

MCCH Society Limited

MCCH Society Limited - 26a Sussex Avenue

Inspection report

26a Sussex Avenue
Canterbury
Kent
CT1 1RT

Tel: 01227768845
Website: www.mcch.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection was carried out on 13 April 2016. Our inspection was unannounced.

The service is a purpose built detached bungalow providing accommodation for 10 people with learning and physical disabilities, who require personal care. The service is split into two different units; The Willows and The Oaks. Each unit has five bedrooms, shared bathrooms, a lounge and dining room. The kitchen is in the centre of the home and is shared by both units. There were nine people living at the home when we inspected. Each person had restricted mobility and used wheelchairs to move around the home, most people relied on staff to move them around the home.

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

Some areas of the home were not suitably clean. Infection control procedures were not suitable to protect people from the risk of infection, cloth towels were in use in the staff toilets and appropriate bins were not in use throughout the home.

Equipment had not been suitably checked and maintained. Beds had been missed off the servicing arrangements and fire safety checks had not taken place frequently. A fire exit was found to be blocked twice during the inspection.

Medicines had not been administered following the provider's medicines policy and following good practice guidance. Medicines records were not accurate and complete.

Staff had received training about protecting people from abuse and showed a good understanding of what their roles and responsibilities were in preventing abuse. Policies and procedures were not up to date in relation to safeguarding which meant that staff did not have up to date and relevant guidance. We made a recommendation about this.

Staff had not received regular supervision; we made a recommendation about this.

People enjoyed the food; meals were served according to people's assessed needs. People helped to choose the food on the menu. We found prescribed thickener in the kitchen which had not been appropriately stored, which put people at risk of harm if it was ingested.

Effective systems were not in place to enable the provider to assess, monitor and improve the quality and safety of the service. Audits undertaken had not picked up the concerns about infection control, equipment, fire safety, medicines, and care plans records. Records relating to care and support provided were not

accurate and complete.

The provider and registered manager had not notified CQC about important events such as Deprivation of Liberty Safeguards (DoLS) applications in a timely manner. The Registered manager had let CQC know about other events such as safeguarding concerns and problems affecting the central heating.

There were enough staff on duty to meet people's needs. Staff had undertaken training relevant to their roles.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA), which included steps that staff should take to comply with legal requirements. Staff had a good understanding of the MCA 2005 to enable them to protect people's rights.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority and had been approved.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner. The staff ensured people received effective, timely and responsive medical treatment when their health needs changed.

Interactions between people and staff were positive and caring. People responded well to staff and engaged with them in activities. People were encouraged to take part in activities that they enjoyed. People were supported to be as independent as possible.

People and their relatives had been involved with planning their own care. Staff treated people with dignity and respect. People were supported to be as independent as possible.

People's information was treated confidentially and personal records were stored securely.

People's view and experiences were sought during meetings and through quality assurance surveys. Relatives were also encouraged to feedback through surveys.

Communication between staff within the home was good. They were made aware of significant events and any changes in people's behaviour. Handovers between staff going off shift and those coming on shift were documented, they were detailed and thorough.

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 this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

People's medicines were not always well managed and recorded.

Some areas of the home had not been cleaned effectively; people were not protected against the risk of infection.

A fire exit was blocked by a trolley, fire checks had not been carried out frequently. Equipment had not been suitably maintained.

People were protected from abuse or the risk of abuse. The registered manager and staff were aware of their roles and responsibilities in relation to safeguarding people. The staff did not have up to date procedure and guidance, which included contact details for the local authority.

There were enough staff deployed in the home to meet people's needs. Effective recruitment procedures were in place.

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

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Some staff received supervision however some had not received supervision and appraisal for some time. Staff had all the essential and specific training and updates they needed.

People were offered a choice of drinks and food when the kitchen staff were working. Prescribed thickeners were left unattended on the worktop, which increased the risk of harm for people.

Staff were aware of the Mental Capacity Act 2005 (MCA). Care plans and documentation followed the core principles of the MCA.

People received medical assistance from healthcare

professionals when they needed it.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect. People's information was treated confidentially. Personal records were stored securely.

Staff were kind, caring and patient in their approach or supported people in a calm and relaxed manner.

People were supported to maintain important relationships.

Is the service responsive?

Good ●

The service was responsive.

People participated in activities which met their needs. Staff had a good understanding of people's communication needs.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

The service had a complaints policy. Complaints leaflets in the home did not give people all the information they needed.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Records relating to people's care had not been completed effectively. There were gaps in records.

Systems to monitor the quality of the service were in place, however these were not always effective. Audits had not picked up the concerns we found during the inspection.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

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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.

This inspection took place on 13 April 2016 and was unannounced.

The inspection was carried out by two inspectors.

We gathered and reviewed information about the service before the inspection including information and concerns from the local authority, notifications and our last report. A notification is information about important events which the home is required to send us by law.

We spent time speaking with people. Some people were not able to verbally express their experiences of living in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interactions with people and observed care and support in communal areas. We spoke with one relative. We spoke with seven staff including the cook, the registered manager and the service coordinator.

We received feedback from the local authorities commissioning team, care managers and a speech and language therapist, who provided feedback about their visits to the service.

We looked at records held by the provider and care records held in the home. These included five people's care records, risk assessments, four weeks of staff rotas, six staff recruitment records, meeting minutes, policies and procedures, satisfaction surveys and other management records.

We asked the provider to send additional information after the inspection visit, including the policies, audits, and staff meeting records. The information we requested was sent to us in a timely manner.

The service was last inspected on the 03 December 2013 and there were not concerns.

Is the service safe?

Our findings

People were unable to verbally tell us about their experiences. We observed people were relaxed around the staff and in their own home; staff knew them well and interacted with people throughout the day. Staff checked our identification when letting us in to the building to ensure that they kept people safe.

A relative told us there were times when there was not enough staff, they said, "It's improved but times there's not enough staff. On the whole the staff are excellent". The local authority had inspected the service before we visited and also provided feedback about lack of staff and high use of agency staff.

We observed that there were suitable numbers of staff on shift to meet people's needs. The staffing rotas showed that there were plenty of staff on shift. Some of the staff on shift were extra staff that were in the process of shadowing experienced staff because they were new. Most of the staff knew people well. Agency workers were also on shift, we observed staff providing them assistance and guidance about how to meet people's individual needs when supporting people to eat their meals.

Medicines were not always appropriately recorded. The controlled medicines box contained some individual medicines; these did not tally with the stocks of controlled medicines recorded in the controlled drugs register. This meant that the amounts of medicines administered to people could not be accurately checked against their prescribed doses.

We observed medicines being administered twice during the day. On each occasion medicines were not given as detailed on people's medicines records. People's records evidenced they needed to take their medicines separately on a spoon. We observed staff administering several medicines at the same time on a spoon. During one of the observations one tablet fell out of a person's mouth and landed on the carpet. The staff member picked the tablet up off the floor without gloves on and put it into the person's mouth for them to take. The registered manager witnessed this and said, "We observe a 20 second rule here" This did not follow the medicines policy for the service for spoilt medicines and indicated that this was normal practice.

Staff had received medicines training, but the provider had not checked their competency to administer medicines. Therefore the provider had not followed their own medicines policy.

The examples above showed the provider was not managing people's medicines safely. This was a breach of Regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were stored securely and safely in the home at all times. Medicines that needed to be kept cool were stored appropriately in a refrigerator in a locked storage room and the temperatures were monitored and recorded to ensure that medicines stored to maintain their effectiveness in line with published guidance.

Some areas of the service were not suitably clean and safe. Whilst we were walking around the home during the morning with the team leader we found an equipment trolley that had been blocking a fire exit. The

team leader moved the trolley to another location. We found the trolley blocking the fire exit again later in the day causing a hazard. Bathroom and shower areas were very tired, there were cracked and missing tiles and there was an odour of mould and evidence that the flooring was coming away from the wall. One shower room which was in use had mould growing around the drain on the floor; this had not been suitably cleaned. Shower chairs were dirty and stained. Equipment such as fixed and portable hoists had been regularly serviced and maintained, however the electrically powered beds had not been. We spoke with the registered manager about this. They investigated this and found that a new contractor had been carrying out the servicing and all of the beds had been missed off.

Checks on fire safety had not been carried out regularly. Documentation showed that these checks should have been carried out weekly, but they hadn't, we found gaps of up to three weeks between checks. Doors were all fitted with emergency door closure devices, which are designed to close the door when the fire alarm sounded. Checks to ensure these door closure devices were working correctly had not been carried out since 5 March 2016. This meant that the provider could not be confident that the door closure devices were working correctly to keep people safe in a fire.

This was a breach of Regulation 15 (1)(a)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Infection control procedures were in place in the home. However, we found that some practice in the home did not follow good practice guidelines. Staff toilets contained cloth towels that were being used for hand drying, instead of disposable towels or hand driers; this increased the risk of infection to staff and people. During the inspection we found that some bathrooms did not have pedal bins which meant that people had to touch the bin lid to open the bin which increased the risk of contamination.

This was a breach of Regulation 12 (1)(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Incidents were being documented and where appropriate sent to the local authority to consider under safeguarding. In all records we looked at, outcomes were recorded and healthcare professionals consulted when needed.

The provider had a safeguarding policy that was dated and in date. This detailed the types of abuse and signs and symptoms of abuse and gave staff guidance about who to report their concerns to. However, the policy referenced the local authorities safeguarding adult's policy, protocols and guidance which was dated January 2013. The contact numbers and details within the safeguarding protocols, policy and procedures were no longer valid. This meant that staff would not be able to gain contact with relevant people if they were concerned about abuse. Training records evidenced that staff had attended safeguarding training. Staff members we spoke with had a good understanding of abuse and how to report it. A staff member told us they would, "Speak to the team manager and the on call. I may also ring head office. I would also call Kent County Council or CQC if I was not happy with the outcome". This meant that staff had access to all the information they needed about how to report abuse, but there could be delays in making contact due to incorrect contact details for the Local Authority safeguarding team.

We recommend that the provider and registered manager ensure that staff have clear up to date guidance in relation to safeguarding.

Risk assessments had been undertaken to ensure that people received safe and appropriate care. Risk assessments included a list of assessed risks relating to day to day support and activities. For example, risk

assessments were in place to detail risks relating to eating, taking medicines, moving and handling and health conditions. Risk assessments gave clear guidance to staff about safe working practices and reducing risks to people. Staff we spoke with had a good understanding of people's current health needs.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Robust recruitment procedures were followed to make sure that only suitable staff were employed. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Employer references were also checked. We were unable to check to see if the provider had verified with staff whether or not they had a full employment history as application forms and interview records were not held on the staff files at the service. These were stored at the head office.

Is the service effective?

Our findings

People were unable to verbally tell us about their experiences. We observed that people were supported to eat and drink at meal times to ensure they had enough to eat and drink. The atmosphere was calm and relaxed and people were smiling. Staff had a good understanding of people's communication needs and used each person's preferred method when communicating.

Staff were not having regular supervision meetings in line with the providers own policy. Supervision meetings had not been happening frequently due to staff shortages and management changes within the home. Supervision records within staff files verified this. One staff member told us, "Supervision has been rescheduled due to being busy, but I ask questions as I work". This meant that staff had not received support and opportunities to discuss their performance and development needs.

We recommend that the provider ensures that staff are suitably supported to carry out their roles.

Staff had received training relevant to their roles. Staff praised the training provided. One staff member told us, "My induction was really good. I hadn't worked with people with autism before and it has really helped". The registered manager informed us that staff always worked in pairs and new members of staff or staff from agencies were paired with experienced members of the team. Training records showed that mandatory training was both carried out as a part of induction and was also taking place as a refresher course, all staff were up to date on mandatory training.

We observed people eating their lunch. They were smiling and making sounds which indicated that they enjoyed the food. Kitchen staff had a record of people's dietary needs including soft or pureed diets. Staff had a good understanding of people's dietary needs. Kitchen staff told us that choices are available. They wrote the menu with the preferences of people in mind, if a person did not like what was on that day's menu then they would freshly prepare an alternative. However, we observed that when the kitchen staff were not on shift there was only one option at meal times. One relative told us, "The menu choice is excellent". Staff informed us that there was a freshly prepared meal every day. The menu showed there was choices and variety. Staff told us if a person's dietary needs changed, "We update the care plans and speak directly to the SALT (Speech and Language Team) team". Care plans had detailed dietary information and records of correspondence with healthcare professionals as well as clear guidance for staff to refer to.

We observed people being supported to make choices. For example, one person who was unable to speak was shown two different bottles of drink to choose which they would like. Kitchen staff were looking at ways to further involve people, they told us, "We have recently started using an iPad as we can get pictures up on there to help people choose better what they would like. This will help with the menu". We observed staff talking to a person about the food when they were carrying out the food order in the dining area.

During the inspection we found that fluid thickener, which is used to thicken drinks to help people who have difficulty swallowing, was left unattended in the kitchen on the worktop. There was a large stock of this thickener also found within the kitchen cupboard. Whilst the risk to people was low, because people were

not able to reach the cupboard they may have been able to reach the thickener found on the worktop. This increased the risk of ingesting thickener, which could cause a person to choke. This meant that the provider had not followed safe practice to ensure that thickener was stored out of reach of people.

We recommend that prescribed thickeners are appropriately stored to ensure people are safe at all times.

Care and support was delivered in line with the Mental Capacity Act 2005 (MCA). All the care plans we looked at contained decision specific capacity assessments and it was clear that the MCA was considered in both day to day care and major decisions. The staff we spoke with had a clear understanding of the MCA. MCA training had been provided to staff. One member of staff told us "I refer to care plans and ensure I involve people as much as possible. For example, [person] communicates with her finger and can decide where they want to go if we go out, that's how I will support them to decide". Another example was one person who was currently going through a major life decision, records showed the involvement of the local authority and healthcare professionals in establishing mental capacity and making best interest decisions, involving appropriate parties. Staff had been supporting the person with this by talking to them about the decision.

People were only deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications had been made to the local authority where DoLS were necessary.

Communication was good at the home. Staff had a full handover at each shift change. We observed a staff handover meeting when the afternoon staff came on shift. It was very detailed with a summary of each person's day and any changes. This was backed up by daily notes which were completed in the morning and the evening. These included records of daily food and fluid intake.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Pain assessments had been carried out and evidence showed that people had received pain relief when it was required. People's weights had been monitored and recorded. Action had been taken when people had lost weight. Staff had sought medical advice from the GP when required. Referrals had been made to speech and language therapist (SALT) and occupational therapist (OT) for people who needed it. Records demonstrated that staff had contacted the GP, epilepsy nurses, district nurses, hospital, dentist, healthcare professionals and relatives when necessary. People had seen an optician on a regular basis to check the health of their eyes. The GP had reviewed everyone's medicines.

Is the service caring?

Our findings

People were unable to verbally tell us about their experiences. We saw evidence of good relationships between people and staff. All interactions observed were caring. Staff knew people well and approached people in the ways outlined in their care plans. For example, one staff member knew one person enjoys giving high fives and did this numerous times. Staff also paid compliments to people, such as letting them know their clothes look nice.

We observed that staff knew people well, interaction was good and people were engaged with what was going on in the home. When we arrived staff explained to people who we were and why we were in the home.

Throughout the day we observed good practice. People's requests and needs were met quickly. Staff communicated with people in their preferred manner, some people used assisted technology to communicate, staff ensured that they gave time for people to communicate their needs. Staff were kind and caring. We observed that people who needed guidance to move around the home, were supported appropriately.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in the locked office to make sure they were accessible to staff. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Staff respected people's privacy. Where personal care was provided people were given privacy. Staff ensured the bathroom and bedroom doors were closed. One member of staff told us they provided personal care in the best way possible by talking and chatting whilst supporting the person. They also said they would ensure that the blinds were shut.

Staff respected people's choices and independence. We observed staff asking people for consent before providing them with support.

People's bedrooms had been decorated to their own tastes and personalised with pictures, photographs and items of furniture. Where possible, people's beds had been positioned where they wanted them.

Records included information about people's social history and family and friends who were important to them. People were supported to maintain relationships. For example, people were supported to visit their relatives on a regular basis. Staff had spent time with people developing 'story telling' this enabled staff to work closely with people to create person centred stories, these were published with photographs. The photographs showed that people were happy and involved.

A notice board with photographs of staff on showed people who would be supporting them during the day, we observed this being updated when new staff came on shift. This meant that people could check the

board to see who would be working during the day.

Independent advocates were in place and were working with some people. This ensured that people had additional professionals in their lives to monitor the care and support they received to ensure that people are getting out into the community and their choices and decisions were being respected.

Is the service responsive?

Our findings

People were unable to verbally tell us about their experiences. We observed that some people went out of the home to attend day services in the local community. Others had planned time at home and time out undertaking activities of their choice. A relative told us, "Activities can be a bit restricted, but they do try to help them to go out".

Activities were scheduled, on the day of the inspection three people went out to engage with activities in the community. A music therapy session took place every Friday. Photographs around the home showed various day trips that people had attended. The home had a sensory room which people were able to use and enjoy which met their sensory needs. One person told us through assisted technology that they had been out for lunch, they were smiling and told us they were happy. One staff member told us how one person loves sports. We observed this person watching sports channels on their television in their room. They were able to indicate that they enjoyed this. Staff informed us that the home have worked alongside a person's family to arrange for them to go and see their favourite football team with the support of a staff member from the home. Staff told us that people's activity schedules were flexible so that people were able to choose on a daily basis whether they wanted to take part.

Care plans were detailed and person centred, they contained pictures. We saw evidence of input from people where possible, along with input from family and healthcare professionals. They clearly detailed people's needs and had clear information on their likes and dislikes. Staff were observed providing support in a way that showed they had read care plans. For example, one person's care plan stated that they like chocolate in the afternoon and they would communicate this need with a certain sound. In the afternoon, we observed good interactions between this person and different staff members as they fulfilled this aspect of their care plan. A staff member told us, "On my first week here I read all of the care plans." Another staff member told us, "When something changes on a care plan we will be told in handover meetings or team meetings. We make sure we know what each person needs are at that time".

Staff understood the importance of care plans. One staff member told us, "I was given time to read care plans to understand everyone's individual needs." Care plans contained detailed information on people's communication. When observing care in the home we saw examples of staff following the advice contained in people's care plans. For example, one person's care plan stated that they like to have their hand touched when people communicate with them, we observed staff doing this when talking with the person. Another person liked to feed themselves, with some support from staff to fill their spoon. We observed staff following this guidance when giving this person lunch.

The provider had ensured that suitable equipment had been gained to meet people's needs, such as reclining chairs and adaptations to people's beds to enable them to turn their television on and turn over the channels independently without using their hands. There was also equipment to help people regulate their body temperature.

The provider had a complaints policy and procedures which included clear guidelines on how and by when

issues should be resolved. It contained the contact details of relevant external agencies, such as the Local Government Ombudsman and the Care Quality Commission. Complaints leaflets were displayed in communal areas, which meant that people and their relatives knew how to formally complain. The leaflets did not contain information details of relevant external agencies, such as the Local Government Ombudsman who people could contact to escalate their complaints if they were not happy with the response. This meant that people may not know the full complaints process. Complaints had been documented and the records evidenced that they were responded to within agreed timescales.

We recommend that the provider reviews and updates the complaints leaflets to ensure that people and their relatives have clear guidance.

The service had received compliments. One compliment from a healthcare professional stated, 'A great service and a great staff team that were very committed – great staff'.

People's needs had been reviewed by the staff and their care managers. The reviews included the person and relatives. People's feedback was gained through observations and through communicating in their preferred manner. Staff gave us examples of picking up when people were not happy and how they would identify what the problem was. The home has found ways to receive feedback from people, as many of them could not express their views verbally at a meeting. A staff member told us, "We hold monthly evaluation meetings with service users. Their personal assistant will take forward any feedback. We also talk about upcoming events at teatime". Staff produced a monthly report for the people they worked with, this provided an overview of the person's health, appointments attended, weight, support guidelines, risk assessments and weekly activities.

Is the service well-led?

Our findings

People were unable to verbally tell us about their experiences. People clearly knew the registered manager because they regularly worked on shift in the home with people. A relative told us that the staff were good at communicating. A relative told us, "They always involve us and we can ask if there's anything specific that they need".

All of the staff we spoke with told us they enjoyed working at the home. Comments included, "I really enjoy working here, it's a great team" and "I love working here".

Records relating to people's food they had eaten were not complete. One person's records had not recorded what they had eaten on the 11 April 2016. One care plan was not up to date and relevant to the person's assessed needs. The person's health had changed drastically which meant they were receiving treatment in hospital several times per week. The risk assessments, care plan and guidance to staff had not been updated to reflect this. Staff that knew the person well knew that their health needs had changed, however there was a danger that care and support may not be carried out according to the person's needs due to the high numbers of agency staff that were working in the home. Minutes of relatives meetings couldn't be found during the inspection. This meant improvements were required to ensure that records were accurate and complete.

There had been a number of management changes within the service. Some staff felt that these frequent changes affected them as staff as well as the people living within the home. We met the service coordinator who had started working at the home the previous week. They explained that they were going to be the new manager of the home to provide some stability as they recognised that there had been a number of changes. Healthcare professionals did not always know who the management team were. One local authority care manager told us, "I am unclear as to whom the management there now are". Another health and social care professional said, "I don't know who the manager is so not sure who to raise concerns with". The local authority had been in contact with the provider to voice their concerns about the staffing situation and high use of agency in the home particularly because people living in the home had complex health and care needs.

Audit systems were in place. Audits were undertaken by team leaders in the home. We viewed audits for December 2015, January 2016 and February 2016. These audits had not picked up the issues and concerns in relation to risk assessments and care plans being up to date and relevant for one person. The audits did show that fire checks such as tests of emergency lighting had been carried out intermittently. We found that this was still the case.

This was a breach of Regulation 17(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had carried out regular audits of the home and had put together action plans to ensure that improvements were made. The action plans showed that actions had been undertaken in a timely manner.

For example, an internal audit which was carried out in February 2016 picked up that Mental Capacity Assessments needed to be improved. We saw that this area had been improved and updated in response to the audit.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service. Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff told us that they would escalate concerns to CQC as well as the local authority. Effective procedures were in place to keep people safe from abuse and mistreatment.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The provider and registered manager had not notified CQC about important events such as, Deprivation of Liberty Safeguards (DoLS). The registered manager had notified CQC of incidents of suspected abuse and one issue when the central heating broke down.

This failure to notify CQC was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

The values of the organisation were clearly noted and identified within the policies observed and displayed within the service. Staff were committed and passionate about delivering high quality, person centred care to people. We observed staff being greeted with smiles, high fives and by blown kisses from people. One member of staff said, "Staff do care about people's needs and put them first".

The provider asked relatives for their views about the service. Regular relatives meetings were held. A team leader informed us that these were very useful and they enabled discussions of issues that may arise. Minutes were not available on the day of the inspection but staff gave examples of things they discuss, for example they were currently consulting on improving the decoration of the home to include plastic wall covers to minimise wear and tear from wheelchairs. The relatives also worked to put a new shed in place in the garden and a new paved area, using donations. An annual survey was conducted, the next one was due to be sent out in May 2016.

The provider asked staff their views about the service. A staff survey had been completed in 2015. The provider had published the results of the survey. The results showed that action had been taken as a result of feedback from staff, such as improvements to pay. Where action could not be taken, reasons for this had been clearly detailed.

We observed that the management team had an open door policy, people and staff visited the office at various points in the day to ask questions. The management team were accessible and friendly.

We viewed the previous two staff meeting minutes and saw that staff were confident in raising concerns and issues with the management team. The meeting records show that practice issues were discussed as well as praise when things have gone well.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service. Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff told us that they would escalate concerns to CQC as well as the local authority. Effective procedures were in place to keep people safe from abuse and mistreatment.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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 18 Registration Regulations 2009 Notifications of other incidents The provider had not notified CQC of events and incidents without delay. Regulation 18
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to assess the risk of and prevent, detect and control the spread of infections. Medicines had not been appropriately managed. Regulation 12 (1)(2)(g)(h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People were not protected from harm because equipment and the premises had not been properly maintained or cleaned Regulation 15 (1)(a)(e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not embedded systems fully to effectively monitor and improve the service. Records were not complete and accurate. Regulation 17(1)(2)(a)(b)(c)

