

Aitch Care Homes (London) Limited

Winchester House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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 was carried out on 9 October 2018, and was unannounced.

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

Winchester House is one of several small homes owned by Aitch Care Homes (London) Limited. The service provides care for up to 12 people with a learning disability. Winchester House is located in a quiet residential area, with access to local shops, public transport and facilities nearby. All bedrooms have en suite facilities. At the time of our visit, 12 people lived in the service. People who lived in the service had moderate to severe learning disabilities, autism, epilepsy and different levels of communication difficulties.

Winchester House was designed, built and registered before registering the right support. Therefore, the service had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance.

Although the service had not been originally set up and designed under the Registering the Right Support guidance, they were continuing to develop their practice to meet this guidance and used other best practice to support people. They have applied the values under Registering the Right Support. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last Care Quality Commission (CQC) inspection on 17 October 2017, the service was rated as Good. At this inspection, we found the service Requires Improvement.

There was a registered manager at the service. The registered manager was on annual leave when we inspected. 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 and associated Regulations about how the service is run.

The staffing levels were not always appropriate to support people and meet their needs. Both members of staff and relatives confirmed this.

People were not actively engaged in activities and pursue their interests due to insufficient staffing levels in the service. Both relatives and staff confirmed this.

The registered manager had a quality audit in place. However, this was not comprehensive enough. Areas of concerns we identified had not been picked up and resolved.

Medicines practice was safe. Medicines were recorded accurately and we found no gaps on the MAR chart.

Staff received regular training. Appropriate support and supervision were provided as is necessary to enable staff to carry out their duties.

People were protected from the risk of abuse at Winchester House. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. Staff recognised the signs of abuse and what to look out for. People received the support they needed to access healthcare services.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

Each person had an up to date, personalised support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly.

People were supported to eat and drink enough to meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Relatives and visitors were welcomed at the service at any reasonable time. People were supported to maintain their relationships with people who mattered to them.

Staff showed they were caring and they treated people with dignity and respect. Staff ensured people's privacy was maintained particularly when being supported with their personal care needs.

The registered manager ensured the complaints procedure was made available in an accessible format if people wished to make a complaint.

The registered manager provided leadership. They checked staff were focused on people experiencing quality care and support.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Sometimes there were insufficient number of staff on shift, which had an impact on meeting people's needs safely.

Medicines practice in the service was safe.

Staff knew how to protect people from risks of abuse by following the safeguarding procedure and reporting any concerns they had.

The registered manager followed safe recruitment practices.

Is the service effective?

Good 

The service was effective.

Suitable training was provided to develop staffs' skills.

People had an initial assessment to determine the care and support they required from staff. Individual care plans that were in place were reviewed regularly to provide up to date information.

People had control over the choices and decisions they wished to make.

Staff provided the support people required with their meals and fluids as well as their health.

Is the service caring?

Good 

The service was caring.

We observed that staff who supported people were caring.

People and their relatives were involved in their assessment and care planning process.

The care people received met their most up to date needs.

People experienced care from staff who respected their privacy, dignity and independence.

Is the service responsive?

The service was not always responsive.

People were not always able to pursue their interests and participate in activities that were important to them.

The registered manager responded to people's needs quickly and appropriately whenever there were changes in people's need.

Staff continued to help people to stay in touch with their family and friends.

The provider had a complaints procedure, which enabled people to be able to complain if they needed to.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The registered manager had a quality audit in place. However, this was not comprehensive enough. Areas of concerns we identified had not been picked up and resolved.

The registered provider sought people and staff's feedback. However, we found no evidence that comments raised had been actioned.

The service had an open and approachable management team. Staff told us that they were able to approach management.

Both management and staff understood their roles and responsibilities.

Requires Improvement ●

Winchester House

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, which took place on 09 October 2018 and was unannounced.

The inspection was carried out by two inspectors and one expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for people with autism or learning disability.

This inspection was in response to concerning information we had received about people's safety, neglect of people's needs, lack of activities, lack of adequate staffing, staff training and unsafe management of medicines.

Due to these concerns, we brought the inspection date forward. We did not ask the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports, information we had received and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

People who lived at the service had complex needs and were not able to tell us about their care and support. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed staff interactions with people and observed care and support in communal areas. We spoke with one person who used the service.

We spoke with two senior support workers, six support workers, the locality manager and the area manager. We also requested feedback from a range of healthcare professionals involved in the service. These included

professionals from the community mental health team, local authority care managers, continuing healthcare professionals, NHS and the GP. No feedback was received .

We looked at the provider's records. These included three people's care plans, health records, risk assessments and daily care records. We looked at three staff files, a sample of audits, policies and procedures, satisfaction surveys and staff rotas. We reviewed duty rotas, complaints, compliments, quality assurance systems and processes.

We asked the registered manager to send additional training records information after the inspection visit. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

Not all of the people were able to speak to us about their experiences. However, while we observed that people were at ease with staff, we also found the service was not always safe.

The staffing levels were not always appropriate to support people and meet their needs. Although staffing rotas showed the registered manager took account of the level of care and support people required. There were times when the numbers of staff were not sufficient to always meet the needs of people both in the service and when out in the community safely. Low staffing levels also had an impact on people's opportunity to go out when they wanted.

There was a stable staff team and any shortfalls in staffing were usually covered by existing staff, bank staff or agency staff. However, there were negative views about staffing in the service. Members of staff commented, "I think the team that we work with are brilliant but sickness is really bad. Staff call in sick, I don't know why. Some staff are burnt out and most of the time we're short staffed, so we do overtime;" "It's hard to book annual leave because there's not enough staff." And "When we are short of staff, going out into the community was not possible." We looked at the rota and this showed that there should be at least nine staff on each shift. Although, there were nine or even 10 staff on shift sometimes, we found that on some other days, there were seven or eight staff on shift. For example, a member of staff informed us that on 28 September 2018, staff on late shift contacted management and explained there were only seven members of staff, which included two new staff shadowing. Four staff had gone off sick so the service was short of staff for that shift. Management decided that this was a safe number of staff to support the people at Winchester House on that shift. The schedule of agency usage sent to us by the area manager after the inspection, confirmed that no agency had been used on the 28 September 2018 when staffing was reduced to seven. Also, on the 3 October 2018, there were six permanent staff and one agency staff on morning shift instead of nine staff. These incidents created an impact on people as staff were unable to take any of them out for their normal activities. We fed these comments back to both the locality manager and the area manager who told us they were recruiting more staff.

The staffing rota also confirmed that there had been problems with staffing. It showed that there have been high levels of staff sickness or absence. On the morning of our inspection, three members of staff phoned in sick. We found that agency staff were used to cover staff shortages and where this was not possible, staff were asked to do overtime. A member of staff said, "We find it very difficult when the agency staff member has never worked with this particular group of people at Winchester House and did not understand managing challenging behaviour. It also has a knock-on effect on the permanent staff at the service as they can end up doing a very large number of hours per week because they care about their residents. This has led to them going off sick because they are exhausted." Another member of staff said, "We use agency but some of them are used to working with the elderly but this is completely different." Members of staff told us that some of the staff sickness is caused through doing too many hours. This meant that poor organisation on shift meant staff did not always feel adequately supported. A relative also commented, 'Sometimes there are staff shortages. I hope that this has been rectified.' We spoke with the area manager and the locality manager about the agency staff being used. Both confirmed this. However, we found that there was no

confirmation on the rotas that showed that the agency staff had turned up for work. The names of the agency staff being used to complete the rota were not recorded on the rota as they should be. We did find some signing sheets for agency staff used over the previous two weeks however the number of sheets we found did not correspond with the number of agency staff that had been booked. The area manager informed us that they only confirm through payments made to the agency. This list was sent to us after our inspection. Above demonstrated that agency usage had affected staff morale in the service, which was low at the time we inspected.

There was no dependency tool used in the service, which would help the management to see what level of support and supervision every person required and a calculation of staffing hours needed to meet people's individual needs. Both the locality manager and area manager informed us that staffing in the service was based on the contractual funding from placing authorities. We were showed the allocation of people receiving 1-1 support hours, which confirmed this.

Failure to provide sufficient numbers of suitably qualified, competent, skilled and experienced staff was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

There were on call arrangements in place for out of hours to provide additional support if staff needed it. Staff were able to call either the registered manager or the deputy manager who would either provide advice over the phone or go to the service.

Processes were in place to ensure people's medicines were ordered, stored, administered, recorded and disposed of safely. Suitably trained staff followed the arrangements in place to ensure people received their prescribed medicines. We observed the team leaders administered people's medicines safely. We noted staff helped people with their medicines in their own individual preferred way, offering extra support when needed. Staff then signed people's medicine administration records (MARs) which were checked for completeness at the end of each staff shift.

People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them. We looked at medicines administration records (MARs) which should be completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. Staff explained how they give medicine to people and observed them while taking their medicines. One person said, "I always get my pills on time and they record it and watch me swallow them."

Some people required topical creams for their skin, which care staff administered. We noted the topical creams on MARs and there were no gaps in staff signatures. When PRN (as required) medicines were administered, the reason for administering them was recorded within the MAR chart. This indicated that the registered manager had an effective system in place for the safe administration of medicines.

People were supported in accordance with their risks management plans. A positive and proactive approach was adopted to support people who demonstrated behaviours that may challenge the service or others. Risk assessments were specific to each person, had been reviewed regularly and promoted and protected people's safety in a positive way. People diagnosed with behavioural difficulties were adequately risk assessed. Appropriate control measures were in place. One to one support was provided for people with in house activities and staff attention. As a result, the risk assessment enabled staff to properly manage the identified risks. Other risk assessments included moving and handling, care plans and daily routines and explained what the risk was and what to do to protect the individual from harm. This showed that the service had systems which mitigated risk of harm to people.

Staff maintained an up to date record of each person's incidents, so any trends in health and incidents could be recognised and addressed. We saw these forms completed recently and asked how these had been resolved. In cases of referrals, action had been taken to reduce the risk of these happening again. The registered manager used the information to make improvements to keep people safe. This meant that people could be confident of receiving care and support from staff who knew their needs.

The registered manager and staff were aware of how to protect people from abuse. For example, the registered manager had raised a safeguarding alert with the local authority about incidents in the service in the past. Staff had access to the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area. It provides guidance to staff and to managers about their responsibilities for reporting abuse. All staff spoken with said they would report any suspicion of abuse immediately to their line manager. All staff had completed safeguarding training. A member of staff said, "If I believed any person was being abused, I will definitely report it to the senior member of staff on duty at the time. If I didn't feel it was being taken seriously, I will pass it on directly to the manager." Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The provider also had easy read information about whistleblowing on the notice board.

The provider continued to maintain safe recruitment procedures that enabled them to check the suitability and fitness of staff to support people. People were introduced to new employees before they were recruited. References had been received by the provider for all new employees. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There were effective systems in place to reduce the risk and spread of infection. The service had no odours and the environment and equipment was safe and clean. We observed the use of personal protective equipment such as gloves and aprons during our visit. The service had an effective infection control policy. Staff were trained on infection control and food hygiene. This meant that the provider had processes that enhanced infection control. People were cared for in a clean, hygienic environment.

The registered manager continued to ensure that the environment was safe for people. Environmental risks were monitored to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, to minimise the risks from water borne illnesses. There were up to date safety certificates for gas appliances, electrical installations, and portable appliances. Staff logged any repairs in a maintenance logbook and the registered manager monitored these until completion. Staff carried out routine health and safety checks of the service including regular checks of fire safety equipment and fire drills.

Each person had an individual Personal Emergency Evacuation Plan (PEEP). A PEEP is for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency.

The service had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk for example, in the event of a fire. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

A business continuity plan continued to be in place. 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 service.

Is the service effective?

Our findings

Our observation showed that people were at ease and smiling with the staff who provided their care and support.

The registered manager undertook an initial holistic assessment with people before they moved into the service. The assessment carried out checked the care and support needs of each person so the registered manager could make sure they had the skills and levels of staffing within the staff team to care for the person appropriately. People's protected characteristics, such as their race, religion or sexual orientation, were recorded during the initial assessment. Each person's care plan outlined the specific support they required such as, specific cultural beliefs and the support required from staff to maintain this. There were equality and diversity policies in place for staff to follow, this helped staff promote people's equality, diversity and human rights. As people moved into the service, the resulting care plans were developed in line with good practice and the principles of person centred planning. People and their family members were fully involved in the assessment process to make sure the registered manager had all the information they needed. Records confirmed that the registered manager was in touch with family members regularly.

People continued to be supported to have enough to eat and drink and were given choices. Staff were aware of people's individual dietary needs and their likes and dislikes. Care records contained information about their food likes and dislikes and there was helpful information on the kitchen notice board about the importance of good nutrition, source and function of essential minerals for both staff and people to refer to. Staff supported those who required assistance with their meal. We observed a member of staff supported one person with their lunch. We overheard the staff said to the person in a kind and gentle manner, "Is it alright? is it nice?" The person responded with a smile. It was noted the intuitive appropriateness of this staff of when to speak and when to help with the food, timed at correct moments, which ensured the process went as pleasantly and smoothly as possible. We observed staff chatting with people during lunchtime in a pleasant manner.

The registered manager contacted other services that might be able to support them with meeting people's health needs. This included the local GP and the local speech and language (SALT) team. This demonstrated that the provider promoted people's health and well-being. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such as professional visits, phone calls, reviews and planning meetings. The plans were updated and reviewed as required.

People were supported to maintain good health. Some people were living with long term conditions in the service. A long term condition is a condition that cannot, at present be cured, but can be controlled by medicine and other therapies. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. People's individual health plans set out for staff how their specific healthcare needs should be met. Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively. This showed that the registered manager continued to ensure that people's health needs were

effectively met.

Detailed daily records were kept by staff. Records included personal care given, well-being, activities undertaken, concerns to note and food and fluids taken. Many recordings were made throughout the day and night, ensuring communication between staff was good benefitting the care of each person. 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 that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA and DoLS and understood their responsibilities under the act. We checked that conditions on people's DoLS were being met, which they were. No one in the service had been deprived of their liberty. People who lived in the service had been assessed as having capacity to consent. The registered manager told us that people's DoLS were regularly reviewed with the local authority. We saw evidence of these in people's care plans. People who lived in the service had authorised DoLS in place to keep them safe and these were appropriately notified to CQC. We found evidence of renewal of applications to the DoLS offices, when necessary.

The design and layout of the service met people's needs. The corridors were wide for wheelchair access if needed. There was a courtyard for people to relax outside the building and this was secure and flat which made it easily accessible to people.

Staff undertook mandatory training and refresher trainings in topics and subjects relevant to their roles. New staff had undertaken the provider's induction which included the incorporation of the Care Certificate and relevant topics considered mandatory. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Support worker were offered the opportunity to complete a formal qualification during their employment. For example, the Qualifications and Credit Framework (QCF) in Health and Social Care, which is an accredited qualification for staff working in the care sector.

The in-house induction included shadowing of experienced staff. Also included assessments of course work and observations to ensure staff meet the necessary standards to work safely unsupervised. This helped staff keep their knowledge and skills up to date. All staff had been trained in equality and diversity, valuing people and respecting differences. Other areas of trainings that reflected their job roles were epilepsy, health & safety, dementia, active support and communication. All staff had been set objectives which were focussed on people experiencing good quality care and support which met their needs.

The registered manager checked how training was being met through an established programme of regular supervision (one to one meeting) and an annual appraisal of staff's work performance. This was to provide opportunities for staff to discuss their performance, development and training needs, which the registered manager was monitoring. Supervision is a process, usually a meeting, by which an organisation provided guidance and support to staff. Staff confirmed to us that they had opportunities to meet with their manager to discuss their work and performance through supervision meetings.

Is the service caring?

Our findings

We observed that people were supported by caring staff who were sensitive in manner and approach to their needs. We saw that people looked relaxed, comfortable and at ease in the company of staff. Staff had built caring relationships with people. We saw staff always treated people with kindness, respect and a sense of humour.

We observed positive interactions between people and staff. Staff gave people their full attention during conversations and spoke to people in a considerate and respectful way using people's preferred method of communication wherever possible, such as facial expressions or gestures. They gave people the time they needed to communicate their needs and wishes and then acted on this. People's care plans identified their communication needs. The registered manager and staff supported people's involvement in decisions that affected them. People's care files provided evidence of their participation in care planning and gave staff guidance on how to promote effective communication.

Staff understood that although people's cognitive skills were impaired many could still make everyday choices if staff gave them options and explained information in a way they could understand. There was a person-centred culture at the service. People were respected, valued and treated as individuals. Staff on shift knew and understood each person's needs very well. Staff knew people's names and they spoke to them in a caring and affectionate way. They had knowledge of their past histories and who was important in their lives. They understood the importance of respecting people's individual rights and choices.

People were involved in their care planning and their care was flexible. For example, all bedroom doors were personalised with individual's name and each room was hand decorated with each person's choice of paintings, pictures and family photographs. The person-centred care met people's most up to date needs. People's life histories and likes and dislikes had been recorded in their care plans. Each person had a named key worker. This was a member of the staff team who worked with individual people, built up trust with the person and met with people to discuss their dreams and aspirations. People's preferences were treated with importance. The service respected and implemented people's decisions about who provided their support.

The care plans provided staff with a wealth of information about each person, for staff to use to engage them in conversation. Staff had a good understanding of people's personal history and what was important to them. People's cultural needs were met. These were recorded in their care plans. People were supported with cultural sensitive diets. For example, two people who were Nigerians were supported by closely working with their parents to ensure they still have the cultural experiences they are used to. The parents had brought in native Nigerian dishes for everyone to try. They had showed members of staff how to prepare these dishes. Members of staff had further learnt how to braid and care for people's hair and oil and care for their skin. This demonstrated that people were supported based on the protected characteristics of the Equality Act 2010.

People's relatives were able to visit their family member at any reasonable time and they were always made to feel welcome.

People's right to privacy and to be treated with dignity was respected. We saw staff did not enter people's rooms without first knocking to seek permission to enter. Staff knocked on door and waited before opening it. We observed that staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care and medication administration to maintain their privacy and dignity.

The service recognised the need for and people to access advocates. People had access to advocacy services if and when they needed it. Advocacy information was on display on communal notice boards. Staff also encouraged people to advocate for themselves when possible. Family members advocated for most people who lived in the service. Staff ensured people were offered advocates and had good knowledge of local advocacy services. For example, one person had an advocate who visited them regularly.

Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was kept secure in the office. Records were kept securely so that personal information about people was protected.

Is the service responsive?

Our findings

Although we observed that people freely move around the service with staff support as required, the level of engagement and activities had dropped because of fluctuating level of staffing. This had limited people's ability to be engaged in activities of their choosing at times.

People could participate in some group or one to one activities but we found these quite limited. Members of staff commented, "Sometimes activities can't be done because of staff going off sick", "We try and do as much as we can. We try and get people out as much as we can doing activities but that can be difficult if there's not enough staff. It is frustrating" and "Although people were being looked after, some of the activities could not take place and people were not able to access community when they wanted to."

Some planned activities in the service consisted of hula hooping, weekly external professionals delivering music therapy and reflexology sessions, and making a card with staff support. We observed some of these activities on the day we inspected and those engaged were smiling and absorbed in the activities. We saw evidence that activities taking place outside the service been researched into based on people's choice. In one person's care record, it showed that they were doing the activities as per their plan. However, four days out of seven days of the week, the person did not go out for their planned activities. The person did very little around the service and spent time a lot of time in their bedroom. We pointed this out to the locality manager who said that new activity plans were being devised and staff being asked to offer more activities if one is refused. In September 2018, the registered manager confirmed that new and improved activity plans had been developed with input from people and their keyworkers. However, four other files did not have an activity plan in them. A member of staff told us that staff loved getting people out into the community doing the things they like to do but they felt frustrated that most of the activities they do is within the service itself. This meant that due to issues around staffing in the service, the service was unable to fully meet people's activities needs. This is an area which needs improvement.

The initial assessment led to the development of the care plan. Individual care plans were detailed, setting out guidance to staff on how to support people in the way they wanted. Staff told us they had all the information they needed within the care plan to support people well. Care plans covered aspects of people's daily living, care and support needs. Staff followed this guidance when supporting people during the inspection to ensure their safety. Care plans were personalised and each person's individual needs were identified, together with the level of staff support that was required to assist them. The cultural needs plans identified the support required by each person for example, if they needed support to attend a place of worship. One person who wish to be supported to attend the church was regularly supported by staff.

Care plans were regularly reviewed. All the care plans we looked at had been reviewed in 2018. Care plans reviews captured any changes through the previous month or if there had been interventions such as with health care professionals.

There was information with regards to people's personal histories such as where they were born, any special places that held an important memory, favourite possessions and family and friends. People's daily routines

were detailed and included people's personal preferences. For example, if they preferred male or female staff to support them. Staff were knowledgeable about people's preferences and demonstrated these were considered in all aspects of each person's care and support. Each person had a one-page profile which included a summary of their needs and preferences. This meant essential information about each person was easily accessible to staff to enable staff to support them effectively.

We found information regarding people's communication needs was recorded in care plans and the service had gone to great lengths to ensure information was provided to people in accessible formats. People had hospital passports [to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital] which included their preferred ways of communicating, religion and the spoken language of any staff supporting the person. We saw the passports were very person centred using pictures and symbols to aid understanding. People were supported to have information made available to them in easy read or pictorial formats. Information was provided to people in a way to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

The complaints process was displayed in one of the communal areas in an easy to read format so all people were aware of how to complain if they needed to. The information about how to make a complaint had also been given to people when they first started to receive the service and then they discussed this at resident's meetings. The information included contact details for the provider's head office, social services, local government ombudsman and the Care Quality Commission (CQC). Staff told us that they would try to resolve any complaints or comments locally, but were happy to forward any unresolved issues to the registered manager. People told us that they were very comfortable around raising concerns as they found that the registered manager and staff were always open to suggestions, actively listened to them and resolved concerns to their satisfaction.

People and their family members were asked about any future decisions and choices with regards to their care. Information about people's end of life care were based on their wishes and stated in their care plan. The service had a section named 'When I die', which was in a user-friendly format. No one at the service had been identified as being on end of life care at the time we inspected.

Is the service well-led?

Our findings

There was a management team at Winchester House. This included the deputy manager and the registered manager. Support was provided to the registered manager by the locality manager. Both the locality manager and the area manager visited to support with the inspection in the absence of the registered manager who was on annual leave.

Checks and audits were carried out within the service to monitor quality and to identify how the service could be improved. This included checks of people's care plans, risk assessment and consent records, staff file checks, medicines check, training, health and safety and Deprivation of Liberty Safeguards. However, despite the audits identifying areas of concern we found during the inspection, these had not been fully rectified. For example, the fluctuating staffing levels in the service and the use of agency staff. The audit had not picked up the concerns staff had about agency staff finding it very difficult when the agency staff member has never worked with this particular group people and did not understand challenging behaviour. Further, the audit had not found out that on some occasions, there had been as low as seven staff on shift when there should have been nine. In other areas of audits carried out, action plan was created and met. This is an area which needs improvement.

Staff told us that the management team encouraged a culture of openness and transparency. Staff told us that the registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. A member of staff said, "finds the manager approachable and supportive however when they are short staffed rely on each other and she feels that staff work as a team because this."

There were a range of policies and procedures governing how the service needed to be run. The registered manager followed these in reporting incidents and events internally and to outside agencies. The registered manager kept staff up to date with new developments in social care. All staff had been given an up to date handbook which gave staff instant access to information they may need including policies and procedures.

Communication within the service was facilitated through meetings. People who lived in the service had weekly meetings. The minutes of these meetings were produced in an easy read manner, which encouraged people to take part. There were staff handovers after every shift, regular staff meetings and regular management meetings. There were also meetings with the management team and with the provider. At these meetings, any concerns, actions or issues were discussed and addressed. For example, staff felt they were not being listened to or felt valued. Employee of the month scheme was to be implemented to appreciate and value staff.

The registered manager had systems in place to receive people's annual feedback about the service. The provider used an annual questionnaire to gain feedback on the quality of the service. These were sent to people living in the service, staff, health and social care professionals and relatives. The registered manager told us that completed surveys were evaluated and the results were used to inform improvement plans for the development of the service. However, we found no evidence of actions that had been taken as a result of

comments made. For example, in the last survey was carried out at the end of 2017, a relative felt the service was homely. They also felt more could be done to encourage [Name] to feed themselves. The person always ask to feed themselves but sometimes they felt that the person is not listened to. Another relative was not happy with the majority of issues touched upon within the survey. They felt that their son was not getting enough activity and they are not being encouraged to do things. They believed that their son refuses but staff did not keep trying and encouraging him. There was no evidence as to the action in response to these comments. The registered manager sent us a response after our inspection. They commented, 'Once we have received family surveys we go through and read all comments. Then actions will be formulated. For instance: two families had commented that they wish they had more contact from the home- Keyworkers will now contact these families at least once a month to update them on how things are going. (some families are contacted more regularly depending on preference). I appreciate this evidence is better presented in an action plan though and going forward I will ensure that one is completed after the results of surveys are analysed.' This is an area which needs improvement.

The registered manager understood their responsibilities around meeting their legal obligations for example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

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

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the entrance to the service and on their website.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Regulation 18 HSCA RA Regulations 2014 Staffing.</p> <p>The provider failed to provide sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet people's needs.</p> <p>This is a breach of Regulation 18 (1)</p>