

The Regard Partnership Limited Rochester House

Inspection report

221 Maidstone Road
Rochester
Kent
ME1 3BU
Tel: 01634 847682
Website: www.regard.co.uk

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 15 April 2015 and was unannounced.

Rochester House provides care and accommodation to up to 10 adults with a learning disability. There were 10 people using the service at the time of our inspection.

The last full inspection was carried out 15 May 2013 when we found concerns about the management of medicines and a failure to notify us of significant events. During this inspection we found significant events were being notified to us and although the medicines systems had changed further improvements were needed.

Rochester house is required to have 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. There was a manager who was registered with the commission, but they were not working in the service. A new manager had been appointed and was submitting their application for registration.

Summary of findings

During this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People were not protected against the risks of infection in the service. Systems were not in place for ensuring equipment was sterilised appropriately. Staff did not always follow safe practices to reduce the risk of infections spreading in the service.

People were supported to make day to day decisions in their lives. Where people had difficulty making a decision for themselves, the correct procedure had not always been followed to assess people's capacity to make a decision and to ensure their rights were upheld.

Staff did not consistently treat people with respect in the way they addressed them and helped them to move around the service. People's privacy was not consistently maintained because their personal needs were discussed in open areas of the service where others could hear. Some staff were not responsive to people's needs when they became upset.

People's care was not planned or delivered in a personalised way. The service was not organised in a way that promoted a personalised approach to people's activities. People had not been supported to decide how they would like to be occupied, for example social activities, going out, education or employment.

The newly appointed manager had a clear vision and set of values, which were reflected in the action plan for the improvement of the service. However the culture of the service was task orientated and the manager acknowledged that there was further work to do to embed the principles of personalised care at the heart of the service.

The manager had systems for reviewing the quality and safety of the service, but the effectiveness of these systems had not always been checked. For example

keyworker meetings identified a person needed support to book a dental appointment. This had not been actioned and the manager had not checked to see if this had been done.

Staff had been trained to recognise and respond to the signs of abuse. They knew how to report any concerns and were confident to do so. People's personal belongings were kept safe and secure.

The risks to individuals, for example in moving safely around the service, had been assessed and action taken to reduce them. Staff understood how to keep people safe. The manager had taken action to ensure the premises were safe and met people's needs.

There were enough staff with the skills required to meet people's needs. When new staff were recruited the registered provider followed robust procedures to ensure they were suitable to work with people.

People received their prescribed medicines when they needed them and were supported to manage these in a safe way.

Staff had undertaken training to meet people's specific needs and to keep people safe. They knew people well and understood what their needs were. Staff were supported in their roles and had opportunities to meet with their manager to discuss their work.

People received the support they needed to eat and drink. They had a choice of meals from a varied menu. Mealtimes were a relaxed and pleasant experience for people.

People were given the support they needed to maintain good health. They had access to health services and referrals for additional support were made when people needed it.

People knew how to make a complaint if they needed to. Complaints were responded to quickly and appropriately and people were given feedback in a way they could understand.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement



The service was not consistently safe.

People were not protected from the risk of infection in the service.

Staff were trained to protect people from abuse and harm and knew how to refer to the local authority if they had any concerns.

Risks to individuals had been assessed and there were sufficient staff on duty to safely meet people's needs.

The provider operated recruitment procedures to make sure staff were suitable.

People received their medicines when they needed them.

Is the service effective?

Requires improvement



The service was not consistently effective.

Staff did not understand the requirements of the Mental Capacity Act 2005 to ensure people's rights were protected.

Staff were trained and understood how to meet people's specific needs.

The registered manager had ensured that relevant applications had been submitted to the statutory authority in relation to Deprivation of Liberty Safeguards.

People were supported to eat and drink sufficient amounts to meet their needs and were provided with a choice of food and drink. People were referred to healthcare professionals promptly when needed.

Is the service caring?

Requires improvement



The service was not consistently caring.

Staff did not always treat people with respect.

Staff did not always maintain people's privacy.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

Is the service responsive?

Requires improvement



The service was not consistently responsive.

People's care was not personalised to reflect their wishes and what was important to them. Care plans and risk assessments were out of date and had not been updated when needs changed.

People were not always supported to do the social activities they wished to.

Summary of findings

The service sought feedback from people and their representatives about the overall quality of the service. Complaints were addressed promptly and appropriately.

Is the service well-led?

The service was not consistently well led.

The culture of the service was task oriented rather than personalised. The manager had made improvements, but these were yet to be embedded within the service.

There was an open culture. The manager operated an 'open door' policy, welcoming people and staff's suggestions for improvement.

There was a system of quality assurance in place, but this was not always effective in identifying shortfalls.

Requires improvement



Rochester House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 15 April 2015 and was unannounced.

The inspection team included two inspectors.

We gathered and reviewed information about the service before the inspection, including information from the local

authority and previous reports. We spoke with the safeguarding team and the commissioners of the service to gather their views of the care and service. We looked at notifications we had received from the provider. This is information the provider is required by law to tell us about.

We spoke with three people. We examined records including four people's individual care records, three staff files, staff rotas and the staff training schedule. We sampled policies and procedures and audits of aspects of the service. We looked around the premises and spoke with the manager, four care staff and two healthcare professionals.

The last full inspection was carried out 15 May 2013 when we found concerns about the management of medicines and a failure to report notifiable events to the commission.

Is the service safe?

Our findings

People told us that the staff treated them well and that they felt safe in the service. One person said, “I like it here, I like X [a staff member].” We saw that people were relaxed in the presence of staff and smiled when staff spoke with them. Healthcare professionals we spoke with told us that, “Staff seem to know how to keep people safe.” Despite these positive views we found that changes were needed to some aspects of the service to improve safety for people.

Staff had access to personal protective equipment such as gloves and aprons to reduce the risk of the spread of infection when providing personal care. However we saw two members of staff leaving people’s bedrooms to dispose of soiled incontinence aids and linen still wearing gloves after providing personal care. This meant that bacteria could transfer from the gloves to door handles or other areas of the service and increase the risk of the spread of infection.

One person using the service required equipment to administer their nutrition and medicines through a Percutaneous Endoscopic Gastrostomy (PEG) tube into their stomach. Staff told us that the equipment was sterilised each day, but there were no records kept to evidence this was being done consistently. One member of staff told us the sterilisation took place using the dishwasher whilst another said a cold water sterilising solution was used. The lack of an effective and consistent approach to sterilisation of equipment increased the risk of infection. The two examples above are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was clean. Staff told us that they carried out some cleaning of the service during the day, but the majority of the deep cleaning was completed at night. There were records in place to show staff had completed the cleaning tasks, but these were not sufficiently detailed to allow the manager to monitor which tasks had been completed. Health professionals that visited the service told us that the cleanliness of the service had improved under the new manager.

Staff had been trained to recognise and respond to concerns about abuse. They knew how to spot the signs of abuse and were able to tell us what they would do to ensure this was reported to the correct authorities. The

policies were up to date and available to staff in the office. The manager had instructed staff to read the policy for safeguarding people from abuse and staff had signed to say they had done this. The manager had developed an easy reference information sheet for staff that summarised the procedures for reporting incidents, accidents and allegations of abuse. This had been displayed in staff areas of the service.

People had a safe place to keep their belongings. There were secure facilities for people to store their money and personal effects. Where the staff managed people’s money on their behalf there was a system in place for ensuring the security of their money and receipts to account for expenditure.

Individual risks had been assessed and action taken to reduce the risk and keep people as safe as possible. For example, one person had a seizure alarm mat that alerted staff when they had an epileptic seizure whilst in bed. Another person had an assessment of the risks associated with self-injurious behaviour. There was written information for staff on how to respond when the person was agitated and may harm themselves. We saw that staff followed this guidance.

The manager had completed an assessment of the health and safety risks within the premises. This included a fire risk assessment carried out by an external contractor in February 2015. The local fire safety officer had also visited to assess the premises and the outcome of these two assessments had been collated to form an action plan for the provider to comply with to meet fire safety standards. We saw that work was underway to address the issues which included new fire doors and clearer fire safety signage. New doors and signs had been ordered and a workman was visiting to fit them later that week. A follow up visit had been booked by the fire safety officer for August 2015 to check the required action had been taken.

Staff understood the fire evacuation procedure for the service. The manager told us that the fire emergency plan was a “stay put” plan. This meant that staff would ensure people were safe by closing fire doors and waiting for the emergency fire services to arrive and evacuate people. The manager told us this procedure was under review as it did not meet current fire safety guidance. Individual risks assessments were being carried out with people and their care managers to establish how they should be evacuated

Is the service safe?

by staff in the event of an emergency. In the event of any emergency which made the service uninhabitable staff told us that they would vacate to a nearby service, also managed by the provider.

There was an effective system for checking the temperature of the hot water in the service each month. This reduced the risk of people being scalded. The manager had arranged for samples of the water supply to be tested for legionnaire's disease.

An assessment of the risks faced by people whilst moving around the service had identified uneven flooring in a corridor in the basement used by people to access the garden. The manager had stopped the use of the corridor whilst investigations were carried out and had arranged for alternative access around the side of the building. Two people who regularly used this corridor for access to the garden had been supported by staff to make a complaint about the uneven flooring to the provider. Arrangements were in place for a structural surveyor to visit the day after our inspection to assess the area and make recommendations for improvement.

Staff knew how to check the safety of equipment, for example to ensure that air mattresses were inflating to the correct levels. There was a contract for servicing mobility equipment and we saw that the last servicing had been carried out in November 2014. Fire safety equipment including alarms, smoke detectors and fire extinguishers had been serviced annually by an external contractor.

Staff knew how to report accidents and incidents in the service. The manager saw and signed all reports and kept a log of accidents, incidents and the action taken. We saw that appropriate action had been taken in response to incidents, including refresher training for staff who had made a medicines error and a review of a mobility care plan for a person who had fallen over. There was a system for identifying themes and trends in accidents and incidents and the area manager discussed these with the manager to agree any changes that needed to be made to reduce the risk of recurrence.

The manager had assessed that the service required 6 staff per shift during the day to meet people's needs and 2 staff at night. We reviewed the staff rotas which showed that the required number of staff were consistently deployed. On most days of the week, including the day of our inspection, there was also an additional member of staff between

12pm and 5pm to help people with their social activities. Staff told us that they had previously been very short staffed, but since the new manager had been in post arrangements had been made to ensure that staff sickness or vacancies were always covered to ensure the required number of staff were on duty. One staff said, "We used to always get by on four staff if we had to, but now the manager says we must always get more staff in so that we have six which is much better."

Some people using the service received funding for additional 1-1 staff at certain times of the day or week. During our inspection we saw that those people the manager told us required 1-1 staffing, had this in place. However, there was not an effective system in place for monitoring the delivery of people's 1-1 funded hours. This meant that the manager could not be sure people were always getting the 1-1 hours they were funded for.

We recommend that the registered provider reviews the staffing arrangements to ensure that enough staff are deployed at all times to meet people's needs for 1-1 staff support.

Staff recruitment practices were robust and thorough. Staff records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Staff were interviewed by the manager to ensure they were suitable for the role and were issued with a contract of employment that outlined the requirements of the role. The provider had a disciplinary procedure in place to respond to any poor practice.

People's prescribed medicines were stored securely and they were supported to take the medicines they needed at the correct time. Where people were able to manage their own medicines staff ensured they were safe to do and provided any support they needed. Staff had been trained in the safe administration of medicines and had been observed putting this into practice by the manager. We saw records that showed that staff had a review of their competence to administer medicines every six months or sooner if they required it. Staff were able to tell us what people's prescribed medicines were and knew where to find information about possible side effects. Staff understood the procedure for dealing with errors, for

Is the service safe?

example if a medicine was dropped, and we saw that incident reports had been completed on these occasions. We saw that records of medicines given were complete and accurate. People were asked for their consent before they were given medicines and staff explained what the medicine was for.

There was a system in place for checking the temperature of the medicine storage areas each day to ensure medicines were stored at the temperatures stated on the manufacturers packaging. However there was a lack of guidance in place for staff to follow should the temperature exceed the safe level. On the day of the inspection it was a hot day and some areas where medicines were being stored were nearly at their maximum safe storage

temperature. We noted that the temperatures were checked at 9am every day which meant they may not identify high temperatures at the hottest time of the day. Where people had a medicine that had been prescribed by their doctor to be given “as required”, for example pain relief, staff did not have the guidance they required to make sure they gave the medicines at the right time or for the right reasons. This lack of guidance meant people were at risk of receiving medicines when they didn’t require them or not receiving them when they did. **We recommend that the registered provider refer to relevant professional guidance for the management and storage of medicines.**

Is the service effective?

Our findings

People told us that they could make their own decisions about their care and routines. They told us, “I choose when I get up” and “Staff ask me what I would like for my lunch.” We saw that staff encouraged people to make their own decisions where they were able to. Staff asked people what they would like for lunch, how they wanted to spend their time and whether they wanted help with personal care. People told us that staff responded quickly when they were unwell, “If I feel poorly I tell the staff and they call the doctor.”

Staff had completed eLearning in the requirements of the Mental Capacity Act 2005 however staff we spoke with were unclear about the requirements of the Act. One staff said, “I would decide on a person’s behalf if they could not make a decision, but I would involve their relative” and another said, “If people can’t make decisions we decide for them.” We saw that assessments of people’s capacity to make decisions had not been completed, for example a person’s hospital passport stated ‘I do not have capacity to make decisions.’ A hospital passport is a document designed to give hospital staff key information about people’s needs if they are admitted to hospital. The statement did not relate to a specific decision and no assessment of their capacity to make a decision had been carried out. Another person had a bed with fitted bed safety rails. Staff and the manager said they had moved into the service with this, but were unsure why it was required. There was no record of the person giving consent to the use of this safety restraint. Staff said the person would be unable to make a decision about this but no assessment of their capacity to do so had been carried out.

Staff said that they always asked for people’s consent before carrying out personal care tasks or offering support. They said that if people declined their support that this was people’s right and they respected their decision. We heard staff asking if people wanted to have support to eat. Staff acted on people’s responses and respected people’s wishes if they declined support.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. The manager understood when an application should be made and was aware of the recent Supreme Court Judgement which widened and clarified the definition of a deprivation

of liberty. As a result DoLS applications were being made for people who used the service to ensure that they were not deprived of their liberty unnecessarily. DoLS forms were seen for standard applications for people not being able to leave the service. Some DoLS applications had been completed assuming a person could not make a decision about the restriction, but a Mental Capacity Assessment had not been completed prior to the DoLS application.

Staff did not understand the requirements of the Mental Capacity Act 2005 and assessments of people’s capacity to make decisions had not been carried out in line with the 2005 Act. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

New staff received an in-house induction which included eLearning for a number of areas of care delivery. They also shadowed experienced staff on each shift to get to know people and their preferred routines. New staff were working on the Care Certificate, which is a new care qualification recommended by Skills for Care (the national training organisation in care). This qualification provides care workers with the basic knowledge and skills they require to care for people safely and effectively. The manager had a good understanding of the new qualification and was working alongside new staff to help them complete this. A staff member showed us their workbook and told us they were progressing well toward completion. Staff were given a handbook which contained information important to their role and the expectation of them within their twelve week induction. The manager told us that they placed great importance on the induction as this was essential in equipping new staff in their roles. Staff were given a deadline for completion. Two staff members had not met this deadline and the manager had spoken with them to see if they needed additional support. The manager had then written to them to extend the deadline for a short period of time and to outline the disciplinary action that would be taken if they did not complete the work. This showed that the manager set the standards of work and staff understood what was expected of them to care for people safely and effectively.

There was a programme of training courses that all staff were required to complete. This included core safety training such as food safety, safe moving and handling and safeguarding people from abuse. It also included training specific to the needs of the people using the service such

Is the service effective?

as epilepsy, PEG feeding and non verbal communication. During our inspection staff were involved in a training session held by a speech and language therapist on dysphagia (swallowing difficulties). The manager had recently reviewed the training programme to ensure it met the needs of the workforce. They had identified that a training course for managing positive behaviour, that was a required course for staff, also included instruction in the use of physical restraint techniques. As no physical restraint techniques were used in the service the manager had requested the registered provider review this course to provide only the required elements for the staff at Rochester House. This reduced the risk of staff inappropriately using restraint techniques. This showed that staff had the specific training they required to provide the care people needed.

Most staff had had a supervision meeting with their line manager within the last two months and those that had not, had one scheduled. Staff said they were asked how they were getting on with their work and if they had any concerns. The manager had introduced a system for carrying out observations of staff practice in addition to the bi-monthly supervision meetings to identify good practice and areas for improvement. We saw records that showed that staff had been observed planning and leading shifts and reporting incidents. The manager had provided staff with feedback after the observation to improve their practice. Staff had not had an appraisal within the last year. The manager had identified this and included it in the action plan for improvement for the service. Staff said that if they had any problems or concerns, or required more training, they felt confident to raise them and they were acted upon.

A team meeting had taken place in March 2015. Minutes showed that staff had been given information about training they needed to complete, new policies, procedures for covering shifts if staff were sick and the role and duties

of keyworkers. Further team meetings had been planned for April and May 2015 and we saw that training in the use of Makaton (a sign language) had been included to better meet the needs of a person using the service. We saw that most staff understood the Makaton signs the person was using and where they were unsure, more experienced staff quickly told them the meaning. The manager was a trainer in the use of Makaton signing which enabled her to provide continuous training to existing and new staff members. The staff were able to effectively communicate with the person who used this system of signing because of this support and training.

People received the support they needed to eat and drink. There was a menu in place, planned each week by the people using the service, which reflected people's preferences and nutritional needs. We saw that people were provided with a choice of meals and drinks and were able to obtain snacks and drinks when they wanted them. A person who used a PEG tube to receive their nutrition was supported with this by staff who had received appropriate training. Health professionals were involved with the service to provide training and support to staff in safe eating and nutrition for people. Mealtimes were flexible and on the day of our inspection some people chose to eat in the garden. Where people needed support to eat, staff supported them in a patient manner. There was a rapport between the member of staff and the person so that the mealtime was an enjoyable experience.

People had plans in place for meeting their health needs. They were supported to access health services including their GP, dentist, optician and chiropodist. The manager and staff had a good understanding of people's health needs and had made referrals to health professionals where needed. Health professionals that supported people told us that changes in leadership had ensured information, guidance and training was now better used to influence people's care.

Is the service caring?

Our findings

People told us they liked the staff and that the staff treated them kindly. One person said, “I enjoy living here. Staff come to help me if I press the buzzer for help.” Another person said, “I Like the staff.” People said staff respected their privacy in their bedrooms, one person said, “The staff always knock on the door before entering.” People told us that staff supported them to be independent. They said, “I sometimes help with the cooking by stirring and pouring things” and “I have my own tea making facilities in my bedroom when I want a drink.” We saw that people were supported to be independent where they asked to be, however we saw staff preparing meals for some people without encouraging them to do as much for themselves as they could.

We saw that some staff were caring and compassionate in their approach. They spoke kindly with people and engaged in laughing and joking with people which created a pleasant atmosphere. However we also saw that some staff did not always demonstrate respect for the people they were supporting. A staff member was heard to refer to an adult as “good girl”. Another staff was continually reminding a person to slow down whilst they were eating, but this was done in an abrupt way and did not allow the person to relax during their meal. We saw staff supporting people in their wheelchairs bang the chairs into the doorframe on two occasions.

During our inspection a person began shouting loudly in the lounge and another person immediately became upset and began to cry. Staff that were in the room did not respond to this. A member of staff entered the room after five minutes and approached the upset person asking whether they wanted their incontinence pad changed. They took the person to their room and told us they would have a rest as tiredness may be causing the distress. They did not identify that the shouting may be distressing the person. Staff we spoke with were inconsistent in their response about why the person became upset. Some staff said it often happened and other staff said it was rare. Records showed the person had become upset and began crying on two occasions during the previous week. The person’s care plan stated possible causes of upset, but this did not include noise as a trigger or how the staff should act consistently when this occurred.

People did not always have their privacy maintained. We saw that personal care was provided in private, but staff were not always discreet when discussing people’s personal care needs. On three occasions staff discussed people’s personal care needs in front of others. Two of the three communal bathrooms did not have a lock on the door. During our inspection some people were receiving an aromatherapy massage in the lounge. This was not private for people and because the lounge was noisy, with loud music playing, it did not create a relaxed environment.

Staff did not always treat people with respect or protect the dignity and privacy. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were involved in making some decisions on a day to day basis, such as what to eat and where and when to get up. We saw that staff asked people what they wanted to do with their time and did their best to accommodate their wishes. People had not been involved in the assessment of their needs or planning their care. The manager was aware of this and had purchased pictorial booklets for people to complete with staff to help them express their wishes about their care. Staff used a variety of communication methods with people depending on their needs. Some people used sign language and others used pictures to help their understanding and communication. The manager was liaising with healthcare professionals to obtain an electronic device to help another person communicate better with others. People told us, “House meetings take place weekly, we talk about what we would like to eat, fire alarm tests and any maintenance issues.”

People were generally but not always supported to maintain their independence. Where people expressed they wished to do things for themselves, staff respected this and ensured they had the equipment or facilities they needed. For example one person had tea and coffee making facilities in their bedroom. We saw that there was a lowered kitchen worktop to enable people to prepare their own meals, however, we only saw one person do this at lunchtime. The manager showed us that they had included promoting independence in their action plan for improvement. A manager from another service was working in the service once a week to challenge where staff

Is the service caring?

did things for people rather than supported them to do it for themselves. The intention of this was to develop the staff's skills in how to encourage people to become and remain as independent as possible.

People could receive visitors when they wanted and could make use of the private visitor's room on the basement level.

Is the service responsive?

Our findings

People told us that they did not always get to go out to the activities they wanted to. One person said, “I can’t go out when I want to, I tell the staff I want to go out and they tell me to wait and they will arrange something.” People felt confident to make a complaint if they needed to. They said, “Staff always listen” and “If I was unhappy I would talk to my key worker or the senior staff.”

People had not been involved in planning their care. They had care plans in place that had been written several years ago and staff told us these were out of date and did not reflect people’s needs or preferences. The manager had identified that every person required a reassessment of their needs before a new care plan could be written. This process was underway. We saw that assessment documentation had been completed for some people and was almost complete for others. This had been completed by staff that worked regularly with people to ensure that people’s views were included. The new plans had not yet been developed from the assessment documentation.

The care plans did not reflect people’s preferences or views. They did not give staff information about how to provide their care in a personalised way. For example, there was little information about the way people wanted to receive their personal care. People had not been asked about their preferences of whether they received their personal care from male or female staff. We saw people receive care from both male and female staff during the inspection. Where people were able to make a choice about what they ate or when they got up this was respected. However people’s care had not been planned in a way that reflected their wishes.

People with physical disabilities did not have a choice of bath or shower as the bathroom was on the first floor with steps between the lift and the bathroom making it inaccessible for people using a wheelchair.

People’s plans did not accurately reflect their interests and preferences with regard to their social needs. Each person had an activity planner to inform staff about any planned activities they had each week. These were out of date and did not reflect the activities people enjoyed doing or changes in the timetabled sessions. Staff told us that the activity planners were not followed and that people could not always attend their chosen activity if there was not a

driver on duty. There was a lack of planning for people’s social needs. Records showed that people were often taken ‘out for a drive’ as an activity, without any destination. The manager told us that a review of people’s social needs was underway and a member of staff had been assigned the task of gathering information about people’s interests in order to develop new activity plans. Some more structured activities had taken place recently including a trip to Rochester Castle, however staff told us that activities needed to be better organised to ensure people could do the things they enjoyed.

People had not been supported to voice their goals and aspirations. There was a lack of information in people’s care plans about their personal history, which would enable staff to understand people better and provide personalised care. The manager had purchased pictorial care planning booklets, but these had not been put into use yet. The booklets are designed in an easy read format to enable people to be involved in planning their care. There was a lack of guidance for staff in people’s care plans which meant a consistent approach to providing care in the way people preferred could not be ensured. However staff did enable people to make some choices about when they received support. People were able to choose when they had their meals and when they got up and went to bed.

People did not receive personalised care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to stay in contact with their friends and relatives. During our inspection a person was supported by staff to visit their family at their home. People could use the computer in the service to contact family and friends. One person had their own tablet computer for personal use.

There was a complaints procedure for the service that outlined how to make a complaint and the timescales for response. This was available in an easy read format to help people with a learning disability understand. People knew how to make a complaint and staff gave people the support they needed to do so. We saw records that showed that staff had supported two people to make a complaint about the uneven flooring on the basement level, which was preventing them from accessing the garden safely. The provider had responded to the complaint outlining the action being taken. During our inspection we saw a staff

Is the service responsive?

member read and explain the response to the people who had made the complaint. The complaints record showed that where complaints had been made these were taken seriously and responded to quickly and appropriately.

People were supported to attend a weekly house meeting where they had an opportunity to raise any concerns or make suggestions. However, people's views about the lack of activities that suited their individual needs had not been acted upon.

Is the service well-led?

Our findings

People told us they liked living at the service and were happy there. People were confident to raise concerns about their care and said they could speak to the manager or any staff if they were worried about anything. One person said, “I like X [the new manager], she comes and talks with me.” People’s positive views were not always reflected in the way in which staff spoke to them or about them or the way some staff supported people.

The newly appointed manager had a clear vision and set of values, which were reflected in the action plan for the improvement of the service. The manager had worked on shift at various points during the week, including weekends and evenings, to assess the quality of the care provided. The manager told us that the key challenge for the service was a task oriented culture. During our inspection we saw some examples of personalised care, but also saw examples of practice that was task centred. Further work was needed to fully embed personalised principles into the culture of the service and to ensure staff followed these consistently. Part of the action plan to address the culture of the service was the six month secondment of a manager of another service who worked alongside staff to help them to analyse and challenge their practice. The manager told us that the provider was making available the required resources to drive improvement in the service. This included an increase in staffing numbers. **We recommend that the registered provider continue to evaluate and improve the culture of the service to embed personalised principles.**

The manager had written to all relatives to introduce themselves and had met with the majority of staff on a 1-1 basis. Staff told us that the manager was “open and approachable” and they commented that the manager always had the office door open so they could ask questions or access documents they needed. Staff told us this was an improvement with the appointment of the new manager. Staff felt that they were getting feedback from the manager about their performance. Records showed examples where feedback had been given on their practice and advice on how things could be improved.

The manager was not yet registered with the commission. They had obtained their DBS check, but had not yet

submitted an application. The manager understood their responsibilities to notify the commission about certain events that occurred within the service and appropriate notification had been received.

The manager had completed a range of audits of the delivery of the service. This included infection control, medication, safety of the premises, staff records, training and care planning. They were also working with the local authority safeguarding team to deliver an improvement plan following an investigation into a safeguarding matter. We saw that as a result of these audits, people’s needs had been reassessed, a fire risk assessment had been completed, the medication administration system had been reviewed and a surveyor contracted to assess an unsafe area of the premises.

The manager had worked with the commissioners of the service to review people’s needs to ensure the service continued to be able to care for them effectively. The manager had also made referrals to health professionals for advice and training as part of the improvement plan for the service. Health care professionals we spoke with told us that they had seen improvements in the service since the appointment of the new manager. They said that staff were more confident and the service was better organised and much cleaner.

Staff understood who was responsible for making decisions in the service. There was a shift leader system that identified who was responsible for the service at all times. Staff had been informed what this role involved and were able to explain this to us. Staff had been issued with a job description and had signed to agree this.

Staff were confident to speak up about poor care. They told us that they knew who they could report any concerns to and they knew how to contact external agencies if they felt they were not being listened to. One member of staff told us, “I would definitely blow the whistle on poor care. You have to think this could be my relative.”

The manager used a variety of methods to obtain people’s views about the service. This included keyworker meetings, house meetings and 1-1 discussions with people about their care. However the manager had not always checked that the keyworker meetings were effective. For example, the minutes of one person’s keyworker meeting held in January noted they were due a dental check-up. This was noted again in their February meeting. The manager had

Is the service well-led?

not identified that the required action had not been taken.

We recommend that the registered provider review the arrangements for auditing systems for seeking people's views.

Staff had access to the records they needed to care for people. They completed accurate records of the care delivered each day and ensured that records were stored securely. People knew they could see their care plan if they wished to.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</p> <p>The registered provider had not ensured effective systems were in operation for the sterilisation of equipment.</p> <p>Staff did not follow safe practices to reduce the risk of the spread of infection in the service.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Need for consent</p> <p>Staff did not understand the requirements of the Mental Capacity Act 2005 and assessments of people's capacity to make decisions had not been carried out in line with the 2005 Act.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <p>Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Dignity and respect</p> <p>Staff did not always treat people with respect.</p> <p>People did not always have their privacy maintained.</p>

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Person-centred care

People's care plans did not reflect their preferences or views and care was not delivered in a person centred way.