

# Together for Mental Wellbeing

## York Road

### Inspection report

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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** 

# Summary of findings

## Overall summary

York Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single packages under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

York Road can accommodate up to fourteen people with forensic mental health needs with care and supported provided to help people to rehabilitate them in the community. There were twelve people using the service at the time of this inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were at risk of not receiving sufficient levels of support that was appropriate to meet their needs. The care files and reviews we inspected were not all up to date. Some people's risk assessments were not updated or revised following changes in their circumstances and care. Some care plans, reviews and risk assessments had not been signed by people to indicate their agreement to what was written down on their behalf. The acting manager confirmed with us they would ensure all people's care plans would be reviewed immediately together with people living in the home. This is in line with the provider's own policies and procedures. The acting manager also told us that staff will receive additional training with this to ensure they fully understand their responsibilities and carry them out as required. The example above showed the provider was not assessing or mitigating risks to people's safety effectively. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received their medicines as prescribed and staff knew how to manage medicines safely. Those people who were able to, took their medicines themselves with minimal assistance from staff.

We inspected the home's medicines administration policies and procedures. Staff completed medicines training and competency assessments before they were able to administer medicines to people. Safe medicines management processes were implemented and people were supported to self-medicate where they were able to do so. A new policy to do with clozapine was drawn up, to be implemented immediately with staff training to ensure all staff were knowledgeable and competent to administer clozapine where necessary.

Some areas of this home were tired and needed refurbishment and redecoration. The annexe particularly looked drab and needed redecoration throughout, together with new carpets in the communal areas.

Staff were suitably trained and supported to carry out their work effectively. The acting manager told us that the provider's training schedule helped to ensure all staff received appropriate training and support for their

roles and their work in the home.

Staff told us they were well supported with appropriate training and were able to discuss any concerns or issues with the manager whenever they needed to do so.

All of the people living at York Road had the capacity to make decisions about specific aspects of their care and support at the time of this inspection.

People were supported to maintain good health and have appropriate access to healthcare services.

People were encouraged to plan, shop and prepare their own food. We saw they had a varied and nutritious diet. Staff supported people to keep healthy and well through regular monitoring of their general health and wellbeing.

The acting manager ensured there were safe recruitment practices to help protect people from the risks of being cared for by staff assessed as unfit or unsuitable.

People and staff said they thought there were enough staff to meet people's needs. We looked at staff rotas and observed care being provided for people and we found there were sufficient levels of staff available to meet people's needs.

People were assessed as having the capacity to make decisions for themselves and were supported to do so. Staff had received appropriate training and had a good understanding of the Mental Health Act (MHA) 1983 and the Mental Capacity Act 2005 and knew when each set of legislation applied.

People were encouraged and supported by staff to become more independent by developing the necessary skills and knowledge. This included eating well and staying healthy. When people needed care and support from healthcare professionals, staff ensured people received this.

Most people had care plans outlining the goals they wished to achieve and what support they required from staff. People were involved in planning their care and their views were sought and planned for as a central and important part of the process. The service monitored people's changing needs and involved them in discussions about any changes that needed to be made to their care plans.

Staff respected people's privacy and treated them with respect and dignity.

People told us they were able to contribute to the assessment and care planning process of their care through a number of different ways that they found useful. This included Care Programme Approach (multi-disciplinary agency) meetings, key worker meetings and house therapy meetings. We saw evidence that care plans reflected what people had said they would like and how they would like their care to be delivered. Care plans included details of people's social activities and of their engagement with the community. Not all care plans we inspected were regularly reviewed up to the date of this inspection.

People knew how to make a complaint or how to raise a concern if they needed to do so. The registered manager told us they reviewed all complaints that had been made to check if there were any trends emerging. None had been identified at the time of this inspection.

Staff said the acting manager was doing a good job in the absence of the registered manager. They told us he was supportive and they felt able to raise any concerns they had with him. Staff said the acting manager

included them in discussions about the service and they felt involved in service progression and development.

The results from the last satisfaction survey undertaken for 2016 - 2017 were mostly positive in all areas that questions were asked. They showed that people were satisfied with the support provided by staff and the services more generally in the home.

We found the auditing processes in place were ineffective in identifying some areas of staff practice and procedure that needed improvement. For example some people's care plans and risk assessments were not up to date. Also we did not see evidence to provide assurance that audits were robust enough to identify medicines concerns.

At this inspection we identified a breach in relation to safe care and treatment. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. Risks to people's safety and welfare were not reviewed regularly to ensure any changes or new risks were identified so these were appropriately reflected in risk management plans to promote their safety.

Staff knew how to safeguard people from abuse because they recognised the signs of abuse and they knew the policies and procedures the provider had put in place to safeguard people.

The provider operated safe recruitment procedures. They had an effective system in place to ensure that there were enough staff deployed in the home to meet people's needs.

People's medicines were stored and administered safely to make sure people received the medicines they needed.

**Requires Improvement** ●

### Is the service effective?

The service was effective. Staff were supported through regular training, supervisions and appraisals.

Some areas of the home (especially the annexe) required redecoration and refurbishment. We understood from the acting manager these were being addressed as a priority.

People's rights under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were protected.

People were supported to maintain a healthy diet and spoke positively about food at the service.

Staff supported people to access external healthcare professionals to maintain and promote their health.

**Good** ●

### Is the service caring?

The service was caring. People said staff were supportive and caring with them. Staff treated people with dignity and respect and promoted their independence.

Throughout the inspection we saw kind and caring support being

**Good** ●

delivered.  
People were supported to access advocacy services where appropriate.

**Is the service responsive?**

The service was responsive. Care planning and delivery was personalised and reviewed.

People were supported to take part in activities they enjoyed. The service had a complaints policy and people said they would use it.

**Good** ●

**Is the service well-led?**

The service was not always well led. The provider did not have sufficiently comprehensive auditing systems in place to ensure the expected quality of service provision. People and staff were asked for their opinions via feedback surveys and the results from the last survey were positive. Action plans were developed where required to address areas that needed improvements.

The acting manager and the staff were approachable and fully engaged with providing good quality care for people who used the service.

**Requires Improvement** ●

# York Road

## 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 inspection took place on 27 November 2017 and was unannounced. This meant the registered manager and staff did not know we would be visiting. At the last inspection in September 2015 we found the provider was meeting the regulations and we rated the service "good" in all domains and "good" overall.

The inspection team consisted of one adult social care inspector and a specialist pharmacist advisor. A specialist pharmacist advisor is an appropriately qualified person who has professional practice experience in the field of medicines and pharmacy.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered 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.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by staff at York Road.

During the inspection we spoke with six people who used the service, a mental health professional, three members of staff and the acting manager. The registered manager was on leave on the day of this inspection. We looked at four people's care files and three staff files which included staff recruitment, staff training and supervision. The specialist pharmacist advisor checked policies and procedures for medicines storage, medicines administration record (MAR) charts, and medicines supplies for nine people who used

the service.

# Is the service safe?

## Our findings

People told us they felt safe living at York Road. They said staff at the service helped to keep them safe. One person we spoke with told us, "Yes I do feel safe here." Another person said, "The staff team look after us here and I feel safe living here."

Although people told us they were safe in the home, we found that risks to people were not always managed appropriately or reviewed in line with the provider's own policy.

In some of the people's care files we inspected we saw risks to people were assessed and risk management plans implemented to reduce the chances of them occurring. In those files we saw records of individual and personalised risk assessments in areas appropriate for the people concerned including for example self-medication and personal hygiene. These were in most of the files and this demonstrated what actions the registered provider and staff had taken to keep people safe. However this practice was not consistent in all the files we inspected. For example, one person was assessed by their consultant psychiatrist as being at high risk of neglecting their personal hygiene but there was no evidence of how the risk was managed or addressed.

The acting manager told us people's risk assessments were reviewed every six months or earlier to ensure they reflected people's current level of risk. On the care files that were up to date, we saw people signed to show their agreement with what was written on their behalf. People we spoke with told us they were involved in the risk assessment and care planning process. The potential impact for people of the lack of consistency we saw may mean not all the risks they face will be safely managed.

The example above showed the provider was not assessing or mitigating risks to people's safety effectively. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The premises and equipment were monitored to ensure they were safe for people to use. The acting manager told us a premises risk assessment was undertaken to see if any improvements could be made to help keep people safe. We saw evidence of this. For example, in one risk assessment it was found that recorded water temperatures were outside of the provider's policy guidelines but no action was taken by staff. The acting manager identified this and took immediate action to ensure the water temperatures were regulated and brought to the attention of staff in the next team meeting. Policy and procedures were updated and the acting manager monitored water temperatures regularly to ensure people were protected appropriately.

We saw external professionals carried out fire risk assessments of the premises and action was taken to complete the recommended improvements. The acting manager ensured there were regular maintenance and safety checks of all fire fighting equipment, fire alarm systems, legionella water testing, gas and electrical safety. We saw certificated evidence that test and maintenance certificates were in place for these services.

People said they thought there were enough staff at the service. One person told us, "There's enough staff here." Staff also said there were usually enough staff at the service. One member of staff told us, "On the whole I think we have enough staff. There are some occasions when we could do with more especially when a few people have appointments outside of the home and they each need a member of staff to go with them."

Staffing levels were based on the assessed level of support people needed. The acting manager regularly reviewed these to ensure enough staff were deployed to support people safely. We reviewed two weeks of staff rotas and saw that the service was staffed to the registered provider's calculated staffing levels. Throughout the inspection we saw staff supporting people at a relaxed, unhurried pace and responding to people's questions and requests appropriately.

The registered provider's recruitment policy and procedures minimised the risk of unsuitable staff being employed. Applicants were required to complete an application setting out their employment history and asked to explain any gaps. Proof of identity was verified, written references sought and Disclosure and Barring Service (DBS) check carried out before staff were employed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and adults.

At this inspection, we checked medicines storage, medicines administration record (MAR) charts, and medicines supplies for nine people. Medicines were stored securely in medicines cupboards within a staff room. The medicines fridge was locked; however the key was in the lock which meant that under certain circumstances access to medicines might be open to people inappropriately. The room where medicines were stored and dispensed to people was small and staff were present in the room. This meant that there was not much space to prepare medicines for administration to people.

A local pharmacy supplied medicines to the home each month. In most cases, staff ensured medicines were available for people in a timely manner. However, we saw one occasion where a medicine had completely run out. Staff managed to obtain a new supply immediately so no doses were missed. Staff subsequently implemented a new system of checks so that may reduce the risk of this happening in future.

All prescribed medicines including controlled drugs (CDs) were available for people on the day of the inspection. The CD cabinet was compliant with regulations. Two members of staff checked CDs daily. We checked the CDs; the stock reflected the quantity written in the CD registers. A designated member of staff was in charge and held the medicines keys for CDs at all times.

Staff handled waste medicines appropriately. Staff took daily current temperature readings for the room where medicines were stored. However, they did not record a minimum or maximum temperature. We saw one out of range room temperature reading (29°C) on the 24th November 2017. The impact of this on people's medicines was likely to be minimal because it was only for one day.

Staff took daily current fridge temperature readings, but did not take minimum or maximum temperatures. Most of the temperatures were within the accepted range; however we noticed four out of range readings. Staff were not aware of the need to record minimum and maximum temperature readings. In addition, the thermometers they used did not have the facility to do so. Staff did not take any action or seek advice for the out of range temperature readings. However, the impact on service users was deemed by the specialist advisor to be minimal. This was because no medicines were being stored in the fridge at the time of the inspection. The provider should review the types of thermometers used, to ensure that staff can record minimum and maximum temperature readings. The provider should ensure staff are competent regarding the use of the fridge thermometers. The provider should ensure staff know what action to take if the

temperature readings are outside of the required range.

The pharmacy supplied printed MAR charts. All nine MAR charts that we looked at included allergy status. The provider ensured that there was a photograph of each service user to help staff identify people correctly when they administered medicines to them. Staff signatures on the MAR charts showed that people were receiving their medicines safely, consistently and as prescribed. However we noticed one gap on one person's MAR chart. The stock balance for that medicine indicated that the medicine was given but not signed for. Staff were already aware of this issue and had begun to investigate why there was a gap.

We also noticed an incorrect medicine had been administered to a service user for one day. When the medicine was delivered to the home, it appeared that staff did not check against the MAR chart to ensure that it was correct. The provider's medicines policy states: 'All medication and MAR Charts received must be checked against the previous MAR Chart for accuracy or for alterations, additions or deletions and the member of staff responsible must sign and date the MAR Chart in the appropriate place. When using the Together Medication Record Chart, staff should assign the Medication Received and Disposed of Chart.' The provider will need to review training to ensure that staff are aware of the correct procedures with regards to the receipt of medicines. This was highlighted to staff at this inspection and they took immediate and appropriate action to get the correct medicine delivered from the pharmacy. The impact on the person using the service of potential harm was deemed by the specialist advisor to be minimal.

The provider facilitated people to self-administer their medicines if this was appropriate. People were provided with a lockable cupboard in their bedrooms if they were assessed as being able to safely self-administer their medicines. We saw risk assessments were completed for this activity. In addition, the medicines policy outlined numerous types of self-administration. This meant that staff could provide varying levels of support depending on what individuals needed. People were taught how to complete MAR charts and daily stock counts of medicines. Staff checked the paperwork and physical medicines stock to ensure that medicines were not being stockpiled.

People were encouraged to let staff know if they were buying 'medicines over the counter' and bringing them into the home. We were told that most people did inform staff if this was happening, and in some cases, let staff lock the medicine in the cupboard.

The acting manager monitored accidents and incidents. A monthly audit of such incidents was carried out, including an analysis of whether any patterns were emerging that required improvements to keep people safe. For example, following an incident involving one person a meeting was held with their social worker and relatives and steps taken to reduce the risk of the incident happening again. People's care records contained information on how they could be supported in emergency situations.

Policies and procedures were in place to safeguard people abuse. Staff had access to the registered provider's safeguarding policy, which contained guidance on the types of abuse that can occur in care settings and information on concerns which should be reported. Records we inspected confirmed where matters were raised they had been appropriately dealt with. All staff we spoke with recognised potential signs of abuse and were able to describe them to us. They said they were confident to raise any concerns they had with the manager or to the local authority safeguarding team. One member of staff told us, "If something arose that I felt was wrong I'd report anything I wasn't happy with to the manager or above." Another member of staff said, "We have had training on this that I found really helpful. Any sign of abuse and I would report it straightaway to the manager or to the local authority if this was necessary."

## Is the service effective?

### Our findings

Our inspection of people's care files evidenced that comprehensive assessment and care plan information was provided for each person by the referring hospitals multi-disciplinary mental health teams. This information formed part of the initial placement process for people moving to this home. We saw that it helped to ensure the provider had all the relevant information needed to plan an appropriate level of care and support for the people using this service. On going support was also provided by the community mental health teams together with regular reviews of the effectiveness of the care and support people received at this home.

People told us they thought staff had the skills and knowledge needed to provide effective support for meeting their needs. One person told us, "The staff are all very good here. They do help us to get better and move on." Another person said, "Staff care about us and help us to do the things we need and want to do. It's ok here the staff are good." A mental health professional we spoke with also confirmed this view of the staff team.

We saw people received effective care and support from well trained staff who were knowledgeable and had the required skills. The acting manager supervised all the staff regularly and appraised their work performance, their learning and development needs and any issues or concerns they had about their role. Staff told us they had one to one supervision meetings approximately every two months.

One member of staff told us, "I meet with the manager and we discuss issues to do with my working with people, my own training needs and anything else I need to discuss with them." Another member of staff said, "We have good access to training here. It's the best I have had actually in any of the places I have worked in before and it has helped me with my job to do it better." The acting manager told us training was provided for all staff via e-learning and face to face training. We looked at staff records and found there was a list of all training that had been completed, together with certificated evidence. The training provided covered the essential areas of knowledge, skills and competencies that the provider had assessed staff needed to do their jobs effectively. There was additional training provided for staff covering challenging behaviours, the Mental Capacity Act 2005 and working with people who have personality disorders.

Staff completed medicines training and competency assessments before they were able to administer medicines to people. The training involved e-learning as well as shadowing other members of staff during the medicines round. The medicines competency assessment form was completed with supervision from a senior member of staff. The provider recently changed the policy so that staff repeat their medicines competency assessments annually.

Some people living in the home were prescribed clozapine, however no specific training was provided for staff around the use of clozapine (an antipsychotic medicine). Staff had only managed to access a clozapine booklet. As a result of this inspection the acting manager told us that a new policy to do with clozapine was drawn up and was to be implemented immediately with staff training to ensure all staff were knowledgeable and competent to administer clozapine where necessary.

People told us they planned, shopped for and prepared their own meals with staff support as required. We observed one person returning with their shopping to York Road. People said they received some support initially to help ensure they could have a healthy and balanced diet. One person said, "When I first moved in here I needed help to plan my meals because I used to eat burgers and fast food. Not healthy food. Now I know more I eat much healthier food and I cook for myself as well as for other people." Another person told us, "We do our own shopping some of the time and then there is the weekly shop when staff come with us for the more general things we need. We do get help from staff when we need it."

Staff told us that it was an essential part of helping people to move back into the community to help equip them with the skills to plan, shop and cook their own food and they said they provided appropriate support when it was required. People told us they enjoyed their meals and were pleased to gain the experience they hoped would help them to be able to live more independently in the future.

People were supported to maintain good health and have appropriate access to healthcare services. We checked people's care files and we found records on these files that recorded healthcare appointments they had, together with the date. We could see that all the people were registered with a local GP and had regular annual health checks. People's health care needs were also well documented in their care plans and this showed that people's health was seen as an important part of their overall care.

Staff told us that an important element of gaining good mental health was to ensure that people maintained good physical health. One member of staff told us, "People have regular health checks and we record which health professional they have seen and when they were seen by them." Staff told us they encouraged people in key working sessions to help people recognise the importance of maintaining good physical health and the links with good mental wellbeing. Care and support people received was documented in their records and this included information about the support people needed to access healthcare services such as the GP, community psychiatric nurse or psychiatrist.

As part of this inspection we undertook a review of the premises. Some areas of this home were tired and needed refurbishment and redecoration. The annexe particularly looked drab and needed redecoration throughout, together with new carpets in the communal areas. We were informed that the people using the service were responsible for cleaning. We noted that standards were low and several areas such as the kitchen in the annexe were not clean. The acting manager said this had already been identified and showed us a list of repairs and maintenance items that was sent to head office. There was an expectation these areas of need would be addressed in the near future. The impact on people in the meantime of living in tired premises may not assist their mental wellbeing. In the main house the front and the back lounges needed some repairs. For example in the front lounge we saw peeling paper on the ceiling due to a previous water leak. The floor of the utility room was split and may present a health hazard to people and to staff. The acting manager assured us these matters were being addressed as a matter of urgency.

All of the people living at York Road had the capacity to make decisions about specific aspects of their care and support at the time of this inspection. Staff had received appropriate training and had a good understanding of the Mental Health Act 1983, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) to help protect people's rights.

The acting manager said that people's capacity to make important decisions was always discussed at their care planning meetings so everybody was aware of the person's ability to decide on what was in their best interests.

## Is the service caring?

### Our findings

People told us they felt well treated by staff and the support they received helped them on their path to recovery and rehabilitation. All the people we spoke with said their aim was to live as independently as they could in the community and wanted to live in their own accommodation. They said they thought the service supported them in a caring way to achieve this.

When we spoke with staff we could see from what they told us they understood the needs of the people living at York Road. Staff told us they read people's care plans together with all the other documentation held on care files. Staff said the comprehensive referral information that accompanied people at the point of referral from hospital provided a helpful picture of the person. They said this helped them to better understand the person's needs, their preferences and their personal histories so that they were enabled to develop a more caring approach to people.

We saw there was useful information displayed on noticeboard in the main hall about advocacy services that people could access and knew about. People told us they thought this was helpful to them and one person said, "I did use the advocacy service to assist me with an issue I had. They were really helpful, so much so that my complaint was resolved and I was happy with the service."

An important part of the process of rehabilitation is to help people to make decisions about their everyday life and to be part of the planning for their futures. People told us they were encouraged to be as independent as possible and were supported to learn appropriate life skills that would enable them to achieve their maximum potential. They told us they were actively involved in their rehabilitation programmes and were encouraged to make decisions about their care and support needs. The aim of the programme of care and support provided at York Road was to enable people to move on to more independent accommodation and to successfully support themselves wherever possible. The care records we saw showed wherever people were able to do so, they were involved in making decisions about their care and support and their consent was sought and documented.

We saw that people's right to privacy and dignity was respected. Care plans set out how these rights should be supported by staff. This included maintaining people's privacy and dignity when their care was being discussed. During the inspection we observed staff knocked on people's doors and waited for permission before entering. We also observed instances where staff positively encouraged people to respect the personal space and boundaries of other people in the home. People's records were kept securely within the home so that their confidential personal information was protected.

## Is the service responsive?

### Our findings

People told us they were able to contribute to their needs and risk assessments and to their care plans. Staff said people were central to the care planning process and were fully involved. One member of staff said, "Without the involvement of people in agreeing their care and support plan it just would not work." Another member of staff said, "People are fully involved in their care, it is essential that they are." In most of the care plans we inspected this was evidenced by people signing off the paper work to indicate their involvement and agreement with what had been written down. Where people's care files were not maintained up to date we saw they had also not signed their care plans.

People told us they were invited to attend their reviews and had regular meetings with their keyworkers where their care was discussed. We saw from the documentation we inspected that regular Care Programme Approach reviews were held annually where people's care was discussed with them and the health and social care teams that supported people in hospital and in the community. People told us this all helped them to be actively involved in their care programme and people told us they felt they were listened to and were enabled to make decisions about their care appropriately.

People told us their regular key working sessions also provided them with space where they could have an on going discussion about their preferences and their aims and how they would achieve their eventual longer term goals. They said that group meetings in the house provided an arena for people where they could share their anxieties and their hopes and wishes for the future and develop their confidence. We saw minutes of the keyworker sessions that evidenced what we were told.

Care files we inspected showed that each person had a care plan in place. The care plans we saw identified each person's needs and their short and long term goals. Information was included in people's records about what people could do for themselves, their strengths, and how staff could support people to achieve the identified goals. We saw from the daily records how staff supported people and we saw this was consistent with the information in their care plans. People's care plans that we inspected were reviewed every six months.

Copies of reports from meetings people had with the healthcare professionals involved in the treatment of their mental health were kept in the care records. These enabled staff to be informed of any changes in people's support needs and to identify progress the person had made since being at the service. People were encouraged and supported by staff to undertake various activities and tasks. Records showed people had individual goals and aspirations which had been agreed with them and was aimed at increasing their independence in the home and community. One person told they worked as a volunteer one day a week and someone else said they attended college each week. Both people told us they enjoyed these activities.

Staff told us about the two house meetings held every week day in the mornings. The first meeting provided people with the opportunity to discuss more practical matters, such as appointments people might have in the day. The second meeting was a therapeutic meeting for people. Staff told us that people were encouraged and supported to engage in activities in the community so that their confidence and the

likelihood of their successful rehabilitation also increased. We saw from daily activity records that we inspected people had a varied and wide timetable including courses and adult education classes as well as going to the gym and going for meals out. One person we spoke with told us they attended college and worked in the community in a voluntary capacity.

People told us they knew how to make a complaint if they needed to. One person said, "I'd speak to staff or to the manager." Another person said, "Yes I'd either speak to the manager or talk to staff." The acting manager told us issues also got discussed at the house meetings.

The complaints process was displayed in the main hall so people were aware of how to complain if they needed to. We reviewed the complaints received in the last year. We saw that where a complaint was made, this had been investigated and the complainant was responded to with the outcome of the acting manager's investigation. We saw that complainants could be invited to a meeting if they wanted to discuss a complaint further. The acting manager told us they reviewed all complaints that had been made to check if there were any trends emerging. None had been identified at this inspection.

## Is the service well-led?

### Our findings

We spoke with three members of staff and they said the acting manager was doing a good job in the absence of the registered manager. (The provider submitted a Regulation 14 Notice of Absence to inform us of this absence). They told us he was supportive and they felt able to raise any concerns they had with him. Staff said there had been a considerable turnover of staff in the last few months that had been unsettling for the staff who remained and for people who used the service. They said that there was now more stability within the staff team and they felt a good team spirit was developing given the new members of staff who had joined in the last few months. They said they felt well supported by their colleagues. Staff said the acting manager included them in discussions about the service and they felt involved in service progression and development.

A member of staff told us there were regular staff team meetings held monthly. We looked at the minutes from the last three meetings held before this inspection and we saw there were a range of discussion topics some of which were to do with practical household matters such as maintenance issues. The acting manager also used staff meetings to discuss any issues or concerns about current working practices and any updates and changes within the home that staff needed to be aware of.

The acting manager told us they had asked people who used the service and staff for their opinions and they were asked to complete a satisfaction survey earlier this year. We viewed the findings from the last satisfaction survey undertaken for 2016 - 2017. The results were mostly positive in all areas that questions were asked. They showed that people were satisfied with the support provided by staff and the services more generally in the home. They felt they were treated with respect and staff listened to them if they had any concerns or wanted to talk. The acting manager showed us the report and we noted the results were analysed and an action plan drawn up where necessary.

The acting manager told us that a monthly audit was carried out by a senior manager from head office. The purpose was for them to independently review the quality of the care being provided for people using the service. These audits were carried out along similar lines to the Care Quality Commission's inspection process using the five domains of safe, effective, caring, responsive and well led. We were told that each month a different area was audited and a report written. We saw the reports that were carried out over the previous two months and we can confirm the comprehensive nature of these audits that included health and safety processes and fire safety equipment.

Staff completed regular medicine audits (weekly and monthly). However, we did not see evidence to provide assurance that audits were robust enough to identify medicines concerns. Whilst a pharmacist had conducted a comprehensive medicines audit in September 2017, this was a one-off. The provider needs to review the current medicines audits to ensure that they are robust enough to identify areas of concern and help to drive improvement.

Staff used an online system for reporting medicines incidents. The incidents were reviewed and investigated by senior management. We saw evidence of action taken and shared learning as a result of medicines

incidents that were reported.

The provider had a system for receiving some patient safety alerts. However, alerts were still being received by a member of staff who was on leave and forwarded to staff at the home. Staff did not have a system to demonstrate how they kept track of safety alerts. The provider needs to review the current system for the receipt of patient safety alerts.

From our inspection of the home's records we found there were insufficient or effective audits in some areas of staff practice and procedure. For example some people's care plans and risk assessments were not up to date and this had not been picked up in any audit. Another example was with staff practices to do with medicines and mentioned earlier in this report. In these cases the audit procedures were not sufficiently comprehensive to ensure the provider's own policies and procedures were being carried out as was expected or as required.

The acting manager ensured that statutory notifications were sent as required by their registration with the Care Quality Commission (CQC). They were clear about what constituted a reportable incident and how to do so.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people's safety and welfare were not reviewed regularly to ensure any changes or new risks were identified so these were appropriately reflected in risk management plans to promote their safety.