

Complete Care Group Limited

St Anne's Residential Care Home

Inspection report

St Annes
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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 inspection took place on 23 & 26 August 2016 and was unannounced. St Anne's Residential Care Home provides accommodation and personal care for up to nine people with a learning disability.

We carried out an unannounced comprehensive inspection of this service on 1 and 5 June 2015. Three breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this inspection to check they had followed their plan and to confirm that they now met legal requirements.

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 the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found that considerable improvements had been made. However, we found the provider had breached a different regulation. Not all of the appropriate recruitment checks had been completed before staff began work, including disclosure and barring service and employment history. If a member of staff had a criminal conviction, the provider had not completed the relevant risk assessments to make sure staff were suitable to work with vulnerable people.

At the inspection in June 2015 we found essential maintenance had not been completed around the home. This included gas, electrical and fire systems safety. At this inspection we found the provider had taken appropriate action and all of the relevant maintenance was up to date. There was also a robust schedule in place to make sure maintenance was kept up to date in the future.

At the inspection in June 2015 we found the provider did not have a robust quality monitoring system in place. At this inspection we found the provider had made good improvements to the quality monitoring processes in place. However, these processes needed time to be developed and improved further.

At the inspection in June 2015 we found that while care workers demonstrated they had the skills to meet people's needs effectively, they were not well supported with training, supervision and appraisal. Most training needed refreshing and supervision and appraisals had not been completed regularly. The provider did not have a schedule in place for when this should happen. At this inspection we found the provider had supported and encouraged staff to complete a variety of training. This included safeguarding, health and safety, moving and handling, and food hygiene. Staff were also given specific training so they could effectively meet the individual needs of each person. This included supporting people with autism and/or behaviour that may challenge people and others. Staff gave us positive feedback about the training and support they received.

People experienced excellent care and support. They were supported to live safe, and meaningful lives in

the way they wanted to. Staff knew how to safeguard people from abuse and what they should do if they thought someone was at risk. Risks to individuals were well managed and people were able to stay safe without having their freedoms restricted. Managers and staff promoted people's independence and encouraged people to develop skills to help them live a more independent life. If an incident or accident did occur, they were well reported and investigated. Staff understood the importance of learning from incidents, so they could reduce the risk of them happening again.

Staff were very caring and always ensured they treated people with dignity and respect. They had an excellent understanding of the care and support needs of every person living in the home. People had developed positive relationships with staff and there was a friendly and relaxed atmosphere in the home. People were well supported to do the things that were important to them, such as going to college, church or out for lunch. Staff were well supported with training, supervision and appraisal which helped them to ensure they provided effective care for people. There was always enough staff on duty to safely support people.

Person centred care was important to the service and staff made sure people were the main focus of their practice. Care plans focused on the whole person, and assessments and plans were regularly updated. People's individual preferences, needs and choices were always taken into account by the caring and compassionate staff and managers.

The registered manager and staff had a good understanding of the Mental Capacity Act (2005) (MCA) and gained consent from people in line with legislation. Deprivation of Liberty Safeguards (DoLs) referrals had been made to the appropriate authorities. The registered manager knew who to involve if a best interest decision needed to be made on behalf of a person who could not make the decisions themselves.

People's medicines were well managed. Staff were properly trained and people received their medicines safely and on time. Staff understood when they needed to give people medicines on an 'as and when basis', and how people communicated this was what they needed.

The registered manager and staff ensured everyone was supported to maintain good health. They took a positive approach to making sure people's health needs were met, and ensured that when people needed specialist input from health care professionals they got it.

People were well supported to eat and drink enough. Food was homemade and nutritious and people were involved in making decisions about what they wanted to eat. People were supported to eat healthy food and maintain a healthy weight, with specialist diets when required.

People and those important to them, such as their relatives, were asked for feedback about the quality of the service. Any feedback received was acted on, and any concerns were dealt with quickly before the formal complaints procedure was needed. The registered manager and staff knew what they should do if anyone made a complaint.

There was an open culture in the home, and staff said they felt well motivated and valued by all of the managers. Staff said they would be happy to discuss any concerns they might have with any of the managers and said they would act on them. Senior staff all knew people who use the service very well, and were clear about each individual's care needs. All of the registration requirements were met.

We have made a recommendation to the provider about quality assurance processes. We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not all of the appropriate

recruitment checks were completed before staff began work. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to recognise the signs of abuse and what they should do to keep people safe. Risks to individuals were well managed and incidents and accidents were well reported, investigated and managed.

There were always enough staff to meet people's need in a flexible way

Medicines were managed safely and people were given their medicines as prescribed

Is the service effective?

Good ●

People experienced effective care from staff who were well supported with training, supervision and appraisal.

People were asked for their consent to care in a way they could understand. The registered manager made sure they and the staff had a good understanding of the Mental Capacity Act (2005) and they always acted in people's best interests.

People were supported to have enough food and drink and to make healthy choices. They were encouraged to be involved in cooking meals when appropriate. People were well supported to maintain good health.

Is the service caring?

Good ●

The service was providing people with caring support. People were well cared for by staff who treated them with kindness and compassion. Providing people with the best care possible was important for all members of staff and there was a strong person centred culture which put people first.

People were helped to be involved as much as possible in making decisions about their care.

People's privacy and dignity was well protected and staff were clear about what they needed to do to make sure they maintained people's confidentiality.

Is the service responsive?

The service was responsive. People's care plans were detailed and focused on them as an individual. When people's needs changed plans were regularly updated and staff informed. Staff made sure people were involved in making decisions about their care as much as they were able.

People were supported to do the things that were important to them such as going to college or shopping.

There was an appropriate system in place to manage complaints.

Good ●

Is the service well-led?

The service was not always well led. Although the provider had made significant improvements, the quality monitoring process in place needed time to be developed further. Recruitment practices were not robust and not all of the relevant checks had been completed before staff began work.

The service aimed to work in partnership with other organisations to make sure they followed current practice and staff said managers were approachable and they could share any concerns they might have with them.

All of the registration requirements were met.

Requires Improvement ●

St Anne's Residential Care Home

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.

St Anne's Residential Care Home was inspected in June 2015 and was rated as requires improvement. This inspection took place on 23 and 26 August 2016 and was a full comprehensive inspection to see what improvements the provider had made to ensure they had met regulatory requirements. The inspection was unannounced.

The inspection team consisted of two inspectors. Prior to our inspection we looked at and reviewed all the current information we held about the service. This included notifications that we received. Notifications are events that the provider is required by law to inform us of. We also spoke with one local authority who commissions services from the provider.

We spoke with all nine people who use the service who had complex communication needs and could not always express their views to us. We observed staff supporting people who use the service. We spoke with four members of staff, the registered manager, the nominated individual and the operations manager. We reviewed the care records and risk assessments for three people who use the service, recruitment records for three staff, and the training and supervision records for all staff currently employed at the service. We reviewed quality monitoring records, policies and other records relating to the management of the service.

Is the service safe?

Our findings

At the inspection in June 2015 we found the safety of the premises and some equipment was not always safely managed. Gas, electrical and fire systems had not been checked and portable appliance testing (PAT) was out of date. The provider was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. By the last day of the inspection on 5 June 2015, the provider had taken action. New safety certificates were issued and PAT testing was in the process of being completed. Although the provider completed a legionella risk assessment, this was not done until 15 June 2015, which was after the inspection had been completed. At this inspection we found that all of the relevant maintenance was up to date. Areas for action identified in the legionella risk assessment, such as monitoring of water temperatures had been completed. A maintenance schedule had also been put in place to ensure essential maintenance was kept up to date in the future.

People were protected from potential abuse. Staff and the registered manager had a good understanding of what they needed to do to safeguard people. One person said; "I love living here. I feel very safe". Staff knew about the different types of abuse and were clear about how to recognise if a person was at risk. All of the staff knew what they should do if they were ever concerned a person was at risk. Staff clearly described what they would do, such as reporting concerns to the registered manager, senior staff, or the local safeguarding authority. Staff were confident the management team would act on any concerns raised. Staff had received training in safeguarding adults and this was regularly updated.

Risks to individuals were well managed. Every person had a risk management plan in place, which allowed them to stay safe while their independence was promoted. People were involved in risk assessment and planning, where possible, and positive risk taking was encouraged, for example when going to town shopping. Staff knew what they should do to keep people safe when supporting people in a variety of situations such as when out shopping or preparing a meal at home. One care worker said; "we know our residents well. We learn triggers that might make them unsafe". If people's risk assessments and management plans were changed, staff were informed to ensure people remained safe. Staff and the registered manager discussed any changes at handovers and in staff meetings.

Each person had a personal emergency evacuation plan (PEEP) in place. A PEEP is a bespoke 'escape plan' for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency, such as a fire or flood. There was also an emergency contingency plan in place to keep people safe in the event of the service having to close unexpectedly.

Incidents and accidents were well reported, investigated and analysed. The registered manager or senior staff conducted a thorough investigation of each incident. Trends were monitored by the provider so any themes could be identified and action taken to prevent the same incident from being repeated. Staff felt confident to report any incident however minor, and knew the registered manager would deal with it appropriately.

The provider was trialling a new computer system to help them analyse incidents in more detail. The system

provided staff with an analysis of each incident in graph format, as well as identifying any themes which may have contributed to an incident. For example, if a person had a behaviour which might cause themselves or others anxiety, the computer system was able to identify any common themes which may have been a trigger for this behaviour. This included factors such as the environment, a particular staff member or an area of the home which might cause overcrowding, such as a doorway. The registered manager and staff understood the importance of learning from incidents so they could make improvements.

People were also safe because there were enough staff. Most people needed a high level of staff support and there were always enough staff to support people safely and provide one to one attention. Staffing levels were regularly assessed and were flexible enough to meet each person's care needs. Staff said people had the support of one or two care workers when needed, both in and out of the home and that there were always enough staff on duty.

People's medicines were managed so they received them safely. Medicines administration records (MAR) showed people received their medicines as prescribed. Staff could not administer medicines unless they had been trained and there was a policy in place to support staff to safely administer medicines. Some people took medicines on an 'as and when required' basis (PRN). Every person who required PRN medicines had an assessment of their needs and a plan was in place to help staff identify when people might need their PRN medicines. There was a safe procedure for storing, handling and disposing of medicines.

Is the service effective?

Our findings

St Anne's Residential Care Home was inspected in June 2015 and was rated as requires improvement. This inspection took place on 23 and 26 August 2016 and was a full comprehensive inspection to see what improvements the provider had made to ensure they had met regulatory requirements.

At the inspection in June 2015, we found the provider had not ensured that all appropriate training, supervision and appraisals were up to date for staff, and there was no schedule in place for when this training would be completed. These were breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was now meeting this regulation.

People received effective care because staff were well supported with induction, training, supervision and appraisal. Staff were supported and encouraged to complete a variety of training including safeguarding, health and safety, moving and handling, and food hygiene. Staff were also given specific training so they could effectively meet the individual needs of each person. This included supporting people with autism and/or behaviour that may challenge people and others.

Training had been effective and staff discussed individual's care and behavioural needs and how to manage them properly. We saw staff putting this knowledge into practice while we were in the home. Staff were good at understanding people's needs. People's behavioural triggers were well identified and we saw action was taken to prevent any escalation in anxiety. People and staff were relaxed with each other, and staff were very natural and comfortable when they were caring for people. People trusted the staff to support them and we could see people were happy and smiling.

All staff had completed training in Non Abusive Psychological and Physical Intervention (NAAPI) which is accredited by the British Institute for Learning Disabilities. NAAPI training enables staff to support people who may have behaviour that can challenge themselves and others. The service also had a behavioural support champion who had completed additional NAPPI training, and was supporting other staff to continue with the good practice people were already experiencing.

Staff benefited from regular supervision and appraisal. Staff said they felt well supported with supervision and were comfortable to discuss any concerns or ideas they might have. It is important to provide staff with regular opportunities for reflective supervision and appraisal of their work. It enables staff to ensure they provide effective care to people who use the service. Supervision meetings were meaningful, and topics discussed included people's care needs and goals as well as the staff member's individual work place needs.

All of the staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Staff explained the importance of assessing whether a person could make a decision and the decision making process if the person lacked capacity. They understood that decisions should be made in a person's best interests.

The registered manager and staff were able to explain when a DoLs referral would be necessary and all appropriate DoLs referrals had been made to the relevant authorities. Where people needed support for more complex decisions regarding DoLs, the registered manager involved the relevant people and assessing authority. The service was currently considering involving an Independent Mental Capacity Advocate (IMCA) to provide continuing support for an individual. IMCAs are a legal safeguard for people who may lack the capacity to make specific important decisions such as medical treatment options. IMCAs are usually instructed to represent people where there is no one independent of services, such as a family member or friend to represent them.

People were asked for their consent by staff. We heard staff using phrases like, "is it alright if..." and "do you want to..." Staff then gave people the time they needed to make a decision. Staff knew people well and understood people's ways of communication. Staff knew when people were giving their consent or not, either verbally or by the body language and gestures they were using.

People were well supported to have enough to eat and drink and to maintain a balanced diet. People chose what food they wanted to eat and healthy choices were encouraged. People were supported to make their choices either verbally or by using pictures, photographs or sign language where appropriate. People were encouraged to make healthy choices and were helped to maintain a healthy weight. People ate their lunch with all of the staff and there was lots of laughing and joking. People spoke to us about healthy eating and how important this was, and the meal which was prepared and served supported this. One person said; "we eat lovely healthy food".

Staff ensured people had access to drinks throughout the day and food and fluid intake was monitored, and appropriately recorded if it were needed. People had free access to the kitchen and could make tea or coffee when they wanted to. People were supported with food preparation and staff helped them to be as independent in the kitchen as they wanted or were able to be.

People were supported to maintain good health. The registered manager had discussed with people's GPs the use of Cardiff Health Check. This is an assessment tool specifically designed for people with a learning disability and is completed with the person and their GP on an annual basis. These regular checks screen for health issues particular to people with learning disabilities and specific conditions.

Although people's GPs did not currently provide this recommended health check, the registered manager made sure that people still got access to an annual check up. People also saw other health professionals such as the dentist or optician to make sure their good health was maintained. Staff described how people might behave or what they might say if they were feeling unwell. Staff knew which healthcare professionals they should refer people to if their health needs changed.

Is the service caring?

Our findings

People were cared for by staff who were kind and considerate. Their individual needs were understood by staff, and staff made sure they met people's needs in a caring and compassionate way. One person told us; "staff are very friendly and understanding". People had clearly established constructive relationships with staff and we could see by their body language and facial expressions that people were happy and relaxed in the home. People experienced a high level of care and support that promoted their wellbeing and encouraged them to enjoy a fulfilled life.

Staff spoke to people in a natural and age appropriate way. They were respectful and encouraging when supporting people. We observed one person being helped to make lunch for everyone and it felt like friends or family working together. The member of staff was very kind and patient, and made sure the person could understand the instructions they gave. The person was integral to the food preparation and was supported and encouraged to be independent.

People's privacy and dignity was protected. People were always asked for their permission before staff went into their rooms or discussed their care needs. Where appropriate, people had keys to their rooms and could keep their room locked if they wanted to. Staff understood the importance of helping people to be well presented and dressed appropriately, and they respected people's choices about their clothes and appearance. All of the relatives that responded to a survey in July 2016 said their family member was treated with dignity and respect. One relative commented; "great service provided in responsible and thoughtful way".

When new people moved to the service a lot of time was taken to make sure they were involved in the activity of moving home. Senior staff spent time with the person before they moved in, to establish relationships and ensure they understood the person's specific needs in detail. This involved taking part in activities the person enjoyed, such as going out for coffee, and spending time talking to the person to find out what their likes and dislikes were. Staff ensured they assessed people's needs in respect of issues such as their age, religion or belief and gender. People were supported to make choices about the room they were moving into, such as the colour of paint for the walls, of the type of curtains they would like.

The provider had converted the home's conservatory into a 'transition room'. This was a quiet room that new people could use when they needed some quiet time, or a break away from all of the new people they had met when they had moved in. The provider had installed additional internet access in the transition room, to make sure that people who used the internet to help manage their anxiety always had fast access and did not get frustrated waiting for information to download.

Staff had received specialist training to help them provide specific care for a person who recently moved into the home. The person had behaviours which could be harmful to themselves or others. This was to ensure staff could support the person in as caring a way as possible, while allowing staff to respond to the person quickly enough to prevent injury. The person's move to the home had been managed extremely well, and they had not become anxious or displayed any of the harmful behaviour. This was entirely due to the

positive and caring approach of staff and managers. The registered manager explained this is what happened; "if you give someone purpose and meaning in their life". A care worker told us; "the residents are the best thing about working here".

We saw that staff continued to identify possible triggers that caused other people to become anxious. We observed occasions where care workers noted when people had the potential to become anxious. Staff were able to use techniques to distract people or support them to manage their anxiety before it escalated. Staff said they did not "treat autism as one size fits all" and about "challenging what we've been told (about people)". This approach made sure staff saw people as an individual and enabled them to tailor their caring approach to each person.

People already living in the home were also well supported when a new person moved in. Staff explained what was happening, and gave people the appropriate information to help them manage any anxieties they might have. People were asked to "be polite, be kind". This made sure there was a smooth and stress free transition for everyone involved. It was clear that all of the planning and support had been successful as we saw people were happy and settled soon after their move. People's quality of life had clearly improved since moving to the home, and staff described how people were taking part in activities they had been told would never happen, such as joining people for lunch at the dining table or going out together with another person.

Staff used innovative ways of communicating with people to make sure they could respond to people's needs in a caring and meaningful way. Some staff were able to communicate using Makaton or British Sign Language (BSL). Makaton uses signs, symbols and speech to help people communicate and BSL is a sign language used by people who are deaf. One person used a specialist 'app' to help them teach staff who were not familiar with Makaton signs. Another person was supported by staff to express their emotions after staff found different ways of communicating with them when they were anxious or upset. This included using touch and scratching different surfaces. Staff described how the person had experienced a significant reduction in their anxiety. One care worker said; "we do make differences in people's lives, and that's what motivates me". People also used objects of reference to help staff understand what people were communicating to them. This included people using a suitcase to tell staff they wanted to visit their family and a rucksack to go swimming.

People knew the staff very well and were relaxed in their company. Staff had an excellent understanding of each person's preferences, and made sure they helped people make the choices they wanted to. One member of staff said; "We need to "give people as much choice as possible". Staff knew people extremely well and could tell us everything about people including their backgrounds, family history, likes and dislikes, and aims and goals. This helped staff to make sure that everyone was supported to make decisions about their daily life, such as when to get out of bed in the morning or whether to help with house hold tasks. One care worker said "the team is perceptive and we know our residents well". It was clear that staff wanted to help people achieve a good quality of life.

Is the service responsive?

Our findings

At the inspection in June 2015, we found the provider needed to improve the responsiveness of the service they provided. There was no breach of the regulations. This was because people's care plans did not clearly demonstrate how they were involved in the assessment and planning of their care and some of the records included in the care plans were out of date. At this inspection we found that improvements had been made and the provider was now rated as good for responsive.

Person centred care assessment, planning and delivery was an important part of the service. Person centred care sees the person as an individual. It considers the whole person, their individual strengths, skills, interests, preferences and needs. People's care plans focused on their whole life and reflected their individual preferences and interests. The plans helped staff to be responsive to people's needs, and make sure they could help people live a full a life.

Staff demonstrated how they provided person centred care for each individual. They had a good understanding of people's values, and understood how this may affect the decisions people made about their care, the activities they took part in, and the relationships they wanted to maintain. People were involved in regular reviews of all of their care needs and care plans were amended if necessary. For example, one person had completed the answer to questions such as 'when I am in pain I will', and 'I would like staff to.....' they had written their own responses and then staff had made sure additional writing was legible so everyone who needed to could read and understand the person preferences.

The behavioural support champion was in the process of assessing each person's behaviours and completing primary prevention strategies for every individual. This is an assessment that looks at changing areas of a person's living environment so that the possibility of behaviour that may challenge is reduced. The behavioural support champion then used this information to develop behavioural support plans and management strategies for people. These plans helped staff to provide the most effective care for people. The plans were person centred and helped people to improve their personal skills and quality of life. Having a good positive behaviour support plan in place is important as it stops the need for incidents to be managed with physical intervention. This is essential for people who may have trouble in communicating or managing their emotions and use a specific behaviour as a way to express themselves.

People had the opportunity to join in many activities, and not just those related to their learning disability. People's involvement in their individual interests, activities and education were promoted by staff and everyone got involved in enjoyable activities and pursuits. Activities were varied and people enjoyed things like growing plants or visiting local attractions such as a miniature railway and horse riding. People were supported to do other things that were also important to them. This included getting support to meet their spiritual needs and attending a place of religious worship. Other social needs were met and people enjoyed going to a local disco and visiting the local vet when they had an open day.

Some activities were specifically tailored to help support people to attain their specific life goals, such as living independently. This included cooking and shopping. Some people enjoyed taking part in a pampering

session, so the provider organised a professional beauty therapist come to the home weekly to offer manicures and hand and foot massages to those people who wanted them. People were encouraged to participate in formal educational opportunities to help them develop their life skills. Subjects studied included maths, English and cookery and one person was studying for their foundation certificate. Foundation Learning programmes are courses that offer a flexible curriculum that enhances students' learning experience and aims to provide people with the strong 'foundations' that will benefit them as they prepare for working life or independent living.

People were very well supported to maintain relationships that were important to them. Relatives were always welcome to visit at any time, and staff organised get togethers for people and their friends and families. The service had recently hosted a parent and family day, where everyone enjoyed a garden party. Some people were encouraged to use technology to keep in touch and used 'video chat' to keep in regular contact with their families. Other people made regular phone calls to their families and staff recognised the importance of social contact.

People attended regular house meetings and they were supported to give feedback about the service. Meeting minutes were made available to people in a format that was accessible to them, including easy read. At one house meeting people said they would like to help with some of the tasks around the house and share some of the responsibilities with the staff. These included checking first aid boxes and car checks, such as oil and tire pressure.

The provider asked people who use the service, and those important to them, to complete an annual survey about the quality of the service. At our last inspection we found that people who use the service had not been given the opportunity to be involved in the survey. At this inspection we found the provider had taken action to improve their practice in this area. We saw clear evidence that people had been involved in this years survey. This included responses that had been written by an individual, with the staff member recording what support they had given to the person to help them express their views. One person commented; "I am very, very happy here". Where a suggestion had been made to improve the service these were acted on. For example, providing support to people so they could be in more regular contact with their relatives. The provider had introduced a log, so they could keep track of how often people were in contact their family.

The provider had a complaints procedure in place, which staff were aware of and knew how to use The registered manager knew what they should do to support a person who uses the service to make a complaint and how to manage a complaint properly. No formal complaints had been raised with the provider. Where minor concerns had been identified, such as a missing piece of equipment, the provide took prompt action and made sure it was resolved. This helped to make sure the formal complaints process was not needed.

Is the service well-led?

Our findings

At the inspection in June 2015, we found the provider had not ensured there was an appropriate system in place to assess, monitor and improve the quality of service. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that considerable improvements had been made and the provider was now meeting this Regulation. However, quality monitoring systems required time to become fully embedded into everyday practice and staff competency to administer medicines was not recorded. We recommend the provider considers current guidance about best practice for quality auditing and assurance in a social care setting.

At the last inspection we found the provider had not completed all of the appropriate pre-employment checks before staff started working for the provider. There were minor omissions in some of recruitment checks including gaps in employment history. At this inspection we found continuing gaps in recruitment practices which were more significant. The provider had not completed any recruitment checks for one member of staff, including a Disclosure and Barring Service (DBS) check. A DBS check is completed before staff begin work to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Where a care worker had declared a criminal conviction, the provider had not completed a risk assessment, to see if the conviction would affect the staff members ability to support people safely. There were also continuing gaps in staff members employment history. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During the inspection the provider took steps to assess any possible risk to people and took appropriate action to minimise the risk identified.

The provider had ensured they spent time improving the quality monitoring systems used at the service. A new audit system had been established and a robust and clear schedule was in place, to ensure quality monitoring was completed on a regular basis. Although some of the quality audits we reviewed were appropriate, including water and fridge temperatures and health and safety, others were not. For example, the provider had a cleaning schedule for staff to complete at night. Day staff checked if the cleaning had been done, but there was no audit in place to make sure cleanliness standards were in line with good infection prevention and control practices. We found a few areas in the home where cleanliness needed improvement, such as high level dust and dirty pull cords on toilet lights. Although this had a low impact on people, there was a minor risk the provider may not identify other areas of poor cleanliness as they were not always monitoring this properly.

On occasion, where an area for improvement had been identified in a quality check, they were not always actioned. For example, fridge temperatures had been recorded as above acceptable limits, but action had not been taken. The impact for people of these minor concerns was low, and the operations director and registered manager were keen to discuss these small areas of concerns in an open way. By the end of the inspection they had begun making plans to make sure they continued to further develop their quality monitoring systems.

At the last inspection we found that care workers had their competency to administer medicines regularly

assessed but observations were not recorded. We found the provider had not addressed this area of practice that required improvement and competency assessments were still not recorded.

The registered manager had just returned from a period of extended leave. While they had been away senior care workers had been encouraged and helped to manage the service in a way that ensured people remained well cared for and safe. The registered manager had kept in touch with the service and continued to know the people who used the service very well. They discussed individual's up to date care needs in detail and made sure care was person centred and met individual's needs. Staff who had managed the service commented "we all worked together and were supported well by seniors" and "we were confident we could keep the guys happy and well."

Staff said managers were approachable and they could share any concerns they might have. Comments included; "they always have time for us" and "It's open, we can just talk to them". Care workers appreciated that managers were involved in providing care for people and said "managers are willing to do the same thing as us". Staff were well motivated to provide good care and they aimed to make sure people experienced a family environment in the home.

Senior managers were able to identify what the key challenges for them and the service were. These included supporting new people and new staff to integrate smoothly and in as stress free way as possible. They clearly demonstrated that the support they had provided to everyone involved in moving to the service had helped everyone to join together very well. Staff told us about the improvements that had been made since the last inspection. For example, staff commented that the training they now received was good. "Before when it was due it didn't always happen. Now there are no excuses and it gets done" and "we're in a good place now".

The service aimed to work in partnership with other organisations to make sure they followed current practice. This was to help make sure that people experienced a good quality service. The service was a member of the local authority learning disability provider forum and the skills for care registered managers network. They also subscribed to publications that promoted good practice including Expert Care Manager and Your Autism magazine. The registered manager and provider had considered other activities they could do to promote good practice and continue to improve their service. They were currently in the process of applying for accreditation with the National Autistic Society, Investors in People and ISO9001.

All of the registration requirements were met and the provider ensured that notifications were sent to us CQC when required. Notifications are events that the provider is required by law to inform us of. Records were kept confidentially and were up to date.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did take appropriate steps to ensure they only employed fit and proper staff. Regulation 19(1)(a).