

Aldanat Care Limited

Peterhouse

Inspection report

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06 June 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced comprehensive inspection took place over three days on the 30 May, 05 June and 06 June 2018.

Peter House provides residential accommodation and personal care for up to 11 people who have a learning disability or autistic spectrum disorder and mental health needs. Accommodation is provided in one single dwelling as well as care and support provided to people living in nine supported living settings across Essex. This is so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. Other than the inspection of the care home where we did look at the safety of the premises, for the supported living settings, this inspection looked at people's personal care and support. At the time of our inspection there were nine people living in the residential care home and 20 people supported in the community including supported living units.

The supported living settings had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy.

A registered manager was in post who was also the provider of this and other services but did not have day to day oversight of the service. 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 our last inspection in December 2016 the rating for this service was requires improvement. We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the safe care and treatment of people, a lack of action to lawfully obtain consent and ineffective governance and oversight of the service. We also found staff had not been provided with the training and skills required to meet the complex needs of people who used the service.

Following the last inspection, we asked the provider to complete an improvement action plan to show us what they would do and by when to improve the key questions; Is the service safe?, Is the service effective?, Is the service responsive? And Is the service well-led? to at least good.

At this inspection we found some improvements had been made to meet the relevant requirements, however there were still some areas which required further work. Action was taken by the registered provider during our inspection to rectify the potential risk of scalding from unprotected radiators and the risk of falling of un-restricted windows. However, whilst we acknowledge the registered provider has responded to rectify these shortfalls, these risks to people's safety had not been previously identified and

mitigated prior to our bringing these to the attention of the registered provider.

We recommended that risk assessments in place contain a date scheduled for review to ensure the current arrangements in place continued to meet people's health, welfare and safety needs.

Not everyone had an up to date care plan which reflected their health, welfare and safety needs. This meant that the current arrangements for identifying people current care needs including risks to people's welfare and safety were not as robust as they should be and improvements were required.

There were systems in place to monitor people's level of dependency and to assess the number of staff needed to provide people's care. However, when cover for staff absences was required there were not always sufficient staff available. This sometimes impacted on people's ability to access community activities.

Any restrictive practice used to keep people and others safe had been appropriately assessed in people's best interests. There was improved training provided to staff in the use of de-escalation techniques when people became distressed and presented with behaviour that put themselves and others at risk. Appropriate assessments had been carried out with detailed guidance for staff as to the least restrictive option, which upheld people's rights to having their dignity respected.

Staff understood and had a good knowledge of the key requirements of the Mental Capacity Act [2005]. Where Deprivation of Liberty Safeguards (DoLS) applications to restrict people's freedom of movement in their best interest had been authorised, we found timescales for review had not all been actioned and so the authorisation was no longer legally valid.

People's medicines were managed safely and they were supported to receive them as prescribed.

Staff had received training in safeguarding people from abuse and understood their responsibilities to report concerns to the management team and outside agencies. There were arrangements in place to help protect people from the risk of financial abuse. However, we recommended the provider implement a system to maintain personal inventories to differentiate people's personal belongings apart from those which belonged to the registered provider.

The service had a recruitment process in place which ensured that staff were recruited safely and an induction programme to support new members of staff when they joined the service. We recommended that the provider looked at ensuring sufficient staff are available at all times to provide support for people with their chosen preference of daily activities and outings.

A choice of food and drink was available that reflected people's nutritional needs, and took into account their preferences and any health requirements. People were supported to maintain their health and had access to a wide range of health and social care professionals.

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 completely safe.

Systems for identifying risks to people's welfare and safety were not as robust as they should be and improvements were required. Health and Safety reviews of the environment were not sufficient to identify risks.

Staff had received training in safeguarding people from the risk of abuse and understood their responsibilities to report concerns to the manager and outside agencies.

There were systems in place to monitor people's level of dependency and to assess the number of staff needed to provide people's care. However, when cover for staff absences was required there were not always sufficient staff available. This sometimes impacted on people's ability to access community activities.

There were safe and effective recruitment procedures which ensured that all satisfactory checks had been completed before staff started their employment.

The provider had safe and effective systems in place which meant people received their medicines as intended.

Requires Improvement ●

Is the service effective?

The service was not completely effective.

There was improved staff training to equip staff with the skills and knowledge they required to meet people's assessed needs.

Where DoLS applications had been authorised, we found timescales for review had not been actioned and so the authorisation was no longer legally valid.

People received enough to eat and drink. People received specialist diets where a need had been identified.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

Staff were compassionate, attentive and caring in their interactions with people.

People's independence, privacy and dignity was promoted and respected.

Wherever possible, people were involved in making decisions about their care and their relatives and others appropriately involved.

Is the service responsive?

The service was not completely responsive.

Not everyone had an up to date care plan which reflected their health, welfare and safety needs.

Systems were in place to investigate and respond to complaints

Requires Improvement ●

Is the service well-led?

The service was not completely well-led.

Quality and safety monitoring systems were not fully effective to identify the shortfalls we found at this inspection. However, we acknowledge that the registered provider responded promptly to mitigating the risks we identified.

Staff were complimentary about the support they received.

Systems were in place to receive people's feedback about the service and used for planning improvements.

The service worked in partnership with other agencies to ensure people's care was

Requires Improvement ●

Peterhouse

Detailed findings

Background to this inspection

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

This comprehensive inspection took place over three days on the 30 May, 05 June and 06 June 2018. The first day was unannounced.

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the first day of the inspection two inspectors and an Experts by Experience visited the care home and one of the supported living sites. On the second day one inspector visited two supported living service sites. On the third day one inspector visited the care home. The Expert by Experience also made phone calls to relatives of people who used the service.

We met with the registered manager, the learning disability director who had day to day oversight of the service, two service managers', the cook and nine senior and support staff. We also spoke with two social care professionals.

During our visit we focused on speaking with people who lived at the service and observing how people were cared for. Where people at the service had complex needs, and were not able verbally to talk with us, or chose not to, we used observation as our main tool to gather evidence of people's experiences of the service. We also spoke with five relatives.

We reviewed all the information we had available about the service including notifications sent to us by the manager. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from others, including the local authority. We used this information to plan what areas we were going to focus on during our inspection.

We looked at nine people's care records including the management of their medicines. We also reviewed

staff recruitment and training files as well as quality and safety monitoring audits and checks on the residential care home environment.

Is the service safe?

Our findings

At the last inspection in December 2016 this key question was rated as 'Requires Improvement'. At this inspection whilst we have acknowledged some areas of improvement further work was required. We have judged this domain as continuing to 'Require Improvement' with an improving picture.

Not all risks to people's safety had been assessed and monitored. Whilst effective procedures were in place to monitor the safety of the environment such as fire safety and legionella safety checks, we found environmental risks had not been assessed in relation to the risk of scalding from un-protected radiators, hot water pipes and the risk of falling from un-restricted windows. This included unprotected radiators and hot water pipes in the rooms of people diagnosed with epilepsy. This meant systems in place for assessing risks to people were not effective at providing staff with the guidance they needed to mitigate the risk of harm. We discussed this with the registered provider and learning disability director who by the third day of our inspection had taken action to cover un-protected radiators in the care home and all windows were fitted with appropriate window restrictors. They had also put in place a system for regular checks of windows to ensure they were safe and in good working order. There was a lack of environmental risk assessments carried out in the supported living sites we visited.

We noted the majority of environmental and people's individual risk assessments in place across all settings did not have a date for review scheduled. We recommend that risk assessments contain a date scheduled for review to ensure the current arrangements in place continued to meet people's health, welfare and safety needs.

People were protected against the risks associated with anxiety and distress, including the risks associated with the use of restraint. Staff had received training in de-escalation and breakaway techniques and were aware the use of appropriate restraint was only used as a last resort. They demonstrated the necessary knowledge to be able to respond appropriately and safely in situations where a person may become increasingly distressed and the use of these techniques were required in order to keep the person and others safe. The registered provider employed a behavioural specialist who produced detailed behavioural management plans and carried out regular reviews to ensure guidance supported people and others to stay safe and their freedom respected. We spoke with professionals from the behavioural assessment and intensive support teams who told us staff were proactive in contacting them for specialist advice and support.

Systems were in place which were designed to protect people from abuse. Staff had completed training in safeguarding and understood the procedure they would need to follow in order to keep people safe from harm. Our discussions with staff showed us they were aware of indicators of abuse and knew how to report any worries or concerns both within the service and, if necessary, to external organisations. Safeguarding incidents since our last inspection had been managed appropriately in line with safeguarding protocols.

There was a whistle blowing policy in place. All the staff we spoke with were aware of the policy and told us that they would be confident reporting any concerns about the safety of people or the behaviour of other

staff members.

There were arrangements in place to help protect people from the risk of financial abuse. If people needed support with their money, staff kept clear records and kept all receipts. Spending was monitored and audited to insure there were no discrepancies and that people's finances were safeguarded. However, where people had purchased their own furniture and electrical items, we recommend the provider implement a system to maintain personal inventories to differentiate people's personal belongings apart from those which belonged to the registered provider.

The recruitment and selection process in place showed us that recent staff employed had been subject to criminal record checks and references obtained from the most recent employer before starting work at the service. Criminal records checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Each person had a Personal Emergency Evacuation Plan (PEEP) in place providing guidance to staff on how to support them to evacuate the building safely in the event of an emergency. However, further work was needed to ensure these were regularly reviewed.

We noted fire safety failures which had been identified following a visit from Essex County Council fire officer in 2016. We discussed these with the registered provider who confirmed that all shortfalls identified in the fire officer's report had been rectified and completed.

There was an improved system in place to enable learning from incidents and accidents to help in planning for improvement. Accidents and incidents were recorded and analysed by the management team. These and other practices were regularly reviewed to ensure learning could be applied to make future recurrences less likely. This included systems in place to respond to and investigate medicines errors.

There were systems in place to monitor people's level of dependency and to assess the number of staff needed to provide people's care. People received as assessed one to one and some two to one support from staff. During our inspection, we saw that there was sufficient staff on duty to ensure people received the support they needed. However, we received some mixed views regarding the availability of sufficient staff to meet people's needs. One person told us, "I have different staff, not always the same, they are nice and kind and they do what I want." Another told us, "My biggest bug bear is agency staff, not knowing who is coming. I'm lucky as I have my own team designated to me, staff do try to swap around so I don't have to have them. I hate inconsistency. Agency staff do not know me. And I don't like them."

Staff told us, "Most of the time there are enough staff but there are times when staff call in sick and there is no cover, this means people go without their community activities which can cause some frustration." Another told us, "We work well as a team and cover as best we can. We do use agency but we avoid this wherever possible. When we do use agency, we try to use the same staff to ensure consistency of care for people. It is very important in this environment.

People's medicines had been stored safely and effectively for the protection of people using the service. Medicines were managed safely and people received their medicines as prescribed. There were systems in place for the ordering, safe storage, administration and disposal of medicines including controlled drugs. Information about what people's medicines were for and how they liked to take them was comprehensive and made clear to staff. Protocols were in place for 'as and when required medicines' (PRN) such as for pain relief

We carried out an audit of stock against medication administration records. We found that these tallied. Medicine administration records were clear and up to date and all medicines administered or omitted for a reason had been signed for. Body maps were used to indicate the site for application of prescribed creams and lotions. Regular medicines audits had been completed with a daily count down check of stock which meant there were systems to identify medicines errors in a timely manner and ensure people received their medicines as prescribed.

All staff who administered medicines had received relevant training on-line from the supplying pharmacy and more in-depth training from the in-house trainer. Staff competency to administer medicines safely was checked regularly to ensure their practice remained safe and effective. This included training in the safe administration of Buccal Midazolam. This is an emergency treatment given to stop a prolonged seizure for people who have epilepsy.

At our last inspection we found the registered provider did not ensure effective systems were in place to mitigate the risks to people's health, welfare and safety in relation to infection control and maintaining a safe environment. At this inspection we found monitoring and maintenance of the premises was on going with a schedule of planned works in place. We saw one bathroom was being refurbished with improved showering and bathing facilities. Some other areas of the environment were in need of redecoration and refurbishment. For example, some of the windows were found to be in a poor state of repair and flooding had damaged the flooring in one person's room. The learning disability director told us windows were scheduled to be replaced shortly and new flooring purchased. Maintenance staff confirmed a schedule of ongoing works to improve the environment in which people lived.

We found improved systems in place to ensure people lived in a clean environment. There were infection control systems to mitigate the risk of harm to people and prevent the risk of cross contamination. Cleaning schedules were in place to reduce the risk of cross contamination. Regular audits had been completed to ensure the service was well maintained and that people lived in a clean environment. Staff had completed training in infection control and we observed staff wearing appropriate personal protective equipment whilst accessing the kitchen and serving meals. Staff had easy access to personal protective equipment for supporting people with their personal care.

Is the service effective?

Our findings

At the last inspection in December 2016 this key question was rated as 'Requires Improvement'. At this inspection whilst we have acknowledged some areas of improvement further work is required. We have judged this domain as continuing to 'Require Improvement' with an improving picture.

At our last inspection two inspections in April 2016 and December 2016 we found the registered provider did not ensure that staff received appropriate training of a sufficient standard to enable them to meet people's assessed needs. For example, there was a lack of training to enable staff to support people with complex needs and behaviours safely and appropriately. Previously most of the training provided to staff was on-line which staff told us did not meet their training and development needs. They also told us there was a need to provide training in meeting people's complex health including their mental health needs.

At this inspection we found some improvement. A revised training programme had been produced. This included more face to face, training in subjects such as; medicines management, autism awareness, epilepsy and positive behavioural support with practical guidance for staff in de-escalation techniques to support and respond to people exhibiting distressed behaviours in the least restrictive manner. Training in meeting the needs of people with complex conditions such as Pica, (defined as an eating disorder that refers to the eating of non-edible things) had been provided. Staff told us training was more comprehensive and face to face training enabled them opportunities to share experiences and learn from others. One staff member said, "The training we get has improved. It better helps us understand the needs of people, some needs are complex, the on-line training alone does not provide what was needed."

A four-day induction training course in line with the care certificate had been put in place which staff told us equipped them to understand their roles and responsibilities when they first started working at the service. The care certificate is a nationally recognised, good practice induction for newly employed staff working within the care profession. New staff 'shadowed' more experienced staff to support them in getting to know the care and support needs of people and to gain confidence in their role.

Staff told us they received regular one to one supervision and annual appraisals with opportunities to discuss their training and development needs. They also told us they had access to regular staff meetings. This was confirmed from a review of records where we saw a variety of subjects were discussed including health and safety, staff performance, safeguarding and ideas shared to improve the quality of care people received.

At our last inspection we found the registered provider did not ensure people's consent to care and treatment had been obtained lawfully. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be the least restrictive possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered provider had taken action to submit DoLS applications to restrict people's freedom of movement in their best interest which, had been authorised. However, we found some DoLS authorisations their timescales for review had expired and so the authorisation was no longer legally valid. We recommend the provider implement a system to flag up when DoLS reviews are due and ensure DoLS reviews with the local safeguarding authority were actioned in a timely way to ensure compliance with the law.

Staff were observed to uphold people's rights to make decisions and choices, even if these were ill-advised and unwise. Care records contained information which showed that each person had their capacity to make decisions assessed, for example in relation to activities, medicines administration and personal care.

Staff had a good understanding of each individual person's nutritional needs, likes and dislikes. People's nutritional requirements had been assessed and their individual needs documented. Where risks had been identified for people from inadequate nutrition and hydration intake specialist advice and support had been obtained. Choking risks had been identified and support plans contained comprehensive information to mitigate the risk of harm. We observed food served to the correct consistency as advised by speech and language therapists (SALT).

People had been supported to maintain good health, had access to healthcare services, and been enabled to receive ongoing support. There were systems and processes in place for monitoring people's health and welfare needs and to enable people a smooth transition between services. Each person had a health action plan to identify any health care needs and action needed to enable people to stay healthy. People also had hospital passports in place. The aim of a hospital passport is to assist people with learning disabilities in their transition to hospital. This would provide clinical staff with important information about the person, their health and communication needs. When required people received specialist support and review from learning disability professionals and their GP.

We noted for one person subject to a section 117 there was vital information missing from their hospital passport and A&E grab sheet which would inform clinical staff of potential risks to the person and others and safeguards necessary to avoid the risk of harm. We discussed this with the registered provider who informed us they would immediately amend these documents to ensure additional information was provided to ensure effective care and support is provided for people when accessing care across organisations.

Staff worked together with other organisations to deliver effective care, support and treatment. Staff described to us how they worked together with social workers, behavioural assessment teams, occupational therapists, people's relatives to ensure safe effective care which met people's needs. Social care staff told us, "They are proactive and communicative with us to ensure the best outcomes for people. The only negative would be when they struggle to keep the same consistency of staff for those people with complex mental health needs where it is so important to have the same staff they trust."

Is the service caring?

Our findings

At the last inspection in December 2016 this key question was rated as 'Good'. At this inspection we have judged this domain as continuing 'Good'.

People living within the residential care home and in the supported living sites told us they received good care from kind and supportive staff. Whilst the majority of people were unable to verbally express their views to us we noted positive, compassionate enabling interactions between staff and people who used the service.

One person told us, "The staff are good and kind and they know how to settle me, talk to me, talk reason." A relative told us, "The staff are just amazing, you would not believe the difference they have made to [person's] life. It is fantastic what they have achieved, things I never thought possible."

Our observations showed that people received good person-centred care that met their needs. People valued their relationships with the staff and spoke positively of individual staff members. We noted that people had a good rapport and relationship with the staff who supported them. We observed good humoured banter and respectful interactions, and they were relaxed in each other's company.

Staff knew people very well. Information about people was recorded in their plans. These gave a good level of detail about the person as an individual, their life story and interests. Staff understood people's different communication needs and how to communicate with them in an effective and proactive way. For example, speaking softly, allowing people to express their needs and preferences, the use of sign language and pictorial prompts where appropriate.

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People had been given the opportunity to provide feedback about the service through regular reviews and through the completion of annual questionnaires. A written report had been completed providing an analysis of the findings. People were supported to access advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

People told us their personal care and support was provided in a way which maintained their privacy and dignity. They suggested to us that the care and support was provided in the least intrusive way and they were treated with dignity. People were supported to be as independent as possible. One person told us "I wash all myself and staff help me choose my clothes, I always picky my hat out myself." Another told us, "Staff are lovely, the best, any problems I've had, issues I have raised we get sorted out, they are good to me."

Is the service responsive?

Our findings

At the last inspection in December 2016 this key question was rated as 'Requires Improvement'. At this inspection whilst we have acknowledged some areas of improvement further work is required. We have judged this domain as continuing to 'Require Improvement' with an improving picture.

The majority of people's care plans were personalised and reflected their current care and support needs. For example, there was comprehensive information as to; 'How I communicate' 'Things I like to do', 'How I like to be supported morning, afternoon and evening' and 'personal relationships important to me'. Positive behavioural strategies had been developed, which would guide staff to support people to reduce their anxieties. Some people and their relatives had been involved in the planning and review of people's care plans. However, not everyone had an up to date care and support plan in place.

The quality of information provided and the regularity of review varied across the care home and supported living settings. Not all care plans had been recently reviewed and so did not always reflect people's current care needs. For example, we found a lack of guidance for staff and planning to meet the needs of people with regards to their catheter care and up to date review of epilepsy management plans. This meant we could not be assured that people's needs were reviewed appropriately and up to date guidance provided for staff to meet people's needs safely and effectively. Staff told us they received regular handover meetings which provided them with verbal updates as to people's changing needs, however we were not assured this was sufficient and noted as a particular risk given the number of agency staff employed.

We observed people were supported to access a variety of community activities. For example, from everyday walks, shopping, swimming, bowling, attending football matches and for some people attending college. We observed one person who enjoyed working alongside maintenance staff cutting hedges and tidying the grounds. They told us they enjoyed this activity and this provided them with a sense of purpose to their day. Some people had their own vehicles which, staff told us was for their personal use only and the service had a general use vehicle which when enough staff available provided easy access to trips out.

We also observed people supported to bake cakes and enjoy leisure time of their choice such as time watching DVD's, manicures and listening to music. We found activity planners which would describe people's weekly plan of activities including access to the community did not always reflect the actual activities provided. This was confirmed by staff. For example, some activity plans had not been reviewed since March 2017 and did not accurately reflect the amount of planned community activities people had access to.

The service provided care and support to people who were subject to section 117 aftercare of the Mental Health Act 1983. This Act places a statutory duty upon health and local authorities to provide after care. Where people are in receipt of care there is a requirement that regular reviews of people who have been detained under specific sections of the Act. We saw that regular reviews of people's care had taken place with the relevant professionals and people in receipt of care involved. 'After care' support plans were produced following each review which detailed roles and responsibilities of each agency and actions with

timescales to ensure the health, welfare and safety needs of people were met with appropriate safeguards in place.

Several documents were available to people, relatives and visitors on how to make a complaint. Relatives told us that concerns and complaints were addressed promptly and appropriately.

The service was not currently supporting anyone who was believed to be at the end of their life. Care plans were not in place to evidence that people had been consulted regarding their wishes and any preferences they may have in relation to planning end of life care.

Is the service well-led?

Our findings

At the last inspection in December 2016 this key question was rated as 'Requires Improvement'. At this inspection whilst we have acknowledged some areas of improvement further work is required. We have judged this domain as continuing to 'Require Improvement' with an improving picture.

At our previous inspections in April 2016 and December 2016 we found there was a lack of clear leadership and oversight of the service. At this inspection we found the registered manager who was also the registered provider continued not to have day to day oversight and management of the service. This responsibility had been cascaded to the learning disability director and service managers appointed to each supported living setting and the residential care home.

We found the learning disability director demonstrated a good knowledge of each service and the needs of the people who used the service. They also supported each service manager with regular supervision and team meetings where they received support.

All staff were complimentary regarding the management support they received, describing an open, approachable, inclusive and enabling leadership style. Staff were provided with improved opportunities to contribute to the development of the service. Team meetings and one to one supervision meetings were now provided on a regular basis to enable staff to have their views heard and discuss their training and development needs. A review of staff meetings showed us that there was a strong focus on team working and providing quality, safe care for people who used the service.

The provider completed monthly audits of all aspects of the service, such as medicines, care plans, nutrition and learning and development for staff. They used these audits to review the service. Audits routinely identified areas that could be improved upon. Action plans had been produced, which clearly detailed what needed to be done and when action had been taken. However, quality and safety monitoring arrangements had not identified all the areas for improvement we found as part of this inspection. For example, where we identified risks to people's safety from un-protected hot surfaces, the lack of window restrictors in place to prevent the risk of falls from heights and the need for care plans to be monitored to ensure staff had up to date guidance to meet people's current needs. Whilst we acknowledge the registered provider has responded and taken action during our inspection to rectify these shortfalls, these risks had not been previously identified and mitigated prior to our notifying the provider of these potential risks to people's safety. This meant that the current arrangements were not as robust as they should be and improvements were required.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service and on their public website where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had not clearly displayed their rating on either their website or at the residential location for people who used the service and their visitors to view. We discussed this with the provider who by the third day of our inspection had placed the appropriate information on their website but not on display at the residential service. The

learning disability manager told us this shortfall would be addressed by the end of the day and confirmed this to us.

Systems were in place to receive people's feedback about the service. The provider sought the views of people, staff and others by using annual questionnaires and insight groups which enabled people who used the service and staff to air their views and contribute to improving the quality of care provided.