

## Aitch Care Homes (London) Limited

# Byfield Court

### Inspection report

Byfield Court  
Sheppey Way, Bobbing  
Sittingbourne  
Kent  
ME9 8PJ

Date of inspection visit:  
12 January 2016

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25 February 2016

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We inspected this home on 12 January 2016. This was an unannounced inspection.

Byfield Court is one of several small homes owned by Aitch Care Homes (London) Limited. Byfield Court provides care and accommodation for up to 11 people who have learning difficulties. The service aims to work with young people with autistic tendencies supporting them to gain greater independent living skills.

There was a registered manager at the home. 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.

Staff had not received appropriate support, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

The registered manager and provider had not regularly assessed and monitored the quality of care to ensure standards were met and maintained.

Activities in and out of the home were occurring at irregular intervals or only in a few places in the community; scattered or isolated. Staff told us activities were sporadic. We have made a recommendation about this.

People were protected against the risk of abuse. We observed that people were safe in the home. Staff had received training about recognising the signs of abuse or neglect and knew what to look out for. Both the registered manager and staff understood their role and responsibilities to report any concerns and were confident in doing so.

The home had risk assessments in place to identify and reduce risks that may be involved when meeting people's needs. There were risk assessments related to people's behaviour and details of how the risks could be reduced. This enabled the staff to take immediate action to minimise or prevent harm to people.

There were sufficient numbers of suitable staff to meet people's needs and promote people's safety. Staff were aware of their roles and responsibilities and the lines of accountability within the home.

Staff were recruited using procedures designed to protect people from unsuitable staff. Staff were trained to meet people's needs and had received training relevant to their roles.

The systems for the management of medicines were followed by staff and we found that people received their medicines safely. People had good access to health and social care professionals when required.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards and the home complied with these requirements.

Staff had developed positive relationships with the people who used the service. Staff were kind and respectful; we saw that they were aware of how to respect people's privacy and dignity. People told us that they made their own choices and decisions, which were respected by staff.

People were involved in assessment and care planning processes. Their support needs, likes and lifestyle preferences had been carefully considered and were reflected within the care and support plans available.

Health action plans were in place and people had their physical health needs regularly monitored. Regular reviews were held and people were supported to attend appointments with various health and social care professionals, to ensure they received treatment and support as required.

Staff meetings took place on a regular basis. Minutes were taken and any actions required were recorded and acted on. People's feedback was sought and used to improve their care. People knew how to make a complaint. Complaints were managed in accordance with the provider's complaints policy.

We found a breach 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?

Good ●

The service was safe.

The provider had taken necessary steps to protect people from abuse. Risks to people's safety and welfare were assessed and managed effectively.

The provider operated safe recruitment procedures and there were enough staff to meet people's needs.

Appropriate systems were in place for the management and administration of medicines.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing. However, one to one supervisions and appraisals had not taken place regularly.

Staff understood the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards, which they put into practice.

People were supported to have enough to eat and drink.

People were supported to maintain good health and had access to healthcare professionals and services.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff in a way that respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were treated with respect and helped to maintain their independence. People actively made decisions about their care.

### Is the service responsive?

The service was not always responsive.

People had not been always involved in a wide range of everyday activities. Activities had not been carried out based on people's plans.

People's needs were assessed and care plans were produced identifying how support needed to be provided. These plans were tailored to meet each individual's requirement and reviewed on a regular basis.

The provider had a complaints procedure and people told us they felt able to complain if they needed to.

**Requires Improvement** 

### Is the service well-led?

The service was not always well led.

The provider encouraged an open and approachable management system. Staff told us that the registered manager was not approachable. Staff were not supported to work in a transparent and supportive culture.

There were no effective quality assurance processes in place to monitor the home to enable people to receive a good quality service.

Staff were clear about their roles and responsibilities.

**Requires Improvement** 

# Byfield Court

## **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 checked 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 12 January 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We looked at previous inspection reports and notifications about important events that had taken place in the home, which the provider is required to tell us by law. We took all of this information into account when planning the inspection.

We spoke with two people who were able to tell us about their support. We observed people who were unable to verbally communicate with us. We also spoke with two support workers, one senior support worker, the deputy manager, the registered manager and the locality manager who visited the home during our inspection. We also contacted health and social care professionals who provided health and social care services to people.

We observed people's care and support in communal areas throughout our visit, to help us to understand people's experiences. We looked at the provider's records. These included two people's care records, care plans, health action plans, medication records, risk assessments and daily notes. We looked at three staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures. We also looked around the care home and the outside spaces available to people.

# Is the service safe?

## Our findings

People told us they liked living in the home. They said, "I am fine here. I like it". We observed that people were relaxed around the staff and in their own home.

Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area. It provides guidance to staff and to managers about their responsibilities for reporting abuse. These policies clearly detailed the information and action staff should take, which was in line with expectations. Staff told us that they had received safeguarding training during their induction. Training records evidenced that all staff had completed safeguarding training within the last two years. Staff were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. A member of staff said, "Safeguarding is about keeping people safe from abuse. Stop the abuse, look into it, inform the registered manager, speak to local authority safeguarding team. We do everything to keep people safe from harm". Staff told us the registered manager would respond appropriately to any concerns. A Safeguarding protocol was visibly displayed on notice boards in the home for staff. The organisational safeguarding and whistleblowing policies in place were up to date and reviewed regularly. We saw that these policies clearly detailed the information and action staff should take. This meant that effective procedures were in place to keep people safe from abuse and mistreatment.

Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. They said, "I will have no hesitation in whistleblowing. It tells us we have a voice in raising issues. I can contact local safeguarding and CQC if required", and "When you see something you believe is wrong, you can inform external agencies".

Within people's support plans we found risk assessments to promote and protect people's safety in a positive way. These included; accessing the community, finances, medication administration, fire, domestic skills/daily living skills, activities and personal care. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. Staff told us they were aware of people's risk assessments and guidelines in place to support people in line with their assessed needs.

Records showed that incidents and accidents were monitored in order to ensure that preventative measures were put in place if required. Accident records were kept and audited monthly by the registered manager to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents. These records were shown to us as part of monitoring system. The deputy manager said, "We document all incidents using the ABC (Antecedent, Behaviour and Consequences) form, report it to the registered manager who will go through and also report it to higher management if need be". Records showed these incidents were clearly reviewed and any actions were followed up and support plans adjusted accordingly.

We observed that there was adequate numbers of staff to meet people's needs. Through our observations

and discussions with people and staff members, there were enough staff with the right experience and training to meet the needs of the people who used the service. The staff rotas and training files supported this. The registered manager, deputy manager, a senior support worker and 4 support workers were on duty on the day of our inspection. The home had two waking night staff that worked at night, which ensured people were safe.

The provider had an up to date recruitment policy in place, which enabled safe recruitment procedures to be followed. The recruitment files contained all of the information required under Schedule 3, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS checks ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks had been completed. This meant people could be confident that they were cared for by staff who were safe to work with them.

A medicine policy was in place to guide staff from the point of ordering, administering, storing and disposal of any unwanted medicines. Medicines were booked into the home by staff and this was done consistently with the homes policies. There was a system of regular audit checks of medication administration records and regular checks of stock during staff handover. There was a system to promptly identify medicine errors and ensure that people received their medicines as prescribed. Medicines were stored appropriately in a locked cabinet and all medicines records were completed correctly.

Staff who administered medicines were given training.. Staff had a good understanding of the medicines systems in place. Temperatures of all medicines storage was checked and recorded daily, and these records were up to date. We checked each person's medicines administration record (MAR) against medicines stock. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. The records showed that people had received their medicines as prescribed.

Maintenance checks and servicing were regularly carried out to ensure the equipment was safe. For example, we found the extractor fan in the laundry room had broken down on the morning we inspected. Both the locality manager and registered manager called the maintenance department to get it sorted out, for which they allocated a call out engineer to carry out the repair or replacement.

Risk assessments for the building were carried out and for each separate room to check the home was safe. Internal checks of fire safety systems were made regularly and recorded. Fire detection and alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills. Risk assessments of the environment were reviewed and plans were in place for emergency situations.

There was a plan staff would use in the event of an emergency. This included an out of office hour's policy and arrangements for people which was clearly displayed in care folders. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff had the knowledge and skills to deal with all foreseeable emergencies.



## Is the service effective?

### Our findings

Not everyone was able to verbally describe their experiences. However, we asked one person if they had any complaints about their life in the home. They told us they were more than happy with the staff and their care. We observed that people had the freedom to move around the home and spend time alone in their rooms as well as in communal areas. People were relaxed. We observed staff members responding to people's needs in a timely and responsive manner.

Staff had received induction training, which provided them with essential information about their duties and job roles. The registered manager told us that any new staff would normally shadow experienced staff, and not work on their own until assessed as competent to do so.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people with learning disabilities. Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the competence to carry out their job to the required standard. This allowed management to ensure that all staff were working to the expected standards, caring for people effectively, and for staff to understand their roles and deliver care effectively to people at the expected standard. Staff received regular training in a variety of topics, which included health and safety, fire safety, safeguarding, Mental Capacity Act 2005, equality and diversity, and food diet and nutrition. This meant that staff received adequate training to meet people's needs.

Members of staff felt supported by each other and the deputy manager. However, one to one formal supervisions had not regularly taken place. Three staff files were looked at, one person had not received one to one formal supervision since they started on 01 June 2015. Another staff last had one to one formal supervision in January 2015, while the third member of staff last had one to one formal supervision in July 2015. Members of staff told us, "I cannot remember the last time", and "Supervisions needs to be done more". Staff had not received annual appraisals, which are needed to identify staff performance and which areas staff needed to continue to improve their skills and knowledge. The registered manager confirmed that they had not had the time to have formal supervision and annual appraisals with staff. They said, "I know that supervisions are not up to date and there should be more. This was because I have been off sick from work for sometime. I have now planned for these to take place". The planned supervision and appraisals were shown to us. However, staff also commented on lack of appraisals and said, "I have been here for over a year and I have never had an appraisal".

Staff had not received appropriate support, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the

mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff evidenced that they had a good understanding of the MCA and DoLS. One staff member explained that every person has some capacity to make choices. They gave us examples of how they supported people who did not verbally communicate to make choices. Care staff were able to describe how capacity was tested and how a person's capacity impacted on decisions. Staff could all describe how and why capacity was assessed, the statutory principles underpinning the MCA and related this to people that we were subject to DoLS. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Some of the people were currently subject to a DoLS. There were good systems in place to monitor and check the DoLS approvals to ensure that conditions were reviewed and met. The registered manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People had access to nutritious food that met their needs. They had choices of different meals at dinner time and could ask for another option if they wished. On the wall in the kitchen, there were several pictures of the day's meals for those with special dietary needs; each picture had a person's name on it and their specific dietary requirement was written on each named picture. Some people were supported to make their own meals when they wanted them. One person said, "I make my own Tea and Breakfast". In one person's care file, it said that the person likes to cook. Records showed that staff supported the person to do so. People's individual dietary needs were catered for. One person's record indicated that they should have a 'gluten-free diet'. A gluten-free diet is a diet that excludes the protein gluten. Gluten is found in grains such as wheat, barley, and rye. Staff ensured that this person's food was stored separately in a cupboard. This showed that individual dietary needs were being met in the home.

The food stores were well stocked and included a variety of fresh fruit and vegetables. Food was prepared in a suitably hygienic environment and we saw that good practice was followed in relation to the safe preparation of food. Food was appropriately stored and staff were aware of good food hygiene practices. People's weight were regularly monitored to identify any weight gain or loss that could indicate a health concern.

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. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. People had a health action plan in place. This outlined specific health needs and how they should be managed. People received effective, timely and responsive medical treatment when their health needs changed.

Records confirmed that staff encouraged people to have regular health checks and where appropriate staff accompanied people to appointments. People were regularly seen by their treating team. Some people living at the home had epilepsy and there were appropriate protocols in place concerning the administration of emergency medicines if a person had a prolonged seizure. These had been developed with an epilepsy nurse who had provided suitable expert guidance. Measures had been taken to reduce the risk of injury such as the use of mats placed besides people's beds in case they fell out during a seizure. Staff had also received specific training about how to manage seizures and how to support people with epilepsy. This meant that people's health needs in relation to their epilepsy were being monitored and managed.

Health appointments were documented in people's care plans and there was evidence that the home worked closely with health and social care professionals to maintain and improve people's health and well-being.

# Is the service caring?

## Our findings

We observed that staff were kind, considerate and aware of people's individual communication needs. There was a calm and friendly atmosphere. People's bedrooms were decorated to their own tastes. Two people showed us their rooms which were personalised with their choice of decoration such as Elvis Presley's memorabilia and TV carry on films which the person loved.

People's personal histories were detailed in their care files which enabled new staff to know and understand people and their past. Staff knew the people they were supporting very well. They had good insight into people's interests and preferences and supported them to pursue these. For example, one person identified in their care plan that once they were settled in bed they wanted staff to leave their room and wait outside until they were asleep. In another it stated that staff should not wake them up in the morning as they will get up themselves. We observed this practice on the day. The person woke up at 11am and came downstairs to call staff. People were treated kindly and with respect, I saw staff knocking on people's doors before entering their rooms.

Staff spoken with were able to talk about the person's preferences about privacy and how they respected them. This showed that staff supported people based on their involvement, choice and preference.

Interactions between people and staff were positive and caring. People responded well to staff and engaged with them in activities such as writing, arts and craft and colouring. People approached and spoke to each member of staff with ease.

People and their relatives had been involved with planning their own care. There was evidence of this within care plans, and through photographs. Where people had made decisions about their lives these had been respected. For example, the care plan included a section for 'Things that I would like you to know about me', my communication which stated that the person engages in conversation and can make their needs known'; what I am good at, which were 'woodwork and swimming' and 'the main areas I need support in. These were detailed as personal care, daily living skills, activities, diet, medication, health, mobility, finances, social and mental'.

People were involved in regular review of their needs and decisions about their care and support. This was clearly demonstrated within people's care records and support planning documents that were signed by people. Support plans were personalised and showed people's preferences had been taken into account.

The registered manager and staff showed genuine concern for people's wellbeing. Staff worked in a variety of ways to ensure people received the support they needed. We observed staff and people engaged in general conversation and having fun. From our discussions with people and observations we found that there was a very relaxed atmosphere and staff were caring.

People and staff told us there were no restrictions on visitors. People had relatives that visited the home and others made regular visits to their relative's homes. Relatives were also invited to attend parties at the home.

The registered manager told us that advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. Advocacy information was on the notice board for people in the home.

## Is the service responsive?

### Our findings

One person told us, "I went on holiday to Tenerife on a plane. I went to the beach and I loved it". We observed that people were supported to do activities of their choosing. They were not rushed to carry out tasks.

Care records contained people's assessments, care preferences and care reviews. Staff understood people's needs and people confirmed that they received their care in accordance with their preferences. Care records evidenced that each person had a very detailed assessment, which highlighted their needs. The assessment could be seen to have led to a range of support plans being developed. We found from our discussions with staff and individuals these met their needs. People told us they had been involved in making decisions about their care and support and developing their support plans.

Care plans provided detailed information for staff on how to deliver people's care and support in line with their assessed needs. The files were well-organised, containing current and useful information about people. Care records were person-centred, meaning people's needs and preferences were central to the care and support plans. Records included information about people's social backgrounds and relationships important to them. They also included people's individual characteristics, likes and dislikes and places and activities they valued. Care plans and health information was provided in pictorial format. Care plans were typed in a large font and had pictures to make the sections easily understandable.

The registered manager and deputy manager told us that they planned people's activities according to their ability and preferences to ensure people were given the best opportunity to participate. However, we found that activities were occurring at irregular intervals or only in a few places in the community; scattered or isolated. For example, one person's care plan stated 'likes to spend time in the garden, likes going for walks. On Tuesdays go to Laybourne lakes at 2.30pm till 5pm'. Our observation on the day was that this person spent the time earmarked to go to the lakes in the garden of the home. There were other activities going on in the home such as arts and crafts as indicated in people's care plans. Our observation showed that activities did not tally with the activities plan we saw in place. We discussed our findings with the registered manager and deputy manager. They both told us that this was because a new activities plan had just been developed and that was the reason why activities did not tally with what we saw. Staff we spoke with confirmed our findings and they said, "Not a lot here. They do not like to do much. They like their music" and "Very sporadic here. Needs to be more person centred and individualised".

We recommend that the provider seeks advice and guidance from a reputable source, about providing diverse meaningful activities for people with learning difficulties and young people with autistic tendencies in accordance with their individual needs and choices.

People received personalised care that was flexible and responsive to their needs. For example, staff had worked with one person's Care Programme Approach (CPA) specialists to ensure the support they provided to this person continued to reflect their changing needs. The Care Programme Approach (CPA) is a way that services are assessed, planned, coordinated and reviewed for someone with mental health problems or a

range of related complex needs. The CPA response letter we saw recommended 'To continue with current activities'. Staff said, "We support the individual to continue with their preferred activities based on the recommendation.

The provider contacted other services that might be able to support them with meeting people's health needs. This included the local authority's community learning disabilities team and the speech and language therapist (SALT) team. This demonstrated the provider promoted people's health and well-being. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such as phone calls, reviews and planning meetings. Contact varied from every few weeks to months. This showed that each person had a professional's input into their care on a regular basis.

People had regular one to one sessions with their key worker to discuss their care and how the person feels about the home. A keyworker is someone who co-ordinates all aspects of a person's care at the home. These sessions were documented in the person's support plan and agreed by them. Therefore, people were given appropriate information about their support at the home, and were given an opportunity to discuss and make changes to their support plans. People knew who their key worker was and proudly told us their name.

Specific communication methods were used by staff. For example, a person who did not talk communicated with their hands. This was recorded in their communication care plan and staff were aware of what each gesture meant to say. Staff were able to interpret people's body language and conversed at times with people without words, using eye contact, pointing, nodding, and mirroring their body language. People were given time to express themselves. Encouragement was provided and we observed staff and people laughing together in mutual comprehension when people were unable to talk. People had 'communication passports' when needed. These passports contained information to explain the most effective methods to communicate with people. People's voice could be heard effectively.

People were routinely listened to and their comments acted upon. Staff were seen spending time with people on an informal, relaxed basis and not just when they were supporting people with tasks. There were systems in place to receive people's feedback about the service. The provider sought people's views by using 'Questionnaires' in picture format. The July 2015 questionnaires showed that people were generally happy with the service provided.

The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The complaints procedure was on display on the notice board of the home and this was also available in an easy read format to support the communication needs of people. This procedure told people how to make a complaint and the timescales in which they could expect a response. There was also information and contact details for other organisations such as the commission, local authorities and local government ombudsman, that people could complain to if they are unhappy with the outcome. Complaints were recorded in a complaints log. There had been no complaints since our last visit.

## Is the service well-led?

### Our findings

People clearly knew the registered manager and the staff team. We observed people interacting positively with the registered manager and staff.

Staff told us that they felt comfortable and confident in raising concerns with the deputy manager. However, they did not feel comfortable raising issues with the registered manager. We heard comments such as "No problems with management understanding us. However, sometimes the registered manager can be grumpy but I have no problems", "I get support from my team, not from the manager. The registered manager needs to be more supportive to staff" and "The deputy manager is approachable, friendly and easy going. I think the registered manager needs to delegate more to the deputy manager and trust staff to do the job.

The management team encouraged a culture of openness and transparency. Part of their values included 'Compassionate Care; We listen and respond with respect and show dignity to everyone that we support; this enables us to shape services that are person centred and which promote independence, empowerment and citizenship and include the use of 'positive behaviour support' for people whose behaviour can challenge. While members of staff demonstrated these values by enabling a person centred value as demonstrated in this report, it was felt that the registered manager had not encouraged staff to be by not creating an environment that would facilitate openness. We discussed our findings with the registered manager. The registered manager told us that this might be because she had been pulling staff up on poor practices. Lack of regular staff supervision had not allowed staff to freely make suggestions, confidentially raise concerns and drive improvements.

The registered manager and provider had not continually monitored the quality of the service. We looked at the provider's 'monthly' visit record by the locality manager. The last visit was dated October 2014. The locality manager's visit was the provider's representative visit. 'Operational Audits' of the service was last carried out on 01 May 2014. Following our inspection, the locality manager informed us that four internal quality audit visits and four locality manager service visits and audits took place in 2015. However, these were not shown to us by the registered manager as part of the requested records during our visit. These audits looked at staffing, training, records, nutrition, environmental, drug administration, care and care plan. As a result of lack of these audits, the registered manager had not quickly responded to identified gaps in records which required addressing. For example, in one person's care plan, a section titled 'Hopes and dreams' was blank. In another person's health records, we found that the Chiropodist last visit recorded was 08 June 2015. The care plan clearly stated 'next visit in six weeks'. No further records of visits were found. We discussed this with both the registered manager and deputy manager. Both said that visits took place but they might have not been recorded. In another person's care plan, we saw that weight chart that was in place stated 'To be carried out on a monthly basis'. The last entries were on 20 July 2015 at 14st 2lbs and 14 August 2015 at 14st 6lbs. This was despite the fact that this person's care plan stated that 'has put on a little weight since moving to Byfield Court. Staff to monitor weight and fluid/food intake'. There were no records of fluid/food intake in place. We discussed our findings with both the registered manager and the deputy manager. They told us that these gaps were identified and they were planning to start regular audits.



The examples above demonstrate that the provider has failed to operate an effective quality assurance system and failed to maintain accurate records. This is a breach of Regulation 17 (1) (2) (a) (b) (c) of The Health and Social Care Act (Regulated Activities) Regulations 2014.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

The provider told us that they had accreditation schemes with Skills for Care's National Minimum Data Set for Social Care (NMDS-SC), which is an online database which holds data on the adult social care workforce. The provider used this system to update information on staff training regularly. This helps authorities to plan resources for the local workforce and commissioning services.

The provider, registered manager and staff worked well with other agencies and services to make sure people received their care in a joined up way. We found that the provider was a certificated gold member of the British Institute of Learning Disabilities (BILD). This organisation stands up for people with learning disabilities to be valued equally, participate fully in their communities and be treated with dignity and respect. The registered manager told us that being a member of BILD has enabled them to be up to date in their skills and knowledge of how to support, promote and improve people's quality of life through raising standards of care and support in the home.

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 17 HSCA RA Regulations 2014 Good governance  The provider has failed to operate an effective quality assurance system and failed to maintain accurate records.  Regulation 17 (1) (2) (a) (b) (c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff had not received appropriate support, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.  Regulation 18 (2) (a)