

Independence-Development Ltd

Sinon House Therapeutic Unit

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 24 January 2018 and was unannounced.

Sinon House Therapeutic Unit is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to provide care for up to three people with learning disabilities, autism spectrum disorder, mental health issues and eating disorders. There were three people living at the service at the time of the inspection.

The provider, Independence Development Ltd, offers a semi-independence training program for young people aged 16-30 years of age who are leaving care and require ongoing support during their transition into adulthood.

The service was run by a registered manager who was present on the day of our visit. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 was last inspected on 11 May and 14 June 2017 when the area of 'Well-led' was rated as inadequate and the overall rating was Requires Improvement. At that time we found seven breaches of Regulation. These were with regards to the provider failing to: Regulation 9, ensure care plans were personalised; Regulation 11, follow the principles of the Mental Capacity Act 2015; Regulation 12, safely manage risks to people; Regulation 17, operate effective quality auditing systems; Regulation 18 (HSCA) provide adequate staff to meet people's assessed needs; Regulation 19, employ fit and proper persons; and Regulation 18 (Registration Regulations) notify CQC of events and incidents without delay.

After the inspection the provider sent us an action plan which detailed how they planned to address the breaches of Regulations and they regularly updated this to evidence what had been completed. The last update was received on 3 January 2018.

We also made recommendations regarding meeting outstanding actions in the service's fire risk assessment and including people's likes, dislikes and preferences within their plans of care.

At this inspection, we found improvements had been made and there were no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, we have made three recommendations with regards to healthy eating, inducting new staff and the environment.

This is the second time the service has been rated Requires Improvement.

Quality assurance processes had improved and identified shortfalls in the service had been addressed. However, there had been a five month delay in installing emergency lighting which was completed on the day of our inspection visit. There was no redecoration and improvement programme in place to ensure wear and tear in the environment was addressed proactively. We have made a recommendation about this.

People had their health and nutritional needs assessed but we have made a recommendation in relation to supporting people to have a balanced diet.

New staff received a structured induction and were provided with a programme of training in areas essential to their role. We have made a recommendation about ensuring staff induction is effective.

The aims of the service were to promote people's independence and life skills. Most health and social care professionals reported that these aims were met. However, it was not always easy to identify from records the progress of people's development.

Improvements had been made in assessing potential risks and guidance was in place and available to staff to make sure people were protected from harm. There were systems in place to monitor and respond to accidents and incidents.

Staffing levels were based on people's assessed needs and appropriate checks were undertaken to ensure suitable staff were employed at the service.

Staff understanding of the principles of the Mental Capacity Act 2005 had improved. CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager had not needed to submit any DoLS applications to ensure that people were not deprived of their liberty unlawfully.

The care planning process had been developed to include people's views, likes, dislikes and preferences. People were involved in decisions about their care and treatment and knew how to make a complaint.

People had access to the health and mental health support they required.

People were supported by staff who were trained to recognise the signs of abuse and the provider had reported concerns about people's safety to the relevant authorities.

The systems in place for the management of medicines had been reviewed and there were clear records and checks in place to make sure people received their medicines as prescribed by their GP.

Staff communicated with people in a kind manner and treated them with dignity and respect. People responded positively about the level of staff support they received.

People had opportunities to go out and take part in sport, leisure, education and work experiences.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risks to people's safety and welfare were managed to make sure they were protected from harm.

Staff knew how to recognise any potential abuse and had reported significant events to the appropriate organisations.

People's medicines were managed appropriately.

People were protected by the service's recruitment practices and there were enough staff available to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People had sufficient to eat and drink but there was not a consistent approach to healthy eating.

Staff received relevant training for their role, but their induction was always effective.

People's health care needs were assessed and monitored and people had access to healthcare professionals when needed.

Staff understanding of the principles of the Mental Capacity Act 2005 had improved.

Is the service caring?

Good ●

The service was caring.

People were supported to varying degrees with life skills.

People were treated with dignity and respect.

Staff were kind and caring and took time to listen to people's points of view.

Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised.

People were able to go out and were supported to follow their interests including education and work opportunities.

Information about how to make a complaint was available to people in a format they could understand.

Is the service well-led?

The service was not consistently well-led.

Quality assurance and monitoring systems were in place. However, there had been a significant delay in installing essential emergency lighting.

People would benefit from a rolling programme of continuous improvements to the environment to make sure that it met their needs.

People and visiting professionals were asked for their views about the service and the majority responded very positively.

Requires Improvement 

Sinon House Therapeutic Unit

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 24 January 2018 and was unannounced. The inspection was carried out by one inspector and an assistant inspector.

Prior to the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law. We also asked the provider to complete 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. The provider returned the PIR within the set time scale.

We spoke with two people who used the service, two care staff, the registered manager, service manager and human resources manager. We received feedback from two social workers and a clinical nurse specialist, all of whom worked with children and young people. Their feedback identified the service had a number of strengths, but that there were also some aspects of the service that could be improved.

During the inspection we viewed two person's care notes and tracked how their care was planned and delivered. We also looked at a number of other records including four staff recruitment records; the staff training programme; management of medicines, health and safety records; and quality and monitoring audits and surveys.

Is the service safe?

Our findings

People said there were staff around during the day and at night time and that this helped them to feel safe.

At the last inspection in May and June 2017, we identified breaches of Regulation 12, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to assess the risks to the health and safety of people and to do all that was practicable to mitigate the risks; to assess and ensure there were sufficient numbers of staff on duty to meet people's needs; and to undertake checks so only staff that had been assessed as suitable were employed at the service. A recommendation was made to follow actions highlighted in the service's fire assessment which included carrying out regular fire drills.

At this inspection on 24 January 2018, we found that improvements had been made in all areas. Guidance to assess and manage potential risks to people's safety was in place and followed by staff; one to one staffing was provided according to people's assessed needs; the staff application process included their employment history, references and criminal record checks; and fire drills were carried out so staff and people knew what to do in the event of a fire.

Potential risks to people's safety in their daily lives had been identified and strategies were in place to guide staff how to manage these risks. This included risks in relation to people's behaviours, finances, when using social media and when in the local community. Risks had been rated so staff were aware of the potential impact of harm if control measures to minimise the risks were not followed. Risk assessments were available to staff and were regularly reviewed when people's needs changed to ensure they contained up to date guidance. Staff said they understood what they needed to do to reduce any potential risks and had signed relevant documentation to confirm this.

Some people presented behaviours that may challenge themselves or others. A risk management plan and positive behavioural support plan was in place for these people which detailed proactive and reactive strategies. Proactive strategies are ways of supporting a person to make sure they have what they need and to guide them in appropriate ways of communicating. Reactive strategies give staff guidance about what to do to keep the person and others safe from harm when a person displays behaviours which challenge. For example, the proactive support for one person was to ensure they had clear boundaries. It included the circumstances when they needed staff to check on them so they knew staff were thinking about them, and the situations when it worked better to give the person space and not engage them in conversation. Reactive support included how to de-escalate or divert the behaviour and what needed to be done to keep the person and others safe. Regular reports about people's behaviours and well-being were sent to local authority placement teams as requested, which gave an overview of any changes or patterns of behaviours.

A record was made of any accidents or incidents, detailing what had occurred and the action taken in response to the situation. For people who self-harmed a log was kept of any occurrence, if medical treatment was offered, accepted or declined and a body chart was kept of any wounds. The registered manager monitored all events and were supported by an external consultant, to make sure that all necessary action was taken to help keep people safe. The registered manager said that input from external

consultants had helped ensure that lessons were learned and that action was taken in a timely manner.

Staffing levels were assessed when people first moved to the service with regards to if they needed one to one or shared staff support. People who received one to one staff support had a named member of staff allocated to them so it was clear who would be providing this support. People had individual sleeping patterns and at night there were two staff members. One staff member was awake and immediately available and the other staff could be called upon when needed. The staff rota corresponded with the staff members on duty at the time of the inspection.

Staff recruitment practices were improving to help ensure that people were protected from the risk of receiving care from unsuitable staff. Applicants completed an application form and telephone assessment and were invited for a face to face interview. These interviews took place at the provider's head office and did not include the registered manager who was responsible for the day to day running of the service. This shortfall had been highlighted as part of a quality monitoring audit and the registered manager confirmed that she was attending planned interviews for the position of deputy manager. This meant that the registered manager would be fully involved in recruitment decisions about staff employed at the service.

Appropriate checks were carried out which included obtaining a person's work references, right to work in the UK, a full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services. Employment records were held at the provider's head office but were made available at the inspection. The human resources manager told us that there were plans in place to hold staff information electronically so it would be easily accessible to the registered manager.

Staff had received training in how to evacuate people safely in the event of a fire and a programme of fire drills had been established. Each person had a personal emergency evacuation plan (PEEP), which set out the specific requirements to ensure that they were safely evacuated from the service in the event of a fire. Health and safety checks had been carried out to ensure that the environment was safe and equipment fit for purpose. These included making sure that fire equipment was in working order and that electrical and gas appliances at the service were safe. Checks and practices in relation safe water temperatures were in place and the service's fire risk assessment had been reviewed.

The service had a safeguarding adults and children's policy which set out the definitions of different types of abuse, staff's responsibilities, how to report any concerns and how to blow the whistle. This is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith. The service had a copy of the document 'Multi-agency safeguarding vulnerable adults: Adult protection policy, protocols and guidance for Kent and Medway'. Staff had received training in how to recognise abuse and respond to abuse in adults and children and felt confident to raise any concerns with the registered manager and that these would be acted on. Staff said that they understood the importance of reporting any safeguarding concerns to the police or local authority safeguarding team in keeping people safe. The provider had notified us of any safeguarding incidents.

Medicines were administered, stored and managed safely. Staff had received training in how to administer medicines and followed the medicines policy when ordering, obtaining and returning people's medicines to the pharmacy. Staff recorded on a medicines administration record (MAR) each time they gave a person their medicines. Where medicines and their dosage had been handwritten on the MAR, rather than pre-printed by the pharmacist, two staff had checked and signed the record to reduce the risk of any errors.

Medicines were dated on opening to ensure their continued efficacy and safety. Controlled drugs (CD's) were

stored safely. CD's are medicines requiring closer monitoring and extra security. Staff checked stock levels of CD's daily and records were made in the controlled drugs register by two staff in line with the service's medicines policy. Protocols were in place for people who were prescribed medicines 'as and when required'. Each person had a medicines profile which stated what each medicine was for, the route it should be administered and any side effects for which to be vigilant. Medicines checks were carried out in line with the provider's policy to ensure there was a clear audit of all medicines entering and leaving the service.

Staff undertook training in infection control and personal protective equipment was available such as gloves and aprons. The registered manager told us that staff were responsible for cleaning the service and it was clean on the day of our visit. The registered manager informed us that people stored their dirty laundry in their bedrooms. They said dirty laundry was taken straight from people's bedrooms to the washing machine when it was due for washing. This minimised the risk of any infection as the washing machine was situated in the kitchen area, as in a domestic setting.

Is the service effective?

Our findings

People said that they were able to visit the service, talk to staff and see what it was like before making a decision to move there permanently. People told us that the staff team knew how to support them. They said they planned what they were going to eat each week and had their own cupboard in the kitchen to store their food.

At the last inspection in May and June 2017, we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to follow the principles of the Mental Capacity Act 2005 in undertaking mental capacity assessments and making decisions in people's best interests.

At this inspection on 24 January 2018, we found that improvements had been made in staff's understanding and application of the MCA 2005.

The Mental Capacity Act 2005 (MCA 2005) 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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff understood that it should be assumed that people had the capacity to make choices and decisions. Mental capacity assessments had been undertaken with regards to people's medicines. People had been assessed as having the capacity to take their medicines, but had given their written consent for staff to administer them. Staff had received training in the MCA 2005 and gave examples of their application. They knew that people could make unwise decisions but that they also needed to be supported and guided to understand the consequences of these decisions so they could make an informed choice.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS are applicable to people 18 years and over and no one was subject to a DoLS authorisation at the service.

People's needs in relation to food and fluids had been assessed and the support required detailed in their care plan. People were involved in weekly menu planning but people often chose different options which were less nutritious or to skip meals and eat snacks instead. Staff said that it was people's choice to snack throughout the day and to eat what they wanted, but this did not involve offering informed choices or a culture where regular meals and healthy eating was promoted. It is important to people's mental health and when taking medicines to eat regular and balanced meals and there was a lack of staff understanding about how to promote this in the service. For example, for one person it been assessed that it was important that they ate breakfast as they were on prescribed medicines but they regularly did not eat this meal. This person's weight had increased despite not eating regular meals and the registered manager said this was related to their diet of eating unhealthy snacks. For another person, consultation had taken place with other

professionals and milkshakes had been offered when their appetite reduced to maintain their nutrition.

We recommend the provider seeks national guidance that promotes healthy eating to ensure a consistent approach at the service.

New staff completed a structured six week induction programme which included learning about their roles and responsibilities, shadowing existing staff and training essential to their role. However, an external audit in January 2018 identified that a lack of induction and support for a staff member was a contributory factor to an incident involving the safety and well-being of a person at the service. Some staff had moved to the service from another of the provider's services. The human resources manager told us that these staff would have received a verbal induction which was specific to the service, including information about each person and health and safety. However, there was no record that this had taken place. Therefore, staff induction training had not always been effective in supporting individual learning needs.

We recommend the provider seeks national guidance on inducting new staff.

A staff training schedule was in place which was colour coded to highlight when staff had completed training, training that was in progress and when it was scheduled to be refreshed. Training was provided on-line and included competency assessments to ensure staff had gained sufficient knowledge in each area such as fire, food hygiene, first aid, health and safety and medicines. Staff training was refreshed every two years. To ensure staff knowledge in specific areas, competency assessments were carried out in medicines and safeguarding. Safeguarding was placed on the agenda as a topic for discussion at every staff meeting. New staff were assessed against the standards of the Care Certificate. Staff were encouraged to undertake Qualifications and Credit Framework (QCF) in health and social care. To achieve these awards staff must prove that they have the ability and competence to carry out their job to the required standard. All staff had completed level two; two staff had completed and three staff were in the process of completing level three. In addition staff undertook training in nutrition, self-harm, challenging behaviour, sexual behaviour, reflective practice and equality and diversity. Some staff had also undertaken training in autistic spectrum disorder and Asperger's, therapeutic community leaving and positive behaviour support (PBS). PBS is used to support people who present behaviours that may challenge in the most appropriate way.

Support for staff was achieved through individual or group supervision sessions, team meetings, reflective practice and staff appraisals. Supervision and appraisals are processes which offer support, assurances and learning, to help staff development. Reflective practice is where staff personally and critically reflected on their work, on what they are doing well and what they need to do better, to ensure continuous learning. These sessions had been set up on a monthly basis and focused on different topics, such as self-harm. Staff said they felt supported and were able to approach the registered manager if they needed support in addition to the formal planned sessions available.

Before a person moved to the service information was obtained about their social, physical and mental health needs. A checklist was completed for the placing authority which outlined how the service could meet these assessed needs and to ask for any additional information that was required in order to reach this decision. The provider's policy was to use this and other information obtained when the person first came to the service to develop a plan of care within seven days of their arrival at the service. One person had been at the service for seven days and did not have a care plan. However, a meeting had been booked for day eight of their move to the service so that members of the staff team could be involved in the development of their care plan in consultation with the person themselves.

People's health needs had been assessed and they had access to health care professionals when needed.

For example, one person had been unwell during the night time and had been supported to access medical treatment. A record was made of all medical appointments and outcomes in a separate section of people's care notes so their health needs and any actions could be monitored. Due to the complexity of people's needs they had support from a wide variety of mental health care professionals providing advice, support and cognitive behavioural therapy for children and young people.

Is the service caring?

Our findings

People told us that staff treated them respectfully. One person told us, "Staff are really nice and very helpful. It is amazing here". Another person explained that sometimes they were talkative and at other times they liked to spend time in their room. They said that staff respected their choices, took time to listen to them when they had a lot to say, that they could be themselves and often shared a joke with staff. People explained how they were involved in decisions about their care such as how they wanted to spend their time, what time they went to bed and what they ate. They told us that they had a keyworker whom they met with from time to time to discuss how they were and how they were getting on. Health and social care professionals told us that staff were welcoming when they visited. A health professional commented, "Staff are always polite and hospitable and the communal spaces relaxed and quiet".

There were mixed views about how effective the service was in supporting people with their independence. People told us they undertook some tasks themselves, but staff did other things for them. One person told us, "I go food shopping with staff. Staff usually do my washing and they clean my room as I am too busy. I can cook noodles, but staff cook anything else for me". Social care professionals told us that the service supported people to develop their independence. One social care professional told us, "The service is very supportive in trying to promote people's independent skills". Another professional said, "The service has supported a young person with their independence, around their basic living skills and engaging with professionals". However, a health care professional told us one person had left the service, "With no real appreciable difference in their self-care and independence".

At the last inspection in May and June 2017 we made a recommendation that the provider worked with people to include their likes, dislikes and preferences within their plans of care. At this inspection in January 2018, people had been consulted with regards to their individual preferences about how they would like to be supported with their care and treatment.

People's care plans contained details about their preferences and these had been included in information about people's daily routines. For example, in one person's care plan the responses they had given when asked about what they liked and disliked had been quoted directly in the plan. Care plans also contained pictures to help people understand their content.

People had opportunities to meet with their key worker to ask any questions, talk about how they were feeling and any achievements or goals they had met. This process jointly involved people and staff as both were encouraged to complete documentation about the meeting.

There were positive interactions between people and staff. People chatted with staff and staff took time to listen and respond to what they had to say. People's contributions were valued. One person told us they enjoyed constructing models and described their skill at doing so. They said that staff had displayed their models in the staff room where they could see them and they would not be broken. Daily records included people's strengths and achievements. For example, one entry stated that staff had an enjoyable conversation with a person and another entry stated that one person had been, 'Delightful company'.

Staff demonstrated they knew people well, enjoyed spending time in their company and were calm and patient in their interactions. Staff described how they supported people emotionally by reassuring them and listening if they became upset. The service manager described how they enjoyed listening to one person who rang them on a regular basis at a specific time to tell them about their day. People's needs in respect of their disability, gender, culture, beliefs and sexual orientation were identified in the care planning process. For example, one person's care plan stated that the person believed in God, but chose not to go to church. Staff demonstrated they understood and respected people's individual needs.

Is the service responsive?

Our findings

People said that they went out most days. One person told us that they went to a local college and another that they played in a rugby team. People said that staff responded quickly to their needs. "Staff wake me up to go to college. I get there by myself on the bus and get back again". Another person told us, "Staff tell me what I am going to do tomorrow. It's like a head map, so I know what is happening."

One person told us that they liked fish and had gone out with staff to buy a fish. During the inspection this person set up their fish tank in their bedroom. This meant that people were supported to meet their wishes and to take on the responsibility of caring for a pet.

People said that if they had a problem or difficulty they could ask staff for advice. One person told us that when they had made a complaint, staff had responded by sorting it out for them. Social care professionals said that any concerns they had raised with the service about the care of a young person, had always been addressed.

At the last inspection in May and June 2017, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to provide person-centred care planning. At this inspection in January 2018, we found that there had been improvements in the content of people's care plans.

People's care plans included personalised information on all aspects of people's physical, mental, emotional and social needs. A one page profile was available which gave a short summary and overview of people's support needs. A description of each person's daily routine was recorded which included what time people liked to get up and go to bed, any prompts they needed from staff with their personal care and how they spent their time. Care plans included people's past history including what support had and had not worked well for them. They also contained people's likes, dislikes and preferences including what specifically made them happy or unhappy. The aims of a person's time at the service was identified together with their short and long-term goals. Care plans were reviewed on a regular basis and at keyworker meetings people's goals were reviewed by people and staff. Reports on people's care and welfare were provided to social care professionals as required.

For one person a record was completed which identified if a person was completing independent tasks by themselves or through prompts. This included personal care tasks such as washing and brushing their teeth and independent skills such as tidying their room and caring for their clothes. The record indicated that if the person completed all tasks that they would receive a reward, but it was not clear what it was or when they had received it. The registered manager advised that they were able to choose a takeaway.

The complaints procedure was displayed in the office in an accessible format to help people understand its content. The policy set out how to make a complaint about the service and how the provider would respond, including agreed timescales. It included details of the local government ombudsman, whom people could contact if they were not satisfied with the way the service had responded to their complaint.

The service had recorded and responded to complaints that people had made including hold meetings to discuss and help resolve the relevant issues.

Each person had an activity planner which set out people's preferred planned activities such as going out for a walk, shopping, beauty therapy, college, family visits, playing music and game consoles. A record was made when people engaged or declined an activity together with the reasons. There were periods when people fully engaged in activities and periods when they preferred to spend time at the service. However, each person spent some time at the service and also in the community. One person had been supported by staff to apply for a voluntary job, for which they had been successful. During the inspection two people played music together and engaged in different games with staff in the lounge.

People were supported to maintain contact with people and family members who were important to them. This included helping people to access transport to visit family members who lived near or some distance away and to keep in contact with significant people in their lives. The provider acknowledged that some people were subject to care orders under the Children Act 1989 and may not be able to have contact with some family members due to the wellbeing of the child being paramount. They explained how they worked to support people and their family members with these challenges and took advice and guidance from the person's social worker.

Is the service well-led?

Our findings

People said they knew the registered manager. They said they were asked for their views about the service at house meetings and through surveys. One person told us, "At house meetings we discuss things like keeping your music down after 8pm. But not one ever listens to it. I fill in a survey and tell staff what I am going to put".

Social care professionals told us that there was a good partnership between them and the service. Comments included, "The service are supportive of the young person. They work alongside myself and the other professionals and generally inform all professionals when there are incidents of concern that need to be raised"; and "The service have always worked well with me and kept me updated on people's welfare". However, a health care professional told us that the service did not always keep them up to date with changes in a young people's care. They told us, "The person's mental health has remained stable whilst at the service but the motivation of the staff is varied which results in a variance of desired outcomes".

At the last inspection in May and June 2017, we identified breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of Care Quality Commission (Registration) Regulations 2009. The provider had failed to operate effective quality auditing systems and had failed to notify us, without delay, of significant events and incidents.

At this inspection on 24 January 2018, we found that systems were in place to monitor the quality of the service and that the provider had notified us of significant events.

There had been improvements in the systems in place to monitor the quality of service that was provided. There was a structured programme of weekly and monthly audits which included health and safety such as checking water temperatures and equipment was safe to use; medicines management; that care plans were up to date; a review of accidents, incidents and complaints; and that relevant organisations had been informed of any significant events or safeguarding's. The provider had employed an external consultant who undertook regular audits of the service in respect of if the service was safe, effective, responsive, caring and well-led. This included looking at records, the premises, talking with the registered manager and staff and also people who used the service. The last external quality audit report of January 2018 acknowledged that a number of improvements had been made including the content of care plans and daily records, staff understanding of when to make a safeguarding referral and that the registered manager had a more proactive approach in monitoring and auditing staff records. Shortfalls identified were being addressed such as ensuring the registered manager was involved in the recruitment process and undertaking specific safety checks.

The environment was safe but the provider had not always responded to issues of safety in a timely manner. An external fire assessor had highlighted that additional emergency lighting and fire signage was required in the stairwell and basement in August 2017. Five months later on 16 January 2018 an inspection by an officer from the fire department identified that there was still inadequate lighting in this area of the service. This essential work was carried out on the day of the inspection visit. The visit on 16 January 2018 also

highlighted specific issues with four fire doors and these had or were being addressed.

A maintenance log was kept for any works that needed to be completed and the majority of these had been addressed between one and seven days. However, one person told us the door on their food cupboard in the kitchen was missing and that this was important to them. The kitchen also contained a chest of drawers with a drawer missing which made the kitchen look uncared for. Neither of these issues could be found in the maintenance log. The lounge had been painted in consultation with people and they have been involved in choosing the cushions and curtains. As a result the room looked bright and welcoming. One person told us their room had been painted before they moved in. However, the paint was flaking on the windows at the front of the service and the bathrooms although clean and functional, looked tired and well-used. The registered manager told us there had been no assessment of the environment nor was there a rolling programme of re-decoration or improvements to the environment due to general wear and tear.

We recommend the provider seeks national guidance on maintaining an environment which benefits young people.

It could not be assured the service was meeting all of its aims and values. The aims of the service as set out in the provider's Statement of Purpose and Service User Guide were to use therapeutic techniques to support people to be as independent as possible through the continuous assessment and development of life and independent skills. However, the external quality audit in January 2018 identified that the service still had progress to make in clearly recording how people were supported to develop their independence, to practice existing skills and learn new independent living skills. Staff were employed as 'therapeutic practitioners' but their job descriptions and explanations of their own roles and responsibilities were ambiguous in relation to how this was carried out for the benefit of people who they supported.

The registered manager was employed part-time at the service as they were also a practicing mental health nurse. They had achieved a Level five diploma in leadership for health and social care. They were currently undertaking a 'Well Led' course with Skills for Care and the provider had identified additional training to assist them in their role. The service manager undertook the role of overseeing the day to day running of the service on the days the registered manager was not present at the service. The service was in the process of recruiting a deputy manager to strengthen the management team. Staff said the registered manager gave effective support as they were available when they needed them and listened to their views. Staff meetings were held where discussions had taken place about what staff were doing well and areas in which improvements were needed. The provider had implemented 'Staff of the month' award across the company which included a financial reward to motivate staff and acknowledge quality practices.

The provider and registered manager had submitted notifications to the Commission about important incidents and events that had taken place at the service in a timely manner. There was a range of policies and procedure in place which covered all aspects of the service. These had been reviewed to ensure that they were up to date. Records were stored securely and accessible to staff when they were needed.

People's views were sought on a daily basis by staff through conversations and on a more formal basis through keyworker meetings and survey questionnaires at periodic intervals. In October 2017 people had been asked to complete a survey which contained questions about how they were treated, their privacy, the environment and if they felt safe. People had all responded that they were satisfied with all aspects of the service. One person commented, "They helped me trying to get my independence" and another person stated, "This is the happiest placement that I have ever been in. Mine and the manager relationship was the best going." Survey questionnaires had also been returned by four professionals in November 2017 and all had responded positively that the service was clean, welcoming, respected people, kept people safe and

that they were able to discuss any issues with the management team.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had displayed their rating in the staff room to which people had access when staff were present and where it was unlikely to be removed by people. The rating was also displayed on the provider's website.