves Oast. People's care plans detailed people's preferred names and we heard these being used during the inspection.

Staff were knowledgeable about people, their support needs, individual preferences and personal histories. This meant they could discuss things with them that they were interested in, and ensure that support was individual for each person. One staff member offered a person bacon for lunch because there was some in the fridge and they knew they liked it, the person was offered a drink and wanted it in a particular cup and staff knew which one this was. Staff were able to spend time with people and during the inspection we saw staff sat with people whilst they had their lunch and also whilst they were doing preparing vegetables around a table.

During the inspection it was apparent that people had forged friendships with other people living at the service. One person was talking about having their hair in a ponytail with a ribbon and another person told them how nice it looked. Other people had developed their skills, such as one person had been encouraged to visit their family independently, which they had not done before. Records showed that people were supported to maintain telephone contact with their friends and family.

People's independence was maintained. People had a house day where they were supported, in some cases with lots of encouragement, to clean their room, do their laundry and other household chores. During the inspection some people made their own lunch or drinks. People helped with clearing tables, loading the dishwasher and washing and drying up. Health and social care professionals felt that staff promoted people's independence. One health professional told us, they often "witnessed residents cleaning their rooms, gardening, cooking, doing laundry, putting the bins out and various other jobs, which are part of everyday life. The residents seem to enjoy these opportunities and are encouraged to carry them out to the best of their abilities".

Throughout the inspection staff talked about and treated people in a respectful manner. One health professional told us, "The needs of the residents are always paramount and in my experience they are treated with dignity and respect by all staff". Some of the staff were long standing team members with a

number of years' service, enabling continuity and a consistent approach by staff to support people. Care records were kept individually for each person to ensure confidentiality and held securely.

One member of staff was a dementia friend. Signing staff up as a dementia friend is a national government funded initiative to improve people's particularly the general public's understanding of dementia.

Staff told us at the time of the inspection that most people who needed support were supported by their families or their care manager, and no one required any advocacy services. Information about advocates, self-advocacy groups and how to contact an advocate was held within the service, should people need it.

Is the service responsive?

Our findings

People told us they were involved in planning their care and had regular review meetings to discuss their aspirations and any concerns. They talked about how family had attended their review meeting along with their care manager.

No one had moved into the service for some years. The registered manager had talked us through previous admissions, which had included an assessment of the person's needs, whilst visiting them in their own surroundings and obtaining information from professionals and family involved in their care and support. Following this the person was able to "test drive" the service by spending time, such as for meals or an overnight stay, getting to know people and staff. Pre-admission assessments were used when developing care plans as well as discussions with people and their families and observations.

At the previous inspection care plans were not all up to date and lacked information about people's preferences and wishes in relation to how they wanted to receive their care and support. They also lacked detail in some areas about what people could do for themselves and what support they required from staff. At the last inspection staff had started to implement a new format care plan introduced by the provider. This contained better detail than the existing care plans, but still require a little work.

The existing care plans had been updated since the last inspection and reflected an accurate account of people's care and support needs although information within them was not always easily found. Care plans reflected the care and support people received during the inspection. Staff were very familiar with people and their care and support needs. They were able to tell us about people's individual preferred routines and their current care and support needs in detail and how people received their care and support in line with these.

Two people had the new format care plans in place. These were very detailed and contained good information about people's wishes and preferences. People had been involved in developing their care plan where possible and staffs knowledge had also been used. Care plans contained details of people's preferred routines, such as a step by step guide to supporting the person with their personal care in the morning and evening. This included what they could do for themselves and what support they required from staff. The registered manager told us each person had a new type care plan, but those that had not yet been implemented required a small amount of further information, they told us all new care plans would be in place by the end of December 2016.

People had a programme of activities in place, which they had chosen or were based on their known likes and dislikes. Some people had jobs including at a farm, in a supermarket and at a local care home. Activities included gardening, reflexology, shopping, swimming, horse and carriage riding, football and trampolining, sensory, reflexology, discos, cycling, walks, dance, art and craft, photography, woodwork, attending the local church service and other local clubs, music and television. Recent outings had included Christmas shopping trips to various places, a fish and chip lunch, a trip to a park and a trip to the local reindeer centre. During the inspection most people were out participating in various activities and came back talking

enthusiastically about what they had done. One person showed us a lovely piece of craft work that they had done another person showed us a Christmas tree decoration that they had made and the Christmas tree in the dining room was decorated with lots of lovely decorations people had made. One social care professionals told us, staff are "Very creative and very focused on people and their interests".

People told us they would speak to the registered manager or staff if they were unhappy, but did not have any concerns. They felt sure any problems would be sorted out. Staff told us people would either say they were unhappy or display behaviours that may include staff using a process of elimination to resolve what was wrong. There had been one complaint since the last inspection, which had been investigated and resolutions were being put in place and monitored. There was an easy read complaints procedure so people would be able to understand the process. The office door was always 'open' and people certainly took advantage of this during the inspection. The registered manager told us that any concerns or complaints were taken seriously and were used to learn and improve the service.

People had opportunities to provide feedback about the service provided. People had review meetings where they and their families could give feedback about the care and support and the service provided. People had weekly discussions around meals and menus and monthly meetings to talk about any concerns, their room and things they would like to do. The provider had sent out surveys to relatives and staff within the last year and another was due to go out shortly.

Is the service well-led?

Our findings

People felt the service was well-led and well organised.

Health and social care professionals felt the service was well-led. One social care professional felt the registered manager and deputy manager had a very good understanding of people's needs and were knowledgeable about them. One example they gave was the opportunity for a person to do yoga to work on their breathing to relax and decrease their anxiety.

At the previous inspection quality monitoring systems in place had failed to drive improvements effectively and the provider had failed to keep complete and accurate records.

The service had registered under Fitzroy Support on 27 May 2015 and since that time there had been a period of many changes and adjustment. Further changes had been made since the last inspection and new systems, policies and procedures continuing to be put in place and embedded into daily working, which have resulted in significant improvements since the last inspection, although further work was required as there were areas where quality monitoring systems have not been robust enough to ensure staff were following proper procedures.

The provider's system for monitoring incidents and accidents was in place and a report sent monthly to the health and safety department. However this quality monitoring had not identified that incidents that should have been reported to the local safeguarding team had not. Shortfalls in recruitment records had also not been identified during quality monitoring audits.

The provider had failed to have robust systems and processes to monitor and improve the quality of services and mitigate risks relating to the health, safety and welfare of people. The above is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had requested feedback on the services provided from relatives in 2015 although there was no evidence that their comments had been used to drive improvements. The registered manager told us to date there had been no feedback from head office regarding the results either to the service or to those that completed surveys. The registered manager told us that the provider intended to send out further surveys to relatives in the new year. The registered manager had recently received feedback from the 2015 staff surveys, which they told us were generally were positive. Further surveys had already been sent out to staff. This area we have identified for improvement.

People had previously received a service user guide. This was an information booklet so people knew what they could expect from the service. They also had a contract with the previous provider. An information pack/contract with Fitzroy Support was being prepared for each person and the registered manager told us that these would be completed by the end of December 2016 as they were part of people's care plan, this meant people would have up to date information about the service and what they could expect to receive

under their contractual arrangements with the provider.

Since the last inspection the provider had had a management reorganisation and the registered manager was now also legally responsible for another service in the village owned by the provider. The registered manager told us they spent approximately four days a week at Boldshaves Oast. They were supported by a deputy manager who worked full time in the office. People knew the registered manager and deputy manager and felt both were approachable. The registered manager and staff had worked together as a team to support each other and implement all the changes and develop the new care plans. People said of the registered manager, "He's good" and "does a wonderful job and very caring". One health professional told us, "In all my dealings with (registered manager), I have found them to be very professional and caring and I would have no hesitation in approaching them if I had any concerns about the staff or residents at Boldshaves Oast".

Senior management undertook quality assurance visits and reports were available. We saw that reports showed that the last visit by senior management had been September 2016 although a telephone quality monitoring audit had taken place in November 2016. The last report showed that progress and improvements continued to be made and a plan to address the identified shortfalls was in place. The provider contracted with Kent local authority and a visit had been made by their commissioners in November 2016 and the service was awaiting their report. The Environmental Health Officer had visited and the service had a 4 star rating (5 star is the highest).

Checks and audits were carried out within the service to monitor quality and to identify how the service could be improved. This included regular checks on temperatures, such as water, food and fridge freezers. Medicine, health and safety and vehicle checks were also made, to help ensure people remained safe.

The provider had a set of values, which were displayed within the service. These were: 'We see the person, we are brave and we are creative'. The vision of the provider was that people were treated as equals, regardless of their disability. Their mission was to transform the lives of people with a learning disability by supporting them to lead the lives they choose. We observed staff displaying these behaviours during our inspection, particularly in their commitment to the individual people they supported.

Staff understood their role and responsibilities and felt they were supported. One staff member told us, "(The registered manager) is very caring and we can go to them and the service users like them". Staff had team meetings, supervisions and handovers where they could raise any concerns and were kept informed about the service, people's changing needs and any risks or concerns. There were systems in place to monitor that staff received appropriate training and reports were printed during the inspection of training that was outstanding to each staff member, but it was not possible during the inspection to ascertain when staff had last completed the specific training session. This is an area we have identified for improvement.

The provider was accredited, linked to schemes and members of associations, which helped to drive improvements and keep abreast of best practice. These included Driving Up Quality, Positive about Disabled People, Investors in Peoples and the Fundraising Standards Board. The registered manager attended regular managers meetings, which were also used to monitor the service and keep managers up to date with changing guidance and legislation.

Staff had access to policies and procedures online. These were reviewed and kept up to date by the provider. Any updates were relayed to staff via their online training system. Records were stored securely and there were minutes of meetings held so that staff and people would be aware of up to date issues within the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to implement correct safeguarding procedures and report incidents of abuse. Regulation 13(2)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to have robust systems and processes to monitor and improve the quality of services and mitigate risks relating to the health, safety and welfare of people. Regulation 17 (1)(2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure that recruitment information was available in relation to staff employed as specified in Schedule 3. Regulation 19(2)(3)(a)