

Clearwater Care Group Limited Brightlands

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?

Good



Is the service well-led?

Requires Improvement



Overall summary

The inspection took place on 26 February 2015 and it was unannounced.

Brightlands is registered to provide accommodation and personal care for up to 13 people with a learning disability. Each person who lives in the service is provided with en-suite facilities for their own use. Accommodation is provided over three floors and there is a stair lift to the first floor only.

At our last inspection on 08 July 2014, we found that the provider was in breach of regulations relating to

cleanliness and infection control, management of medicines, safety and suitability of premises, supporting workers and assessing and monitoring the quality of service provision. We requested the provider submit an action plan on how and when they planned to improve the service. The provider submitted an action plan to show how they planned to improve the service by November 2014.

There was a registered manager at the service. A registered manager is a person who has registered with

Summary of findings

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.

Risk assessments failed to tell staff what action to take when people removed their catheter bag bag, and could lead to cross infection. Local infection control procedures were not available for staff to comply with. We have made a recommendation about this.

Staffing levels were too low to meet people's needs. The shift times were varied and not consistent. The staff roster did not evidence how people received their support hours and did not detail which staff was allocated to which person in order to fulfil the additional support. We have made a recommendation about this.

Medicines were administered covertly, hidden in food. There was no covert medicine administration protocol in place. The correct process for covert administration of medicine had not been followed. We have made a recommendation about this.

Staff had completed training in a range of areas that reflected their job roles. Staff had received one to one supervision however, they had not received regular annual appraisals to identify any additional training and skills that maybe required to support people.

People told us they enjoyed the food, had plenty to eat and drink. However, where people needed help with eating, we saw that they were rushed, which made them were unhappy.

While some people were encouraged to take part in activities and leisure pursuits of their choice, and to go out into the community as they wished, some other people were not encouraged and supported to be actively engaged in activities inside and outside of the home. We have made a recommendation about this.

The staff we spoke with were able to tell us the action they would take to ensure that people were protected from abuse. All staff had received training about safeguarding.

Thorough recruitment checks were carried out prior to staff working in the service. This ensured staff were suitable to work with people.

The provider had a clear set of visions and values. Our observations and what we were told by staff showed us that these values had not been successfully implemented by the staff who worked at the service.

There were systems in place to protect people from abuse. The staff were aware of their roles and responsibilities in relation to protecting people from abuse. Relatives felt people were safe in the service and indicated that if they had any concerns they were confident these would be quickly addressed by the registered manager.

Where people lacked the mental capacity to make decisions the registered manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

People were supported to attend health care appointments and visits from health care professionals such as district nurses.

People's needs were fully assessed with them before they moved to the service to make sure that they could meet their needs. Assessments were reviewed with the person concerned and their relatives and care plans had been updated as people's needs changed.

Staff demonstrated respect for people's dignity during our visit, they were discreet in their conversations with one another and with people who were in communal areas of the service. People knew how to make a complaint if they were unhappy about any aspect of the service.

People spoke positively about the way the service was run. Members of staff told us that the registered manager was very approachable and understanding. They said they were encouraged to raise issues or make suggestions and felt they were listened to.

During this inspection we found a breach of Regulation 14 of the Health and Social Care Act

2008 (Regulated Activities) Regulations 2010, which corresponds to regulations 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff failed to adhere to professional's guidance on people's food intake.

Summary of findings

You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Staff were not appropriately deployed to meet people's needs safely.

Risks to people's safety and welfare were assessed but not managed effectively.

Medicines were stored and recorded safely, but not administered correctly.

The provider had taken reasonable steps to protect people from abuse. They operated safe recruitment procedures.

Requires Improvement



Is the service effective?

The service was not always effective.

Staff supervisions were up to date. However, staff had not received regular annual appraisals.

People's mealtime needs were not met according to the speech and language therapist professional guidance to staff.

Staff had undertaken the Mental Capacity Act (2005) (MCA) and Deprivations of Liberty Safeguards (DoLS) training, to make sure that they understood how to protect people's rights.

Requires Improvement



Is the service caring?

The service was caring.

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

People were consulted about their care.

People's privacy and dignity were protected.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed with them before they moved to the service, to make sure that staff could meet their needs.

People were knowledgeable about people's activities and supported them to take part in activities of their choice.

People were supported to maintain their relationships with people who mattered to them.

There was an accessible complaints policy and procedure. Each person was given a copy when they moved to the service.

Good



Summary of findings

Is the service well-led?

The service was not always well led.

The provider had a clear set of vision and values, which were not being put into practice by staff.

Quality assurance and monitoring systems were in place.

The management team understood their responsibilities in relation to their registration with the Care Quality Commission (CQC).

Requires Improvement



Brightlands

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.’

The inspection took place on 26 February 2015 and it was unannounced. The inspection team consisted of two inspectors.

We reviewed previous inspection reports and notifications before the inspection. A notification is information about important events which the service is required to send us by law.

We spoke with one person, five members of staff and the team leader. The registered manager was not on site during our visit. We also contacted health and social care professionals who provided services to people. These included community nurses, doctors, local authority care managers and commissioners of services.

We observed people’s care and support in communal areas throughout our visit, to help us to understand the experiences people had. We looked at three people’s care records, which included care plans, health care records, risk assessments and daily records. We looked at five staff recruitment records, a sample of audits, customer satisfaction surveys, two weeks of staff rotas, minutes of meetings and policies and procedures. We also looked around the service and the outside spaces available to people.

Is the service safe?

Our findings

At our last inspection, on 08 July 2014, we found people were not always protected from risk and spread of infection because the service did not have robust infection control procedures in place. People were not protected against unsafe use and management of medicines and people who used the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises. The provider wrote to us saying they would take action to meet the regulations by October 2014. At this inspection we found improvements had been made and the provider was meeting the requirements of the regulations.

People were unable to verbally tell us about their experiences. We observed that people were relaxed around the staff. A visiting relative said, “Personal care is done by female staff, which is important. I feel my relative is safe here”.

Staff spoke about their understanding of safeguarding and protecting people who lived in the home. They said they would take any allegations of abuse seriously and they would confidentially report any concerns to the registered manager. Staff commented, “We need to make sure people are not being abused. If I suspect abuse, I will report it to my manager as I have done before and it was acted upon”. Members of staff knew how to report abuse and were aware of the whistle blowing policy. They all said they were confident to raise any concerns with the registered manager or with the local authority or CQC (Care Quality Commission) if necessary. Staff told us, “If someone was at risk and I didn’t report it, I wouldn’t be doing my job properly”.

Brightlands had an up to date safeguarding policy. This detailed what staff should do if they suspected abuse. The policy listed the possible signs and symptoms of abuse. It detailed the names and numbers of organisations that abuse should be reported to. The policy linked directly to the local authority safeguarding policy, protocols and guidance. Staff told us that they had completed safeguarding adults training. The staff training records showed that all staff had attended safeguarding adults training within the last two years. This meant that staff had received training and they knew how to act to recognise and protect people from abuse.

We looked at the staff rotas for two weeks, which included the week we visited. These showed that there were seven support workers in the morning and four support workers in the afternoon. At night there were two support workers on waking night duty with another member of staff sleeping on the premises.

Our observation and discussion with staff showed that the way staff were deployed was not based on an analysis of the levels of support people needed to meet their needs. The roster did not evidence how people received their funded additional support hours such as one to one or two to one support. Staff confirmed that there were people who required one to one staffing support or two to one staffing support for aspects of their care. For example, there were five people who had additional one to one support hours and three people who had additional two to one support hours. When people required two members of staff to assist them, there were only two staff members left to provide care and support for the remaining nine people. In particular before 10am and during the evening shift. If other people who required two members of staff to support them needed support at the same time, there would not be enough staff to safely meet people’s needs. This showed that there were insufficient number of staff to safely meet the needs of people at certain times in the service.

We observed that people had not attended activities due to insufficient number of staff on shift. One person stayed in the first floor corridor all day, looking outside at the rear of the building without staff support. Staff confirmed our observation and said, “We need more staff to enable people to do more activities. Like one person does pottery on Thursdays, but could not go today because we did not have enough staff.” and “I feel the rota is not good as it does not identify or create for enough staffing re activities”. In one person’s daily note, it reads ‘They demanded personal care, but had to wait until a staff member was free.’ The provider had not effectively deployed staff to safely meet the needs of the people.

We recommend that the service seeks advice and guidance from a reputable source, about deploying adequate staffing to meet people’s assessed needs.

The provider operated safe recruitment procedures. Staff files included completed application forms, which detailed staff members’ educational and work histories. Staff had been interviewed as part of the recruitment process and interview records confirmed this. There was a system in

Is the service safe?

place to make sure staff were not able to work for the service until the necessary checks had been received to confirm that they were safe to work with people. Each file contained evidence of satisfactory pre-employment checks such as disclosure and barring service (DBS) check, the right to work in the UK documentation and references. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff files contained copies of their passports to confirm their identities and appropriate references. These processes ensured that the service employed suitable staff to care for people.

Medicines were stored, disposed of, and administered safely. Staff knew how to respond when a person did not wish to take their medicine. They offered it at other occasions during the day according to GP's guidance and tried administration by other trained staff. The senior support worker told us that if the medication was not taken within a couple of hours they would call the GP.

The medication administration record (MAR) sheets showed that people received their medicines at the right times. The system of MAR sheet records which was in use allowed us to check medicines, which showed that the medicine had been administered and signed for by the staff on shift. Medicines were correctly booked in to the service by staff and done in line following the correct procedures. Medicines were available to administer to people as prescribed by their doctor.

We observed medicine being administered hidden in a spoon of yoghurt to one person. There was no covert medicine administration protocol in place for this medicine. A mental capacity assessment had not been completed to assess if the person had capacity to make specific decisions. A best interest meeting involving the staff, the health professional prescribing the medicine(s), and other people to agree whether administering medicines without the person knowing (covertly) was in the resident's best interests had not taken place. There were no records detailing the reasons for covert administration of medicine and no management plan. Staff administered medicines covertly without following the correct procedure in order to keep people safe.

We recommend that the provider seeks and follows the National Institute for Health and Care Excellence NICE guidance on managing medicines in care homes.

There were risk assessments for each person. The assessment considered a range of areas relating to each person such as care, infection control, financial, physical health and current medicines they had been prescribed. Where risks were identified, steps were put in place to minimise them. For example risk assessments for people and staff on the risk of infection due to incontinence were included in the care plan. These had recently been reviewed. Staff were able to describe the details in these assessments, which enabled them to keep people safe from the risk of infection. Care plans for people who were frequently incontinent and at risk of infection outlined what the risks were but did not tell staff what they should do in response. When handled, there is a residual health risk to people and staff, which meant that people could fall ill. This should have been assessed, and appropriate precautions should have been implemented. More guidance was required to tell staff how they should respond to this situation.

We recommend that the provider seeks and provides guidance for staff on the management of incontinence.

There were effective systems in place to reduce the risk and spread of infection. There were infection control procedures in place and for the cleaning of the service. Standards within the service were monitored through cleaning audits which showed that cleaning tasks were undertaken on a regular basis. The bathrooms, toilets, laundry rooms, corridors and lounge areas were clean. Staff were using personal protective equipment such as gloves. Liquid soap and hand gels were provided in communal toilets, the kitchen and the laundry room. There were foot operated pedal bins used in all toilets, bathrooms and kitchen, which adhered to the code of practice on infection control, thereby reducing the risk of any infection in the service.

The service had an infection control policy covering areas such as hand washing, use of protective clothing and reporting procedure. Staff training records showed that all staff had completed training in infection control and control of substances hazardous to health (COSHH), which would enable them to ensure people were not placed at risk of infection or risk from any hazardous substances used such as cleaning products. Hand wash pictorial guide

Is the service safe?

was displayed above sinks in the service, which meant that people were informed of good practice in infection control, for example in relation to hand washing and food preparation hygiene.

We sampled the systems that were in place to ensure that the equipment in the service was kept in good working order. The registered manager had taken the necessary steps to ensure that electricity and fire safety equipment were regularly serviced. Other equipment such as equipment used to assist with moving people had been serviced when it needed to be. Certificate for clinical waste

was in place. Clinical Waste is something which consists of and unless rendered safe may prove hazardous to any person coming into contact with. The maintenance book was kept with date when work that needed doing was reported and the date it was carried out. The service had been redecorated and carpets changed. There was an environmental risk assessment in place to monitor the health and safety of the building. All areas were well maintained and maintenance requests were dealt with promptly.

Is the service effective?

Our findings

At our last inspection, on 08 July 2014, we found people were cared for by staff that were not fully supported and trained to deliver care and treatment safely and to an appropriate standard. The provider wrote to us saying they would take action to meet the regulations by October 2014. At this inspection we found improvements had been made and the provider was meeting the requirements of the regulations.

Staff told us that the registered manager arranged all the training that they needed. They said that there was enough support to enable them to do their jobs well. Members of staff said, “I have my supervision every 2 to 3 months”. One to one supervision had taken place for some staff while supervision for others had been planned by the registered manager. However, staff had not received regular annual appraisals. The records for one member of staff showed they last had their appraisal in 2011. Staff confirmed this and said, “I have not had an appraisal”. We spoke with the team leader about this and they informed us that appraisal dates had been planned. The administrator showed us records of appraisal letters sent out to staff, which confirmed that appraisals had been planned by the registered manager. This meant that although staff received one to one supervision, they had not had the opportunity to discuss their development needs at an annual appraisal.

Information in staff files and discussion with staff evidenced that a staff induction programme was in place. This included shadowing an experienced worker until the care worker was deemed competent. Staff had completed Health and Social Care levels 2 and 3 in health and social care. Health and Social Care (HSCs) are work based awards that are achieved through assessment and training. To achieve an HSC, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff understood and were able to describe how they gained and acted in accordance with people’s consent. We observed staff obtaining people’s consent before providing support. For example, staff asked one person if they would like to go shopping and the person agreed to go out shopping with staff.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. There were procedures in place and guidance relating to the Mental Capacity Act 2005 (MCA) which included steps that staff should take to comply with legal requirements. The documentation was clear and showed that people’s capacity to make specific decisions had been assessed and DoLS authorisation had been applied for when necessary. For example, one person who chose not to sleep in their bed at night and got pressure sores from being in their chair had a mental capacity assessment carried out. The person was deemed unable to make the decision. A best interest meeting was held and decisions made to assist the person into bed for their sleep and to provide staff to sit with them for reassurance and support. This was because the person’s care plan recorded that they did not like to be left alone. As a result of the best interest meeting and the supervising nature of this practice, the registered manager applied for a DoLS and it was authorised.

People were unable to verbally tell us about their experiences. A visiting relative said, “The service informs me regularly. For example, I have been informed of falls and medical visits”.

People had regular appointments with health professionals such as psychiatrists, psychologists, dentists, district nurses and opticians. Referrals were made quickly to relevant health services when people’s needs changed. Prompt action was also taken and the advice of healthcare professionals was followed when people needed support with their health care needs. District nursing staff were involved in the care of people, one person had a visit three days per week for dressing changes. Records of the care provided were kept. Speech and language teams and community learning disability teams (SALT) had been involved in people’s care. One person had also been assessed by a psychologist as part of the best interest process.

Staff demonstrated that they had the skills and knowledge required to meet people’s individual needs. For example, staff confidently described what people’s needs were and the part they played in delivering the care that had been planned to meet these needs. They were aware of people with specific monitoring needs such as behaviours that challenged the service. Staff understood how to deliver care where people required additional assistance such as

Is the service effective?

support to attend their health care appointment. Staff gave an example where a person needed a blood test, but was afraid of this process. They had devised a desensitisation plan with the person. The first stages had been completed and the person had been able to visit the GP surgery. People with more complex health needs were known to staff so that their health and wellbeing was planned for and delivered effectively.

People were protected against the risk of dehydration or malnutrition. The service had support staff to cook the meals. Records were kept of people's fluid intake if they were identified as being at risk of dehydration. However, two members of staff were not aware of what the daily recommended amount was that the person should be drinking and what to do if this was not reached in a day. This detail was not included in the care plan, but the care plan did state that drinks should be offered every 30-60 minutes. Fluid charts did not show that this was happening consistently.

Staff spent time encouraging people to eat and drink throughout our inspection. Staff were observed helping

people to eat their lunch. However, one person was rushed and not given enough time to enjoy their meal. We observed a staff member support one person with eating. The person had been assessed by the speech and language therapist (SALT) and a recommendation was made that they keep their head in a neutral position to eat and drink. The staff who supported them stood above them, causing them to look up to eat. The staff also talked over the person to another staff and the meal appeared rushed finishing in 5 minutes. The SALT report also recommended meals should be at a slow pace. The person was making a low humming sound and banging their thigh, which their communication passport said indicated they were unhappy. Despite this, the member of staff continued to give them food.

The examples above showed that staff failed to adhere to professional's guidance on people's food intake. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulations 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service caring?

Our findings

People were unable to verbally tell us about their experiences. One person with limited communication skills commented and said they liked living at Brightlands. They said, “I love a staff member, she takes me shopping”. We observed that staff spent time chatting with people and asking how they were. Staff showed warmth toward people.

Staff provided gentle guidance to people. For example, one person was advised to get a coat as it was raining heavily, but as they did not want an umbrella their decision was respected and the staff said they would help them to the car quickly to avoid getting too wet.

Staff spoke in a complimentary and caring way about people. Comments included “That person is so lovely she has such a great personality” and “When I am on holiday, I genuinely miss seeing everyone” and “We all get on really well”.

People were supported by staff who were knowledgeable about their needs and preferences. Care plans detailed people’s interests and things that were important to them and care delivered had taken this into account. For example, one person loved shopping and staff spent time with them writing their shopping list for a forthcoming trip.

People were supported to remain as independent as possible. Staff knew what people could do for themselves and encouraged them to continue to do those things. Where people needed some support with daily activities staff did not take over. They made sure people had the right utensils to enable them to continue to eat and drink by themselves or with minimal support. Care plans described what people could do for themselves and what they needed help with.

The staff recorded the care and support given to each person. Each person was involved in regular review of their care plan, which included updating assessments as needed. For example, a relative visited for one person’s review meeting and they said, “I feel my relative is happy here”. Care plans were reflective of the care observed during the inspection. For example, one person who liked to go swimming went swimming with staff. People, friends, relatives and staff were encouraged to be involved and help drive continuous improvements. This helped ensure positive progress was made in the delivery of care and support provided by the service.

Staff demonstrated respect for people’s dignity. They were discreet in their conversations with one another and with people who were in communal areas of the service. Staff were careful to protect people’s privacy and dignity. For example, staff made sure that doors were closed when personal care was given and knocked on people’s doors before entering.

People’s diversity and values were respected. Staff described in detail how they respected people’s individuality. People were supported to continue with their previous interests and maintain contact with friends and family.

Relatives were aware they could visit at any time. They told us there were no restrictions on visiting and they were always made welcome. For example, one person was visited by their relative. They enjoyed private time and discussion with their relative. The visitor told us “I come when I want to visit my relative and sometimes take her out”.

Is the service responsive?

Our findings

People had limited communication abilities and were unable to verbally tell us about their experiences. We observed that staff were responsive to people's needs. A visiting relative said, "They gave me a copy of the complaints procedure. I have not had to make a complaint. If I have any concerns, I will contact the manager or administrator".

Care files included communication passports, which provided clear descriptions of how people communicated. For example, one person who did not use speech communication their passport stated that when the person made a low hum and banged their thigh they were telling staff they were not happy. This indicated that staff would know how to communicate with the person with regards to their likes and dislikes. Staff spoken with confirmed their knowledge of how to communicate with this person. Knowing people's likes, dislikes and communication preference allowed people's needs to be met by staff.

People's needs were assessed with them or relatives before they moved to the service to make sure that staff could meet their needs. Assessments were reviewed by the registered manager and staff and care plans had been updated as people's needs changed. Staff used daily notes to record and monitor how people were from day to day and the care and treatment people received. The care plans were individualised and designed to meet each person's needs after their initial assessment. Where other agencies needed to be involved, referrals had been made and recorded in their care records.

Care plans contained information about the kind of activities people were interested in. Three people had been supported to apply for a cookery course at an adult education centre and one other person attended an art class. Records showed a person regularly went to the cinema which had been an identified interest in their plan. Staff spoke about the service being focussed on helping people to achieve their goals. One staff said, "We aim to

ensure the people we support have the same opportunities as everyone else". Staff were knowledgeable about people's preferred activities, which should allow them to meet their needs.

Each person had a named member of staff as their key worker. A key worker is someone who coordinates all aspects of a person's care at the service. We observed staff handover between shifts. They told us that handovers between staff when they came on and off a shift was useful. Staff discussed how each person had been when they handed over to the next shift, highlighting any changes or concerns. This allows staff to ensure consistency and continuity in care and support to people.

The provider sought people's and others views by giving annual questionnaires to service users, staff, professionals and relatives to gain feedback on the quality of the service. The completed surveys were evaluated and the results were used to inform improvement plans for the development of the service. For example, a relative commented 'Need to keep me updated regularly ...' We noted that this had been acted on by the registered manager. A visiting relative told us that they were regularly kept informed. Overall the responses were positive, and stated people were happy with the care being provided.

The provider had a complaints policy and procedure. The complaints procedure was available on the notice board in the hallway and each person was given a copy when they moved to the service. 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 that people could complain to if they were unhappy with the outcome. Complaints were recorded in a complaints log. There were no complaints recorded in the log since we last visited. Staff told us there had not been any complaints received.

People told us that they had no complaints and if they did, they would speak with staff. Staff demonstrated they understood the complaints procedure and how they would deal with any concerns or complaints a person may have. People could be confident that the registered manager and staff would deal with them appropriately and resolve them.

Is the service well-led?

Our findings

At our last inspection, on 08 July 2014, we found the provider did not have effective systems in place to regularly assess and monitor the quality of service that people received. The provider wrote to us saying they would take action to meet the regulations by October 2014. At this inspection we found improvements had been made and the provider was meeting the requirements of the regulations.

People had limited communication abilities and were unable to verbally tell us about their experiences. Relatives and staff told us the registered manager was approachable. They told us that they would speak with staff or the registered manager if they had any concerns. People were comfortable with staff in the service. Staff also commented and said, “I am able to approach the manager” and “I feel the service is well led apart from the insufficient staffing issues”.

The provider had a clear set of philosophies for the service. This stated ‘Our goal at Clearwater Care is to give people the skills they need to lead rich and fulfilling lives’. Our observations and what we were told showed that these values had not been successfully implemented by the staff who worked at the service. People were not always fully engaged and in suitable meaningful activities. The registered manager had not provided sufficient number of staff to enable people to live fulfilled lives. These examples showed that the provider had not ensured and adhered to their stated values.

There were systems in place to review the quality of service that was provided for people. Regular audits were carried out to monitor areas such as infection control, health and safety, care planning, accidents and incidents, and medicines. Any accidents and incidents were investigated to make sure that any causes were identified and action taken to minimise any risk of recurrence. The registered manager carried out a service audit three times a year and this was last carried out on 09 December 2014. The Group Operations Manager and Regional Support Manager carried out their service audit on 02 December 2014. This looked at outcomes based on CQC Essential Standards of Quality and Safety. Areas identified for action such as the fire risk

assessment that needed to be reviewed had been done by the registered manager. There were robust auditing systems in place to ensure the needs of the people were being met.

The service was also visited by the organisations Business Development Manager on 11 November 2014 and Director of operations on 04 September 2014. This showed that the leadership was visible at all levels, which inspired staff to provide a quality service to people. 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.

Communication within the service was facilitated through monthly meetings. The service had staff meetings and night team meetings. We looked at minutes of staff meeting dated 16 February 2015. Areas such as maintenance, report writing, staff interaction with people and people’s needs amongst other areas were discussed. Staff told us there was good communication between staff and the management team. A member of staff said, “I feel I can express myself to my line manager at any time”. Staff told us that the manager was very understanding.

Resident’ meetings enabled the registered manager and staff to keep people up to date with what was going on in the service and gave people an opportunity to comment, express any concerns and ask questions. Topics discussed included activities, menus, key working and people’s goals. We saw that suggestions such as weekly menu were acted upon.

There was an emergency plan which included an out of hour’s policy and emergency arrangements for people that was clearly displayed on notice board. This was for emergencies outside of normal hours. A business continuity plan was in place dated April 2014. A business continuity plan is an essential part of any organisation’s response planning. It sets out how the business will operate following an incident and how it expects to return to ‘business as usual’ in the quickest possible time afterwards with the least amount of disruption to people living in the home.

The management team understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They submitted notifications to us in a

Is the service well-led?

timely manner about any events or incidents they were required by law to tell us about. Action plan from previous inspection was submitted on time and areas identified such as infection control, staff trainings, maintenance and MAR chart had been actioned.

Records relating to the management of the service and people's care and treatment were well organised and up to date. Staff and others had access to reliable information to enable them to provide the care and support people needed.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

Staff had not followed specialist guidance on feeding one person.