

FitzRoy Support Boldshaves Oast

Inspection report

Frogs Hole Lane
Susans Hill
Woodchurch
Kent
TN26 3RA
Tel: 01233 860039
Website: www.example.com

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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

This was the first inspection of this service since it registered under Fitzroy Support. The inspection was undertaken on 3 and 4 November 2015, and was an unannounced inspection.

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.

Summary of findings

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 told us they received their medicines safely and when they should. However we found shortfalls relating to some medicine guidance and storage.

Most risks associated with people's care and support had been assessed, but the level of detail recorded in the risk assessments or on related records was not sufficient to ensure people always remained safe.

People were supported day to day to make their own decisions and choices and these were respected by staff. Some staff had received training in the Mental Capacity Act (MC) 2005 and Deprivation of Liberty Safeguards. 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 and some staff did not fully understand understood this process. Capacity assessments had not been undertaken and where people's liberty was restricted Deprivation of Liberty Safeguarding applications had not been submitted, to ensure least restrictive practices where in place.

Since the service had been registered there had been a delay in the delivery of training and refresher training, this had resulted in considerable shortfalls in staff training. Staff said they felt well supported, but had not received regular one to one meetings with their manager.

Care plans lacked detail about how people wished and preferred their care and support to be delivered or what independence skills they had in order for these to be encouraged and maintained. People's health was closely monitored, but staff were not always proactive in contacting professionals for advice and guidance.

Audits and checks were in place and in most cases identified shortfalls that required improvement. However the improvements were not always made in a timely way despite being given a priority status.

People felt safe living at the service. There was sufficient staff on duty to meet the needs of people and staff were caring and kind.

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. People freely accessed the service and spent time where they chose.

People had a varied diet and were involved in planning the menus. People did a variety of activities that they had chosen, regularly accessed the community and had their independence encouraged.

People did not have any concerns, but felt comfortable in raising issues. Their feedback was gained both informally and formally.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end 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 always safe.

People were given the medicines they needed at the right times, but some guidance to medicine administration and storage required improvement.

Most risk had been assessed but assessments did not contain sufficient detail to ensure people always remained safe.

People were protected by recruitment procedures and there were sufficient numbers of staff on duty to support people.

Requires improvement



Is the service effective?

The service was not always effective.

People's rights had not always been protected by proper use of the Mental Capacity Act.

There was a delay in staff receiving some mandatory and refresher training, which had resulted in considerable shortfalls in staff training, to ensure their knowledge and practice was up to date. Staff felt well supported, but lacked opportunities to have one to one meetings with their manager.

People's health was closely monitored, although staff were not always proactive in contacting professionals for advice and guidance. People had adequate food and drink and were involved in planning the meals.

Requires improvement



Is the service caring?

The service was caring.

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

Staff supported people to maintain and develop 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.

Good



Is the service responsive?

The service was not always responsive.

People received personalised care. However their care plans did not reflect their preferred routines or people's skills in order to promote their independence.

People had a varied programme of activities, which they had chosen. People enjoyed trips out into the community.

Requires improvement



Summary of findings

The service sought feedback from people and their relatives both informally and through care review meetings. People did not have any concerns.

Is the service well-led?

The service was not always well-led.

The level of detail in some records was not always sufficient to reflect people's wishes and preferences or keep them safe.

Audits and checks were in place to ensure the service ran effectively. However these were not always effective in identifying shortfalls and shortfalls that were identified were not always dealt with in a timely way.

The service had failed to notify the Commission of an incident that should have been reported.

There was an open and positive culture within the service, which focussed on people.

Requires improvement



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 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 3 and 4 November 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this information,

and we looked at any 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.

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

We observed staff carrying out their duties, communicating and interacting with people to help us understand the experiences of people. We reviewed people's records and a variety of documents. These included three people's care plans and risk assessments, medicine administration records, the staff training and supervision records, staff rotas and quality assurance surveys and audits.

We contacted six health and social care professionals who had had recent contact with the service and received feedback from two.

Is the service safe?

Our findings

People told us they felt safe living at Boldshaves Oast and received their medicines when they should. However we found shortfalls in the area of medicine management.

There was a policy in place, which gave staff guidance on how to manage medicines safely. However we found that the policy described some medicines as 'over the counter medicines (homely remedies)'. These medicines are not the same so this could be confusing for staff particularly as both types of medicines were present in the service. An over the counter medicine is purchased by an individual to use for their sole purpose and a homely remedy is a medicine purchased by the service to hold in stock for people living in the service to use in emergencies, such as pain or a cold. A list of homely remedies signed by one doctor's surgery did not reflect the stock held by the service. Some over the counter topical medicines were found during the inspection although there was no evidence these had been authorised by a doctor or pharmacist as safe to administer. The registered manager removed these during the inspection.

Where people were prescribed medicines on a 'when required' basis, for example, to manage skin conditions or constipation, there was some guidance in place for staff on the circumstances in which these medicines or topical medicines were to be used. However not all medicines prescribed 'when required' had guidance in place and some guidance that was in place required further information to ensure staff were clear about their safe administration.

People's care plan did not always reflect the medicines people were taking. For example, one care plan stated that a person was prescribed a medicine to manage their agitation. However staff told us that this was no longer the case and this was confirmed by the Medication Administration Record (MAR) chart.

Some people had topical medicines stored in their ensuite bathrooms although there were no risk assessments in place to ensure this was safe both for the person and others accessing their room.

Medicines were stored securely and at the right temperature to ensure the quality of medicine people

received. However medicines prescribed orally and topical medicines to be applied were stored together. This is not good practice as recommended by the Royal Pharmaceutical Society or in line with the provider's policy.

Most risks associated with people's care and support had been assessed and there were procedures in place to keep people safe. For example, management of finances, vulnerability to abuse, alcohol, using the kitchen, knives, kettle and cooking, woodwork, fire and accessing the community. However not all risks had been assessed, some required clearer information and others required review or updating to ensure risks were mitigated and people were kept safe.

One person required assistance with moving and handling, although there was no clear guidance about how staff should do this safely. We saw staff assisting this person to walk, but although the registered manager told us staff used a handling belt to assist the person to walk this was not used and another member of staff also told us they had walked with the person without using the handling belt. This meant that the person and staff may be at risk because proper and safe ways of assisting the person were not consistently used.

People had epilepsy, but risk assessments lacked information to keep people safe. Staff told us one person had three different types of seizures, but these were not described within a risk assessment or the care plan. The person was prescribed two types of medicines to help manage their seizures, but the guidance in place was confusing. We asked staff to explain the guidance and they found it confusing and told us they would contact the registered manager if the situation arose. This meant staff might not take the proper action to keep this person safe in a timely way.

Records showed that one person had had an incident of choking, which was dealt with effectively by staff. An incident report was completed and reviewed by the registered manager. However this did not trigger an assessment of the risk of further occurrences of choking even though staff told us they felt this was possible. Another person had had three falls in October 2015, but again this had not triggered a review of their mobility risk assessment, to ensure all actions to reduce the risk of further falling were being taken.

Is the service safe?

The provider had failed to mitigate risks in relation to people's health and safety and proper and safe management of medicines. This is a breach of Regulation 12(2)(a)(b)(g) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected by recruitment procedures. One staff member had been recruited since the service had registered. Recruitment records included the required pre-employment checks to make sure staff were suitable and of good character.

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 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.

People had their needs met by sufficient numbers of staff. People felt there were sufficient numbers of staff on duty. The registered manager told us that staffing hours had been increased. During the inspection staff responded when people approached them and were not rushed in

their responses. There was a staffing rota, which was based around people's needs and their activities. There was a minimum of four staff on duty during the day, but usually this increased to five in the mornings and two members of staff were 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 staff were going through the recruitment process. This meant the provider was undertaking their pre-employment checks before they could start to work at the service.

People told us they felt safe living at Boldshaves Oast and would speak with a staff member if they were unhappy. 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. Some staff had received training in safeguarding adults although refresher training was overdue; 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.

Is the service effective?

Our findings

People told us they were happy living at the service and said, “It’s good” and “I like living here”. People chatted to staff positively when they were supporting them with their daily routines.

Health and social care professionals felt staff always demonstrated a good understanding and knowledge of people and their care and support needs. They said people were treated as individuals. One professional told us that staff always try to create a warm and homely atmosphere for people.

Staff understood their roles and responsibilities. The registered manager told us that the new member of staff had undertaken an induction programme, this included shadowing experienced staff, reading care plans and familiarising themselves with the building and people’s routines.

The registered manager said there had been delays, but the new Care Certificate training had recently become available on line at Boldshaves Oast and that staff would now be able to access the training. The new Care Certificate was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. The registered manager told us that the new member of staff would complete the rest of their induction through the Care Certificate, although this would be well outside of the recommended timescale of 12 weeks from their start date.

Records showed that although staff had access to training relevant to their role, at the time of the inspection there were considerable gaps in mandatory and/or refresher training, such as moving and handling, fire safety and safeguarding vulnerable people. Records confirmed that staff were required to undertake between one and seven courses to enable their practices and knowledge to be up to date and in order to provide safe and effective care and support to people.

The registered manager told us that staff were having their competency in moving and handling checked by them. However they were not a qualified assessor or trainer in

moving and handling and therefore not necessarily competent to undertake this task. This meant that staff practices might not be safe and this may not be identified leaving people and staff at risk.

Care plans we viewed showed that some people understood and could use some Makaton (a sign language) signs. However one staff member told us that none of the staff now used Makaton as they were not trained. Records confirmed this to be the case. A health professional told us that some people had learnt Makaton in the past and they would be able to communicate using this on occasions. They felt it was a “Shame that this avenue of communication was left unexplored”.

The registered manager told us that there had been slippage on staff receiving regular supervision although all but three of the day staff and two night staff had received supervision recently. No other supervision had taken place since the service had been registered, which meant staff and management did not have proper opportunities to review staffs practices or behaviours to ensure they were effective.

The provider has failed to ensure staff receive appropriate support, training and supervision. This is a breach of Regulation 18(2)(a) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us their consent was gained, by themselves and staff talking through their care and support. People were offered choices, such as what to eat and how to spend their time. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found that the registered manager and some staff did not understanding fully their responsibility under the Mental Capacity Act 2005 (MCA) 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. A consent document showed that a person’s next of kin was going to be asked to consent on behalf of the person to several decisions relating to their day to day support. The next of kin did not have any legal powers in place to give this consent. The person’s capacity had not been assessed for each decision

Is the service effective?

required and in discussions with staff we were told that the person would be able to consent to most of the decisions by way of their behaviour. This showed staff did not have an embedded understanding or practices which met the principles of the MCA 2005.

Some people were subject to restrictions although work was on-going at the time of the inspection to reduce these restriction as far as was safe. However although identified by the service that some people were having their liberty restricted, no capacity assessments had been undertaken and no DoLS applications had been submitted by the registered manager.

The provider had failed to ensure that staff had an embedded understanding and practices which met the principles of the MCA 2005. This is a breach of Regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us and records confirmed that they had access to appointments and check-ups with dentists, doctors, hospital, the nurse and opticians. A chiropodist visited the service regularly. People told us that if they were not well staff supported them to go to the doctor. Any health appointments were recorded including outcomes and any recommendations, to ensure all staff were up to date with people's current health needs. When people had been diagnosed with a health condition the staff had obtained information about the condition to inform them and their practice, such as epilepsy. Appropriate referrals had previously been made to health care professionals, such as the community learning disability team, memory clinic, dietician, the continence nurse, psychologists and psychiatrists. However we found that although staff had initially implemented a dietician's advice and guidance this had recently been relaxed to encourage the person to eat, but staff had not checked this or referred back to the dietician. In another case a person had started to display behaviour and although this was being monitored closely, professional advice and guidance had not been sought, although the registered manager did discussed this with a professional during the inspection. This is an area that requires improvement to ensure people's health needs continue to be met.

Since the service had registered seven staff had received training in positive behaviour training. Nine staff were booked to attend a moving and handling course and a SKIP (safe techniques to use when restraining or breaking away) course was booked.

Eight out of the 20 staff team had obtained 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 and the two other staff were working towards this qualification.

Team meetings were held where staff discussed people's current needs, good practice and policies and procedures. Staff said they felt well supported and although they had not been getting regular supervision they knew they could ask for it at any time if they felt the need.

Staff talked about how one person had developed since they had moved to Boldshaves Oast. A staff member told us the individual used to be agitated and cross, but was now more relaxed and hardly ever had an episode of aggression. We observed this to be so during the inspection and records confirmed the reduction in incidents of aggression. Staff and the registered manager felt this was due to a consistent approach used by staff and continuity in members of staff.

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 to eat, whether they wanted to go out and what they wanted to do.

Care plans were put together using words and some pictures. Care plans contained some information about how people communicated. 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 their facial expressions, noises and gestures.

People had access to adequate food and drink. Staff told us no one was at risk of poor nutrition or hydration, they encouraged a healthy diet and people's weight had been monitored. People told us they liked the food. One person said, "We have pie and I like pie". They were asked each

Is the service effective?

week for menu suggestions and we saw these choices were respected. Staff told us photographs or pictures were used to aid the variety of meals. The main meal was served in the evening with a light meal or sandwiches at lunchtime. During the inspection some people got their own lunch or were supported to help with meal preparation and cooking. People said they enjoyed the homemade

pumpkin soup that had been made. Lunch was relaxed with people coming in from activities 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. Celiac and gluten free diets were catered for.

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. 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 lots of laughter and other approaches involved staff reacting to noises and gestures or sitting quietly encouraging people. For example, to eat their lunch.

Health and social care professionals felt staff were very caring. One professional told us they spoke to people in a respectful way and people were relaxed in staffs company. They also said that staff treated relatives in an inclusive way when they visited. Another professional said, “The needs of the residents are always paramount and people are treated with dignity and respect”.

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. Later they given another opportunity to go and although initially it appeared they wanted to go they sat down at the last minute indicating they did not want to go out and this was respected. People accessed the house as they chose and 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. We heard during staff handover that some people chose to spend time alone in their rooms and this was respected. People told us staff knocked on their door and asked if they could come in before entering. Bedrooms were individual and reflected people’s hobbies and interests.

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. 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 some art work around a table.

During the inspection it was apparent that people had forged friendships with other people living at the service and some choose to spend time chatting with these friends, often with the aid of banter. Other people had developed their skills, such as one person had been encouraged to visit their family twice, 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. Two people were involved in making a dish that one of the people had chosen to have for the evening meal. This was three cheese kale pancakes or a minced beef version and both people were involved in preparing vegetables, some of which had come from the garden and whisking the pancakes. We saw that staff showed and explained quietly and patiently how to prepare the vegetables where it was needed. We were told that it turned out well and everyone enjoyed it later. At lunchtime people could have had homemade pumpkin soup, which some of them had made. People also helped with clearing tables, loading the dishwasher and washing and drying up. Health and social care professionals felt that staff gave people new opportunities and encouragement to increase their skills. They had seen people involved in cleaning, gardening, cooking, laundry, putting the bins out and other jobs that were part of everyday life and felt people seemed to embrace and enjoy these opportunities.

Throughout the inspection staff talked about and treated people in a respectful manner. Some of the staff were long

Is the service caring?

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 had needed to access 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 their family attended their review along with their care manager. People had the opportunity to voice any concerns they may have had during their review meeting.

No one had moved into the service for some years. The registered manager talked us through the last admission, 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.

Care plans were present on each person's file. The care plans we viewed were all in different formats and varied in detail. They contained information about people's needs using pictures and words. They covered areas, such as health, medicines, health checks, diet, personal care, hair care, foot care, continence and life skills. However they lacked information about people's preferences and wishes in relation to how they wanted to receive their care and support, to ensure their support was delivered consistently and in the way they wanted. There was no real detail about what people could do for themselves and what support they required from staff, in order to maintain or promote their independence. This meant any new staff or agency staff would need to rely on experienced staff to ensure people received care and support consistently and how they wanted. Care plans also lacked detail about people's mental capacity and whether they had or lacked the capacity to make certain decisions. Some care plans had been signed by people. However one care plan stated that the person was able to write their name and staff told us this person had the capacity to understand their care plan. However the care plan showed no evidence that the care plan had been explained to the individual and they had not signed the care plan as confirmation of their agreement with the contents.

One care plan contradicted information within it. For example, the care plan stated that a person needed full

support with personal care, but other information stated that the person could wash parts of their body themselves with verbal prompts. This contradictory information may lead to the person being deskilled.

One care plan stated that the person presented self-injurious and challenging behaviour, but staff told us they this no longer happened. The care plan also stated that the person expressed feelings through behaviour and did have a few picture signs around the house that they could use, but the registered manager was not aware of these and did not feel there were any. Staff not taking a consistent approach to supporting people can lead to further incidents of behaviour that challenges.

A care plan showed a weekly breakfast menu for one person. This showed they had a different breakfast each day. However staff told us this was not followed and the person chose to have the same breakfast each day, which had benefited the person as they had been able to stop their constipation medicine, although the care plan had not been updated regarding the change in medicine either so it reflected the person's up to date needs.

Staff told us one person did walking exercises each day to aid their mobility, but there was no information about this in their care plan, leaving a risk that exercises might not be done regularly and as they should.

The registered and deputy manager were in the process of implementing a new format care plan which the provider had developed. One care plan using the new format had nearly been completed and the level of detail about people's needs was much better. However we found this still contain statements such as, 'I need support with my continence care', but did not say how the person should be supported according to their wishes and to promote their independence and well-being.

The provider has failed to maintain an accurate and complete record in respect of each person, including a record of the care and support provided to people and decisions taken in relation to the care and support provided. This is a breach of Regulation 17(2)(c) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans reflected the care provided to people during the inspection. It was evident during the inspection that staff were very familiar with people and their care and support

Is the service responsive?

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.

People had a programme of leisure activities in place, which they had chosen or was based on their known likes and dislikes. Some people had jobs including at a farm, in a supermarket, at a packing warehouse and at a local care home. Activities included gardening, reflexology, shopping, swimming, horse and carriage riding, football and trampolining, sensory, discos, cycling, walks, dance, art and craft, woodwork, attending the local church service and other local clubs, music and television. People and staff talked about recent outings and holidays which had included a weekend in Hastings where roller-blading had been great fun and a hotel stay and caravans in the Isles of Wight and a stay at Butlin's, a trip to Ashford to look at the Christmas decorations, a Christmas open evening, Singleton lake, Victoria park, the pub and a garden centre for coffee and lunch. One person had recently got a disabled trike, which they enjoyed as it gave them access to the grounds; another had been purchased for others, in addition to cycles people already had, as these had been so successful. One person told us the best thing about living at Boldshaves Oast was the outside space. 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 art work that they had done and told us they were going to give it to someone as a present.

People told us they would speak to staff or their family 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 would indicate there was a problem. There had been no complaints since registration. There was an easy read complaints procedure so people would be able to understand the process. The deputy manager did some 'hands on' shifts and the office clearly had an open door policy. The registered manager told us that any concerns or complaints were taken seriously and would be used to learn and improve the service.

People had some opportunities to provide feedback about the service provided. People had regular review meetings where they and their families could give feedback about the care and support and the service provided. People had weekly meetings to talk about any concerns, the staff, menus, their rooms and activities. The registered manager was accessible to people who felt they could approach them.

Is the service well-led?

Our findings

The service had registered under Fitzroy Support on 27 May 2015 and since that time there had been a period of change and adjustment. New systems, policies and procedures were being introduced and this continued. At the time of the inspection this was an on-going process with some areas still to be implemented and embedded to ensure a well-led service.

Senior management had undertaken three quality assurance visits and reports were available. We saw that the last report showed that shortfalls we identified during this inspection had already been picked up during a visit on 24 September 2015 and a plan to address the shortfalls was in place. This meant the provider was proactive in highlighting shortfalls to drive improvement. However we found that the report showed that the previous visit had identified capacity assessments and DoLS applications were required for several individuals, but this work had not yet begun and was 'priority action on the improvement plan', but at the time of the inspection this work had still not been started. This meant that systems in place were not effective in addressing the shortfalls identified in a timely way.

Other 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 make sure people remained safe. However we found that the medicine audit had found one area of the audit to be compliant when it was identified during the inspection that it was not.

Records showed that a new system to monitor accident and incident reports for trends and patterns had been implemented and was sent to the health and safety manager monthly. However we found that although one person had a number of seizures during the month which were totalled on the accident and incident monitoring report, there was no monitoring of when these had happened on a seizure chart to try and reduce the number or look at why they might be happening, despite the care plan saying one was in place. Staff told us they had raised this with the provider.

Some other records were also identified as requiring improvement during the inspection. These included care plans, risk assessments and best interest decision making.

Quality monitoring systems in place had failed to drive improvements effectively and the provider had failed to keep complete and accurate records. The above is a breach of Regulation 17(2)(a)(c) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

All care providers must notify us about certain events and incidents affecting their service or the people who use it. These are referred to as statutory notifications. This includes when a person suffers a serious injury. Records showed that one person had fractured their hand during June 2015 and a statutory notification informing us about this had not been made.

The registered person had not notified the Commission of an incident which they had a statutory obligation to do so. This is a breach of Regulation 18 (4)(A)(a) of the Care Quality Commission (Registration) Regulations 2009.

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. These documents were still present on people's files and they had received no new information from the provider. We saw an information pack/contract which had been prepared for one person whose review meeting was due, but this meant other people did not have up to date information about the service they could expect to receive or the contractual arrangements for their service.

Other records examined during the inspection were up to date and all records were stored securely. Staff had access to the provider's policies and procedures on-line. These were reviewed and kept up to date by the provider.

As well as an improvement plan there was a planned maintenance programme in place for the autumn and winter of 2015/6, which included redecoration of some areas.

Staff told us when senior management visited they were approachable and always made time to speak with people and them and listen to what they had to say.

There was a registered manager in post who was supported by a deputy manager. The registered manager worked five days a week and the deputy spent some of

Is the service well-led?

their hours working 'hands on' on shift. People knew the registered manager and felt they were approachable and was "All right". There was an open and positive culture within the service, which focussed on people. Staff felt the registered manager motivated them and the staff team. One health professionals told us that they found the registered manager very professional and caring and would have no hesitation in approaching them if they had any concerns about the service.

The registered manager told us they received regular information and updates from the provider. This ensured they remained up to date with legislation and good practice. They were also planning to visit other services owned by the provider to share and gather good practice.

Health and social care professionals felt there had been changes in recent times, but that the service was well-led. One felt people were well cared for by all staff and seemed very happy in their environment.

The provider had a set of values, which were not 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. Staff knew understood the values. We observed staff displaying these behaviours during our inspection, particularly in their commitment to the individual people they supported.

During 2014 the provider was a winner in the National Learning Disabilities Award scheme. This award seeks to acknowledge and celebrate excellence in the support for people with learning disabilities and aims to pay tribute to those individuals or organisations that excel in providing quality care. The provider had also gained the investors in people award, which meant the provider had met a set of standards for better people management including what it took to lead, support and manage people well for sustained results.

The registered manager told us that the provider organises meetings where people who live or use services can have a voice about the business and future of the organisation. One of the people living at Boldshaves Oast had been invited to attend these meetings. There were also forums for staff and a member of the staff team had been elected by the staff team to attend these to enable gathering and sharing of ideas.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had failed to mitigate risks in relation to people's health and safety and proper and safe management of medicines.

Regulation 12(2)(a)(b)(g)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider has failed to ensure staff received appropriate support, training and supervision.

Regulation 18(2)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The provider had failed to ensure that staff had an embedded understanding and practices which met the principles of the MCA 2005.

Regulation 11(3)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Quality monitoring systems in place had failed to drive improvements effectively.

This section is primarily information for the provider

Action we have told the provider to take

The provider has failed to maintain an accurate and complete record in respect of each person, including a record of the care and support provided to people and decisions taken in relation to the care and support provided.

Regulation 17(2)(a)(c)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009
Notification of other incidents

The registered person had not notified the Commission of an incident which they had a statutory obligation to do so.

Regulation 18 (4)(A)(a)