

Counticare Limited

Richardson Court

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 ●

Summary of findings

Overall summary

The inspection took place on 13 and 23 November 2017. The inspection was announced.

This service is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Richardson Court is registered to provide accommodation and personal care for up to nine people with a learning disability. The accommodation was split between a main house which six people could live in and a Cottage within the grounds of the main house which three people could live in. At the time of our inspection there were five people living in the main house, Richardson Court and there were three people living in Richardson Cottage. The main house Richardson Court was split over two floors, all bedrooms are single occupancy, one with ensuite facilities and other people have a private hand wash basin. Richardson Cottage was on one level and had three bedrooms. People living in either service had access to communal bathrooms, lounge, dining room, kitchen and a garden.

At our last inspection, in September 2016, we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach related to the management of risk to individuals' safety within the main house, tins of paint had been left in a person's bedroom and the service was using electric heaters without the potential risks to people being assessed. This inspection took place to check that the registered provider had made improvements to meet the regulation. We found that improvements had been made and the breach had been met.

There was a registered manager based at the service who was supported by a recently appointed deputy 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.

Staff were not always effectively deployed to ensure people were enabled to increase their independence and receive a personalised service. There were enough staff to keep people safe and observations showed people were comfortable with staff and peers. Safe recruitment procedures were in place to ensure staff were suitable to work with vulnerable people. People were kept safe by staff who understood safeguarding procedures and knew the action to take in the event of any concern.

Staff did not always feel supported in their role by the registered manager. We have made a recommendation about this.

Staff were given the training they needed to meet people's needs including any specialist needs. Staff had access to and followed a range of policies and procedures to enable them to fulfil their role.

Risk assessments were individual to people's needs and minimised the risk to people, staff and others. Appropriate checks of the environment were made to the environment to keep people safe. Procedures were in place to promote people's safety in the event of an emergency. People who displayed behaviour that could challenge themselves or others did not always have access to the support they required. We have made a recommendation about this.

People's needs had been assessed and recorded prior to moving into the service. People's support plans were person centred and contained information and guidance for staff to meet people's needs. People were enabled to use different forms of communication to make their wishes known. Staff knew people well and understood how people communicated their needs and preferences. People were not always supported to take part in activities to meet their needs and interests. We have made a recommendation about this.

People were supported to maintain their nutrition and hydration with the support and guidance from health care professionals. Staff supported people to maintain their health and have regular health appointments.

People were treated with kindness by staff who understood the importance of protecting people's privacy and dignity. People were offered choices in accessible ways. Staff understood the principles of the Mental Capacity Act 2005 and the act had been followed when people had been assessed as not having capacity, decisions had been made in the persons' best interests.

Medicines were managed safely. Staff had been trained and had the competency assessed prior to administering people's medicines. People received the medicines as prescribed by their GP. Staff followed guidelines or people who required 'As and when' (PRN) medicines. Systems were in place to monitor infection control and procedures were in place to reduce the risk to people, staff and others.

People and others feedback was not always actively sought and acted on. We have made a recommendation about this.

A series of audits took place by the management team to monitor the quality of the service that was provided to people. Systems were in place to monitor, investigate and respond to any complaints or concerns that were raised.

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.

There were enough staff to keep people safe, however the deployment of staff did not always promote an individualised service. Recruitment practices were safe.

Guidance was not always available to staff to support people with behaviours that may challenge themselves or others.

People were protected from the potential risk of abuse by staff who understood what action to take.

The premises were checked and maintained to ensure the safety of people, staff and visitors.

Medicines were administered safely by staff who had been trained and had their competency assessed.

Is the service effective?

Requires Improvement 

The service was not always effective.

Staff were not always given the support and supervision they required.

People's needs were assessed and recorded prior to moving into the service.

Staff received training to enable them to meet people's needs including their specialist needs.

People were supported to maintain their nutrition and hydration.

People were supported to remain healthy with support from health care professionals.

Is the service caring?

Good 

The service was caring.

Staff treated people with kindness whilst respecting their privacy and dignity.

People and/or their relatives had been involved in the development of their care and support.

Staff followed clear communication guidelines to enable effective communication.

Is the service responsive?

The service was not always responsive.

People did not always have the opportunity to participate in planned activities which were recorded on their planner.

Support plans were person centred and detailed the support the person needed and wanted.

Systems were in place to monitor and respond to any concerns or complaints that were raised.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Feedback was not always actively sought and acted on to improve the service.

Systems were in place to monitor the quality of the service through regular auditing.

There were a range of policies and procedures in place to inform and guide staff.

The registered manager understood their responsibilities to the CQC through reporting specific incidents.

Requires Improvement ●

Richardson 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 was a comprehensive inspection. We re-inspect services that have been rated as Requires improvement within 12 months of the report publication date.

Inspection activity started on 13 November 2017 and ended on 23 November 2017 and was announced. We gave the service 24 hours' notice of the inspection visit because it is small and we needed to be sure that someone would be in. The inspection consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using services or caring for someone who uses this type of care service. The expert-by-experience who took part in the inspection had specific experience of caring for people with a learning disability.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the registered manager is required to send us by law. Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the registered manager to give some key information about the service, what the service does well and improvements they plan to make.

People living at Richardson Court were not able to tell us about their experiences, we observed support being provided, carried out observations within communal areas of the service and in some bedrooms. We spoke with three relatives about their experience of the service. We asked ten health care professionals and two commissioners for their feedback of the service. As part of the inspection, we spoke with the registered manager, the locality manager, the deputy manager, two senior care staff and one support worker.

We reviewed a range of records. This included three peoples support plans and records including care planning documentation, risk assessments and medicine records. We looked at documentation that related to staff management and staff recruitment including three staff files. We also looked at records concerning

the monitoring, safety and quality of the service.

Is the service safe?

Our findings

People were observed to be comfortable with staff and one another. For example, people were observed approaching staff and communicating with staff. People living within the main house and the cottage had lived together for a number of years and spent time together.

At our inspection on the 27 and 29 September 2016, we found that the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. They had failed to ensure practicable steps had been taken to mitigate and reduce risks posed to people. Three pots of paint had been left unattended within a person's bedroom and portable heaters had been used in people's bedrooms. At this inspection, we found that the risk to people had been removed with the completion of the building work and, this breach was now met.

At this inspection following a tour of the service and people's bedrooms no hazards or risks were identified. The registered manager told us that at the last inspection external contractors were working within the service decorating people's bedrooms, this work had now finished and any external works were clearly risk assessed. Environmental risks posed to people, staff or visitors had been assessed and recorded by the registered manager. The risks assessed included, evacuation in the event of a fire, fire alarm failure, the use of cooking equipment, physical intervention, violence at work, medication, stress at work, use of electrical equipment and slips, trips and falls. Potential risks to people in their everyday lives had been assessed and recorded on an individual basis. For example, risks relating to the use of the house vehicle, accessing the community, personal care, using the kitchen and the use of keypad locks on the external doors. Each risk had been assessed to identify who was at risk, what hazards were associated with the task, what were the potential outcomes from the hazards, actions taken to reduce the risk and the likely hood of it occurring after the control measures have been put into place. A system was in place to ensure these were reviewed on a regular basis.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. The provider had an internal maintenance department who covered a geographical area. Any maintenance issues were raised with a member of the management team who followed the maintenance reporting procedure. The registered manager completed a maintenance request form which covered the location, a description of the work that is required, the priority category and the date the job was completed. Examples were seen such as a curtain pole which had fallen down, a hole in a wall which had both been completed and repaired in January 2017. Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. A fire risk assessment was in place and a contingency plan which was to be followed in the event of an emergency. These checks enabled people to live in a safe and adequately maintained environment.

People had a personal emergency evacuation plan (PEEP) in place which covered the staff support required for the person to be able to evacuate the service safely. Each person's PEEP's was contained within the emergency grab file; this contained the procedure for the event of an emergency such as a fire, flood or

death of a person. People's safety in the event of an emergency had been carefully considered and recorded.

Accidents and incidents were recorded via an online internal system. Staff completed a paper version of the incident form which was then recorded online by the registered manager. Accidents and incidents were investigated by the registered manager and an action plan was then completed. The system was able to detect and alert the registered manager to any patterns or trends that developed. All notifiable incidents had been reported correctly. The registered manager and the senior management team were able to see, at a glance, whether accidents and incidents were decreasing or highlight any trends.

Some people living at the service displayed behaviour that could challenge themselves or others. The provider employed a behavioural specialist who worked within a geographical area, in the provider's other locations. The behaviour specialist had started working with two people at the service to develop a positive behaviour support plan. However, we saw an incident form where staff had used the trained physical intervention with a person whose behaviour care plan did not link to a positive behaviour support plan. The registered manager told us that at the present time they were reliant on staff to use their own knowledge and training to support that person. This meant there could have been times when staff used physical intervention when it may not have been necessary, if the registered manager had identified the three people for the behavioural specialist to work with.

We recommend that the registered manager ensures people who display behaviour that could challenge themselves or others, has the support and guidance in place for staff to follow.

There were enough staff employed to keep people safe. Rosters showed a consistent level of staffing which matched the commissioned number of hours. However, staff told us they felt there was not enough staff and our observations showed that staff were not always effectively deployed to enable staff to spend time engaging with people. The registered manager and locality manager told us they were in current contact with the relevant commissioners to discuss the care packages. On the first day of our inspection a spontaneous trip was planned for everyone to go out to a local zoo. On the second day of our inspection a trip to an aquarium was planned for people. One member of staff was taken away from supporting people during the second day of our inspection to meet with a visiting health care professional, this meeting took over an hour; this meant people did not leave the service until the afternoon. On both days of our inspection one member of staff cooked lunch for everyone, whilst people waited in or near the kitchen. One person had guidelines in place for staff to support them to make their own drink. These guidelines were observed to be followed twice during the first day of our inspection; all other occasions' staff were observed to make the person a drink. We spoke to the registered manager about the deployment of staff to enable time for people to participate in daily living skills as recorded on their activity planners and within people's support plans. One person moved to another service on the first day of our inspection, the locality manager told us that the staffing levels would remain the same and would not decrease following the person moving out. These additional hours would enable the registered manager to analyse the effectiveness of the deployment of staff.

We recommend that the registered manager ensures staff deployment is effective in meeting people's goals, aspirations and support plans.

People were protected from the risk of harm or abuse. Information about safeguarding and keeping people safe was displayed within the office and throughout the service. The provider had a dedicated safeguarding lead for the organisation who reviewed any safeguarding concerns. There was an up to date safeguarding policy in place which informed staff how to protect people and included the local authorities' procedure.

Staff were aware of the policy and followed this to protect people and take action if they suspected abuse. Staff received annual training about safeguarding people from harm and abuse. Staff were able to describe the potential signs of abuse and the action they would take if they had concerns such as, speaking to the registered manager, contacting social services or the police. The provider had a dedicated whistle blowing line, where staff were able to raise any concerns they had anonymously without fear of reprisal.

Recruitment checks were completed to ensure staff were suitable to work with people who needed care and support. These included obtaining suitable references, identity checks and completing a Disclose and Barring Service (DBS) background check. These check employment histories to help ensure they were safe to work at the service. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained.

People received their medicines safely. Systems were in place for the ordering, storing and returning of people's medicines. Four people stored their medicine securely in their bedroom and two peoples medicine was stored in the medicine room. Staff were trained in the safe administration of medicines and followed the providers policy and procedure. Staff were observed administering medicines by a member of the management team before being 'signed off' as competent to administer medicines. People had individual medicine profiles which recorded information about the medicines they were taking and the support they required from staff to take their medicines. Clear records were kept of all medicines that had been administered. The records were up to date and had no gaps showing and all medicines had been signed for. Some people had "As and when required" PRN medicines. Guidance was in place for staff to follow which included the dosage, frequency, purpose of administration and any special instructions. Medicine audits were carried out on a regular basis by a member of the management team. These processes gave people assurance that their medicines would be administered safely.

People were protected by the prevention and control of infection where possible. Staff received infection control training and followed the provider's policy and procedure. Staff were aware of the importance of using personal protective equipment (PPE) when supporting people, and the service provided staff with gloves, aprons and hand wash to be used when needed. We observed staff using PPE throughout our inspection. The registered manager was the infection control lead for the service, this involved a daily check of the service and regular audits which covered staff training, data management sheets for chemical substances, checking cleaning schedules were in place and checking the medicine storage. The audit identified actions which required completion such as a cracked tile in a bathroom and new toilet roll holders were to be purchased.

Is the service effective?

Our findings

Health care professionals told us the registered manager had referred people for support with eating and drinking and communication in a timely manner.

Some people living at the service had specific health needs relating to nutrition and hydration. Health care professionals were involved to advise staff how to ensure people remained as healthy as possible. Each person had a 'personal place mat' this was a document that included information regarding people's specific diet and the consistency of food. For example, pureed with no lumps and food cut up small. This enabled staff to meet people's specific dietary needs. A record was kept of people's food likes and dislikes which staff used as a basis for menu planning.

There was a menu board in place in the kitchen which included pictures as well as written text of the choices that were available. We observed staff preparing meals for people on both days of our inspection. People were not encouraged or supported to participate in preparing any of their own food. A relative told us their loved one had been diagnosed with a low iron deficiency and they felt this was "due to poor food nutrition". The larder and freezer contained budget branded food, and ready to cook options such as pies and breaded fish. We spoke to the registered manager about the quality of the food that people were being given, they told us they would be reviewing the quality of the food people were given to ensure an increase in the quality.

People were supported to remain as healthy as possible. Each person had a health action plan file which included information of the support from health care professionals and guidance for staff to follow. Staff had created 'hospital passports' and 'hospital communication books' for people to use when they visited hospital. These detailed people's health conditions and information that hospital staff needed to support the person. Hospital passports enable people to receive consistent support. There were mixed views from health care professionals regarding the support people received from staff. One health care professional wrote, 'The carers have responded to my recommendations following my assessments.' Whereas another told us that the service had not been able to carry out routine health observations for a person due to the lack of staff being able to effectively monitor the person. This meant that some people may not have received the support they required to meet their health needs.

People's health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. All appointments with professionals such as doctors, community learning disability nurses, occupational therapists, dentists, speech and language therapists and opticians had been recorded with any outcome. Future appointments had been scheduled and there was evidence that people had regular health checks. People had been supported to remain as healthy as possible, and any changes in people's health were acted on quickly. Records showed following a recent occupational therapy assessment two of the recommendations had been completed and the third was in the process of completion.

People's needs and choices had been assessed by the local authority prior to moving in and by the service

prior to and when people had moved in. The assessments identified people's needs from which support plans were created and followed by staff. Staff worked alongside other health care professionals such as speech and language therapists to enhance communication and interaction with people living within the main house. Support plans were person centred and involved the person as well as other relevant people involved in the person's life such as, family members and health care professionals. Support plans contained guidance and information to provide direction for staff and ensure care was provided in line with current good practice guidance.

Staff received supervision with their line manager in line with the provider's policy. The registered manager used a supervision matrix to track when staff were due to be supervised. These meetings provided opportunities for staff to discuss their performance, development and training needs. Staff told us that they felt supported by their line manager however, some staff had not received regular supervision and told us they did not feel supported by the registered manager. The registered manager had recently employed a deputy manager to provide additional support and guidance to the staff team. Staff received an annual appraisal with their line manager to discuss and provide feedback on their performance and set goals for the forthcoming year.

We recommend that the registered manager ensures staffs at all levels are offered support and supervision to fulfil their role.

Staff were provided with training to ensure they were able to meet people's needs effectively. The training matrix showed that staff had completed the provider's mandatory training and the specialist training for their role which would ensure they could meet people's individual needs. There was an ongoing programme of training, this included training in topics such as safeguarding adults, health and safety, Mental Capacity Act (2005), Deprivation of Liberty Safeguards, basic life support, nutrition and hydration, person centred thinking and infection control. Staff were trained to meet people's specialist needs such as MAYBO disengagement and conflict management, to support people whose behaviour could challenge themselves or others. The registered manager had arranged for the entire staff team to receive training from a speech and language therapist to enable effective communication between people and staff. This training had not commenced during our inspection. Staff received refresher training in a number of subjects to keep their knowledge up to date and current.

The registered manager had started to alter information that had been displayed around the service to meet people's needs. There was a photographic roster board which was used to inform people who were on duty and other information that had been written in Makaton. Makaton is an educational resource that uses signs and symbols to help people communicate. People's bedrooms had been decorated using pictures of their interests. A relative told us their loved ones bedroom had been decorated to their own individual taste. The registered manager had arranged for support through a training course for the entire staff team to promote and increase communication throughout the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS). Staff explained how they supported people to make choices. Staff explained how they supported people to make choices who had complex health needs. These included showing people different choices of clothing to wear and showing people photographs of different food options. Staff knew people well and understood the way people communicated.

Records showed there were Mental Capacity Assessments for less complex decisions such as medicine management and locked kitchen cupboards within people's care files. Records showed that when people lacked the capacity to make certain decisions about their lives, their relatives and the relevant health care professionals were involved to make sure decisions were made in their best interests. Records showed that DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted. The registered manager has systems in place to track DoLS applications that had been sent in, when they had been granted and when they required reviewing. These processes ensured that people were not unlawfully restricted.

Is the service caring?

Our findings

Staff were observed interacting with people in a kind and caring way. People showed positive responses or gestures such as a smile, a nod or signs when they were with staff. Staff were observed addressing people by their name and acknowledging people when they walked into a room. Staff who had worked at the service for a longer period of time was very knowledgeable about people, their likes, dislikes and personal histories.

Health care professionals wrote that the staff were, 'welcoming, respectful and open.' A commissioner who visited the service in March 2017 to review a person's placement wrote that they felt the person had a good quality of life; however this was dependent on the staff that were working on any particular day.

Treating people with dignity and respect was included within staff's induction. Staff were observed knocking on people's bedroom doors and waiting before entering. Staff gave examples of how they protected and promoted people's privacy and dignity whilst supporting them with personal care. For example, standing outside of the bathroom if someone requires support using the toilet and talking through with the person you are supporting, informing the person at all times.

People and their relatives were involved with making decisions about care and support. Formal reviews took place each year, which also included professionals involved in the persons care such as care managers or other health professionals. Staff told us that people attended support plan review meetings and were supported to be as actively involved as far as possible in making decisions about their care. People's support plans contained information about their background, likes and dislikes and specific routines. This information was used by staff to get to know the person and ensure they were meeting the persons' needs in the way they wanted. Information about people was stored securely and staff understood the importance of maintaining confidentiality.

People's support plans included clear information and guidance about their individual communication needs. Each person had a communication profile which included, details of how the person liked to be communicated with, information for staff to aid communication and pictures of particular signs the person used. Staff had a good understanding of people's communication needs and we saw staff responding to a person using Makaton when they were becoming anxious about who was coming on duty for the night shift. The person was redirected to the photographic roster board to look for themselves. A communication log was in place for each person, this included how information had been communicated to each person and a record of their reactions. Examples included, information about how to vote, what voting means and a review of the persons care. People had communication boards within their bedrooms which displayed using signs or pictures if the person had an appointment or meeting that day.

Staff told us and records showed that religious festivals, birthdays and other commemorative days were celebrated within the service. People's cultural and spiritual needs were recorded within their support plan. One person was supported to attend a place of worship where staff supported them to light a candle.

When people were at home they could choose whether they wanted to spend time in the communal areas

or time in the privacy of their bedroom. We observed people choosing to spend time in their bedroom, in the lounge and in the dining room which was respected by staff. People could have visitors when they wanted to and there were no restrictions on what times visitors could call. People were supported to have as much contact with their friends and family as they wanted to.

Information about the service and the support the person required were in picture format, to help people understand the service provided and to help them communicate their needs to staff. Examples included a pictorial complaints procedure and parts of people's support plans.

People's records were stored securely within the office. Staff understood the importance and legal responsibility relating to maintaining confidentiality.

Is the service responsive?

Our findings

Staff were observed to be responsive to people's needs. One person living in the Cottage became visibly anxious with the inspection team being present. Staff immediately responded speaking to the person in a calming way offering reassurance. The person appeared visibly calmer. However, we observed a person in the main house waiting for a prolonged period of time to be supported with personal care.

People's care plans were person centred and explained how people liked to be supported. This was important as some people living within the main house were not always able to communicate their preferences. People's support plans included details of how staff were to support them with the care they needed in a range of areas, including personal care, eating and drinking, communication and support with finances. People's support plans were up to date, personalised and regularly reviewed. Staff were knowledgeable about how people liked to be supported and used this information to meet people's needs.

There was effective communication between the staff team. Staff had 'handovers' between shifts to enable the staff coming in to have an update on what had happened during the previous shift. The registered manager used a communication book to ensure staff were up to date with what was happening within the service and the wider organisation. Each person had a daily service record book which contained information about the support they had been given, what they had eaten and any activities they had taken part in.

People had a weekly activity planner in place which included activities within the service and out in the local community. Activities included hand massages, sensory activities, music sessions, arts and crafts and visits to the local garden centre. Some people attended the provider's day service which offered people a range of activities to participate in, including skill building such as cooking and photography. People had set times on their activity planners for daily living skills such as cleaning and food shopping. We observed one person being encouraged by staff to Hoover a communal area. People's activity planners were displayed in the hallway and within the person's bedroom, and were accessible to people with the use of pictures. However, the activity planners were not consistently followed. For example, during the morning on the second day of our inspection all but one person stayed at the service. One person's planner recorded they would walk to the local shop that morning, another recorded arts and crafts and a third recorded it was the person's free choice morning. None of these activities occurred during that morning.

We recommend that the registered manager ensures people are provided with a range of activities which meets their needs and interests.

The provider had a complaints policy and procedure in place which detailed how people could make a complaint and the action that would be taken in the event of a complaint or concerns being raised. A pictorial version of the procedure was displayed within the service to ensure it was accessible to everyone living there. A process to respond to and resolve complaints was in place. There had been one complaint raised within the past 12 months that had been fully investigated and responded to in line with the provider's policy.

People living in the service were mostly quite young and unable to communicate their end of life wishes. Records showed the registered manager had discussed with the person and their family during a review and recorded the wishes after death of the person.

Is the service well-led?

Our findings

People appeared relaxed around the registered manager and people were observed entering the office and signing to the registered manager. The registered manager welcomed people as they entered the office and spent time communicating with people.

The registered manager had been in post for a period of 18 months however, they were leaving the service at the end of 2017. The locality manager told us that a new manager has been appointed who was due to start in the new year. The registered manager had recently appointed a deputy manager who had been in post for four weeks at the time of our inspection. The deputy manager's role included working as part of the care team as well as in the office.

The registered manager was clear about what they felt the key challenges were that the service was facing. These included the recruitment and retention of the right staff and clarification regarding people's commissioned hours, to enable the service to support people to have an enhanced quality of life. The service had previously used a high volume of agency staff to cover the vacancies; however the registered manager told us they had recently recruited a number of staff who were 'in the pipeline'. Staff we spoke with told us they felt there was not enough staff to enable people to achieve good outcomes; however staff spoke passionately about their job and the enjoyment they received working with the people who lived within the service.

The building and some décor appeared unkempt and required attention such as a damp patch in the entrance hall and a number of pot holes in the driveway. The locality manager showed us a maintenance action plan for the service which had time scales for the outstanding work to be completed. A number of actions had gone past the date they had been due; however the locality manager told us these issues would be completed.

An annual survey was sent out to relatives by the registered provider. The registered manager told us there had only been one response from the 2017 survey; these results had not been collated or published. They said the 2016 survey had a higher response rate and relatives had fed back they felt there was a lack of communication between them and the management team. Relatives we spoke with told us they felt there continued to be a lack of communication between them and the management team.

We recommend that the registered manager seeks feedback from relatives regarding the service their loved one receives.

Systems were in place to monitor the quality of the service that was being provided to people. Audits were completed by the registered manager and the locality manager on a regular basis, including health and safety, medicines management and a systems audit. These audits generated action plans which were monitored and completed by the management team. Feedback from the audits was used to make changes and improve the service provided to people. Actions from the July 2017 senior management audit included a review of people's support plans and a review of all safeguarding concerns that had been raised. The

actions were checked in November 2017 by the locality manager and signed off as completed.

The provider had a range of policies and procedures in place to ensure that staff were provided with appropriate guidance to meet the needs of people and fulfil their role. All policies and procedures were stored online and were accessible to staff at any time. The registered manager had printed off what they felt were 'key policies' for staff, which were kept within the office. Policy knowledge checks were in place and used to ensure staff understood policies such as lone working, the mobile phone policy and professional and personal boundaries. These included a series of questions about the contents of the policy, which was completed by staff with a member of the management team. Records showed the registered manager had followed the disciplinary policy when a member of staff was not fulfilling their role.

The registered manager had a clear understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person had an accident. All incidents have been reported correctly.

The provider had displayed the services rating on their website. The rating and a copy of the report was also displayed at the service, within the office.