

## The Kent Autistic Trust

# The Kent Autistic Trust - 30 The Close

### Inspection report

30 The close,  
Rochester,  
Kent  
ME1 1SD  
Tel: 01634 401854  
Website: [www.kentautistic.com](http://www.kentautistic.com)

Date of inspection visit: 22 May 2015  
Date of publication: 14/09/2015

### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection took place on 22 May 2015 and it was unannounced.

The Kent Autistic Trust – 30 The Close is a care home providing personal care and accommodation for up to six adults with an autistic spectrum condition. The home is set out over three floors. There were six people living in the home.

Management of the home was overseen by a board of trustees for The Kent Autistic Trust. Trustees and the chief executive officer for the trust visited the home regularly.

The home had 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

# Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had been off work for longer than 28 days; the provider had put acting managers in place to oversee the running of the home.

Some people were unable to verbally tell us about their experiences. People were relaxed around the staff and in their own home. Relatives told us that their family members were safe.

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

Medicines were not appropriately managed, recorded or stored. Medicines records did not match with medicines in stock.

People's weights had not always been recorded. We made a recommendation about this.

Staff received training relevant to their job roles. Update training had not taken place in a timely manner, the provider had recognised this and had taken action to ensure staff completed their update training.

Staff knew and understood how to safeguard people from abuse, they had attended training, and there were effective procedures in place to keep people safe from abuse and mistreatment.

Risks to people had been identified. Systems had been put in place to enable people to carry out activities safely with support.

The premises and gardens were well maintained and suitable for people's needs. The home was clean, tidy and free from offensive odours.

Staff and people received additional support and guidance from the behaviour support manager when there had been incidents of heightened anxiety. Staff received regular support and supervision from the management team.

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

Procedures and guidance in relation to the Mental Capacity Act 2005 (MCA) was in place which included steps that staff should take to comply with legal requirements. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Where people were subject to a DoLS, the registered manager had made appropriate applications. Relatives told us that they had been involved in meetings to discuss best interests. They told us that the registered manager had kept them informed about Deprivation of Liberty Safeguards (DoLS) applications.

People had access to drinks and nutritious food that met their needs and they were given choice.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner.

Relatives told us that staff were kind, caring and communicated well with them. Interactions between people and staff were positive and caring. People responded well to staff and engaged with them in activities.

People and their relatives had been involved with planning their own care.

Staff treated people with dignity and respect. People's information was treated confidentially and personal records were stored securely.

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

People's view and experiences were sought during meetings. Relatives were also encouraged to feedback during meetings and by completing questionnaires.

People were encouraged to take part in activities that they enjoyed, this included activities in the home and in the local community. People were supported to be as independent as possible.

The complaints procedure was on display within the foyer of the home and this was also available in an easy read format to support people's communication needs.

# Summary of findings

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

Communication between staff within the home was good. They were made aware of significant events and any changes in people's behaviour. Handovers between staff going off shift and those coming on shift were documented, they were detailed and thorough.

The provider and registered manager had notified CQC about important events such as injuries and Deprivation of Liberty Safeguards (DoLS) these had been submitted to CQC in a timely manner.

Audit systems were in place to ensure that care and support met people's needs and that the home was suitable for people. Actions arising from audits had been dealt with quickly.

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

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Medicines had not been appropriately managed, recorded and stored.

Staff had a good knowledge and understanding on how to keep people safe from abuse.

The home and grounds had been appropriately maintained. Repairs were made in a timely manner.

There were sufficient staff on duty to ensure that people received the care and support when they needed it. There were safe recruitment procedures in place to ensure that staff working with people were suitable for their roles.

Risk assessments were clear and up to date so staff had clear guidance in order to meet people's needs.

Requires Improvement



### Is the service effective?

The service was not always effective.

Staff had not received all of the up to date training they needed to enable them to carry out their roles. This had been identified by the provider and action was being taken to address this. Staff had received supervision and good support from the management team.

People had choices of food at each meal time which met their likes, needs and expectations. People's weights had not always been recorded.

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

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

Requires Improvement



### Is the service caring?

The service was caring.

The staff were kind, friendly and caring.

People and their relatives had been involved in planning their own care.

Advocates were used to support people to make decisions.

People were treated with dignity and respect, their records and information about them was stored securely and confidentially

Good



### Is the service responsive?

The service was responsive.

Good



# Summary of findings

People's care plans were person centred. They had been reviewed and updated regularly to reflect changes in people's needs.

The provider had adapted the home to meet people's needs.

People and their relatives had been asked for their views. Their views were listened to and acted on. Relatives told us that they were kept well informed by the home.

The complaints policy was prominently displayed in the home.

People were encouraged to participate in meaningful activities, which were person centred and included community trips.

## **Is the service well-led?**

The service was well led.

The registered manager and provider carried out regular checks on the quality of the service.

The leadership within the home enabled staff to learn and develop within the organisation.

The service had a clear set of values and these were being put into practice by the staff and management team.

**Good**



# The Kent Autistic Trust - 30 The Close

## 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 22 May 2015 and was unannounced.

The inspection team consisted of two inspectors.

Before the visit we reviewed notifications we had received. A notification is information about important events which the home is required to send us by law. We also reviewed previous inspection reports.

During the inspection we spoke with one person, three relatives, five staff including the area operational manager. We also spoke with the service quality compliance manager of the home. We received feedback from health and social care professionals during the inspection.

Some people were unable to tell us about their experiences, so we observed care and support in communal areas. We pathway tracked four people's care records which included medicines records. This is when we looked at people's care documentation in depth; obtained their views on their experiences of living in the home and observations of the support they were given. We looked through management records including five staff files.

We asked the area operational manager to send us information after the inspection. We asked for the medicines competency records, meeting minutes and details of complaints. These were received within the agreed timescale.

We last inspected the home on the 1 November 2013 and there were no concerns.

# Is the service safe?

## Our findings

Some people were unable to verbally tell us about their experiences. We observed that people were relaxed around the staff and in their own home. One person told us that they felt “Happy and safe”.

Relatives told us that their family members were safe. One relative told us the ratio of staff working was good. Another relative told us their family member was, “Perfectly safe” because they received specialist care and support.

Medicines were not appropriately managed to ensure that people received their medicines as prescribed. The temperature of the medicines storage area had not been monitored or recorded for six consecutive days. As the medicines storage area had not been monitored or recorded we could not be confident that medicines had been kept at the correct temperature. Medicines were delivered and stored in monitored dosage systems. Staff then dispensed the medicines for each person into a labelled medicines bottle in the medicines room and took the medicine to the person. This created opportunity for medicines mistakes and errors which could have a serious impact on people if they were given another person’s medicine. There had been an error where a mistake had occurred. We checked the medicines stock and found that prescribed creams in stock had not been rotated to ensure that those with a shorter expiry date were used first. Paracetamol tablets in stock for one person had not been recorded. Staff told us this was because the amount of stock had not been transferred over from the previous month. Another person’s medicines stock did not match with the records.

Records were not clear and the administration and management of medicines was not properly documented. There were gaps in records and missed signatures. Staff were unable to verify if people had received the medicines. We spoke with the operational manager and the service quality compliance manager about our concerns. They explained they had already identified similar concerns with medicines administration and had met the day before we inspected to review the medicines procedures and processes.

The failure to properly manage medicines was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff with responsibility for administering medicines were clear about their responsibilities and understood the home’s medicines policy. Only staff who were trained to administer medicines carried out this task. Their competence to administer medicines had been assessed and reviewed in January 2015 and this was documented.

People were protected from abuse and mistreatment. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff had completed safeguarding adults training. The staff training records showed that most staff needed to attend a training update as it had been some time since they had last completed this. However, staff understood the various types of abuse to look out for and knew who to report any concerns to in order to ensure people were protected from harm. Staff had access to the whistleblowing policy and had confidence that if they had concerns these would be dealt with appropriately.

There was a clear plan in place outlining steps that should be taken in case of an emergency. A risk assessment outlined how environmental issues such as a power failure at the home should be managed and the assessment included contact information for utilities suppliers. Arrangements for alternative emergency accommodation were outlined in the assessment. Steps had also been taken to ensure that people were safe in case of bad weather.

Risk assessments had been completed for tasks and activities that could pose a risk for people. A fire risk assessment was in place for people who lived at the home. This included information about how the person is likely to respond to a fire alarm and the best way to communicate with them when this happened. It was documented that one person should be offered something they liked to encourage them to leave the premises. For another person, staff would need to use a particular phrase to encourage them to leave. This meant that staff had the necessary information to enable them to safely evacuate people in the event of a fire.

The premises and gardens were well maintained and suitable for people’s needs. Bedrooms had been decorated and furnished to people’s own tastes. Any repairs required were completed quickly. A staff member broke a cupboard

## Is the service safe?

door during the inspection and this was fixed on the same day. The handyman also replaced a tumble drier vent and bath sealant which we had identified. This work was completed before we left the premises. The fire extinguishers were maintained regularly and fire alarm tests were carried out regularly. Any repairs required were completed quickly, staff confirmed that these were done weekly.

We reviewed six incident reports from the previous two years. Accident forms were detailed and included skin maps if appropriate. They were detailed and included information about steps staff had taken to support the people who lived at the home. This included one to one time, distraction and a change of environment. We also saw analysis of the incident reports for one person and this showed that incidents were monitored to establish if there were any patterns and preventative measures.

Regular health and safety meetings were held at the trust and we saw that one of the standing agenda items was accidents, incidents and near misses. This showed that accidents and incidents were being monitored to ensure that if preventative measures were possible they would be identified and implemented.

There were suitable numbers of staff on shift to meet people's needs. Some people had been assessed to receive additional staffing to support them to do activities on a one to one basis. Daily records and our observations showed that people had received this additional support. Relatives told us that there was always enough staff working in the home and this included when people were supported to go out into the community. Relatives told us that their family members were supported to visit them regularly. All the staff we spoke with told us that there were enough staff on duty to care for and support the people at the home.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files held at the providers Human Resources department. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Employer references were also checked. Robust recruitment procedures were followed to make sure that only suitable staff were employed.

# Is the service effective?

## Our findings

Not everyone was able to verbally describe their experiences. One person told us, "The food is nice". We observed that people had the freedom to move around the home and garden. People spent time alone in their rooms as well as in communal areas. People were relaxed. We observed staff members talking with people about their day and offering choices.

Relatives told us that their family members were supported to make decisions such as decisions about dental treatment and day to day decisions about their lives. Relatives confirmed they had been involved in meetings to discuss best interests. They told us that the registered manager had kept them informed about Deprivation of Liberty Safeguards (DoLS) applications. One relative said the staff, "Absolutely meet (family members) health needs".

Staff had good knowledge and understanding of their role and how to support people with autism effectively. They evidenced that they communicated well with people. Staff had received training and guidance relevant to their roles. However, eight out of nine staff required updated training in a number of different subjects. This meant that some staff may not have all the knowledge and up to date information they need to carry out their roles. The operational manager said that the provider had already identified issues with training and have raised the subject with staff in a recent team meeting. One staff member attended the service during our inspection to carry out online update training.

Staff received regular supervision from their line manager, during which they and their manager discussed their performance in the role, training completed and future development needs. Staff told us that they had received an annual appraisal. Staff felt they received good support from the management team in order to carry out their roles. New staff had completed training and worked with experienced staff during their induction period. This enabled staff to get to know people and learn how to communicate with each person effectively. The service quality compliance manager told us that they were reviewing the induction process to include competency assessments in line with the Care Certificate which was launched in April 2015.

Regular team meetings were held to ensure that staff were kept up to date concerning any information they needed. This also provided opportunities for staff to raise concerns or share anything they felt that other staff members needed to know.

Applications had been made to the Deprivation of Liberty Safeguards (DoLS) office and staff reported that they had received training concerning the Mental Capacity Act (MCA) 2005. Staff were aware that people who lived at the home should not be deprived of their liberty unless proper processes had been followed to ensure this was done lawfully. One staff member told us that although they were not directly involved in making the DoLS applications they had been informed that they had been completed and they were aware of the process and what it meant. Staff gained people's consent for care during the inspection. Staff respected people's decisions. Assessments of capacity and best interest decisions were appropriately documented.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Some of the people were currently subject to a DoLS. There were good systems in place to monitor and check the DoLS approvals to ensure that conditions were reviewed and met. The management team understood when an application should be made and how to submit one and was aware of the Supreme Court judgement in relation to this.

The handovers between staff going off shift and staff coming on shift were documented. This included information about any medical concerns and the emotional wellbeing of people who lived in the home. This ensured that information was passed on and documented appropriately. Handovers also included checks on the monitor that was used for one person who had epilepsy. These checks were documented appropriately.

There was a varied menu available to people and this included a range of fresh fruit and vegetables. There were two choices for every meal. The kitchen was well stocked with food and staff confirmed that there was always plenty of food available if people wished to have an alternative to what was on the menu. There was a suggestions board in the living room that was used to make a note of any requests for particular meals. A staff member told us, "There is always plenty of food, they eat well". We observed people eating their dinner on the day of our visit and saw that the food was well presented and nutritious. Food

## Is the service effective?

handling was observed during our visit and staff followed appropriate steps to ensure that food was prepared in a safe manner. No one required a specialist diet. People's weight were monitored, however they had not been recorded on a regular basis. People's weights for previous months could not be found during the inspection. The management team were unable to find the records after the inspection. This meant that staff could not effectively monitor people's weight to keep them safe from the risks of weight loss or weight gain.

**We recommend that the provider maintains an up to date record of people's weight.**

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. People had a health action plan in place. This outlined specific health needs and how they should be managed. Records evidenced that people had been seen by their GP, chiropodist, optician, community learning disability nurses, social services, community psychiatric nurse and relatives when necessary. People received effective, timely and responsive medical treatment when their health needs changed.

# Is the service caring?

## Our findings

Some people were unable to verbally tell us about their experiences. One person told us that they had a “Keyworker”, they told us that they liked their keyworker because “He’s funny”. People were relaxed and their facial expressions indicated that they were happy.

Relatives told us that staff were kind, caring and communicated well. One relative told us, they were “Very chuffed with their [staff] understanding” of their family member. They went on to say that staff were gentle and understood their family member’s needs. Another relative told us that the service was “Absolutely kind and caring”.

A local authority care manager told us that staff were, “Pleasant in manner and respectful to residents”.

Many staff had worked at the home for a number of years and knew people well. People’s personal histories were detailed in their care files which enabled new staff to know and understand people and their past. Photograph albums had been created by staff to record and evidence involvement in the community and special events such as holidays.

Positive interactions were observed between staff and the people who lived at the home. People were offered reassurance when it was needed. For example, there was slight delay in leaving for the day centre for two people during the morning. A staff member was heard reassuring the people and ensuring that they knew they would be leaving soon. People were given praise for waiting patiently.

Staff were aware of the need to respect choices and involve people in making decisions where possible. A staff member told us, “People are able to voice their opinion and we always respect their choices”. Records were kept concerning what people had had to eat and drink and this allowed for any issues with regard to appetite to be identified. Staff were clear how they would maintain people’s dignity when they provided support with personal care.

People had communication passports. They had been developed with as much input as possible from the person they were about and we saw that they were highly

individual. They included specific preferences for activities that people liked to do and the kind of situations that they might find challenging. For example, one person liked spending time with staff and family members but they did not like going out where there were crowds, they did not like to have injections. Pictures were used in a visual timetable that helped people to understand what they were doing for the day. This helped to support their understanding.

People and their relatives had been involved with planning their own care. There was evidence of this within care plans and through photographs. Where people had made decisions about their lives these had been respected. For example, some people didn’t like to be around too many people. Staff had taken great care in finding suitable holidays for people which met their needs and enabled them to have space when they needed it. Relatives told us how impressed they had been with the success of the holiday to Suffolk.

The provider had a detailed policy which outlined the process for appointing an advocate if it was identified that this was necessary to support people who lived at the home. One person had an Independent Mental Capacity Advocate (IMCA) and staff we spoke with were aware that an IMCA should be appointed if additional support was required to help to make best interests decisions for people who may not have capacity to make certain decisions.

Staff spoken with were aware of the need to maintain confidentiality. A staff member told us ‘They definitely respect confidentiality here’. People’s information was treated confidentially. Personal records were stored securely. People’s individual care records were stored in lockable filing cabinets in the office to make sure they were accessible to staff. A relative told us that confidentiality was respected. They explained that only relevant people were invited to reviews and meetings.

Relatives told us that they were able to visit their family members at any time, they were always made to feel welcome and there was always a nice atmosphere. People were supported to maintain relationships with their relatives, this included support to visit relatives at weekends and telephone calls.

# Is the service responsive?

## Our findings

Some people were unable to verbally describe their experiences. One person told us, “Staff listen to me” and told us that if they were worried they would talk to a relative. People appeared contented and the atmosphere was relaxed. People were supported to access the community in the evening. Two people went out for a pub meal with staff whilst another went out shopping with the support of staff.

Relatives told us that communication was good. One relative told us, “We feel they give us 100% opportunity to express how we feel”. Another relative said their family member participated in activities quite often including during the evenings. Another relative told us, “It’s so good to see (family member) happy, he’s totally looked after”.

A local authority care manager told us that they had received positive views at the last review. One person’s parents were very pleased with their family member’s care. The relatives told the care manager that their family member appeared much calmer in manner and was speaking more words, which they had never known before.

People took part in a number of activities based on their individual preferences. This included fishing, horse riding, rambling and bowling. People were supported to access leisure activities in the local community and to go on holidays. We saw photographs of people from the home on holiday enjoying activities they liked such as swimming and fishing.

People had regular timetables based on their preferences. We saw that for one person this included yoga, dance and preparing meals. If a person had chosen not to take part in a particular activity, it was documented that they had opted for a different activity on that day. This showed that the home was responding to the wishes of the people and respecting their right to change their mind.

People had positive support and behaviour strategies in place. These plans document what makes people happy

and outlines how a person shows that they are happy. The plans also included information about how people communicate and anything that would make them anxious. This meant staff were aware of how they should support people in a positive manner. The provider had responded really well to one person’s needs. The person had found it difficult to share a bathroom and toilet and by doing so it was causing them anxiety and distress. The provider had responded by making alterations to the home which enabled the person to have their own en-suite bathroom and toilet which had resolved the issue.

Care plans were in place that documented how people should be supported with their personal care. These were detailed and ensured that staff had clear guidance concerning how to support people appropriately. For example, it was documented how one person should be supported to shave.

Relatives were encouraged to provide feedback about the service provided to their family members. Two relatives told us they were given a survey form at each review meeting. We reviewed feedback forms from three relatives from the previous year. Comments included ‘You have a great team’ and ‘We are very pleased with how our relative [family member] is looked after’.

Relatives told us that they had confidence in the provider. One relative explained how they had previously had some concerns and had talked these through with the home and they “Had definitely been listened to”. The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The complaints procedure was on display within the foyer of the home and this was also available in an easy read format to support the communication needs of people. The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the home such as the local government ombudsman. There had not been any formal complaints about the home since our last inspection.

# Is the service well-led?

## Our findings

We observed that there was positive interaction between both people and staff. People knew the management team and had a good rapport with staff. People were supported to be active members of their community and were supported to have a voice.

Relatives told us that the home was well run. One relative said, "I couldn't think of a better place for (family member) to be".

Staff were positive about the support they received from the senior managers within the organisation. They felt they could raise concerns and they would be listened to. One staff member said that the culture was good, "If mistakes are made we discuss things together and look at how we can fix things, we are very open". Staff told us that they were happy working at the home.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. The home had a clear whistleblowing policy that referred staff to Public Concern at Work, an organisation that supports staff who feel they need to blow the whistle on poor practice. Effective procedures were in place to keep people safe from abuse and mistreatment.

Staff told us that communication between staff within the home was good and they were made aware of significant events. A staff member told us there is a "Very open working relationship within the home" and they were able to speak up if they had concerns.

Staff with contracted hours had received a staff survey from the provider to gain their feedback, this made them feel valued as employees. Staff that were used to cover sickness, vacancies and annual leave told us that they hadn't received a staff survey and as a result felt they were not as valued as the other staff. They felt there was an open culture at the home and they could ask for support when they needed it. A staff member told us they "Provide dignified support, to make people happy and have a good life".

People's views, feedback and experience had been gained through meetings. The records of these meetings were made using photographs, pictures and 'Widgets'. The

photographs evidenced that when people had told staff they wanted to do something this had been actioned. For example, one person wanted to go fishing and camping. The photographs showed that this had taken place.

Staff were clear about the vision and values of the trust. One staff member told us the focus of the home was always person centred. We were told that information about the vision and values of the trust was included in the induction that all staff went through before they started working at the home. This included information about the origins of the trust and how it had been set up by the family members of the people who lived at the home. This meant that staff had an appreciation of the history, vision and values of the trust. The staff demonstrated throughout the inspection that these values are embedded into everything they do.

Management of the home was overseen by a board of Trustees for The Kent Autistic Trust. We saw that information about how to contact the trustees was displayed for staff, visitors and people. Trustees and the chief executive officer for the trust visited the home regularly. They were able to engage with people and monitor the management and operation of the home.

Staff told us that senior managers and the trust's Chief Executive Officer (CEO) had a presence within the home and they were approachable if they had any concerns. A staff member told us the CEO was "Properly involved" and that "People respect the CEO". Staff also knew that they could approach members of the trust board if they wished to raise concerns or make comments.

There was a member's committee in operation within the trust and we saw that a member of this committee had visited the previous year and submitted a report on what they had seen at the home. They reported on how a new person was settling into the home and spoke with staff. This showed that additional monitoring of the home was taking place to ensure that any issues could be identified.

A new audit tool was being developed to stream line the health and safety audit with the infection control audit for the home. We saw that this had been completed the previous month. It had identified areas that needed to be improved and these had been addressed. For example, it had been identified that some emergency equipment was needed for the home's minibus and this had been purchased. Fire alarm engineers carried out follow up work

## Is the service well-led?

to replace a sensor during the inspection, which showed that the provider had followed up actions from fire checks to ensure that the building had suitable fire detection equipment.

We spoke with the Service Quality Compliance Manager. They were regularly monitoring the operation of the home and they had completed a review at the end of last year that had identified where improvements were required in relation to the records for one person who lived at the home. For example, they had found gaps in the records relating to the recording of the person's weight. This was actioned and we saw that for a period of time the recording of weights had improved.

The registered manager was not at work on the day of our inspection; however they had demonstrated that they had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries and DoLS, as these had been made in a timely manner. The provider had informed us about updated management arrangements that had been put in place. The management team we spoke with explained that they had good support from the provider. The registered manager had been supported to develop within the organisation.

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

Medicines were not appropriately managed, stored and recorded.

Regulation 12 (1) (2) (g)