HMT Care Limited

H M T Care - 48 Albany Drive

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?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

The inspection took place on 7 February 2017 and was unannounced. The inspection was carried out by two inspectors.

H M T Care - 48 Albany Drive provides a specialist service for people diagnosed with neuro-disabilities, specifically Huntington's Disease. There were six people living at the service at the time of inspection. They had complex communication and mobility needs.

The service is a large Victorian detached house in a residential area of Herne Bay. Some people had lived at the service for a long time and were becoming increasingly frail. Due to the deterioration in their condition the amount of personal care and support they needed had increased.
The service was set out over three floors. On the first two floors there were communal areas and people's bedrooms. Each person had their own bedroom which contained their own personal belongings and possessions that were important to them. On the third floor was the company office. There was a passenger lift for people who could not use the stairs.

There was a registered manager working at the service and they were supported by an assistant manager. They were also the registered manager of another service close by. 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.

On the day of the visit the registered manager was there for part of the inspection. The assistant manager, staff and the provider supported us throughout the inspection. The registered manager had been in charge at the service for a long time. They knew people and staff well.

The assistant manager spent more time at this service managing it on a day to day basis and the registered manager spoke with the assistant manager daily and came to the service when needed but spent more of their managerial time at the provider's other service.

At the last inspection in January 2016 we found breaches of regulations. At this inspection some improvements had been made but further improvements in some areas, were needed.

At the previous inspection there had been a breach of regulations related to managing risks to people. Staff did not have clear guidance about what to do in the event of someone choking or what signs to look for if people's skin was at risk of becoming sore. Improvements had been made and staff had guidance about supporting people if they should choke and what to look for if people's skin was at risk of becoming sore.

When we last inspected the service there had been a breach of regulations related to staff not receiving the supervision they needed. At this inspection improvements had been made, staff had received regular one to

one supervision meetings and annual appraisals. Informal meetings with staff had not always been documented and this was an area for improvement.

At the last inspection there had been a breach in regulations related to people not receiving person centred care and treatment and care plans not being reviewed or updated. At this inspection improvements had been made, people's care plans were reviewed and updated more regularly. The care plans gave details of what was important to people and how they liked to be supported.

At the previous inspection there was a breach of regulation relating to quality assurance audits not identifying shortfalls in the service. Systems to identify and assess risks to the health and safety or welfare of people were not detailed and the provider had failed to ensure that records were accurate.

At this inspection some improvements had been made, regular audits had been completed and covered a range of areas. Records were completed and information was accurate and provided enough detail to identify issues and any actions taken. However not all of the shortfalls we found at this inspection had been identified by the provider's quality audit systems.

There were was no formal process to determine how many staff were needed on each shift to meet people's needs, and the provider told us it was decided based on 'their experience.' On the day of the inspection one staff member was off sick and at times people had to wait for support.

Staff knew people well and interacted with them in a natural and caring way. Staff took time to give people choices and let them know what was happening. People were supported to maintain relationships with families and friends. Each person had a keyworker who co-ordinated their care and support. Some activities took place for people to take part in but these were limited. The registered manager agreed this was an area they could develop.

Staff knew how to recognise and respond to abuse. The registered manager was aware of their responsibilities regarding safeguarding and staff were confident the registered manager would act if any concerns were reported to them.

The management team had identified environmental risks and put measures in place to manage these risks. Fire drills were completed and people had a personal emergency evacuation plan (PEEP) in case of a fire.

Some people had eating and drinking guidelines in place from speech and language therapists (SALT). Staff followed these guidelines and food and drinks were served at the correct consistency. People received the support and supervision they needed to eat safely.

Staff were effective in monitoring people's health needs and seeking professional advice when it was required. People received their medicines safely and when they needed them and they were monitored for any side effects. When people needed medicines on a 'when required' basis there was guidance for staff about when to give the medicines and the maximum doses people could have.

Staff completed basic training in topics such as safeguarding, mental capacity and first aid. Staff had also completed training relating to people's specific needs, such as Huntington's disease awareness and how to support people safely with eating and drinking. There was no system in place for measuring staff competency following training, the registered manager agreed this was an area for improvement.

Staff told us how they supported people to make their own decisions and choices. Staff had received

training on the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The requirements of DoLS were met.

There was a complaints policy in place and staff knew what to do if anyone complained. When complaints were made they were documented and investigated in line with the provider's policy. The CQC had been informed of any important events that occurred at the service, in line with guidance.

Staff understood the need for confidentiality and records were stored securely.

Staff told us that the registered manager and assistant manager were approachable and supportive. Staff understood the values of the service, which were to support people to remain as independent as possible for as long as possible. Annual questionnaires were sent out to people, their relatives, staff and other stakeholders so they could give their views about the service, responses were analysed and action taken if required.

The registered manager and provider had links to the Huntington's association and ran a local support group. They also worked closely with the specialist medical team for Huntington's and shared information from this team with the staff team and people's families.

We found a breach of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff knew how to recognise abuse and who to report it to.

Risks related to people and the environment were assessed and managed.

Staff were recruited safely. There were not enough staff on duty to meet people's needs.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff understood that people should make their own choices and knew what to do if people were unable to do so.

Staff were confident in their roles. They had regular support from the management team and training relevant to their roles.

People were provided with food and drink that they liked.

People were supported to manage their health needs and professionals were contacted if required.

Is the service caring?

Good

The service was caring.

Staff communicated with people in a kind caring way.

Staff knew people well and they treated them with dignity and respect.

Staff gave people time and supported people to be as independent as they could be.

Relatives told us that staff were caring and kind.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care plans reflected their needs and how they liked to be supported.

There were some activities taking place but they were limited and people were not always aware they were happening.

People were not always given appropriate ways to communicate their preferences.

There was a system to respond to complaints.

Is the service well-led?

Good

The service was well-led.

The registered manager was accessible and people told us they could talk to them about any concerns. Staff told us they felt valued.

The management team completed regular audits of the service to identify any issues.

Annual questionnaires were sent out to people, their relatives, staff and other stakeholders so they could give their views about the service, responses had been analysed and acted on.

H M T Care - 48 Albany Drive

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.

The inspection took place on 7 February 2017 and was unannounced. The inspection was carried out by two inspectors.

The registered manager had completed a Provider Information Return (PIR) in January 2017. 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 looked at previous inspection reports and notifications we had received. Notifications are information we receive from the service when significant events happen, like a serious injury.

During the inspection we met five people, we spoke with the registered manager, the assistant manager, the provider and two staff members. After the inspection we had feedback from a health and social care professional and from two relatives.

We looked at documents including, three care plans, medicines records, staff rotas, four staff files, audits, feedback questionnaires and minutes of meetings.

We observed people being supported by staff and we observed staff interacting with people. Some people were not able to explain their experiences of living at the service to us so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The service was last inspected in January 2016, at that time there were four breaches of the regulations identified.

Requires Improvement

Is the service safe?

Our findings

Relatives told us that people were safe at the service, one relative said "I have complete peace of mind which makes a big difference for us as a family."

There was not always enough staff to meet people's needs. On the day of the inspection there were two members of care staff available to provide support for six people. The provider told us that one member of staff had called in sick. Throughout the day we observed people having to wait for support.

Some staff told us that there was not enough staff to meet people's needs. One staff member said, "We need three staff." Another staff member said, "We can manage with two staff, it just means we are busy and can't always spend time chatting with people." One member of staff who was employed as a cleaner did spend time talking with people in the lounge on the morning of the inspection.

There were was no formal process to determine how many staff were needed on shift, and the provider told us it was decided based on 'their experience.' Rotas showed there was usually an additional member of staff present between 10am and 6pm, they believed this was sufficient. The rota showed that there were usually three staff on shift and it was unusual to have only two staff. Usually shifts were covered by staff from either of the registered manager's two services. There were long periods of time when people sat in the lounge without any interactions from staff. The television was on and people watched the same programme twice during the day.

There were not enough staff deployed to meet people's needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people needed to have their drinks thickened with thickening powder. Thickening powder was not always stored safely at the service. Thickening powder is a product which is used to thicken fluids or foods to make it easier for people to swallow them. On the day of the inspection thickening powder was stored on the top of a small cupboard in the lounge. Staff were not always present so people or visitors had unsupervised access to the powder. There was a risk the powder could be swallowed and that people could choke as a result. We discussed this with the assistant manager and they spoke to staff who moved the thickener during the inspection.

At the last inspection there had been a breach of regulations related to managing risks to people. Staff did not have clear guidance about what to do if a person choked or what signs to look for if people's skin was at risk of becoming sore.

At this inspection improvements had been made and staff had guidance about supporting people if they should choke, taking into account the person's health and mobility. Staff took time to ensure people were in the best position for eating or drinking to minimise the risks of choking. Risk assessments were in place to guide staff what to look for if people's skin was at risk of becoming sore and actions were being taken to minimise the risks. Some people had beds with air flow mattresses and special cushions were available for

people to sit on. Staff regularly checked and recorded the pressure of this equipment and ensured that they were on the correct settings. Staff acted quickly when people's skin became sore to ensure it did not become worse and nobody had any skin breakdown at the time of the inspection.

A health professional told us, "If there needs to be a change in the equipment people need to keep them safe or minimise the risks of their skin breaking down, I just tell the staff and they sort it as soon as they can."

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of scalding. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly.

People had personal emergency evacuation plans (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated from the service in the event of an emergency. At the last inspection there had been information related to evacuating people during the day but not at night. Information was now in place to give staff guidance about what to do should a fire occur at night.

Staff understood how to recognise abuse and who to report it to, they told us, "I know about different types of abuse. There is financial, where staff could take people's money without them knowing. There is also emotional abuse. People could become sad or withdrawn; they may have a low mood. I know people well so I would notice a difference." and "I would tell the assistant manager or you guys, Care Quality Commission (CQC)."

People were supported to manage their money safely. The provider worked with people's families or professionals to ensure people had enough money to buy the things they wanted. Receipts were kept for purchases and regular audits of finances were completed.

Recruitment procedures were thorough to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

At the last inspection the location for storing medicines had been highlighted as an area for improvement. The provider had moved the medicine storage to a more central location within the service. Medicines were ordered and checked when they were delivered. Clear records were kept of all medicine that had been received into the service and administered. The records were up to date and had no gaps showing all medicine had been administered and signed for. Any unwanted medicines were disposed of safely.

People received their medicines safely and when they needed them and they were monitored for any side effects. When people needed medicines on a 'when required' basis there was guidance for staff about when to give the medicines and the maximum doses people could have. Staff told us, "We know people well, so can pick up on the signs if they are in pain, they all have ways of letting you know." People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

Good

Is the service effective?

Our findings

Relatives told us, "Because they know my relative so well they pick up on signs of ill health really quickly and always seek advice." and "They didn't always let me know about health appointments for my loved one, but we talked about it and now they always do."

A health and social care professional told us, "We have regular reviews for people to track their progress, they always take on board my recommendations and do everything they can to make it work for people."

At the previous inspection staff had not received regular supervision from their line manager. At this inspection improvements had been made. Staff told us they felt supported and that they had the opportunity to attend regular staff meetings and one to one supervision meetings. One member of staff said, "I meet every three months with [the assistant manager.] They are such a good listener. The door is always open." The management team organised regular supervision meetings with staff in advance. This gave staff the opportunity to reflect on their practice and discuss any concerns. All staff had received an annual appraisal and had discussed their training and development needs.

There was an ongoing programme of training which included face to face training and online training. Staff completed basic training in topics such as safeguarding, mental capacity and first aid. All of this training was up to date, and staff had been booked onto refresher courses in line with the provider's policy. Staff had also completed training relating to people's specific needs, including Huntington's disease awareness and how to support people safely with eating and drinking. Staff told us that they had lots of training and it helped them in supporting people the right way. One staff member said, "You always learn something new and it makes you think about how you do things." If staff were not confident about the training they were offered the opportunity to complete the course again.

Staff put their training into practice and gave people the support they needed. Staff supported people patiently at lunch time, giving them the time they needed to eat their meal. Staff moved people safely and let them know what was happening before they moved them. Staff spoke to us about people's needs with knowledge and understanding.

Staff had recently completed training to assist one person to receive food and fluid through a tube into their stomach. There was no record of this training or which staff had completed it. The assistant manager told us that staff had been shown how to assist the person safely by a trained nurse but this had not involved checking that staff were competent to do so. Some staff had asked to repeat the training and they had done so, most staff appeared confident when talking about helping the person to eat. The person receiving the assistance had maintained a constant healthy weight for several months since the tube was fitted and reports from nurses said that the site of the tube was well cared for. We recommend that staff's competency to support the person with their food and fluids be carried out and recorded.

The person's relative told us, "I was unsure about my relative having the feeding tube at first but it has been the right choice. They do not have to struggle with eating and can still have tastes of their favourite flavours.

The staff have made it work."

Although staff had also completed training on how to assist people when moving and handling or with eating and drinking, their competency had not been checked. We discussed this with the provider and they agreed that this was an area for improvement.

New staff worked through induction training which included working alongside established staff. New staff completed the Care Certificate as part of their induction, which is an identified set of standards that social care workers work through based on their competency.

People had eating and drinking guidelines in place from speech and language therapists (SALT). Staff followed these guidelines and food and drinks were served at the correct consistency. People received the support and supervision they needed to eat safely. People had a choice of meals and staff knew people's preferences well. During the inspection one person asked staff for a sweet treat, staff went to see what was available and came back with a selection of foods to choose from. The person chose what they wanted and staff supported them to have the food in the way they preferred.

People's food and fluid intake was recorded to make sure they were having sufficient calories and fluids to keep them as healthy as possible. People's weight was checked at intervals to make sure that it remained stable. People who had difficulty swallowing were seen by speech and language therapists to make sure they were given the correct type of food to reduce the risk of choking.

The service had good links with local health professionals; the local GP visited regularly and had a good understanding of Huntington's disease. A physiotherapist visited regularly to support people to remain mobile and to work with people to reduce the risk of falls. Staff sought and followed advice from health professionals as needed. People's relatives were involved in health appointments if appropriate. Staff made detailed records of any appointments people had and any decisions made which were then transferred to people's care plans so their support could be adjusted.

Relatives told us, "We are sure my loved one has stayed so well due to the support they get at Albany Drive. Everything they do is in their best interest." A professional told us, "I always feel welcome and part of the team, my suggestions and opinions are valued."

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 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.

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. 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.

When people lacked capacity decisions had been made on their behalf, in their best interest. One person required a medical procedure and did not have the capacity to consent. Their doctor and other people that were important to them, such as family members had been consulted to make the decision in their best interest. Relatives told us, "We were involved in best interest meetings for my loved one, it is really important to us that we stay involved and the staff at Albany include us all the time."

For some other decisions, relating to people's finances and access to alcohol, professionals such as advocates and client financial affairs had been consulted. No records of the discussions, who was involved or decisions made were available.

Some people were constantly supervised by staff to keep them safe. The deputy manager had therefore applied to local authorities to grant DoLS authorisations. The applications had been considered, checked and granted for some people ensuring that the constant supervision was lawful. The registered manager knew when the applications were due for renewal.

People had enough room to move around the service in their wheelchairs and adapted armchairs. There was a lift for people to use when moving between floors. People could access a small garden if they wished, which had benches for people to sit on.

There were wrought iron gates which were secured at the top and bottom of the stair cases which prevented people falling and continued to let light into the hallways. People could have visitors in their room or in the lounge area if they preferred. Bathrooms had specialised baths for people to use which were more easily accessible for people who had mobility needs.

Some work was being done to update the décor which in some communal areas was a little tired and dark. People's rooms were light and had been personalised with people's own possessions and the rooms had enough space for any equipment people may need.

Good

Is the service caring?

Our findings

People's relatives told us that the staff were very caring. They said, "The staff are all lovely even the cleaners know my relative well and spend time with them." and "They do a fantastic job in preventing my relative becoming isolated, they encourage them to spend time with others and make them laugh."

Staff told us, "I love the fact that it is a little home. Here you can give everyone your attention."
and "We have mood cards so if people don't seem right I would show someone one of those to help them let us know how they feel."

When staff spoke to people they knelt down to their level and leaned in, to ensure people were able to see and hear them. We witnessed numerous natural, empathetic interactions where staff placed a reassuring hand on the person's arm or hand. People smiled when staff spoke to them, visibly looking calm and relaxed in their presence.

Staff had built up relationships with people and were familiar with their life stories, wishes and preferences. One person was watching a favourite television programme and staff spoke with them about what was happening in the programme and what they thought the ending would be. The television in the lounge remained on the same channel throughout the day based on one person's wishes, other people were not offered the opportunity to choose what they watched.

People had a key worker; a key worker is a member of staff allocated to take a lead in coordinating a person's care. They were a member of staff who the person got on well with and were able to build up a good relationship and plan trips or activities with them.

Staff checked with people before intervening or assisting them. They explained to people what they were doing and gave people time to understand the information before beginning the task. Some people needed support to communicate their needs or choices. Staff told us about the different ways people communicated, "Sometimes [person] can say what they want but at other times they do not speak at all. Then you have to look at their facial expressions and eye contact. They will often look you straight in the eye when you say the thing they want. It's all about knowing people and really observing them."

Relatives told us, "I know that one of the cleaners will take time out of their day to sit with my relative and hold their hand whilst they watch TV and chat to them. It is great to know someone is holding their hand and giving them comfort when we can't be there. The little things like that really make all the difference for my loved one and us as a family."

People were supported to celebrate their birthdays and other special days. Relatives told us they often were invited to celebrate and the cook made people birthday cakes in their favourite flavour and in a design that matched their hobbies or interests. One person had recently had a cake in the shape of a pool table.

People could have visitors whenever they wished and staff supported people to maintain relationships with

families and friends. Some people's families supported them when decisions needed to be made, other people used advocacy services. An advocate is someone who supports a person to make sure their views are heard and rights upheld.

Staff treated people with dignity and respect and people had privacy. Some people chose to have keys to their bedrooms and could keep them locked if they preferred.

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially. When we asked questions about people staff answered in a quiet voice so not everyone was able to hear.

People's care plans had details of their wishes in relation to end of life care. Some people had chosen to have a relative take on a lasting power of attorney (LPA), this gives the relative legal control over decisions for the person. The staff at the service knew who had LPAs in place and who they were.

Some people had chosen to put in place decisions around the amount of intervention they would like at the end of their life. These had been discussed with the person their families and medical professionals. Staff knew who had made these decisions and what this meant for them supporting the person.

When people were admitted to hospital staff from the service accompanied them and stayed with them unless the family requested they leave. Staff were aware who needed to be informed if someone's health deteriorated and how to contact them.

Staff understood the impact on people of one of their peers passing away. They said, "It is a hard part of the job especially as you have normally known people and their families a long time. We try to give them the best support they can have. We also remember the people who are left here, it is very hard when someone dies of a condition you have. We offer reassurance and try to understand."

Requires Improvement

Is the service responsive?

Our findings

People received the care they needed and staff were responsive to their needs. Staff told us, "We know people well and that means you support each person differently, for example some people like you to chat while you support them but others want you to be quiet so they can concentrate." and "We like to help people stay as independent as possible and do things they enjoy."

A professional told us, "They look really closely at people's needs, they are honest about what they can offer people and if they can't meet someone's needs they help them find someone who can."

People's needs were assessed before they moved into the service by the registered manager and provider. Once it was agreed that the service could meet the person's needs they were invited to visit and meet the other people who lived there. Assessments covered areas such as the person's life history, interests and what was important to them along with details of their medical and care needs. People's initial care plan was written using the information from the assessment with the person and their loved ones.

At the last inspection there had been a breach in regulations related to people not receiving person centred care and treatment and care plans not being reviewed or updated. In some care
plans there was no specific guidance in place about how staff should care for people. Details of people's preferred daily routines, such as step by step guides to supporting the person with their personal care were not in place.

At this inspection improvements had been made. People's care plans had guidance for staff about what people could do for themselves and what support they needed. People and their relatives had worked with staff to create the care plan about how they would like to be supported when their condition deteriorated. When people needed equipment to help them move there was step by step plans for staff to follow. Care plans were being reviewed and updated regularly.

People could not always tell staff what their preferences were about their support or daily routine, it was important that this was written down to ensure they received consistent care. During the day staff supported people in the way their care plan described.

Since the last inspection staff had worked with people and their relatives to gather information about people's lives before they lived at the service, who was important to them and what they liked or disliked. This information was not in an accessible format so it was not meaningful to everyone; the registered manager agreed to review the way the information was written; this is an area for improvement.

People's care plans showed people had been offered the opportunity to use other forms of communication such as picture cards or photographs. People chose not to use these methods but staff let them know they were available if they wanted to use them. Some people did accept the use of mood cards to let staff know what they were feeling. There was an opportunity to use pictures and other communication tools more often to let people know what was going on and enable them to indicate choices.

Information was displayed on a notice board near to the office. There was a lot of written information which made it difficult for people to find what they wanted to know. There was no information for people about who would be on duty that day, what the menu choices were or what activities were on offer because this information was not displayed in an accessible format in a place where everyone could see it. This was the case at the last inspection which we reported to the registered manager. There was an opportunity to give people more control by displaying and relaying information in a more meaningful, accessible way. We recommend that the registered manager review communication systems available to support people.

During the inspection people sat in the lounge or their rooms. Staff stopped and talked to people when they had the time, and these interactions were kind and caring. People watched television or dozed in their chairs but there was a lack of engagement as there were no activities happening that day.

The assistant manager told us, and records showed that people regularly completed physical exercises or had massages. Some people went to the pub or to a local church and people had visited 'Winter Wonderland' at Christmas. The assistant manager told us they would step in if needed to ensure people could take part in the activities they enjoyed. The assistant manager told us that some people could be difficult to engage in activities due to their condition but they had not considered activities which maybe suitable for people with more complex needs such as sensory based activities. There was an opportunity to develop more activities for people, the registered manager agreed to work towards this.

Relatives told us they had no complaints about the service or the staff. They said they would speak to staff if they were worried about anything. They felt confident they would be listened to and that action would be taken if they raised a concern. There was a complaints policy in place and staff knew what to do if anyone complained. When complaints were made they were documented and investigated in line with the provider's policy. There was no information in an easy to understand format, available for people, about how to make a complaint. The assistant manager agreed that this was an area for improvement.

Good

Is the service well-led?

Our findings

Relatives and staff told us that the service was well-led. Staff said, "I love it here and the bosses are lovely." and "I feel supported, there is always someone to talk to if I need support or advice."
Relatives said, "I can always get hold of one of the managers or the provider." and "They listen and are not afraid to apologise if they got it wrong."

Staff and managers were clear about the values and visions of the service, these included supporting people to maintain their independence as long as possible and giving people the care and support they needed. There was an open and inclusive culture at the service, the registered manager, assistant manager and provider all chatted with staff in a relaxed fashion.

The provider and managers knew people well, communicated with people in a way that they could understand and gave individual and compassionate care. The staff team followed their lead and interacted with people in the same caring manner. Staff told us the management team and the provider were approachable and supportive. The assistant manager talked with us positively about their staff team and their skills. All of the staff no matter what their role were encouraged to get to know the people at the service and interact with them.

Staff had regular meetings to discuss the service and people's needs. The registered manager also used the meetings to share information with staff about good practice or information from the Huntington's association. Minutes of the meeting were placed on a notice board for staff to read.

The provider and registered manager ran a support group for people affected by Huntington's disease in the local area and until recently had facilitated appointments for a Huntington's specialist from London. This meant people could see the specialist locally rather than having to travel to London for appointments and could share experiences with other people with the same condition. The registered manager had worked with people living with Huntington's disease for over 14 years and they and assistant manager were supported by the provider who had many years of experience in supporting people with Huntington's.

The assistant manager was in the process of completing their level 5 qualification in health and social care This is a nationally recognised qualification which is achieved by evidencing competency in a management role. They were in day to day charge of running the service and sought advice from the registered manager and provider when necessary. The assistant manager did not currently attend forums or networks to speak with other managers and share best practice.

At the last inspection there was a breach of regulation relating to quality assurance audits not identifying shortfalls in the service. Systems to identify and assess risks to the health and safety or welfare of people were not detailed and the provider had failed to ensure that records were accurate or fully completed.

At this inspection improvements had been made. The provider, registered manager and assistant manager carried out regular checks on the service. These covered a range of areas, including the quality of completed

paperwork, such as people's care plans, staff training and recruitment records and whether relevant health and safety checks were carried out. Senior staff checked that medicine records were completed fully and that other paperwork related to people's care such as food and fluid charts were completed accurately.

The quality assurance audits had not identified shortfalls we found during the inspection such as a lack of activities and accessible information.

Although the assistant manager worked alongside the staff and witnessed their practice, there was no process in place to monitor the quality of care people received or the competency of staff in their roles. After the inspection the registered manager told us that staff competencies and spot checks were now being introduced.

Annual questionnaires were sent out to people, their relatives, staff and other stakeholders so they could give their views about the service. The responses were collated and action was taken when any areas of improvement were identified. Some staff had commented that communication between the provider and frontline staff could be improved and the provider had asked for suggestions on how this could be improved. Feedback was positive and comments seen included, "Always treated well by staff who are always helpful."

The registered manager had notified the Care Quality Commission of important events as required. Documents and records were up to date and readily available and were stored securely.

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 18 HSCA RA Regulations 2014 Staffing There were not enough staff deployed to meet people's needs.