The Paddock

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Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

We undertook an unannounced inspection of this service on 16 April 2015. This service is registered to provide accommodation and care for up to 19 people with a learning disability. However in order to provide single room accommodation for people only 17 people are usually accommodated. At the time of inspection 17 people were living in the service. The service was last inspected in January 2014 and no concerns were identified from that inspection.

The service is located in a residential area of Lydd on the Romney Marsh. It is within walking distance of local amenities, shops and public transport. The service has a registered manager in post. 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 told us they liked living in the service and were happy there, they liked the staff and the opportunities they had for going out and doing the things they wanted. Comments included,: "I like living here, I like people here". "Staff treat us well". "I get enough food and drink when I want it." "I like the people who help me". Health

Summary of findings

professionals and relatives commented positively about the standard of care people received. Relatives told us that they were kept informed and their views were always sought.

The service is provided in a large period property that required some upgrading. Works that needed to be done had been identified and prioritised for completion but a schedule of timescales had not been implemented; other more urgent works had taken precedence to ensure people were kept safe and warm. The majority of weekly, monthly, and annual safety checks were completed, but the registered manager was unable to confirm that the periodic check of the main electrical installation had been undertaken and was still in date.

There was an established recruitment procedure that required applicants to complete application forms and attend for interview. Interview records were made to support decisions to employ new staff. The service ensured all relevant conduct in employment references; a criminal record check and evidence of personal identity were received prior to new staff commencing work. However, staff records were incomplete and failed to address gaps in employment histories, the medical fitness of applicants and reasons for leaving previous employment in care.

Staff told us they had received a good induction to help them understand and support the needs of people. They said their competency to do so was assessed by senior staff and the registered manager but records of induction and competency assessments of new staff were not completed to show how this was delivered to them and how their competencies and understanding were assessed. Staff told us that a programme of essential training was in place to provide them with the necessary skills to fulfil their role, and records supported this. Staff said the registered manager was proactive in sourcing training for them to do.

People's concerns were taken seriously and acted upon, but not always recorded to show that proper processes had been followed. Some stand-alone audits were undertaken that included health and safety, medicines and finances, but some of these were not robust or sufficiently in depth to provide assurance that the area assessed was operating effectively. An overarching assessment of service quality was in place but failed to identify the shortfalls highlighted by this inspection.

Our inspection showed staff to be caring and protective of the welfare and wellbeing of the people they supported, and staff showed commitment to ensuring people enjoyed a good quality of life. People were supported to make everyday decisions for themselves, but staff understood when they might need other people to help make some decisions on their behalf. Staff provided support in accordance with the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People felt safe and cared for by staff. They were supported to live their lives in the way they chose. Where able to, they were supported to maintain their independence or to develop skills, and to undertake tasks within their capabilities. There were enough staff to support people's needs. There were low levels of accidents and staff understood how to keep people safe and how to use the reporting mechanisms for safeguarding, whistleblowing and accidents and incidents.

Staff told us they had regular supervision and found the registered manager approachable and supportive. Staff demonstrated an in depth knowledge of people's individual needs and support. Personal care was managed discreetly, and people were provided with the equipment they needed to help with their care and support needs. People were consulted about what they wanted to eat and staff ensured that everyone had enough to eat and drink, and assisted those with special dietary needs. People were supported to access health appointments and their healthcare needs were monitored.

People who used the service and their relatives were asked for their views about the service and felt listened to.

We have identified a number of 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 this report.

We recommend that the service uses the complaints log to record all concerns and complaints to show that these are dealt with appropriately.

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 always safe.

Gaps in the recruitment procedure could place people at risk. The premises were in need of a scheduled programme of repair and upgrade. Medicines were managed safely.

Staff understood how to keep people safe and how to use the appropriate reporting mechanisms.

There were enough staff to support people's needs. Procedures were in place to ensure staff knew what to do in an emergency.

Is the service effective?

Requires improvement

The service was not always effective.

Staff received an induction but this was not recorded to ensure this was delivered consistently and to show that staff competencies were assessed.

Appropriate systems for the training, supervision and appraisal of staff were in place. Staff understood and put into practice the principles of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards

People were consulted about what they liked to eat. Staff supported people to access healthcare appointments and sought advice from medical professionals appropriately.

Is the service caring?

Good

The service is caring.

Staff treated people kindly and respectfully and were mindful of equality and diversity issues. Staff understood people's individual communication methods and styles to ensure they could engage with them.

People were asked for their views. People were supported to develop their independence and information in accessible formats and equipment to help them with this was provided.

People were supported to access advocacy services.

Is the service responsive?

Requires improvement

The service was not always responsive.

The complaints process was not in a range of formats suited to people's needs, there were no formal complaints but records of minor concerns raised by people and the actions taken to resolve them was not recorded.

Staff were provided with detailed care and support plans for each person.

Summary of findings

People were asked about the activities they wanted to do and the places they wanted to visit. They were provided with a programme of activities and supported to develop their independence skills.

Is the service well-led?

Requires improvement 

The service was not consistently well led.

Audits of the service were not effective to identify the shortfalls found at inspection. There were recording omissions in staff files.

Staff found the registered manager approachable and supportive. They said they were well informed and thought communication was good. Relatives and health professionals spoke positively about the commitment and motivation of the manager.

People, their relatives and health and social care professionals were asked for their views about the service, and their comments were acted upon.

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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.

We undertook an unannounced inspection of this service on 16 April 2015. The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the 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 also viewed other information we hold about the service in the form of notifications and complaints and previous reports. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with six staff including the registered manager. We visited all areas of the service and met and spoke with nine people that lived at the service. We spoke with two relatives and received feedback from local authority commissioning staff and a representative of the local safeguarding team, no concerns were received from this feedback and relatives spoke positively about the knowledge skills and kindness of the staff towards their individual relative. We also contacted a selection of four health and social care professionals who have regular contact with the service. We have received feedback from a health professional who visits the service regularly; they spoke positively about the service and their observations of staff interactions with people and the care they delivered.

Most people were unable to tell us directly about their day to day experiences, and we spent time throughout the inspection observing care. Staff who understood people's methods of communication helped them to tell us what their views were. We also used a Short Observational Framework for Inspection (SOFI) tool. SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We reviewed a range of records. This included three care records and associated risk information; environmental risk information, recruitment information for three staff more recently appointed; two records of more experienced staff training, supervision and appraisal , records of accidents/ incidents, complaints information and records of some equipment, servicing information and maintenance records. We also viewed policies and procedures, medicine records and quality monitoring audits undertaken by the registered manager and the provider.

Requires improvement

Is the service safe?

Our findings

People told us they were happy living in the service. Comments included, "Happy here, always happy here", "I like living here, I like people here". Staff treat us well". "I see same staff – they help me when I need help". "I do like it here". "I see the same staff most of the time".

People lived in a period property that required regular maintenance. There was also a degree of wear and tear from the activities of people who lived there. The majority of bedrooms seen were decorated to a good standard and provided a comfortable personalised space, a few bedrooms although comfortable with the appropriate level of furnishing and personalisation would benefit from minor redecoration to improve their appearance. A quiet lounge had peeling wall paper and chipped plaster and two bathrooms viewed similarly needed redecoration and upgrading to provide a more pleasant environment for the people using them.

Externally the house would benefit from some repainting and repair to a damaged garden wall. Whilst none of these shortfalls directly impacted on people in the service they would improve the appearance of the service they lived in. The registered manager told us that health and safety checks were undertaken regularly to ensure people were not placed at risk from any outstanding repairs.

Records showed that a list of identified works and repairs had been compiled; this was undated and did not make clear when repairs and maintenance would be completed. The registered manager told us that the majority of improvement works had been put on hold due to an urgent and unexpected requirement to replace both gas boilers and replacement of the fire alarm system. These had now been installed, and showed that the provider was ensuring that equipment that was important for the safety of the people in the service was being maintained and updated, as a consequence of these repairs however, internal upgrading had been limited to the replacement of carpet on the main staircase and in the main lounge.

Records also showed that staff made regular safety checks of equipment and recorded both visual checks and servicing of equipment. However, we were unable to establish the date when the electrical installation was last checked and whether this was now due for reassessment to ensure it remained in safe working order. The failure to be able to show that the main electrical installation in the premises was in good working order and was safe is a breach of Regulation 12 (2) (d) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Twelve new staff had joined the service in the last year and we viewed three of their staff files. These records showed that new staff completed application forms and attended for interview. Interview records were made, and appropriate checks made on successful candidates to provide information that included evidence of personal identity, checks for any criminal records and requests for information about their previous conduct in employment or general character. Applications forms showed that employment histories were not complete. Interview records did not show that gaps in employment had been explored with applicants or their reasons for leaving previous care roles, as required by the regulations. Therefore the provider was unable to assure their self of applicant's activities during their working life and whether these would impact on their suitability for their role. Information about applicants' physical or mental capability to undertake the role was not gathered and the provider was unable therefore to judge whether they were physically and medically fit based on their responses to undertake the support of people in the service. These omissions are a breach of Regulation 19 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

In discussion staff demonstrated a strong commitment to the protection and wellbeing of the people they supported. Staff had received training to keep people safe and to understand what safeguarding adults who used services meant. A procedure for staff to follow in the event of witnessing or being made aware of a safeguarding issue had been developed. Staff spoke of their responsibilities to raise an alert and report safeguarding, and showed a willingness to do so. They were aware of whistleblowing (This is a process where staff can raise concerns about the practice of other staff safely and without fear of recrimination). They said they had confidence in the whistleblowing procedure as followed by the service and had faith in the registered manager taking action to deal with any issues of concern; some staff had personal experience of the whistleblowing process and had felt supported through this.

At inspection there was no indication that staffing levels were not right for the number and needs of people in the

Requires improvement

Is the service safe?

service. We observed staff were busy but always had time to acknowledge and engage with people in the service. Staff were always in evidence and people we spoke with told us staff were always available to them. Staff told us that they felt that staffing levels were right and gave them time to spend with people and take them out for activities.

At inspection there were four care staff including a team leader on duty, an activity co-ordinator, a cleaner and a cook, in addition to the registered manager and this was confirmed in the weekly staff rota viewed. The registered manager told us that there could sometimes be up to nine people on early shifts dependent on what activity was taking place with groups in addition to support individuals may need to go out or attendance at appointments. Staffing reduced to four staff in the afternoons with the manager available until five pm. At weekends there were four staff on shift throughout the day, with the addition of a cook until the evening. There were two waking night staff on duty each evening.

Some people although not funded for this were provided with one to one support when outside the service because of their support needs. One person was currently in receipt of one to one staffing in the service because of the deterioration in their health and the added support they required in regard to assistance with all aspects of their care and support. The Provider Information Return (PIR) told us that staffing levels were assessed to meet the needs of the people using the service. People had lived at the service a long time and staff were very familiar and knowledgeable about their needs and the support they required. Staffing levels were reviewed if people's needs changed significantly.

The registered manager told us there were a low level of accidents and incidents. Records of these showed they had been reported and acted upon appropriately to ensure the safety of people concerned and/or others. We looked at four incidents for one person whose behaviour could sometimes be challenging. Reports of the incidents showed that staff had managed them consistently and in keeping with the person's plan of care; guidelines informing staff how to respond were updated and included associated risk information.

The PIR informed us that there were a comprehensive range of risk assessments which were regularly reviewed; these covered both environmental risks to people and individual risks related to people's individual support and health needs. People's care records showed that risk had been assessed specific to their needs; which for some involved risks around behaviour, going on outings, bathing unsupervised or risks people could experience in the environment. Records showed these were kept updated in line with changes in the person's needs and level of risk or as part of an annual review.

Procedures were in place in respect of emergency planning and emergency crisis. Staff were provided with emergency contact numbers in respect of police, fire, gas electricity, or water emergencies. An out of hours on call number was provided for them to ring for advice and guidance. Emergency fire drill procedures were displayed and staff understood the assembly point for the evacuation of the premises. Personal evacuation plans were in place for each person. We spoke with staff about how they might evacuate two people in particular who had mobility issues; staff responses were consistent with the plans in place for each person. This provided assurance that staff knew the correct action to take.

The registered manager was responsible for ordering prescribed medicines; these were booked in by the registered manager and another staff member. Prescribed medicines were kept in people's bedrooms in a locked facility; this was only accessible to staff. People had been assessed as not being able to administer their own medicines. Staff told us that they completed an on line medicine training course and underwent a period of supervision and observation by senior care staff before they were assessed as competent to administer medicines.

The service received a 28 day supply of pre-packed prescribed medicines for everyday use from the pharmacy. A limited amount of stock of prescribed creams and medicines for 'as required' use was maintained. Medicines received were booked in and signed for on the Medicine Administration Record (MAR) for each person. Individualised information was made available to inform staff about allergies people had. Two staff per shift were involved in the administration of medicines and this worked well with few errors as a result. Medicine records were completed appropriately. Records showed people's medicines were reviewed with relevant professionals and the registered manager was able to talk about the benefits

Requires improvement

Is the service safe?

of this for one person who was already more alert from reduced levels of medication. An audit of medicines was undertaken weekly to ensure people received all their medicines correctly.

Requires improvement

Is the service effective?

Our findings

People told us that they liked the staff that supported them and liked the food at the service. Comments included: "I get enough food and drink when I want it." "I like the food that is cooked for me."

Staff records showed that new staff completed a range of on line training during their first few weeks in the service. Staff said they spent the first week as an extra staff member on shift and this enabled them to acclimatise to the routines of the service and to read people's individual support plans and learn about them. Staff said they shadowed more experienced staff for several weeks and were usually 'buddied' with one who was their mentor. Staff felt this worked well and made them feel supported at all times. They found this time invaluable and helped put what they had learned into everyday practice. A staff member told us that new staff were not pressured to take on responsibilities before they felt confident themselves of doing so. Whilst there is no doubt that new staff underwent a period of induction, apart from training certificates there was little recorded evidence as to what skills and knowledge staff needed to acquire to be considered competent, or that their competency had been assessed in these areas. The manager was therefore unable to provide assurance that the induction procedure provided for new staff gave them the necessary skills and knowledge they needed and they could demonstrate that they understood what they had learned. This is a breach of regulation 17 (2) (d) (i) of the Health and Social care Act (Regulated Activities) Regulations 2014.

The Provider Information Return (PIR) informed us that staff were actively encouraged to take up learning and development opportunities, and staff told us that the registered manager was particularly good at sourcing free distance learning courses for them from colleges and universities around the country and training records confirmed this. Most of the courses undertaken required staff to submit assignments or workbooks for assessment of their competency in order to pass, and receive a qualification. The registered manager told us that more than three quarters of the staff team (22) had now achieved a recognised National Vocational Qualification and five others were in the process of enrolling. This was confirmed by the presence of training company representatives present on the day of inspection to enrol staff.

Staff records and training certificates showed that they accessed a wide range of training which was not only relevant essential training to them the basic skills they needed to carry out their role safely, for example, first aid, food hygiene, moving and handling. They also received training in specialist areas to ensure they had awareness and knowledge of the conditions some of the people were living with in the service, for example dementia. Where issues of staff practice were highlighted at one to one meetings with supervisors, staff competency in the area in question was reassessed with retraining offered. For example, medicine administration.

Care staff received supervision on a monthly basis from their team leader. In turn team leaders were supervised by the registered manager, records confirmed these were happening regularly. Staff told us that they were able to discuss their training and development needs and work performance issues in supervision and felt listened to. Appraisals for staff in post for more than one year were held annually to assess their overall performance throughout the year and future development.

Staff had received training in the Mental Capacity Act 2005 and staff understood the right of people in the service to make everyday decisions for themselves, and where their capacity impacted on their ability to fully understand and make more complex decisions for themselves and that they might need support with this from other people. There were examples of best interest decisions being made for other people in the service usually in relation to healthcare interventions, which staff were aware of (best interest meetings held for people who are unable to make some more difficult decisions for themselves, and need support from their family, staff and professionals to help make the decision on their behalf). Care records made clear those daily activities that people did not have capacity to undertake on their own, for example self-medication, or travelling independently and the support they needed for this to happen. The registered manager and staff showed familiarity with Deprivation of Liberty Safeguards procedures and in what circumstances these might be used. Four people who required supervision when out of the service had been referred for authorisations and these had been granted by the local authority. Five further applications had been made and the service was waiting the outcome to these referrals.

Requires improvement

Is the service effective?

The registered manager told us that some people expressed behaviour from time to that could challenge staff. Care records contained guidance for staff to support people at these times using strategies of talking and distraction to de-escalate situations and ensure the persons anxieties were managed in a consistent way by staff.

Resident meeting records showed that people were given the opportunity weekly to talk about the food they wanted for the following week in addition to other issues. The cook told us that she received feedback from people directly or via staff about food preferences, and dishes were added or removed as required. One person had diabetes that was diet controlled; care was taken to reduce their intake of food from higher sugar levels. Some people with swallowing issues had their meals soft or pureed. The cook was aware of the presentation of meals with this type of consistency and ensured the elements of the meal were not pureed together but separately to provide a more appetising appearance.

Two people were assisted with their meals, and we observed the support offered to one person over the lunch period. A staff member told us the person took their meals sometimes in the quiet lounge where they sat or in their bedroom if they were resting. We observed the staff member assisting faced the person, and spoke softly to them offering encouragement and giving them time to eat each mouthful before offering another spoonful; this was consistent with the person's plan of care.

People's weights were recorded, with the exception of someone who was non weight-bearing. The registered manager was seeking advice as to how to assess the person's weight so as to ensure any weight loss could be identified and monitored. At inspection the person looked well cared and not underweight. A relative confirmed they were satisfied with their relatives care and felt the service had really stepped up to support the person when their health had deteriorated and they had become less able to do things for themselves.

The registered manager and staff were mindful of each person's health and wellbeing. Health plans (these are records of each person's individual health needs and how these are met and who by), people attend the local GP surgery for annual health checks and visit the local dentist where possible Each person had a hospital passport (this is a document for hospital staff to use when the person is admitted to hospital, which tells hospital staff about the person and their needs, medicines and how they like to be supported. People's records showed that they had regular appointments with the chiropodist, dentist, and made visits to the GP surgery or saw the community nurse.

Some people also attended specialist appointments with their psychiatrist and in one plan we saw where this had led to a reduction in medication which had resulted in the person being more alert and enjoying a better quality of life. An aroma therapist also visited some people regularly who benefited from this form of relaxation. Staff at handover were observed to be proactive in discussing concerns about a person's health and making the decision to refer to the GP. The registered manager acknowledged that there was an aging group of people in the service and steps had been taken some while ago to provide an 'assisted' bath facility to cater for the bathing needs of this group as time went on. Several other people in the service with mobility difficulties also enjoyed using this resource.

Good

Is the service caring?

Our findings

People commented "I like the people who help me". Another person told us that staff treated them well and were kind and respectful. A Health professional told us that they were very familiar with the service which they had visited for years, they said it was always a "hive of activity" and spoke positively about the interactions they observed between staff and people and how responsive they found staff to situations that occurred, they gave the example, if a person spilt their tea or coffee on themselves they were comforted by staff supported back to their room and helped to change into clean clothing.

Due to the nature of people's condition a number of people were unable to tell us their views and opinions. We therefore spent time observing interaction between some individuals and staff to understand their experiences. Interactions were relaxed and staff engaged with people in patient and friendly ways. . People actively approached and engaged with staff members they sought their help and asked questions of them, They showed they were at ease with the staff.

There were many examples where staff interacted with people in a caring manner. For example, someone who was keen to tell us things that were important to them but was unable to speak. Staff showed patience and kindness in interpreting for the person, prompting them and showing interest in their comments when responding. Staff engaged warmly with people and people responded in a like manner. At a handover meeting staff spoke respectfully about people and showed concern for those who were unwell.

People had a variety of communication styles, and communication passports were in place for each person to show how they conveyed their feelings and preferences. Communication passports are documents that detail how people convey their needs and emotions and what words, gestures, noises they might use to do this and what these could mean, so staff would be aware. Staff were very familiar and knowledgeable about everyone's methods of communication, and even new staff were able to demonstrate that they already had a good understanding of people's individual communication styles and what their body language or vocalisations usually meant, so that they could offer them the support they wanted

People's bedrooms had been personalised to reflect their specific interests and tastes. Some rooms had been upgraded as part of a programme of redecoration that was on-going. Staff told us that people in these rooms had been involved in how they wanted their bedroom to look. People who were able to tell us about this confirmed that they had been asked to choose the furnishings and colour scheme they wanted and were proud to show their rooms and their collections of possessions.

Some people had been assessed as able to manage a key to their bedroom and this gave them independence, privacy and dignity. Staff understood the principles of privacy and dignity and were seen to always knock and wait for permission to enter bedrooms, or where a personal care issue had arisen staff were discreet in supporting the person.

The manager and staff told us that the establishment of an activities unit in the grounds had enabled them to develop an in house activity and skills programme. This had proved very popular with people particular those who were interested in becoming more independent, for example, washing and ironing their clothes, and making drinks and small snacks for themselves. To enable people to be as independent as they could when eating their meals, suitable adapted crockery and cutlery had been provided to help them and showed that the service was actively assessing people's needs and acting on any issues identified.

People were provided with information in formats that they could understand. For example in the entrance hallway there was a noticeboard with photographs to inform people visually which people were in the service and those on outside activities, a similar photographic rota was displayed to inform people which staff were duty those who were not. The day's menu using pictures was also displayed in the reception area, so people knew what they were having for lunch.

People told us that they had money to spend each week, and they were supported to access shops in the community by staff. Some people had regular things they liked to spend their money on like sweets and magazines or things they liked to collect and this gave them pleasure. In discussion staff showed they were very familiar with people's individual likes and dislikes and knew what people liked to do.

Good

Is the service caring?

Information about advocacy was available in every care file viewed. Staff told us that advocates had been used for some people and that one person was being supported in regard to an important decision that they needed to make in relation to their health.

There were regular meetings with people to enable them to express their views about what they wanted to eat, what they wanted to do, and where their next holiday might be. Everyone in the service had a passport and staff had taken people on day trips to France; and more than half of the people had experienced overseas holidays. Meeting minutes showed some were keen to revisit previous countries visited or try new experiences.

In discussion staff showed that they understood about supporting equality and diversity issues and we were given an example of where this had been well managed for one person over many years. Staff also told us about adjustments they made to holiday arrangements for those people who wanted a holiday but who disliked being away from the service overnight. So that these people could also have a holiday experience staff had hired caravans local to the area, and people spent the day at the caravan park and participated in the activities there but were near enough to be transported back to the service at night. This showed that staff were sensitive to people's fears and anxieties and tried to adapt activities to accommodate their preferences.

Most people did not have relatives who were still in contact with them, but those who did were supported to maintain these relationships.

Requires improvement

Is the service responsive?

Our findings

People said "I like the staff here. No they don't upset me". "I like the karaoke session once a week here". "I like to shop for clothes and go to the pub – The George in Ashford". "If I am upset, I talk to the staff".

Care plans provided staff with a good level of detail about people's individual needs and how these were to be supported in line with their preferences. They provided staff with the necessary guidance to ensure people's welfare needs were met. Care plans were reviewed monthly by the manager and each person was allocated a key member of staff who undertook to review the person's needs monthly and produced an updated report. The registered manager used this to update and review people's care plans and make changes where necessary to reflect on the person's current support needs. Records showed that people's placement needs in regard to the appropriateness of the service were reviewed at least annually by the registered manager and staff.

In view of a lack of activity provision in the community the service had taken action to develop an external activities centre which housed a few tables and chairs, washing machine and tumble dryer facilities and kettle and microwave equipment. This area was now used to promote the independence of people who showed an interest and potential for learning new skills. The activity unit gave people the feeling of achievement and independence at their own pace.

Several people were using this facility during our inspection, bringing their laundry from their rooms, sorting it with support of a dedicated activities organiser and undertaking the process of washing and drying their clothes using a clothes line and a tumble drier. People were supported to make themselves drinks when in this area and also small snacks. Some people liked to eat their breakfast or lunch in this adapted summer house. People participated in drawing and painting activities if they wanted to and there was also a vegetable plot where people were supported to grow vegetables for the kitchen. Fruit trees had also been planted. An activity plan was in place for each person. A person told us that he liked working in the garden at the service and also doing his tapestry and knitting. In discussion staff told us that they were going to get some frames for the tapestries and ask people to decide where in the shared areas they could display this work.

At inspection a group of people went out during the visit to a day care facility, other people went out with staff at other times. Other people told us they liked going shopping by public transport and to the pub. Staff said that they arranged various activities outside of the service two or three times per week using public transport. Activities were also provided at weekends for people to travel with staff to places of interest in the local area such as Rye and Dymchurch.

The service had a written complaints policy, and a copy of this was in each person's care file. There was a complaints log but the registered manager told us that no formal complaints were recorded because none had been received. We were informed that formal complaints were rare. Staff dealt with minor issues between people but these were dealt with immediately to de-escalate incidents. Staff said they felt confident they or the registered manager would take action to address any concerns people raised, but no record of the type of minor issues dealt with was maintained to show that people's concerns however minor were taken seriously and acted upon appropriately.

We recommend that the service uses the complaints log to record all concerns and complaints to show that these are dealt with appropriately.

Requires improvement

Is the service well-led?

Our findings

People told us they liked the manager and at inspection people came and sat in her office or approached her when she moved around the building, she was a visible presence and was familiar with everyone's needs. Relatives and professionals spoke positively about the manager's commitment and leadership at the service. Staff said they found the manager approachable and supportive and always available to them. However, this inspection had highlighted several breaches of regulations.

Registered providers are required to notify the CQC of a range of incidents, this includes either the referral for Deprivation of Liberty Safeguards or the authorisation of these referrals. Four people were subject to deprivation of liberty safeguards authorisations and five more had been applied for; this information had not been notified to the Care Quality Commission (CQC) as required. An incident involving the loss of some data had also not been alerted to CQC. This is a breach of Regulation 18 of the Health and Social Care Act 2008, Care Quality Commission (Registration) Regulations 2009.

The registered manager undertook some audits for example monthly health and safety, and medicines audits, but these were not robust and did not tell us what actions and in what timescales measures were to be implemented to drive improvement. For example the medicines audit lacked sufficient detail to provide an effective overview of how medicines were being managed as it failed to encompass all the procedures followed in respect of the ordering, receipt, storage, administration and disposal of medicines. Actions to be taken and timescales for doing so were not provided in respect of health and safety audits and provided no assurance that these were being acted upon.

The provider's representative undertook regular visits and audits of the service. These audits looked at the premises, recorded contacts with staff and people supported and reviewed a random selection of records. Records showed that the completion of the audit focused heavily on the maintenance of the premises and had been incorporated into a development plan. Action to be taken was recorded but timescales for achieving this were lacking.

Audits were not sufficiently effective to identify the shortfalls found at this inspection which included gaps in staff and individual service user records and shortfalls in the complaints and notifications process. There was no indication that anyone was not receiving an appropriate standard of care but records could not support the practice that staff told us about, and this could place people at risk from inconsistencies in the care they received and from these shortfalls not being addressed. This is a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Staff had access to policies and procedures and these were reviewed on a regular basis by the provider. The registered manager adapted policies to suit the needs of the service where this was necessary. Staff knew where policies and procedures could be found which they could refer to if needed.

Records showed there were regular staff meetings providing staff with opportunities to meet together with the registered manager each month. Meeting minutes showed that topics of discussion were varied, including discussion of individual people's changing needs and what this meant for staff, new legislation and how this would be implemented, and reminders and guidance to staff in respect of their practice. Staff said they felt supported by the registered manager and by each other.

Staff told us that they felt well informed and that communication between staff and between the manager and staff was good. More experienced staff spoke positively about new staff; there was a view that the staff team was gelling and everyone was working well together. Staff showed they had a shared goal to provide people they supported with a quality experience of care, to help maximise their potential and enable them to lead the life they wanted to.

The views of people, and their relatives and visiting professionals were sought to inform and bring about change in the service. Relatives we spoke with said they were always kept informed and regularly asked for their views about the service. An analysis of feedback was undertaken, and this showed that most people were happy or fairly happy with the service provided. Specific comments were responded to and showed action taken to address any comments if they were provided. Relatives said any concerns or queries they had were always addressed by the manager who they found approachable, motivated and very committed to ensuring the wellbeing of people in the service.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment There was a failure to evidence that periodic checks of the electrical installation were being undertaken and were in date. Regulation 12 (2) (d) (e).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance There was a failure to ensure that staff induction records were in place, and could evidence that staff induction was delivered consistently, and provided detail of how competencies were assessed. There was a failure to ensure that the established audit process was sufficiently effective to identify shortfalls.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents There was a failure to inform the Care Quality Commission of people who were subject to Deprivation of Liberty authorisations

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

This section is primarily information for the provider

Action we have told the provider to take

There was a failure to provide assurance that the staff recruitment process met the requirements of the regulation in that: Gaps in staff employment histories and reasons for leaving previous care roles were not explored;

and:

information relating to the physical and mental capability of applicants to undertake the carer role was not requested.