Aitch Care Homes (London) Limited

Bradwell House

Inspection report

14 Brockhill Road
Hythe
Kent
CT21 4AQ
Tel: 01303 239439
Website: www.achuk.com

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

The inspection visit was unannounced, and was carried out on 6 November 2014. The previous inspection was carried out in July 2013, and there were no breaches in the legal requirements.

Bradwell House is a large, ten bedroom house, registered to provide accommodation and personal care for up to 10 people who have a moderate to severe learning disability, some of whom may have additional conditions, for example sensory issues, autism and epilepsy. The communal spaces include a large dining area, which leads through dividing doors into a lounge area and all bedrooms are single. If required people had the necessary aids and adaptations to suit their individual requirements, such as, special chairs and adaptations to individual bedrooms to support people with their visual impairments.

The service is run by a registered manager, who was present on the day of the inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

Arrangements were in place for the receipt, storage, administration and disposal of medicines, but recording did not always reflect this. Topical creams were left in people's rooms without appropriate risk assessments in place to ensure that they were being stored safely.

Appropriate arrangements were in place to ensure that the premises and equipment were well maintained to keep people safe, although fire drills were not a regular occurrence and call points were being tested monthly instead of weekly. A pictorial poster helped people understand what to do in the event of a fire. Environmental health recommendations had been overlooked in the recent management changes and were still to be addressed.

People were protected from the risk of harm, as staff had received appropriate safeguarding training and were aware of how to recognise and process safeguarding concerns. Staff were confident they could raise any concerns with the registered manager or outside agencies if needed.

Each aspect of a person's support needs was risk assessed to ensure the person was kept safe from harm, and measures were in place to minimise harm occurring. There were appropriate arrangements for the reporting and acting upon accidents and incidents, however routine analysis to assess for trends or patterns was not undertaken which could reduce the risk of further occurrence.

People were being cared for by sufficient numbers of suitably qualified and experienced staff.

The service had safe systems in place when new staff were recruited. New staff underwent an induction programme, which included working alongside established staff, until they were confident to work on their own. However there was no evidence of how staff's competency had been assessed during the induction period and no competency tests carried out during the induction.

People were supported to access routine and specialist healthcare appointments and their general health and wellbeing was monitored. People had access to the local community and their independence was encouraged. They took part in activities of their choice and had use of a sensory room within the grounds of the service.

The organisation had systems in place to obtain feedback from everyone involved in the service. These included formal and informal meetings, quality assurance surveys and daily contact with the registered manager.

Systems were in place for monitoring and auditing the quality of the service. The organisation's regional manager carried out regular visits to the home and completed audits of the systems to assess the quality of the service, and findings were then used to make improvements.

There was an open culture in the service with staff being supported to raise concerns and discuss good practice, to ensure the continuous improvement of the service.

The registered manager investigated and responded to people's complaints, in line with to the provider's complaints procedure.

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?

Requires Improvement

The service was not always safe. The frequency to carry out fire drills and test the fire points in the service required improvement. Recommendations from environmental health had not been actioned.

There were sufficient staff on duty who were recruited safely and trained to meet people's needs. However, there was no evidence of how staff competencies were assessed during their induction training to demonstrate they had understood the training being provided.

Staff had received training on how to keep people safe and knew how to recognise and report abuse..

Is the service effective?

Good

The service was effective. People were receiving care from trained staff and their skills and competencies were observed by senior staff.

The manager and staff understood the requirements of the Mental Capacity Act 2005, and ensured that people who lacked mental capacity were appropriately supported to make decisions in their best interests.

People received the support they needed to see their doctor. Where people had complex health care needs, appropriate specialist health care services were included in planning and providing their care. People were supported to maintain a healthy diet.

Is the service caring?

Good

This service was caring. Relatives confirmed that their relative was well cared for and we saw that the staff were caring and people were treated in a kind and compassionate way.

People were supported to communicate by staff who were patient and kind. The staff were observed positively supporting people with their behaviour and making sure they were receiving the care and attention they needed.

People were treated with respect and their independence, privacy and dignity were promoted. People and their families were included in making decisions about their care. The staff in the service were knowledgeable about the support people required.

Is the service responsive?

Good

The service was responsive to people's needs. People's care and support plans were reviewed and updated regularly. Relatives of people using the service were involved in review meetings so were able to express their views on the service provided.

Summary of findings

There were systems in place to support people when they were unable to make complex decision to ensure decisions were made in people's best interest. We saw that these involved the appropriate people and professionals.

People had opportunities to undertake a range of activities and were being supported to maximise their independence.

There was a good system to receive and handle complaints or concerns.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered manager had been in post for six months and together with the regional manager had implemented an action plan to improve the service. Improvements had been made in the staff supervision programme and timescales to achieve the plan were in place. However recommendations from the audit carried out by the Environmental Health Officer had not been acted upon to improve the service.

Systems were in place to monitor the safety and quality of the service.

People, relatives, health care professionals and staff had completed quality surveys but the outcome of the surveys had not been summarised to show that their comments to improve the service had been acted upon. . Accidents and incidents were recorded but not analysed to look for trends and patterns to prevent future occurrences.

Staff and relatives told us the manager was approachable if they had any concerns or suggestions

Bradwell House

Detailed findings

Background to this inspection

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

This inspection took place on 6 November 2014 and was unannounced.

The inspection was carried out by two adult social care inspectors. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this information, and we looked at previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We contacted five health and social care professionals and received feedback from three professionals via email from the local social services and community learning disability team. We also spoke with three relatives of people using the service.

Most of the people who used the service were not able to communicate with us to express their views. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with one person using the service, the registered manager and four members of staff.

We observed staff carrying out their duties, such as assisting people with reduced mobility to move from their specifically designed chairs; and helping people with food and drink. We reviewed people's records and a variety of documents. These included four people's care plans; four staff recruitment files; the staff induction and training programmes; medicine records, risk assessments, accidents/incidents, complaints and quality assurance surveys.

Requires Improvement

Is the service safe?

Our findings

Relatives told us they felt the service was safe, however we found that only one fire drill had taken place in the last twelve months, therefore not all staff had been involved in this process to make sure they had an understanding of what to do in case of fire The fire testing points had not been completed weekly to make sure they were in good working order.

Before the current registered manager had taken up post the service had been visited by the environmental health officer in April 2014 and recommendations for improvements to the kitchen had been made. We found that these recommendations had not been implemented as the registered manager had not been made aware of the issues.

The above is a breach of Regulation 15 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were being given to people safely and when they needed them. We looked at people's medicine administration records (MAR) charts. These contained a photograph of each person and information about any allergies they had was clearly recorded. We found that there had been some gaps in recording where staff had not signed for medicines given. Senior staff said that they were already aware of these and were observing the performance of some staff to ensure correct procedures were followed, but this could not be evidenced through records seen. Medicines were recorded when received by the service, signed for, appropriately stored and disposed of correctly. However some creams were kept in people's rooms to be administered by staff and were at risk of being used inappropriately by the people as they lacked capacity to understand the use of the creams. Staff told us that they were stored safely and no one had attempted to use the cream. We discussed this with the registered manager and the deputy who agreed to review this arrangement. Controlled drugs (CDs) were stored in a cupboard which met legal requirements, and records showed that these had been administered and signed for appropriately.

Appropriate records were in place when people received 'as and when required' medicine, such as pain relief or for seizures. Some people found their medicines difficult to swallow. Records showed that discussions had taken place with their next of kin and doctor to enable medicines to be given with food such as yoghurt. This information was detailed in their care and support plans. Staff said that each person was reminded that their medicine was in their food each time they needed to take it. We also found that action had been taken when people were unable to swallow tablets and liquids had been requested and supplied by their doctor.

All staff administering medicines had received appropriate training, Staff told us that they completed 'e learning' (computer on line training) medicine training and were observed by senior staff as competent before they administered medicines; however records of this observation were not in place. The registered manager told us that senior staff would be instructed to complete these records in the future.

Family members told us they felt their relative was safe living at Bradwell House. Staff had received training in how to keep people safe from harm. They knew how to report any suspicions of abuse and were aware of the whistleblowing policy should they need to raise concerns about the practice of other staff. They told us they would not hesitate to report any concerns to their manager or the local authority. We observed that people were comfortable and relaxed in the company of staff.

People's risks had been assessed and recorded. For example there were risk assessments in place covering the risk of people choking, bathing, accessing the community and the environment. The assessments were detailed setting out what people could do for themselves and when they needed assistance. These assessments helped people to take risks as part of their daily routines as safely as possible.

People who needed positive staff support with their behaviour had detailed risk assessments in place, supported by guidelines that showed triggers to their behaviour and how staff should respond to this. Staff had received training to use recognised distraction and de-escalation techniques so that people were protected from the risk of harm. Each person had a 'Personal Emergency Evacuation Plan' in place, which identified their specific needs and requirements should they need to leave the home in the event of an emergency.

Requires Improvement

Is the service safe?

The home was visibly clean in all areas, and records confirmed that equipment checks and servicing were routinely carried out to ensure the safe use of equipment. Weekly health and safety checks of the premises were carried out by staff, which highlighted any items for repair, replacement, or areas of concern, these issues were reported to a maintenance team and staff said these were acted upon quickly.

The service provided suitable numbers of staff to care for people safely and effectively. Staffing levels were assessed depending on people's need and occupancy levels. We saw from the staff rota that agency staff had been used to cover in times of sickness and annual leave. The registered manager told us and we saw from the staff rota, that they used the same agency staff to ensure that people received consistent care. Relatives told us that the staffing in the service had not been stable including changes to the management team The service acknowledged the present staff turnover had not been ideal and there was ongoing recruitment to fill posts and avoid the need to use agency staff in the future. There was also a 'support hour's review tool' which enabled the manager to monitor the one to one staffing arrangements for people using the service. During the inspection we saw that staff were responsive to people's requests and responded promptly when people needed their attention.

A robust recruitment and selection procedure was in place and appropriate checks had been undertaken before staff began work. These included Disclosure and Barring checks, (DBS) and checking proof of identity. A Disclosure and Barring Service (DBS) check, checks if prospective staff had a criminal record or were barred from working with children or vulnerable people.

Any gaps in employment history were explored, and information to confirm conduct from previous employment was also obtained..

Good

Is the service effective?

Our findings

Relatives told us that the staff knew their relative well and were able to communicate with them effectively. One relative told us how staff knew their relative's 'ways' and were able to 'lift their mood' so they were relaxed.

People smiled and reacted to staff positively when they were supporting them with their daily routines. Care plans contained personalised information about people's health care needs, individual preferences, behaviour, and likes and dislikes. There was information about their lives and who was important to them so that staff were able to support them with their interests and family relationships.

There was detailed guidance on how people communicated, for example what different words meant to each person and how they would take staff by the hand to show them what they wanted. Additional information was also recorded, such as 'maintain good eye contact and use short sentences, so that people had the time to understand'. Staff were observed patiently waiting for people to communicate and also acted on people's expressions and behaviours.

Appropriate training had been provided so that staff had the skills and knowledge to meet people's needs. New staff attended induction training, which included in-house training, such as health and safety and moving and handling, and shadowing experienced staff. However records were not in place to show that staff had their competencies observed and assessed to make sure they had a good understanding of the training.

Staff told us that the training programme was good and at the time of the inspection the sensory room was being used to provide staff with moving and handling update training. There was a range of training being provided, for example, fire safety at work, first aid and safeguarding

adults. Specialist training was also provided, such as challenging behaviour, communication and administration of 'as and when required' epilepsy medication.

Staff told us they had one to one meetings with their line manager to discuss their performance and the service. We found that the registered manager had a supervision programme in place to ensure that all staff received the support they needed, however not all staff had received an appraisal to discuss their individual development and training needs. The registered manger was aware of this shortfall and action plan had been developed to address this issue. Staff said they felt well supported.

The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager told us they were in the process of referring all of the people using the service to the local authority to be assessed with regard to deprivation of liberty safeguards. Staff understood the importance of supporting people to make choices and encouraged people to be as independent as possible. Procedures were in place, and had been followed, when arranging a 'best interest' meeting for more complex decision making, such as sedation for dental treatment. People's relatives and health and social care professionals, such as care managers, had been involved in the meetings.

We found that the service had worked well with the local learning disability team, who had worked in liaison with the registered manager, to discuss and meet the needs of one person. They told us that the manager had demonstrated full understanding of the responsibilities under the MCA.

We observed lunch being served in the dining room. People were able to eat their lunch when they wanted to and choose to eat where they wished. The dining room was busy with staff supporting people with their lunch time routines. The atmosphere was busy and people were enjoying their meal with staff. Staff were observed asking people if they wanted other things to make their meal more enjoyable, such as offering bread and butter with their meal. Equipment, such as plate guards and special spoons were in place to encourage people to be as independent as possible to eat their meals. People also had special cups or drink bottles so that they could manage to drink safely. People were asked if they had enough to eat and were supported to go to the kitchen to bring their meals into the dining room or take their plates to the kitchen when they had finished their meal.

When required people had been referred to the dietician for further support with their specific needs. At the time of the visit no one had been assessed as being at risk with their nutritional needs or required a special diet. We did see that people were being encouraged to eat healthy and manage their weight by having small portions. One person also had supplementary drinks to ensure they were receiving the nutrition they needed. People's intake of food

Good

Is the service effective?

was monitored to make sure they were eating and drinking properly. One relative told us how nutrition had been discussed at their relatives review and as a result additional snacks and protein drinks were provided to ensure they received a balanced diet.

The registered manager told us that a new four weekly menu had been introduced and people were encouraged to be involved in the menu planning by discussions at meetings and using pictorial images of suggested dishes.

People were supported to maintain good health. Each person had a health plan in place where allergies, health care appointments and on-going medical attention was recorded. There were details in place to guide staff when people were in pain, signs to look for before people suffered an epileptic seizure or may need to see a doctor. People had access to a variety of health professionals, such as speech and language therapists, dentists, community learning disability team, and psychiatrist, doctors and community nurse. In one care plan we saw recommendations from a team of health care professionals, which noted that the person was supported by “a dedicated team of staff who had their best interests in mind and had the skills necessary to support the person to develop new skills”.

Good

Is the service caring?

Our findings

Relatives told us that the staff were caring and compassionate. They told us they were always made welcome by the service when they visited. A relative stated: "They are a caring bunch of staff".

We saw that staff treated people with kindness and respect. They took time to listen and chat with people to support them to do what they wished.

Staff demonstrated a commitment to the people they were supporting and spoke of them respectfully and fondly, praising aspects of their skills or interests and things they had achieved. They were aware of people's diversity and would ensure the appropriate support was provided, if needed. Staff knew people well and how they communicated, and what to do to distract them when they became distressed or needed support with their behaviour, such as singing or talking about things that made individuals smile. We saw that people reacted positively to these techniques and became calm and relaxed.

Some people were partially sighted and staff were heard guiding them and giving clear instructions to them so they knew what was expected or required of them. This was evident at meal times when they told the person where their cutlery was, what they had on their plate and then made sure they were comfortable, before leaving them to eat their meal. They observed the person discreetly at a distance to make sure they had everything they needed and enjoyed their meal.

At lunch time we saw that staff were sensitively supporting people to eat their meal with words of encouragement and occasional touches of the shoulder so that they continued to eat. Some people required more assistance and we saw this was undertaken at a pace to suit the person. One person had finished their meal but did not want to leave the table. The staff member spoke with the person and recognised that they were still hungry and went to the kitchen and offered the person three choices of food for dessert, the person chose an apple and continued with their meal.

People living in Bradwell House were able to communicate with simple words, smiles and gestures. We saw that new communication passports were currently under development so that staff could further recognise each person's abilities, through expression, behaviour, preferences and choices. Staff took the time to listen and observe people so that they were aware of what people needed and what they wanted to do.

There were comments from relatives made on a recent quality assurance survey "Nice clean environment, caring and respectful atmosphere". "Staff take account of what each person needs as individuals".

Advocacy services were available to support people with complex decisions, such as medical treatment. Records showed that Independent Mental Capacity Advocates, (IMCA - an individual who supports a person so that their views are heard and their rights are upheld) had been involved in supporting people to make decisions in their best interests.

Staff took the time to listen and observe people so that they received the care they needed. We saw that people's privacy and dignity was upheld. One person took us to see their bedroom with a member of staff, the person entered their room and the member of staff then asked if we could go in. At the end of the visit the staff member asked the person if they wanted to lock their door to maintain their privacy. Relatives told us that they saw people were treated with respect and dignity when they visited the service.

People had privacy when they needed it. Staff respected people's wishes to remain in their rooms and discreetly checked to see they had everything they needed. There was an activity room and sensory room, in addition to bedrooms, where people could meet with friends and relatives in private. Relatives told us that they could meet with their relatives in private when they wished to.

Staff promoted people's dignity by supporting them discreetly when they needed to go to the bathroom, by knocking on their bedroom doors and waiting for signs that they were welcome before entering people's rooms. Personal care was given in the privacy of their bedrooms.

Feedback from the care management team confirmed that people were being treated with privacy and dignity and encouraged in a number of areas, for example to choose their clothes as part of their daily routines.

Good

Is the service responsive?

Our findings

The registered manager told us that the care needs assessment process for people coming to live at the service was being reviewed. In the past this had been undertaken by a team from headquarters. We were told that in the future, the registered manager will be responsible for carrying out this task. At the time of the inspection there had been no new admissions to the service for over two years, however previous records showed that all aspects of care had been thoroughly assessed so that the service would be able to meet each person's individual needs.

People's care plans reflected their previous lifestyles, backgrounds and family life. There was information about people's choices and preferences and how they wished to be cared for. Care plans had been reviewed with relatives and/or health care professionals meetings to discuss people's changing care needs. People's health care was monitored closely and there was detailed information to support people with their medical conditions, such as epilepsy. We saw that referrals had been made to the appropriate health care professionals when one person's behaviour needed to be re-assessed, and additional staffing hours had been increased to support the person to remain safe, until the required assessments had been completed. We saw that people's family and representatives were consulted when important health decisions needed to be made.

Feedback from the local care management team was positive about the support people were receiving. They said that the care and support had been tailored to individual needs around individual choices and preferences. There were clear goals in support plans for people to achieve, for example visiting family or staying overnight in a hotel, and each time the goal was achieved new ideas were suggested so that the person had new experiences to look forward to.

Relatives told us that the service responded promptly when their family member needed to see a doctor or any other health related appointments. They also said that the service kept them updated of any changes to their relatives care needs.

People and their representatives were encouraged to make their views known about their care.

There were systems to gather the views about the quality of care being provided in the service. We saw that there were regular resident meetings where people were supported by staff to give their views. Satisfaction surveys had also been sent to people, relatives, health care professionals and staff. The results of the surveys had been analysed which were mostly positive, and any negative comments had been included in an action plan to improve the service. The action plan showed who was responsible for the improvements and when this should be completed, however, there was no summary of the survey to inform people the outcome and how and when the improvements would be made.

People were supported to take part in a range of activities. Some people attended day care services for arts and craft, and cooking. Each person had an activities plan, which showed their hobbies and interests. People went out regularly with staff and were supported to buy individual items such as toiletries. The service had a sensory room where people had one to one sessions to relax and there was also a small room where people could enjoy activities of their choice. People could also enjoy the activities on the Wii computer console. Activities were recorded so that staff could evidence that people were enjoying a social life of their choice.

The service had good links with the community. One relative told us how people in the local community knew their son as they went to church weekly and to the local pub.

We saw that care plans gave staff guidance to identify when people may need reassurance or were unhappy, such as displaying certain behaviour if something was wrong. Staff told us that they supported people to raise complaints or concerns through their weekly meetings. Pictures were used to help people express their feelings and views, for example there were pictures of happy and sad faces that people could point to.

Complaints were recorded and investigated by the registered manager. We saw that both verbal and written complaints were acted upon and the process for doing so was clear. There were no outstanding complaints. Relatives told us that they did not have any hesitation in sharing any concerns with the staff or the registered manager, and were confident that the staff would deal with them.

Requires Improvement

Is the service well-led?

Our findings

Relatives told us that they were satisfied with the service and there was an open and friendly atmosphere in the home.

At the time of the inspection we were told that the organisation was undergoing a management restructure and a new Chief Executive Officer had been appointed. We saw memos to people using the service, relatives and staff outlining the changes in the service. The changes were on-going and the organisation was communicating with everyone involved in the service to keep them updated. The Statement of Purpose (a document which includes information of what people can expect from the service) was generic about the organisation and not specific to Bradwell House, therefore it did not contain the information specific to the home and people living there.

We saw that the organisation had provided a pictorial letter to people using the service about the changes taking place. Staff recorded that each person had this letter read to them. Staff and management had received a memo in September outlining the organisations vision and values, such as quality of care, involvement and good care practice. Staff told us about their role and how they encouraged people to be as independent as possible, provide them with choice and care, which was personalised to their needs. The atmosphere in the service was inclusive, with staff engaging with people to be involved in conversations supporting them with their daily routines.

There was a registered manager in post who was supported by a deputy manager. The registered manager had been in post for six months and had already identified and implemented an action plan to improve the service. They were aware of the challenges to the service, such as the new organisational structure of management and staff and the effect it may have on people and staff.

The ethos of the service was to be open and transparent and the registered manager told us they were leading by example and had an open door policy. We noted during the inspection that staff and people using the service felt comfortable speaking with the manager and going in the office for a chat.

Regular audits had been completed for key areas, such as health and safety and infection control. These included ensuring that checks for the gas, electrics and water temperature were checked regularly, to help make sure that they were working efficiently and were safe. This helped make sure that any potential risks were managed and the quality of service provided continued to improve. Checks on the quality of the service were also carried out at regular intervals by the organisation's regional manager. We saw that action plans were put into place if improvements were identified. These were monitored at follow up visits to ensure they had been completed, for example we saw that an odour had been identified during a quality assurance visit which resulted in the carpets being professionally cleaned. We saw that part of the process to assess the quality of the service was observation of staff interaction with people using the service so that the registered manager could monitor care practice. However recommendations from the audits carried out by the local pharmacist and the Environmental Health Officer had not been acted upon to improve the service.

Accidents and incidents were recorded and showed actions taken to reduce the risk of accidents. However the occurrence of accidents and incidents was not analysed by the registered manager to identify patterns or trends which could help to further reduce these risks in the future.

A quality assurance action plan was in place as a result of the recent survey sent to people using the service, friends and family, staff and health care professionals. Staff had supported people using the service to complete their surveys. There was a positive response from staff who had raised suggestions and management action was on-going to resolve issues. Relatives were overall satisfied with the service being provided, out of the twelve surveys received only one person felt activities and expressing views could be improved. The action plan was put in place to monitor the activities and build relationships to improve people's ability to express their views.

Staff supervision and appraisal had been recognised as being an area that needed to be improved and at the time of the inspection the registered manager had a plan in place to complete all staff supervisions and commence the appraisals. Staff told us they felt supported by the management team and there was always a manager available to speak with if they had any concerns. New staff told us that they were confident to speak with senior staff and that they were always around when they needed help,

Requires Improvement

Is the service well-led?

or guidance. The registered manager told us one senior and one staff meeting had been held and more regular staff meetings were being scheduled, so that staff had further opportunities to express their views.

Staff were encouraged and supported to keep up with current practice and we saw that there was staff 'reading file' containing information, such as the philosophy and principles of care, and malnutrition. Each member of staff signed to confirm they had read the information. There were also details of a conference being held by the Leaning Disability Practice Forum, which three members of staff were attending.

Where investigations had been required, for example in response to staffing practice, the registered manager had completed a detailed investigation, which included what actions had been taken to resolve the issues. If staff competencies had been questioned, investigations were carried out and if required disciplinary action had been taken.

Records were stored securely and there were minutes of all meetings held, so that staff and people would be aware of up to date issues in the service.

Policies and procedures were reviewed by head office and were accessible to staff in the registered manager's office.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were not being protected from the risk of fire due to the lack of fire drills and fire testing points.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.