

CareTech Community Services Limited  
CareTech Community  
Services Limited - 237  
Kenton Road

### Inspection report

237 Kenton Road  
Harrow  
Middlesex  
HA3 0HQ

Tel: 02089076953

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### Ratings

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

# Summary of findings

## Overall summary

We undertook an unannounced inspection on 22 and 24 August 2016 of CareTech Community Services Limited - 237 Kenton Road. CareTech Community Services Limited - 237 Kenton Road is a care home that provides personal care and accommodation for up to twelve people who have learning disabilities. There were ten people using the service at the time of this inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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.

At our last inspection on 25 and 26 June 2015, we found breaches of legal requirements in relation to Regulations 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure there were sufficient numbers of suitable staff deployed to keep people safe and meet their needs. The systems in place were not robust enough to assess, monitor and improve the quality and safety of the services being provided to people.

We received an action plan from the service telling us what action they would take to meet legal requirements in relation to the breaches. At this inspection the registered manager was able to demonstrate that measures had been put in place since the last inspection to respond to the issues identified and the provider was now meeting regulations. We found there were sufficient numbers of staff to meet people's needs and spend quality time with people using the service and systems were in place to monitor and improve the quality of the service. The service undertook a range of checks and audits of the quality of the service and took action to improve the service as a result. Feedback about the quality of the service people received was obtained through review meetings and satisfaction surveys. Records showed positive feedback had been provided about the service.

Relatives informed us that they were satisfied with the care and services provided. Relatives also told us that they were confident that people were safe in the home.

Systems and processes were in place to help protect people from the risk of harm and staff demonstrated that they were aware of these. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

Systems were in place to make sure people received their medicines safely. Arrangements were in place for the recording of medicines received into the home and for their storage, administration and disposal.

We found the premises were clean and tidy. There was a record of essential maintenance carried out at the home. The service had an infection control policy and measures were in place for infection control. Bedrooms had been personalised with people's belongings to assist people to feel at home.

Staff had been carefully recruited and provided with induction and training to enable them to support people effectively. They had the necessary support, supervision and appraisals from management.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, detailed and specific to each person and their needs. Care preferences were documented and staff we spoke with were aware of people's likes and dislikes. Care plans were reviewed monthly and were updated when people's needs changed.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA 2005). Capacity to make specific decisions was recorded in people's care plans.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The home had made necessary applications for DoLS as it was recognised that there were areas of the person's care in which the person's liberties were being deprived. Records showed that some authorisations had been granted and were in place.

There were suitable arrangements for the provision of food to ensure that people's dietary needs were met. Details of special diets people required either as a result of a clinical need or a cultural preference were clearly documented in people's care plans.

Staff were informed of changes occurring within the home through daily handovers and staff meetings. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

A satisfaction survey had been carried out in 2015 and the results from the survey were positive. The registered manager told us he would be sending out questionnaires for 2016 later this year.

There was a management structure in place with a team of support workers, senior support workers, registered manager and the provider. Staff spoke positively about working at the home. They told us management was approachable and the service had an open and transparent culture. They said that they did not hesitate about bringing any concerns to the registered manager.

Relatives spoke positively about management in the home and staff. They said that the registered manager was approachable and willing to listen.

## 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. Relatives we spoke with told us their family members were safe. There were processes in place to help ensure people were protected from the risk of abuse.

Appropriate arrangements were in place to ensure there were sufficient and competent staff deployed to meet people's needs.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

Appropriate arrangements were in place in relation to the management and administration of medicines.

Appropriate employment checks were carried out before staff started working at the service. So only suitable staff were employed to provide people with care and support.

### Is the service effective?

Good ●

The service was effective. Staff had completed relevant training to enable them to care for people effectively. Staff were supervised and felt well supported by their peers and the registered manager.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

### Is the service caring?

Good ●

The service was caring. People and relatives told us that they were satisfied with the care and support provided by the service.

People were treated with dignity and respect.

Review of people's care meetings had been conducted with relatives in which aspects of their care was discussed.

### Is the service responsive?

Good ●

The service was responsive. Care plans included information about people's individual needs and choices.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored.

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints.

### **Is the service well-led?**

The service was well-led. Relatives told us that management were approachable and they were satisfied with the management of the home.

The home had a clear management structure in place with a team of support workers, senior support workers, the registered manager and the provider. Staff were supported by management and told us they felt able to have open and transparent discussions about the service with them.

The quality of the service was monitored. There were systems in place to make necessary improvements.

**Good** ●

# CareTech Community Services Limited - 237 Kenton Road

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and provide a rating for the service under the Care Act 2014.

The inspection team consisted of one inspector. Before we visited the home we checked the information we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised.

There were ten people using the service. All the people had learning disabilities and could not always communicate with us and tell us what they thought about the service. Because of this, we spent time at the home observing the experience of the people and their care, how the staff interacted with people and how they supported people during the day and meal times.

We spoke with three relatives. We also spoke with the registered manager and four care workers. We reviewed six people's care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures.

# Is the service safe?

## Our findings

Relatives of people using the service told us they felt their family member was safe in the home. They told us "Yes [person] is safe" and "I have no real concerns."

At our inspection on the 25 and 26 June 2015, we found staffing levels were insufficient to deliver care that met people's individual needs and ensure their welfare and safety. This meant the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us an action plan setting out the actions they would take to meet the regulation. During this inspection we found action had been taken to meet the regulation and there were sufficient levels of staffing to safely provide the care and support people needed.

The home had one unit downstairs and one unit upstairs. Each unit has five people using the service. The staffing levels comprised of three support workers in the downstairs unit and two care workers in the upstairs unit. Both units have one waking night staff on duty. We asked the registered manager why there was difference in the levels of both units. The registered manager told us the needs of people in the downstairs unit were more higher than the people in the upstairs unit as they were more independent. The registered manager told us he had assessed people's needs and there was a dependency tool in place that they used to identify how many staff were needed based on people's needs to ensure there was enough staff at all times.

We looked at the dependency tool and it showed it showed that a range of people's needs such as personal care, medicines, activities were assessed to determine the level of assistance and support they required from staff. This ensured staffing levels were assessed and monitored to make sure there were sufficient staffing to meet people's needs. There was a monthly rota in place which clearly showed the shifts staff were required to do and also where cover was needed to ensure the appropriate staffing levels were maintained.

During this inspection, we found the tool was being adhered to for example there were three staff downstairs and two upstairs. When a person required two people for personal care, this was being followed. We observed there were enough staff on duty The atmosphere was calm in the home and staff were observed not to be rushed or under any pressure. People were not left unsupervised and were accompanied by at least one member of staff which ensured people's safety was not compromised. We also observed that staff were able to attend to people's needs promptly and take people out during the day. Feedback from support workers was positive and they told us that shifts were adequately covered and they were supported with their shifts. Support workers told us "There is enough staff. We have to make sure the people are safe" and "There is enough staff to cover and take people out. It is better."

The registered manager told us they had recruited more permanent staff and had cut down on the number of agency staff that were being used in the home to ensure people received consistency with their care. Records showed five new permanent staff had been recruited and were in now post, some of whom we saw during the inspection. The registered manager told us that they used some bank and agency staff but these

were staff that had been at the home previously and knew people and their needs well. When speaking to staff, they confirmed this. They told us "Staffing levels are okay. We have lovely agency workers who have been here a long time. They know the people and there is consistency. All the ones I have worked with have been brilliant", "The agency staff are staff that are familiar with the people and we get them on a regular basis" and "The bank staff are regular and people are comfortable with them."

During the inspection, there were two agency staff on shift. We observed they interacted well with people using the service and people were comfortable with them. For example, when one agency staff member came on shift, one person using the service smiled at them and gave them a hug.

Care plans we reviewed included relevant risk assessments which included preventative actions that needed to be taken to minimise risks as well as measures for staff on how to support people safely. The assessments covered many areas of people's care and were specific to people's needs such as visual impairment, mobility, using the bathroom, accessing the community, medicines, finances and falls. Risk assessments were reviewed monthly and we saw documented evidence that these were updated when there was a change in a person's condition.

Risk assessments also included information on behaviours by people using the service that may present a challenge. The assessments included information on the possible triggers and the support that was required by staff to help people to feel at ease and to minimise escalation of the behaviour.

At the last inspection, we found there were limited arrangements in place for people using the service who either did not have family or had no/limited contact with their families regarding management of their finances when they did not have capacity to do so themselves. During this inspection, we found each person had their own finance folder in which their finances were recorded and accounted for. There was information from the provider, which stated that although they managed some people's finances, this was in agreement with family members and the relevant local authorities. Three people using the service had solicitors and a local authority as appointees for managing their finances which ensured financial decisions were made in the person's best interest.

There were checks in place to ensure people were safeguarded from potential financial abuse. People's finance folders contained monthly balance sheets which showed the transactions made for that month. The transactions had been signed off by two members of staff to show that the balances had been checked and were accurate. The sheets also showed the registered manager had conducted checks himself to ensure the balances were accurate. Records also showed there was a financial audit carried out on the 19 April 2016 which showed the balances had been agreed by an external auditor to be accurate. The audit report showed some improvements that needed to be made. The registered manager told us he was in the process of actioning those improvements which would be signed off by the auditor once completed.

There were safeguarding and whistleblowing policies in place and records showed support workers had received training in how to safeguard adults and were aware of actions to take in response to a suspected abuse. When speaking to support workers, they were able to explain the different types of the abuse and the steps they would take if they suspected any potential abuse.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for five support workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable

adults. Two written references and evidence of their identity had also been obtained.

There were suitable arrangements in place to manage medicines safely and appropriately. People using the service had individual medication folders which each had a photo of the person attached. There were medication guidelines for each person which detailed the name of the medicines, what the medicines were for and times it should be taken. We looked at a sample of the Medicines Administration Records (MAR) sheets and saw they had been signed with no gaps in recording when medicines were given to a person, which showed people had received their medicines at the prescribed time.

There were appropriate systems in place to ensure that people's medicines were stored and kept safely. The home had a separate medicine storage facility in place. The facility was kept locked and was secure and safe. There were arrangements in place with the local pharmacy in relation to obtaining and disposing of medicines appropriately.

Records showed monthly medication audits were carried out by the registered manager and any discrepancies and/or gaps were identified and followed up. Records also showed a visit from the dispensing pharmacist had been undertaken on the 23 November 2015 and no major concerns had been identified.

Care workers had received regular medicines training and policies and procedures were in place. The registered manager told us only the senior support workers supported people with their medicines. He also told us that he was in the process of implementing medicines competency assessments for staff to ensure they were assessed and monitored to demonstrate they were capable to support people with their medicines safely.

There was a system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We saw there were systems in place for maintenance of the building and equipment, and to monitor the safety of the service. Portable Appliance Checks (PAT) had been conducted on all electrical equipment, legionella checks on the home's water supply and maintenance checks had also been carried out. The registered manager told us the water temperature was controlled to ensure the water temperature did not exceed the recommended safe water temperatures. Accidents and incidents at the home were recorded in an incident report book and incident forms were completed. Fire drills had been carried out, testing of the fire alarm and equipment were completed weekly by the registered manager. Records showed that any shortfalls identified were acted upon accordingly and actioned promptly to ensure people's safety and welfare was maintained.

## Is the service effective?

### Our findings

Relatives spoke positively about the staff. They told us "Staff are pleasant, helpful and understanding."

Staff told us that they felt supported by their colleagues and management. They spoke positively about working at the home. Support workers told us "I really like working at the house, great bunch of residents here", "I feel settled now and it's all good", "I feel settled now, I do love my job" and "When [person] speaks it makes my day."

Staff also spoke positively about the support they received from management. They told us "Best manager I have had. He is very supportive" and "They [management] have instilled confidence in me."

Records showed staff were supported to gain and develop the knowledge and skills to enable them to support people effectively. We saw from records that staff had undertaken an induction when they started working at the service. There was on-going training to ensure that staff developed and maintained their skills and knowledge. Records showed that staff had also obtained national vocational qualifications (NVQ) in health and social care. Staff told us "We had four days induction and a booklet to complete. The training is not all e learning it is face to face too", "Everybody was welcoming and friendly", "I didn't come across anyone I felt I couldn't ask a question" and "Everyone was very helpful and supportive."

Training records showed that staff had completed training in areas that helped them to meet people's needs. Topics included infection control, safe handling of medicines, fire training, moving and handling, safeguarding, DoLS and mental capacity. Staff spoke positively about the training they had received and were able to explain what they had covered during the training sessions. Staff told us "I wanted first aid training, this has been arranged and already booked" and "It is a job and we have to do it properly." Records also showed that staff had received specialised training to enable them to support people with their particular needs and conditions. Some people using the service had complex needs such as visual impairments and epilepsy. Records showed that staff had completed training in RNIB (Royal National Institute of Blind People) training, and epilepsy training.

People using the service would at times display behaviours that challenged the service. Training records showed staff had received training in managing behaviours that challenged including conflict management, disengagement and safe practices of physical intervention. Records showed this training was provided by a training company which specialised in this area. When speaking with staff, they spoke positively about the training and how it help them to support people safely and effectively. They told us "The conflict training was good. It taught us safe blocking techniques and where to position your own body to help guide people. We also completed a booklet too. If [person] displays such behaviours, you give them space and come back. It's about being where they [person] are at and understanding them. The training has helped and I am getting more confident" and "If [person] doesn't get the attention [they need] or are tired this can trigger them to behave in a certain way. I have had the conflict training. I put into practice and it works! I remain calm and know what I need to do."

Staff files showed evidence of some supervisions and appraisals conducted with staff which enabled staff to have the opportunity to discuss their personal development and progress. However there were some staff that told us they had not had any one to-one supervision meetings but were able to speak to the manager with their concerns. One support worker told us "I have not had supervisions but we have regular chats I feel I can talk to [registered manager]." The registered manager told us that due to changes and on going issues in the home, he had not been able to conduct as much supervision as he would have liked. The registered manager did however show us a supervision matrix in place which showed the dates of supervisions and annual appraisals he had planned which will ensure every staff member has at least three supervisions a year and an annual appraisal.

Records also showed the registered manager had started to take prompt disciplinary action against support workers when aspects of poor performance were demonstrated. This showed staff performance issues were dealt with promptly so minimised the risk of poor care being provided to people using the service. The registered manager told us "The staff need to understand that this is their home [people using the service] and staff need to respect that. We are here for them [people using the service] and not the other way round."

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.

We checked whether the service was working within the principles of the MCA. We noted that care plans contained some information about people's mental state and cognition. Staff had some knowledge of the MCA and training records confirmed that staff had received training in this area. Staff were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

During the last inspection we found for some people using the service who either did not have family or had no/limited contact with their families, it was not evident that there was anyone appointed or consulted to help support people with decisions about their care and ensure people's best interests were being considered.

At this inspection, records showed the registered manager had made contact with the relevant family members and local authorities to ensure there were representatives in place who were able to support people to make decisions about their care so they were made in the person's best interest. Records showed one person using the service was supported to meet with a relative of theirs after 48 years. Records showed that another meeting was arranged to increase contact between them and input was sought from the relative about the person's care. This had already made a positive impact for the person as previously they had no contact with any family member and already the family member had provided historical information about the person that staff had not been aware of. Records showed the family member was in the process of getting more information about the person for staff which would ensure staff have a better understanding of the person and enable them to develop the care they currently provide to the person. The registered manager told us this was a positive development for the person and they would do what they can for them to stay in contact with the relative. The registered manager also told us they would seek input from the family member about the person's care and copies of care plans and copies of yearly reviews would be provided to them.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes which protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm.

Through our observations and records showed evidence that people went out and enjoyed various activities and community outings. We found that, where people were unable to leave the home because they would not be safe leaving on their own, the home had made applications for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS) and these were in place.

At our last inspection, we noted the home had electronic keypads with codes for the front door and the downstairs door of the second unit. This restricted people from leaving the home. For people living in the second unit, this also restricted them from going into the garden as people did not have the capacity to use the keypads and not aware of what the code was. We looked at people's DoLS applications and noted this had not been included in their applications and reasons why they should be subjected to this restrictive practice. During this inspection, records showed applications had been made to the local authorities to include the keypads as part of the authorisations. The registered manager told us these had been sent and they were currently awaiting responses from the local authorities. This would ensure people were not being deprived of their liberty unlawfully.

People were supported to maintain good health and have access to healthcare services and received on going healthcare support and we saw documented evidence of this. Care plans detailed records of appointments with health and social care professionals.

There were arrangements to ensure the nutritional needs of people were met. People's care plans contained guidance on people's dietary needs and their likes and dislikes so staff were aware. Records showed people's weight was being monitored on a monthly basis. There was a set menu in place but people were accommodated with alternative meals if they did not wish to have what was on the menu.

During the inspection, we observed people having their lunch and evening meals. We observed the food was freshly cooked by staff. The atmosphere during meal times was relaxed and people sat with other people using the service. People ate independently and were given the time to eat their own pace and were not hurried by staff.

We observed some positive interaction between people using the service where support workers showed awareness of people's needs and respected people's choices. For example, one person using the service did not want what was on the menu and they requested a sandwich with some juice and this was promptly accommodated for them.

When speaking with staff, they showed a good level of awareness of peoples dietary needs and requirements. One support worker told us "People here usually eat quite well here. [Person] needs their food cut up into smaller pieces and for [person], we need to note the portion sizes because we are monitoring their weight." Another support worker was able to tell us about two people using the service, one who was diabetic and the other had lactose intolerance and how this was managed by the home.

We observed a support worker support a person who was visually impaired and unable to verbally communicate. The support worker was very patient with the person and responded accordingly to the person's gestures and body language. The support worker clearly explained what the food was, what they were doing and patiently waited until the person was ready for the next spoonful. The support worker used

gentle prompting and did not rush the person. The support worker told us "[Person] understands what we say. [Person] will decide what they want and will tell us when they don't want anymore." The support worker was also able to tell us that if the person did not eat well during the day, then a food supplement would be given to the person. We saw this was written in the person's care plan which demonstrated staff were aware of people's individual needs.

Another person using the service had a plate guard to enable them to eat their food more easily and independently. Support staff were aware of the person's routine and how they liked to eat. The person would come to the table and then leave. Support staff told us the person would do this and come back when there was less people and would eat on their own at the table. We observed support staff respected this and the person ate at their own pace and in the way that was comfortable for them.

We saw that drinks and snacks were always available throughout the day. We noted people's requests for food or drink were promptly adhered to. The kitchen and dining areas were fully accessible to people using the service throughout the day.

We observed reasonable adjustments had been made in the home in response to some people's specific needs for example bath and shower equipment were available to assist with people's needs and mobility aids were available to support people with their mobility. Records showed a recent occupational assessment conducted for a person which identified additional equipment the person needed for their bathroom after the person had experienced a fall. The registered manager told us the assessment only concentrated on the bathroom area and not the home itself. The registered manager told us that he had requested another assessment to be completed for the home as well to ensure the person was supported throughout the home and not just the bathroom. We also highlighted that this would be beneficial for other people in the home that needed support with their mobility.

There were arrangements in place to ensure the home was maintained. Records showed maintenance requests were placed and actioned. We observed a maintenance person at the home during the inspection. Overall the home was tired looking. The decor was bland with old furnishings and the living room area was painted with a dull greenish colour. The home has a medium sized garden with garden furniture. However there was a wooden bench outside which was in fragile condition and had a stained cushion on it. We discussed this with the registered manager and he acknowledged the overall decor of the home could be improved. He told us that he was hoping the home would be refurbished in the future and this would be something that he would discuss with senior management. The registered manager also told us that whatever maintenance he has requested, it had been actioned and authorised promptly by senior management.

## Is the service caring?

### Our findings

Relatives spoke positively about the way people were looked after. They told us "Very satisfied with the care. [Person] is always kept clean and their room is kept very clean too" and "Very welcoming and friendly."

During the inspection, we observed positive relationships between people and the staff. We saw that support staff showed interest in people and were present to ensure that people using the service were alright and their needs attended to. Staff were attentive and talked in a gentle and pleasant manner to people. Support staff approached people and interacted well with them. People had free movement within the home and could choose where to sit and spend their time.

We saw people being treated with respect and dignity. For example we observed a person went to the bathroom themselves. A support worker observed them going to the bathroom and gave them their space and respected their privacy but also checked to see if they were okay. The support worker spoke in a calm manner and ensured they were not intrusive in any way.

When speaking to support workers, they had a good understanding and awareness of the importance of treating people with dignity and respecting their privacy. They told us "You always ask what they would like to do and respect their decisions", "When providing personal care, you tell them what you are going to do, you give them time but keep talking with them so they are informed of what you are doing and don't feel any discomfort or feel confused" and "I make sure [person] has a dressing gown on and is covered. I lock the door and I always keep talking with them and ask questions like how they were doing to make sure they are okay."

All bedrooms were for single occupancy and people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home.

Care plans set out how people should be supported to promote their independence. During the inspection, we observed support workers provided prompt assistance but also encouraged and prompted people to develop and retain their independence. For example people went to the dining area and bedrooms themselves and chose what they wanted to do throughout the day.

In people's care plans, there was also good information on how people were able to communicate and for staff to ensure they were able to communicate with people effectively. For example, in one person's care plan it stated "Staff must give [person] time and space to verbalise their feelings" and "Staff are to be patient and reassure them, when communicating with them and be observant for facial expressions to indicate whether you believe they may have understood what was is being said to them." During the inspection, we observed support staff communicated well with people and people did not display any discomfort or confusion when support staff spoke with them and were at ease.

The registered manager and support workers we spoke with had a good understanding of the needs of

people and their preferences. Care plans included information about people's interests and their background and the service used this information to ensure that equality and diversity was promoted and people's individual needs met. For example; care plans included detailed information about people's individual cultural and spiritual needs. People who observed specific religious practices were supported to do this. For example one person was supported to attend a Church every Sunday when they wished to do so.

There were some arrangements to support people to express their views and be involved in making decisions about their care where it was possible. We saw documented evidence of meetings held with people using the service. Minutes indicated that picture cards were being used and observation of gestures had been noted which would support and encourage people to communicate their wishes. Actions such as noting particular foods people indicated they wanted was added to the home's food shopping list.

Records showed that some reviews of people's care were being conducted with the involvement of people's relatives but these had not been regular. The visitor's book and people's care plans showed that people's relatives regularly visited people using the service. Relatives confirmed this and told us there was regular contact with the home. They told us "Yes we have attended meetings about [Persons] care" and "Yes we have had annual reviews."

The registered manager told us that he had made contact and records showed that relevant persons had been identified who would be involved with decisions in relation to people's care. He told us he was in the process of setting up a formal structure in place to ensure the care plan review meetings happened on a more regular and systematic way.

## Is the service responsive?

### Our findings

Relatives spoke positively about the service and care people were receiving. They told us "Really pleased with the care. We have been very lucky. [Person] is well looked after" and "I have no complaints about the service."

Care plans clearly detailed how each person would like to be supported and care plans were individualised and person-centred. People's care plans included information about a range of each person's needs including; health, care, social skills, community living, finances and communication. Care plans contained personal profiles, personal preferences and routines and focused on individual needs. Care plans also included guidelines for staff in respect of caring for people's individual needs. For example; one person's care plan included guidelines about supporting the person with their food and dietary requirements. Another person's care plan included guidelines for supporting them when they displayed challenging behaviour.

Support workers told us and records showed there was a handover after each of their shifts and daily records of people's progress were completed each day so staff were kept informed about people's needs? We saw the handover notes detailed the support people received, medicines that they had received, what they had for breakfast, activities, general mood and well being of each person. Care plans were reviewed monthly by the registered manager and were updated when people's needs changed. This demonstrated the registered manager were aware of people's specific needs and provided appropriate information for staff to enable them to provide the care and support effectively and safely. When speaking with support workers, they were able to tell us about people's personal and individual needs.

Each person had their own activities timetable in place. Activities included attending a day centre, going shopping and going for a drive or walk. During this inspection, we observed some people went to a day centre, two people were taken to the park and one person was taken for a drive. The home also has a games console which the registered manager told us some people using service did play. For people who were at home, we observed support workers spent time with people and engaged in meaningful interaction and conversation. For example for one person who was visually impaired was accompanied by a support worker at all times and was not left on their own. On the first day of the inspection, we observed a support worker sat in the garden with them. On the second day, a support worker sat with the person and read a book to them and also tried to engage with them by playing with the tambourine. The support worker told us the person often enjoyed listening to the sound of the tambourine.

When speaking with particular support workers, they were aware of people's needs and also demonstrated alternative techniques in which they could be more responsive to people's specific needs. Two support workers told us for a person who was visually impaired and not able to communicate verbally, they noted when they mirrored the sounds the person made, the person did respond back which was another way they could interact with the person.

For another person, support workers gently encouraged people to be engaged in an activity. For example, a

support worker asked a person whether they wanted to sit in the garden or play ball. The person's body language indicated they did not want to engage in any activity and the support worker respected the person's wishes.

One person using the service after resting in their room came and sat in the lounge joining another person and a support worker. We observed another support worker came into the lounge area and they all sat and engaged in meaningful conversation with each other. These support workers spent quality time with people and spoke with people in a caring way and ensured people were involved in the conversation as much as they were able to. This provided a pleasant atmosphere for people using the service and demonstrated good examples of person centred care.

The home has an activities room and during this inspection we observed this was in use by people using the service. We observed one support worker sit with accompany one person as they were drawing. The support worker told us "Sometimes they do painting as well. We roll out large sheets and they paint on those." The support worker also told us "It is all done very professionally now. We are for the people and we have the time now to spend with people. We can take them out to lunches and the car is used much more now. It's not just about taking them to the day centre and back anymore. We can take them out for proper drives and outings." We also observed the support worker encourage and gently prompt another person to use the activities' room. The person agreed and the support worker sat and engaged with both of them in the activities room.

In the evening, we observed karaoke taking place. People using the service were participating and enjoying themselves. One person was playing the tambourine and another person was singing alongside the karaoke person. One person was also dancing with a member of staff. Staff also participated and encouraged people to do so. We noted feedback from the karaoke person was positive and comments included "I love entertaining the residents here."

There were procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the Local Government Ombudsman and the CQC if people felt their complaints had not been handled appropriately by the home. Records showed that no complaints had received. There were no recorded complaints received about the service. Relatives we spoke with had no complaints or concerns about the service.

## Is the service well-led?

### Our findings

Relatives spoke positively about the management of the home. They told us "[Registered manager] is very approachable. I have no real concerns", "[Registered manager] keeps me informed which is a good thing" and "It hasn't helped with all the changes with the managers but [registered manager] is good and [person] seems to be getting on with him."

At our inspection on the 25 and 26 June 2015, we found systems in place were not robust enough to assess, monitor and improve the quality and safety of the services being provided to people. This meant the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us an action plan setting out the actions they would take to meet the regulation. During this inspection we found action had been taken to meet the regulation. We found the registered manager had undertaken work to improve the service and taken action to address any issues found. We observed much improvement in areas such as staffing levels, people's engagement in activities and improved interaction between staff and people using the service.

There were systems in place to monitor and improve the quality of the service being provided to people. We found the service obtained feedback from people via questionnaires. We noted the feedback was generally positive. Comments included "We are very happy", "Everyone is welcoming", "The service is very good", "[Person] is very well looked after and "Whenever I have discussed my [family member's] well being, I have been listened to and requests are acted upon."

The home also had a visitor's suggestions and comments book which showed compliments received about the service which included "Welcoming home. Staff are very caring and knowledgeable about the clients", "Impressed by the changes taking place here", "Very friendly, helpful staff, clean excellent files. Lovely room for the person, nicely furnished. Staff are well informed", and "Pleasure to visit Kenton Road this morning to meet service users and staff and to see the progress that is being made with regards to improving the service."

The service undertook a range of checks and audits of the quality of the service and took action to improve the service as a result. We saw evidence that audits and checks had been carried out by the registered manager in various areas such as medicines, health and safety, maintenance, infection control and people's finances.

The service had an extensive auditing process in place to evaluate the quality of service being provided to people. The registered manager showed us an audit that had recently been conducted by the provider which covered aspects of the service including training and supervision for staff, fire safety, auditing, care plans and care reviews. Areas of improvement and actions to be taken were noted and actioned. We were told by the registered manager this then would be followed up by the provider to ensure any issues raised were addressed promptly.

The registered manager told us there had been changes in the home in relation to staffing and ensuring all the issues raised during previous inspections were addressed. He also told us he was in the process of recruiting a deputy manager for the home. This would ensure the home was effectively managed as some of the day to day responsibilities could be divided.

The registered manager also told us he was fully committed to improving the home so people received the best quality care. He told us "That is my single goal and aim for this house. ...most importantly because the people we support that live here deserve the very best care and support and it will be my ambition to ensure they get the care and support that they so richly deserve."

The registered manager told us since he has been appointed as registered manager he has been well supported by the regional director and the provider. We met with the regional director during the inspection who told us they were committed to improve the service and would ensure this is achieved.

There was a management structure in place with a team of support workers, senior support workers, registered manager and the provider. Staff had a positive attitude and were of the opinion that the service was well managed and the registered manager was supportive and approachable. Staff told us "Manager is open, approachable, friendly and supportive if you have any questions or concerns", "Staff say they feel better after they have spoken with [registered manager], "We have built up a good working relationship and it's going in the right direction", "We all need to act as role models and improve and support each other in making the home a better place" and "I wanted to be part of a team to improve things and I am." On the day of the inspection we observed that there was a good working rapport between staff and they communicated well with one another.

The service had a system for ensuring effective communication amongst staff and this was confirmed by staff we spoke with. Records showed there were staff meetings where staff received up to date information and had an opportunity to share good practice and any other concerns. Staff told us "[Registered manager] tries very hard to tell you what's happening in the home", "We have formal and informal meetings, we are always communicating", "[Registered manager] will update you and it is a good opportunity to find out what's going on", "We are working towards going forward and if something is not right or acceptable, you can challenge it" and "Everyone had input. It is open."

Care documentation was up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Staff were aware of these policies and procedures and followed them. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.