

Keepence Homes

Keepence Homes

Inspection report

19 Wilcot Road
Pewsey
Wiltshire
SN9 5EH
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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?

Good



Is the service well-led?

Requires improvement



Overall summary

19 Wilcot Road is a care home, registered to provide personal care for up to four people who have learning disabilities and autistic spectrum disorder.

The inspection was unannounced and took place over two days on 15 and 18 May 2015.

The service had a registered manager who was responsible for the day to day running of the home. 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.

The service had the size and feel of a family home; people who use the service had all lived at 19 Wilcot Road for several years. The atmosphere in the home was calm and relaxed. The service had a very low turnover of staff and did not use agency staff.

On inspection we found that the service did not maintain a clean environment. This was a breach of Regulation 15

Summary of findings

of the Health and Social Care Act (2008) Regulations 2014. The provider took immediate action to improve the cleanliness of the home. You can see what action we told the provider to take at the back of the full version of the report.

The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected. CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body'; the appropriate local authority, for authority to do so.

The service did not follow the requirements set out in the Mental Capacity Act 2005 when people lacked the ability to give consent to living and receiving care at 19 Wilcot Road. This was in breach of Regulation 11 of the Health and Social Care Act (2008) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The registered manager of the service worked as part of the care team on a daily basis but this left little time for managerial duties. The service did not have fully effective systems in place to evaluate and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act (2008) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Family members were complimentary about the service received by their relatives. There had been no complaints since our last inspection. One person said they were, "more than thrilled" with the service and that their relative was settled and happy. Family members said that if they needed to raise an issue they felt confident that they would be listened to, and their concern would be acted on.

People were unable to tell us whether they felt safe at the service. However we observed they were relaxed and interacted happily with staff. Family members said that people had established good relationships with staff.

The service had arrangements in place to ensure people were protected from abuse and avoidable harm. Staff showed a good understanding of and attitude towards safeguarding and management of risks.

Staff acted in a caring manner and people who use the service were helped to make choices where possible, and to make decisions about how their care was provided. Family members said the care provided at 19 Wilcot Road was good. One relative said they were "absolutely delighted" with the care.

Each person who used the service had their own personalised care plan which promoted their choices and preferences. People were not always able to communicate their choices and people's care plans showed that importance was placed on staff using different ways to maximise communication with people. People who use the service were assisted to go out into the community to enjoy leisure time and also to attend health appointments. The service had its own vehicle for the provision of transport.

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

Staff were able to demonstrate a good understanding of, and positive attitude towards, procedures relating to the prevention of abuse.

Medicines were managed so that people received them safely however, the records for auditing and balancing the stock of medicines was unclear.

The service did not maintain a clean environment which met appropriate standards of hygiene

The service operated a safe system for recruitment and provided sufficient staff to meet people's needs.

Risk assessments were in place and used by the staff.

Not all contingency plans were written down for staff to follow in situations of emergency.

Requires improvement



Is the service effective?

The service was not fully effective.

The service did not have arrangements in place to act in accordance with the Mental Capacity Act 2005 when people lacked the ability to consent to the care provided.

Staff received training and informal supervision to support them in their work. However formal supervision and annual appraisals were not carried out in line with the service's policy and procedure.

The service took positive and thoughtful steps to maximise people's communication.

People had access and support to food and drink.

Each person had a health action plan in place and was supported to access healthcare services.

The premises were homely and had been adapted to people's needs .

Requires improvement



Is the service caring?

The service was caring.

Staff members' approach to people was warm, calm and respectful and put people's needs first.

Care was provided in a manner which promoted dignity and respect and observed confidentiality.

Good



Summary of findings

The service was aware of, and had co-operated with, advocacy services. The service itself advocated for people when necessary.

Is the service responsive?

The service was responsive.

Care and support was provided in a person centred way which promoted choice and reflected people's individual preferences.

The service had not received any complaints but family members were confident if they needed to complain or raise an issue, they would be listened to and the matter would be acted on.

The care provided enabled people and their families to participate in decision making and to make choices.

People were supported to have activities and interests and access to the community.

The services had effective systems in place for sharing of information between services.

Good



Is the service well-led?

The service was not consistently well-led.

The service did not have fully effective quality assurance and information processing systems in place.

The service did not have fully effective systems in place to promote improvement and development.

The registered manager had day to day direct contact with people who use the service and their relatives and with staff members. They were therefore able to receive frequent feedback and to lead by example.

Staff members said they felt valued and that the service was well-led.

Policies and procedures were out of date and incomplete.

Requires improvement



Keepence Homes

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.

Two inspectors carried out this inspection which took place over two days on the 15 and 18 May 2015, and was unannounced.

Before the inspection we reviewed the information we held about the service and contacted the local authority commissioning team to ask for feedback. We read previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We read the 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.

There were four people living in the home who were not able to tell us in any detail what they thought of the service. We observed the care provided to people who use the service to help us understand their experiences. We spoke with the registered manager, two support workers and one member of the partnership which who owned the home. We also spoke with two relatives of people who use the service.

We reviewed four care plans and their associated risk assessments and records. We analysed four staff files, training and supervision records and one job description. We checked documents including audits, cleaning schedules, surveys, policies and procedures, medication processes, generic risk assessments, staff rotas and contingency arrangements. We also reviewed the complaints and incident and accident processes. In addition we reviewed the daily records made by staff and also records such as team meeting minutes. We looked around the premises and observed care practices throughout the day.

Is the service safe?

Our findings

Staff said that they had received training in infection control and records confirmed this. When asked, staff said that key factors of infection control were to keep everything clean and to use gloves when necessary. We observed that there was a good supply of gloves and that staff used them. There was an infection control policy and a cleaning schedule of daily and weekly jobs in place. Hand sanitiser, soap and paper towels were available throughout the home. This meant the service took steps to promote people's safety by training staff on infection control and using infection control measures

However, on arrival we found that several areas of the home were covered in a thick layer of dust. The door to the freezer in the kitchen was covered in dirty marks. Inside there was a large, dried on spillage on the floor of the freezer. These had been there for some time as confirmed by the cleaning rota which showed that the freezer had not been cleaned as scheduled. Further analysis of the cleaning rota showed that several other cleaning tasks had not been carried out as scheduled. The kitchen drawers and cupboards were dirty inside. The wet room and bathroom were not cleaned to an acceptable standard. There were no separate hand washing facilities in the kitchen and unhygienic items were stored there. This was in breach of Regulation 15 (1) (a) (2) of the Health and Social Care Act (2008) Regulations 2014.

People were not able to tell us whether they felt safe at the service. However we observed that people who use the service were relaxed and interacted happily with staff members.

The service had arrangements in place to ensure people were protected from abuse and avoidable harm. Staff showed a good understanding of and attitude towards safeguarding. They were clear on what to do if they suspected a person who uses the service had either been harmed or was at risk of harm. Staff were aware of the safeguarding and whistle blowing policies and procedures in place. Staff had received safeguarding training, and the service had implemented and participated in the safeguarding process when necessary.

Individual medication administration records showed that people were being given the correct medication, as prescribed, in a timely manner. We noted that one member

of staff used their initial to sign where medication had been administered. These initials corresponded with the code to denote that medication had been refused. Given the potential for confusion, the service said this would be resolved. We found there were no gaps in the supply of people's medications. We were informed that the next reviews of people's medications were booked with the GP for 29 May 2015. We were told that the GP reviewed people's medicine to make sure they were still needed.

On, 15 May 2015, the first day of the inspection, three sets of medicines (two bottles of purchased cough medicines and one box of prescribed laxatives) were stored on top of the lockable medication cabinet. This was because the cabinet was too small to hold the medicines. This was unsafe practice and was rectified immediately by the service by removing the cough medicine and putting the laxative in the medicine cupboard.

A medicine policy and procedure was in place but did not specifically address 'as and when needed' (PRN), nor homely remedy medicines. However, where necessary, there were individual PRN protocols in the records of people who use the service so that staff had necessary information to ensure medicines were administered safely. The audit system for medicines did not clearly show a balance in the number of medicines delivered, medicines administered and medicines returned for disposal. The provider said the medication audit system would be reviewed as it was important that it was clear.

Staff files showed that people were protected by a safe recruitment system which meant that the provider had obtained information to make judgements about the character, qualifications, skills and experience of the staff. The recruitment processes provided proof of identity and qualifications. Disclosure and barring checks had taken place. The Disclosure and Barring Service helps employers make safer recruitment decisions by providing information about a person's criminal record and whether they were previously barred from working with adults.

The rotas showed that there were enough competent staff on duty to make sure that practice was safe. Staff members told us that there were always sufficient staff on duty to provide the care and support that people needed. We observed that there were sufficient staff on duty who responded to, and anticipated, people's needs in a timely and unrushed manner.

Is the service safe?

People were protected from risks associated with their care. Staff members told us they followed the guidance set out in personal care plans and risk assessments. Staff kept daily records and communicated any changes in people's needs or concerns about care provision to each other both verbally and through a communication book. This meant that staff members were quickly aware of any issues or changes in relation to providing appropriate care in a timely manner.

The service had an accident and incident reporting system in place. We found that staff were aware of their reporting duties and we saw evidence that incidents and accidents were recorded.

We did not see records which showed that accident and incident reports were analysed and audited and whether necessary learning took place. However the registered manager said they were aware of all accidents and incidents and reviewed them.

We saw evidence that one person had fallen twice when using the stairs this year and had a history of such falls. The registered manager had reviewed the risks and updated the risk assessment. However, it was not clear that all options to reduce the risk had been explored. For example consideration of assistive technology to wake the sleeping night worker so that the person did not use the stairs unescorted at night or early in the morning.

We noted that appropriate individual risk assessments were in place except that one person's risk of choking did

not have an risk assessment. However, our observations of care showed that staff were aware of, and reduced the risk by monitoring and providing the person with verbal reminders to slow down when eating their food.

Care staff said they had no concerns about people's safety. They said they felt confident to report any concerns or risks and that these would be acted upon. Staff also informed us that they read the generic and individual the risk assessments and were of the view that the service managed risks well. We also noted that upstairs window restrictors were in place but were not working due to wear and tear. The provider informed us that the window restrictors would be replaced.

We asked about contingency plans and were informed that although these were not written down that staff knew what to do in an emergency. Staff members informed us that they would dial 999 in an emergency or contact the registered manager or a member of the provider partnership. The registered manager said that that suitable alternative accommodation had been identified for situations in which this may be necessary and that all staff knew about this. We noted that the service's fire certificate and checks were up to date. Personal evacuation plans were in place and an evacuation had recently been practised.

We recommend that the service seek advice on the use of assistive technology.

Is the service effective?

Our findings

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so.

The service had a policy and procedure for DoLS in place but this had not been implemented due to lack of understanding. On, 15 May 2015, the first day of the inspection, necessary applications for authorisations of a deprivation of liberty had not been made by the service but on the second day, 18 May 2015, they had been done.

Necessary records of assessments of capacity and best interest decisions were not in place for people who lacked capacity to decide on the care provided to them by the service. A policy was not in place for the wider requirements of the MCA such as the use of assessments of capacity and best interest decisions to underpin day to day care provision or restrictions, such as use of a sensor alarm.

The registered manager agreed with our observation that the service's approach was that assessments of capacity and best interests decisions were the responsibility of specialist professionals. In fact sometimes it was necessary for the service itself to carry out these tasks but this had not been done.

We found that the long-standing arrangements the service had in place for the management of three people's finances were not suitable. This was because they did not have the capacity to agree to the arrangements. The provider agreed with our observations, and said that after an assessment of the capacity of the individuals concerned, followed by best interest decisions as necessary, suitable formal financial arrangements would be put in place.

This was in breach of Regulation 11(1) (3) of the Health and Social Care Act (2008) Regulations 2014.

Keepence homes provided suitable induction and on-going training to staff members. Several staff including the manager had achieved a National Vocational Qualification NVQ award. The registered manager said they carried out caring duties alongside the care staff every day and was therefore able ensure that the learning was understood, embedded and to lead by example, observe practice. They told us they gave staff feedback and informal supervision on a daily basis. The staff said they had sufficient training and that they were confident that if they requested further training it would be provided.

All of the care plans provided detailed information on people's communication needs and guided staff on how effective communication may be achieved. This included guidance on how to interpret people's vocalisations, facial expressions, actions and body language. It was evident that the service took care to understand people's wishes and feelings and to enable people to make choices. In addition, the care plans included comprehensive positive behaviour support plans. These evidenced thoughtful consideration of people's communication needs and of what factors may have a positive or negative impact on communication. Records showed that the incidents of behaviour that challenges were infrequent and we noted that the atmosphere in the home was calm and relaxed.

The service's staff supervision policy required that, alongside an annual performance appraisal meeting, formal supervision meetings should take place at least six times per year. The registered manager informed us that appraisals did not take place. In its PIR the service stated that it intended to introduce a system of appraisals in 2015 and review its team meeting and formal supervision arrangements.

Records showed that formal supervisions were taking place at approximately six monthly intervals for care staff, and approximately yearly for the registered manager. This meant that the service did not meet the targets set out in its policy and procedure for formal supervision of staff. However, informal supervision of care staff was frequent. The staff we spoke with said they were happy with their current supervision arrangements and that they had very good day to day access to their manager who worked alongside them providing care. The registered manager said they observed practice and gave any necessary feedback or support to staff on a daily basis.

Is the service effective?

People had access to food and drink throughout the day and staff support was provided with eating and drinking as necessary. People were encouraged to eat a healthy diet of fresh food and to make their own food choices. Where possible, people were enabled to be independent and make their own hot drinks. People were provided with suitable equipment to help them eat independently. We noted that mealtimes were flexible and that people could choose whether to eat as a group or alone. The service kept a daily record of what each person consumed and kept monthly records of people's weight to ensure people maintained a healthy body weight. If people did not want to be weighed, the staff monitored the person's weight by the fit of their clothes.

Each person had a health action plan in place and, where necessary, an epilepsy profile was also in place. Appointments had been made with the GP for these to be

reviewed on 29 May 2015. Records showed that people were enabled to have access to healthcare professionals as necessary. Staff members were very aware of the need to make appointments and to support people during these appointments.

The premises had the feel of a family home and had four downstairs reception rooms which meant that people could find space to be alone if they did not wish to be upstairs in their own room. One person's room had a sensor alarm in place so that the sleeping night staff would be alerted should assistance be needed at night. Records and comments from staff showed that they wanted the home to feel homely and had invested in this by decorating it themselves. People's bedrooms had been personalised with their own choice of décor and with ornaments and pictures. One family member said, "It's a very homely atmosphere, not like an institution."

Is the service caring?

Our findings

One family member said, “I am absolutely delighted with the care” and “the staff are wonderful.” The people who used the service had all lived there for several years and were supported by a small group of staff members who likewise had worked at the service for several years. This consistency meant that staff members knew the people who use the service very well.

We observed that staff members' approach to people was respectful and calm. We saw that choices were offered; one member of staff said, “choices promote contentment”. We noted that sometimes the language used by staff was inappropriate because it labelled, or was patronising towards people. The registered manager said this was a matter which she raised with staff whenever she heard inappropriate language.

We were informed that one person needed to be hospitalised recently and that staff ensured that one of them stayed with the person to support them throughout the whole of their stay in hospital. In order to provide this level of support, staff said they willingly worked longer hours and slept in a chair by the person's bed. A staff member said that the staff team worked together to prioritise this person's needs because putting people first, and being committed to providing care, was the culture in the home.

Staff told us that they had built good relationships with people who use the service. Family members informed us

that their relatives had good relationships with the staff at the service. One member of staff said that in giving care they protected people's dignity and privacy by shutting doors, knocking before entering rooms and making sure the person felt comfortable. They added it was important to get to know people and to be patient. Another member of staff said, “Treat people how you would like to be treated speak respectfully and in an adult manner.” We noted that staff were aware of the importance of protecting people's confidentiality and said they did not talk about people outside of the service.

Staff told us that they would offer and explain to the person before supporting them with care. If the person did not want to have care, they would try again later. We observed this happen when a person felt sleepy and did not want to have lunch until later. We were informed of further examples of people being involved in decisions about their care, for example one person used pictures to decide on a style of haircut. Another example given in the PIR was that people chose the decoration scheme for the sitting room and went shopping to purchase items for the room. We noted that staff members were encouraged to offer people choices by showing them the different options. One family member was pleased at how the service had helped their relative redecorate their room.

The registered manager was aware of local advocacy services and informed us that an advocate had been used to support one person recently.

Is the service responsive?

Our findings

Each person who uses the service had a person centred care plan. The plans were detailed and evidenced that Keepence Homes promoted choice and provided care in accordance with people's individual preferences. The care plans were kept under review and all but one had been reviewed recently.

The care that people received promoted their independence and met their needs. The care plans enabled the people who used the service to participate in decision making to the maximum extent possible.

The registered manager explained that for some people it was important that a routine was followed because this promoted their well-being. We observed that care and activities were provided according to people's individual needs and different levels of independence.

The registered manager said that people were enabled to go out into the community for activities at least three to four times per week. Such activities included going for walks, having a meal out, going shopping, having picnics, going to see a pantomime, visiting family, going to the hairdresser and going to a coffee shop. Two people were also enabled to use day services two days per week each. Everyone who used the service had an annual holiday. Staff supported people whilst on holiday. One family member said the staff members were really helpful supporting them to meet up with their relative on a regular basis.

One member of staff informed us that within a shift, approximately two and a half hours would be spent in the home talking and doing activities with people who use the service. We observed that staff gave one person a manicure, chatted over lunch with people, watched television and read a magazine with another person. Another person was supported to go out shopping.

The person centred care plans clearly stated people's likes and dislikes and indicated the activities they enjoyed. These included singing, playing with soft toys, art, and helping with housework and household shopping. The registered manager said, "We consider the risk assessment to be an enabling rather than a preventative tool." This showed that the service sought to promote people's independence and choices at the same time as preventing and reducing risks to people.

Positive behaviour support plans were in place and guided staff to be alert for and to avoid triggers that may cause escalation in people's anxiety levels. The plans also gave guidance on preventative measures and reactive strategies for staff to use if people's anxiety increased. This meant the people's safety and well-being were promoted.

Keepence Homes did not use agency staff and had very low staff turnover and sickness rates. The registered manager informed us in the PIR, "this means that the people working in the home know the people we support very well and are able to meet their needs." Staff members informed us that they knew people very well and were a cohesive, supportive staff group in which communication between the members worked well.

There was a system in place to manage complaints. There had not been any complaints since our last inspection in October 2013. Family members informed us that staff members at Keepence Homes were approachable and, although they had not had cause to raise any problems or concerns, they felt confident that they would be listened to and action would be taken if the necessity arose. The service's PIR showed that having received feedback from a family member, the service provided a written rather than a verbal record on their relative's activities. Also some redecoration had taken place following a relative's comment.

There were arrangements in place for communication between services to ensure care planning and to promote the health, safety and welfare of the people who use the service. On one person's recent hospital admission, Keepence Homes' staff provided hospital staff with a document containing necessary information about care and support.

Staff members ensured they were able to support people as necessary during appointments with other services such as the GP, optician and dental appointments. One member of staff described how if a person was nervous about a procedure, for example having their blood pressure taken, the staff member would have it done first to reduce the person's concerns. Where people attended outside day services, a record book was used so that staff from both services kept up to date with people's needs and could provide care accordingly.

Is the service well-led?

Our findings

The service had a registered manager in place who had been in post for thirteen years. Staff were clear to whom they were accountable. Staff rotas clearly showed which member of staff was in charge on each shift. Staff members displayed values of respect and enablement towards people who used the service with a focus on providing person centred and safe care. Staff members informed us that they work as part of a supportive and cohesive team in which communication was open and effective.

Family members told us they thought the service was well managed; one person said it was, “fantastic.”

The service worked in partnership with families and other key organisations such as the GP surgery, day care provider, the local authority and the local general hospital. The service used effective systems to ensure that information was appropriately shared between organisations.

We asked staff about the shared vision of the service; they replied with their own personal views. These showed they valued the people who use the service and put their interests uppermost but meant the service did not have a shared set of visions and values that all staff worked to achieve. The provider wrote a statement of the service’s visions and values during the weekend between the first and second day of the inspection which was given to us and the staff on 18 May 2015.

We checked the computer monthly auditing system. The health and safety audit did not ensure all necessary checks were carried out. The medication audit was not completed properly. Accidents and incidents, cleaning schedules and infection control were not always included in the audit. The audit records we reviewed were not fit for purpose and the provider agreed the service lacked an evaluative, structured audit approach. We did not see records which showed that audit information was analysed as a whole, in order to establish whether there was learning from patterns and trends that could be used to improve the quality and safety of the service. This was in breach of Regulation 17 (1) (2) (a) (d) (ii), of the Health and Social Care Act (2008) Regulations 2014.

The registered manager had a strong presence in gaining day to day feedback from people who use the service and their families and other services. This information was used to respond to people’s individual changing needs. Staff

members were then provided with guidance both verbally and in a staff communications book on how the registered manager required them to react. Support plans and risk assessments were reviewed and updated. This meant that the service involved people and met their individual day to day needs in a timely manner. However, we did not see evidence that the service processed and fully recorded information in order to evaluate and improve the service as a whole. This was in breach of Regulation 17 (1) (2) (d) (ii) (f) of the Health and Social Care Act (2008) Regulations 2014.

The provider and registered manager said that the service needed to put systems in place to drive improvements in practice. They said this included implementation of the MCA 2005, the Care Act 2014, the new Health and Social Care Act 2008 regulations and the new CQC methodology. They also said that they needed to review all policy and procedure and contingency plans as they were either incomplete or out of date. In addition they intended to introduce a system of appraisals and to review the team meeting and formal supervision arrangements. The registered manager commented, “We have become comfortable” and added, “we want to be a good home.”

The provider said that the registered manager’s work pattern would be reviewed because of the registered manager’s 37.5 hours per week, an average of 4.5 hours was spent on managerial duties; mainly essential tasks such as the staff rota and pay sheets. The remaining hours were spent on providing care and support. This meant that the registered manager had a strong influence on: leading by example, care provision, risks management, person centred care planning and informal staff supervision/support. However, the registered manager said other tasks such as: auditing, evaluation, appraisals, formal supervision, implementing best practice, implementing changes in legislation and driving improvements were not afforded the necessary time.

The staff said they valued the registered manager’s open door policy and approachability. One member of staff said that they felt valued and had job satisfaction and that the service was well-led by the registered manager. They did not believe any changes needed to be made (except for house maintenance and decoration) and nor that there were any gaps in their training at present.

Staff said they felt able to air their views and that these were acted upon. One member of staff said, “We do see [the registered manager] if we have any problems”. That

Is the service well-led?

staff came forward with ideas and concerns was evident in the staff communication book. Staff turnover was very low with most members of staff having worked at the service for many years. The newest member of staff had worked at

the service for two years. The consistency of the staff group membership reflected the positive comments from staff about the way the service was led and their level of job satisfaction.

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 11 HSCA (RA) Regulations 2014 Need for consent

Necessary records of assessments of capacity and best interest decisions were not in place for people who lacked capacity to decide on the care provided to them by the service. The provider did not have suitable arrangements in place to act in accordance with the Mental Capacity Act 2005.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

The premises used by the service provider were not maintained to an appropriate standard of hygiene.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The service provider did not have fully effective systems in place to assess, monitor and improve the quality and safety of the service. Nor were there fully effective systems in place to evaluate and improve practice and to keep records in relation to the management of the service.