

# M N P Complete Care Group

## Millfield House

### Inspection report

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Date of inspection visit:  
27 June 2016

Date of publication:  
11 August 2016

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection was unannounced and took place on 27 June 2016. The service is small residential service for up to eight people with physical disabilities. People have their own bedrooms which are located over the ground, first and second floor; the service is accessible for people with mobility difficulties and all areas of the home other than the basement can be accessed using a shaft lift. This service was last inspected on 29 April 2015 when we found the provider was not meeting all the regulations. We asked the provider to tell us how and in what timescale they intended to address these issues. This inspection highlighted that the majority of previous requirements had been addresses with only one relating to staff training where progress had not been sufficient to meet the requirement and this remains outstanding.

There was a registered manager listed for the service but they had been absent for some time. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Interim arrangements to manage the service by the deputy manager with support from senior managers had been in place throughout the registered manager's absence and this had worked well.

Improvement was needed to the way in which support for people with diabetes was recorded to ensure all staff could recognise deterioration and knew the actions to take. Since the previous inspection access to regular physiotherapy exercise sessions had tailed off and this left people at risk of losing flexibility and muscle tone.

Staff said they felt supported, valued and listened to, they said communication was good and there was always opportunity to discuss things with the deputy manager in relation to work issues but these were not formally documented and formal supervision to look at staff training, development and performance were infrequent and not in keeping with company policy.

People said their needs were attended to by staff when and if they required it. People respected each other's privacy. People were supported to maintain links with the important people in their lives and relatives told us they were always consulted and kept informed of important changes. Observations showed staff behaved in a kind patient manner with people, treating them with dignity and respect.

Relatives told us they had no concerns about the service and were satisfied with the overall standard of support provided. They felt confident in the quality of care and said they were kept fully informed by the service and that communication was good. Professionals we contacted about the service also commented positively about the service and raised no concerns.

There were sufficient staff to meet people's needs. People said they thought there were enough staff, and

existing staff were covering gaps in shift to ensure people received consistent familiar support, staff knew this was only for a short while and that further recruitment was well underway.

Recruitment processes ensured only suitable staff were employed. New staff completed a probationary period and received induction into their role and the organisation, a range of training was provided to give them most of the knowledge and skills they needed, but there were gaps in this. Staff told us that they felt listened to and supported, they said there were always opportunities to share information with each other.

People's medicines were well managed by trained staff. Staff were able to demonstrate they could recognise, respond and report concerns about potential abuse. The premises were well maintained and all necessary checks tests and routine servicing of equipment and installations were carried out. Fire arrangements were satisfactory and staff attended regular drills and practiced evacuation.

People ate a varied diet that took account of their personal food preferences. Their health and wellbeing was monitored by staff that supported them to access regular health appointments when needed. Staff understood how people communicated and ensured they received technological support where possible to aid their communication and retain independence to share their thoughts and views. Risks were appropriately assessed to ensure measures implemented kept people safe.

People were encouraged by staff to make everyday decisions for themselves, but staff understood and were working to the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a framework for acting and making decisions on behalf of people who lack mental capacity to make particular decisions for themselves. People and relatives told us they found staff approachable and felt confident of raising concerns if they had them. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. No one at the home was currently subject to a DoLS but the provider understood when an application should be made and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

People and relatives were routinely asked to comment about the service and their views were analysed and action taken where improvements could be made. Quality assurance audits were undertaken on a regular basis, with regular visits also under taken by the provider representative to look at aspects of service quality and highlight shortfalls and timescales for addressing these.

We have made two recommendations

We recommend that the registered manager seek from a competent person guidance regarding the frequency of staff practice around use of evacuation equipment.

We recommend that the registered manager reviews and implements fully relevant company policy in regard to the required frequencies of staff supervisions and staff meetings.

## 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

Recruitment processes ensured that only suitable staff were employed. There were enough staff to support people safely. Medicines were managed well.

The premises were well maintained and servicing checks and tests of fire, gas and electrical installations carried out regularly. Staff attended fire drills but would benefit from more practice with evacuation equipment.

Staff understood abuse people could be subject to and how to respond and report on this. Accidents and incidents were monitored and analysed in case of emerging trends.

### Is the service effective?

Requires Improvement ●

The service was not always effective

People's wellbeing could be affected by a lack of physiotherapy support to aide exercise regimes, Staff support of people's diabetes was not well documented and could put them at risk of inconsistent responses. Staff felt supported by the deputy manager but individual formal staff supervision had become infrequent.

Staff received induction and training to give them the right knowledge and skills to understand people's needs and support them safely. People ate a varied diet that took account of their preferences. Peoples health needs were monitored and they were supported to access healthcare appointments.

People were supported in accordance with the Mental Capacity Act 2005 (MCA) they were consulted about their care and support needs. Guidance was available to inform staff about how they should support people whose behaviour was challenging.

### Is the service caring?

Good ●

The service was caring

People were relaxed in each other's company, but enjoyed the freedom to make use of communal spaces or spend time in their own room. People had time to spend with staff to talk about their care and support.

People's privacy was respected. Staff showed kindness patience and respect in their interactions with people. People were encouraged to be involved and staff encouraged use of new technology to aid communication.

Staff supported people to maintain links with their relatives and representatives. Relatives and other professionals felt they were kept informed.

### **Is the service responsive?**

**Good** ●

The service was responsive

Care plans were individualised and took account of people's capacity, needs, support preferences and things that were important to them.

People were provided with some in house activities and were supported and enabled to go into the community to do the things that interested them but this was not well documented.

People referred to the service had their needs assessed to ensure these could be met. People and relatives told us they felt comfortable raising issues with staff and were confident these would be addressed.

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

**Requires Improvement** ●

The service was not consistently well led

In the registered manager's absence interim management arrangements had been implemented but an action plan to address previous shortfalls had not been provided and adequate steps had not been taken to ensure all previous breaches had been met.

People, their relatives, and staff commented positively about the service and thought people had continued to receive good well managed care. External professionals expressed no concerns about service quality or safety.

People and relatives were asked to comment about service quality. Policies and procedures were kept updated. Staff said they felt listened to and supported.

# Millfield 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 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 to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 June 2016. The inspection was conducted by one inspector due to the small size of the service.

Prior to the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help inform our inspection. We reviewed the records we held about the service, including the details of any safeguarding events, the previous inspection report and any statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

We observed six of the eight people who live in the service; some people had communication difficulties so we spoke in more depth with three. We also observed how people interacted with each other and with staff over a lunch period using the strategic 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 observed staff carrying out their duties and how they communicated and interacted with each other and the people they supported.

Following the inspection we contacted relatives to ask for their views and received feedback from two. We also contacted four health and social care professionals who visit or represent people living in the service and the local commissioning team.

We looked at three people's care and health plans and risk assessments, medicine records, staff recruitment, training and supervision records, staff rotas, accident and incident reports, servicing and maintenance records and quality assurance surveys and audits.

# Is the service safe?

## Our findings

People told us they felt happy and settled living in the service. Relatives said despite staff turnover the service had not changed and they remained very happy with the quality of support their relatives received. A health professional who visited frequently told us they thought staff managed people's care well, and they had no concerns.

An emergency plan was in place in the event of a fire, individualised evacuation plans had been developed, and these helped inform staff how to help people leave the building quickly and safely. The premises were well maintained and provided people with a comfortable homelike environment to live in. Repairs and upgrading were undertaken in a timely way. People sometimes participated in fire training if they wanted to. Checks and tests of fire equipment were undertaken regularly and staff participated in regular fire drills people were protected from the risk of fire because of these measures and because staff knew what they needed to do to evacuate people safely. Some additional practice by staff using the specified evacuation method for people above the ground floor was needed. The deputy manager took action to ensure that future fire drills would incorporate use of the evacuation equipment; this is an area for improvement.

We recommend that the registered manager seek from a competent person guidance regarding the frequency of staff practice around use of evacuation equipment.

Staff had received safeguarding training that helped them to understand, recognise and respond to abuse. Staff were confident of raising concerns either through the whistleblowing process, or by escalating concerns to the registered manager and provider or to outside agencies where necessary.

Staff team leaders were trained in medicine management and their competency was routinely assessed every year. Staff who were responsible for the administration of medicines understood all aspects of medicine management in the service and were able to undertake all tasks relating to medicine ordering, receipt, storage, administration, recording and disposal in accordance with the service medicine policy. There was a good sense of team work and medicines trained staff felt confident of approaching experienced colleagues for advice if necessary. Pharmacy audits were conducted to highlight any shortfalls, in house monthly medicine counts and checks were also carried out to ensure that all aspects of storage, administration and disposal were carried out appropriately.

Previous shortfalls around recording medicine storage temperatures and dating upon opening boxed and bottled medicines and creams had been addressed. Medicine keys were kept secure, Individualised medicine protocols were in place for medicines that people took now and again for specific issues, and the protocols helped staff to administer these medicines in a consistent way.

There were enough staff to meet people's needs in the house and to support them out in the community. During the day and evening shift there was a team leader and two care staff, these were supported during the day by a housekeeper and a cook, in addition to the deputy manager on weekdays and additional care hours for three people who had their own one to one carers. At night there were two waking night staff.

People told us and we observed that call bells were answered quickly, and staff had time to spend with people and to take them out. The rota confirmed staffing that these levels were maintained.

Staff said that staff turnover and vacancies had placed an additional expectation on staff to pick up shifts, but they were aware that recruitment was underway and this was a temporary situation only, the service did not use agency and preferred to cover in house with staff that were familiar to the people using the service and understood their routines and could provide continuity in their support.

The premises were kept visibly clean, tidy and odour free. Cleaning schedules were in place and staff were required to complete some tasks on a daily and nightly basis, staff used personal protective gloves and aprons for personal care tasks to maintain good infection control standards. The environment was safe for people to live in. The premises were well maintained; staff reported that repairs were undertaken quickly. All electrical, gas installations and equipment used for the support of service users was serviced by external contractors to ensure these were maintained in good working order.

People were protected against the risks of receiving support from unsuitable staff, because changes had been made to the recruitment process to ensure all necessary documentation and checks were in place. Checks had been undertaken with regard to criminal records, and documentation included a current photograph, application forms, employment histories, proof of identity and previous conduct in employment and character references. There was good evidence that a structured recruitment process was in place with evidence of interviews, offer letters and contracts for new staff.

Staff were provided with guidance on how to support people safely from risks they may be subject to from their environment or as a result of their own care or treatment needs. Risk was assessed and measures implemented to reduce the risk of harm occurring. These were kept updated and reviewed to monitor how effective risk reduction measures were and to make changes if required to further reduce risk levels and keep the person safe. There was a low level of reported accidents/incidents. These were analysed by the deputy manager and actions taken to address possible emerging issues, for example, a developing health need.



## Is the service effective?

### Our findings

People told us that they liked the staff that supported them. One person explained how since they had been here they had begun to recover some of their abilities and thought that they were improving slowly. Relatives said they felt new staff had settled in well and had been provided with the right knowledge and skills to step into their roles. A health professional said they found staff willing to learn, self-sufficient in managing some minor health issues for people but referring appropriately when they felt they needed more support, they commented "They can sometimes manage some issues better than we can, for example liaising with the wheelchair service".

The staff training record showed that all staff received a mandatory level of training that included, fire, food hygiene, infection control, moving and handling, first aid awareness and safeguarding adults. Since the last inspection some progress had been made to ensure additional training had been provided in respect of epilepsy, but most other specialist training which included for example, mental capacity, medicines management, dementia, catheter care, and peg management was directed at team leader and management level staff. Some of this specialist knowledge for example in regard to diabetes had been cascaded to staff through word of mouth but there was no evidence of when this was done and by whom; it was also unclear if all staff had received the same information. Care staff were providing everyday support to people with for example needs in relation to continence, stroke and pressure care, they had not received training for this and if their practice was learned from others there was little evidence of assessment of their knowledge or competency to show they understood what to look for and how to deliver the right support.

There was no suggestion from health professionals that people were not receiving a good standard of care but without relevant training there was a risk that care staff delivering support would not be aware of when issues were arising and other staff needed to be alerted.

There was a continued failure to provide staff with the training they required to have an awareness and understanding of some specific conditions and how these impacted on the people concerned. This is a continued breach of Regulation 18 (2) (a) of the Health & Social care Act 2008 (Regulated Activities) Regulations 2014.

Some people were supported with specific health conditions like epilepsy and Diabetes, individual protocols were in place for staff to support people with epilepsy but guidance around how peoples diabetes was monitored and managed had not been developed; staff however, showed that they had a good understanding of peoples individual needs around this and were able to explain how they supported people to keep them safe; the absence however, of written guidance to reflect staff current good practice combined with the recent and ongoing turnover of staff meant there was a risk that this knowledge could be lost and staff may not therefore be sufficiently aware or respond consistently when a person's wellbeing is being directly affected by their diabetes .

People were no longer provided with regular physiotherapy exercise sessions following the departure of the post holder, interim arrangements to maintain these sessions was not in place, this could place people at

risk of loss of flexibility and muscle tone in their limbs.

The failure to ensure people's diabetes health care needs were documented to reflect staff practice and that physiotherapy exercise requirements were met is a breach of Regulation 12 (1) (2) (a-c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said they felt supported and listened to, they thought communication in the service was about right and information was cascaded between shifts to ensure staff were kept updated or had signed to state they had read specific documentation. There were opportunities on every shift for staff to speak privately if needed with either the deputy manager or a team leader but these discussions were not documented and although service policy made clear that the organisation's expectation was that staff would receive four annual supervisions in addition to an appraisal in all three staff records supervisions carried out were less frequent and with most only having received two, one of which in several cases also included the annual appraisal of work performance, and assessment of training and development needs. This is an area for improvement.

We recommend that the registered manager reviews and implements fully relevant company policy in regard to the required frequencies of staff supervisions and staff meetings.

Staff supported people with their health appointments. People were referred to health care professionals based on individual needs. Staff were proactive in checking people's wellbeing and whether there was an emerging health related need, for example, a number of people were at risk from urinary infections and staff were aware of this and vigilant in checking any symptoms that may point to this.

The deputy manager and team leader staff had received training in the Mental Capacity Act 2005 (MCA), and this was cascaded to all care staff to ensure they had a basic awareness. The MCA provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. People in the service had capacity in all areas of their daily lives and the deputy manager and staff ensured people were appropriately represented if decisions about their care were being made without the appropriate assessment of capacity or authorisation to make decisions on their behalf. Staff understood that when more complex decisions needed to be made that people did not have the capacity to decide on their own, relatives and representatives and staff would help make this decision for them in their best interest. No one had been referred for Deprivation of Liberty Authorisation although the deputy manager had initiated best interest discussion in relation to one person.

We met several newer staff one of whom was still undergoing induction, this involved several office based days in which they were told about the vision and values of the service, important practical information about their conduct and responsibilities and also talked through some policies and procedures and documentation they would be using. New staff completed the induction programme at the start of their employment; this followed the nationally recognised Care Certificate standards. Induction included shadowing other staff, and familiarising themselves with people's care needs and routines and took several weeks before they were rostered on shifts as a full team member. New staff competency was assessed throughout their probationary period of three months although this could be extended they received support and feedback through probationary meetings with the registered manager until they were confident that they had learned and put into practice the skills they needed to support people safely.

Recent staff turnover had impacted on the number of qualified care staff in the service with only four out of 11 now qualified to NVQ2 level or above, we were informed that funding had now been approved for two staff to undertake vocational care qualifications at Level 3 which will help in the development of a

competent well trained staff team.

Menus were developed from an understanding of peoples likes and dislikes and these were on a four week cycle and took account of seasonal changes. Menus were on display, people said they enjoyed the meals served and could and did choose alternatives to the main meal if they wanted to. People enjoyed a takeaway each week and a recent resident meeting had determined that everyone would have a turn choosing the take-away meal each week. The cook was qualified in food catering and had an understanding of the specific dietary needs of the people in the service and accommodated any specialist diets. People's weights were monitored to ensure they maintained a healthy weight.

## Is the service caring?

### Our findings

People were involved as much as they wanted to be in developing and updating their care plans, key work staff took time to sit with people and discuss their plan and whether this still met their needs and wishes. People were offered opportunities to participate in some relevant training offered to staff. For example one person told us that they had been invited to participate in staff fire training, another person told us that they were excited about the prospect of interviewing with the deputy manager for their new one to one carer. Relatives and representatives commented that they visited often, were made welcome and that they felt informed; they and a health professional commented that communication with them from the service was good.

People chose whether they wanted to participate, most preferred their own company and liked to spend time in their own rooms, we observed that people were easy and relaxed with each other but they did not seek each other out for company.

Staff showed themselves to be kind and helpful responding to people's requests for support. Staff supported people with their personal care discreetly, and people could retain their privacy by having their room doors open or shut during the day. Many interactions people had with staff were in their own rooms but those we overheard or observed showed that staff took time to listen and interact with people so that they received the care and support they needed.

Staff were particularly good at ensuring people who needed support to access areas of the service were given opportunities to come into the communal area, they spent time speaking and interacting but were alert to when people became fatigued and needed to rest. Other people were seen to move themselves around the building between their rooms and the communal area sometimes independently or with staff support to access the lift or to open their bedroom doors.

People had their own space and could be private when they wished; they all respected each other's privacy. People's bedrooms had been personalised to reflect their individual tastes and preferences and were full of possessions, photographs and important memorabilia. We spoke with one person who had wanted their room furniture moved around to accommodate their bed in a different position, staff had helped them to do this but it had not worked out and they were helped to put everything back as it was. They told us that their window and a glass fire door out onto a fire escape had recently been replaced which they were pleased about.

People had access to television, radio and newspapers to keep them informed of local, national and worldwide events, people were encouraged and supported to register to vote and one person we spoke with confirmed they had done so.

One person told us about a special anniversary for them this year which they wanted to mark the occasion with a cake but not presents as it was not a birthday, staff were aware of this and were planning to support the person with putting on something special.

Although limited for space the communal area was homelike with some comfortable armchairs for visitors and a table cloth covered the dining table with cutlery, cruet and glassware. A choice of drinks was offered and people who could sat companionably at the table together.

Staff understood people's individual methods of communication and had been proactive in referring people to the speech and language team. This was in the hope that they would be assessed to use the latest communication technology to facilitate their ability to speak, and hold conversations with others and express their views. This was an ongoing process and since the previous inspection people's communication equipment had been further updated. We noted for one person who was currently unable to use their communication device staff had developed an interim hand board with a selection of commonly used words to help the person in question make their needs and preferences known.

People's care plans contained information about the important people in their lives and important events they needed to be reminded about. Everyone had relatives or representatives that advocated on their behalf if needed, people were supported where possible to maintain regular contacts with their families through telephone, email and visits. People told us about the contacts they enjoyed and relatives confirmed their own visiting routine. People had lived in the service for many years, experienced staff that remained had built up relationships with them and were familiar with their life stories and preferences and this provided people with a sense of continuity in the care and support they received

## Is the service responsive?

### Our findings

People told us they were happy with the frequency and variety of activities they participated in. Relatives said they thought that people could be hard to motivate sometimes and people did what they wanted to do.

Since the last inspection improvements had been made to the content of care plans with additional guidance provided to staff in respect of some needs specifically highlighted for people but not always evident in their everyday needs. We looked at two plans of care in full with a third in respect of the management of epilepsy. Care plans viewed contained DNAR (Do Not Attempt Resuscitation) people were judged to have capacity and these decisions had been discussed with them. A life story provided staff with an understanding of the person they were supporting and this information had been gathered from people and their relatives.

Care plans contained comprehensive information about people's morning and night time personal care routines, the equipment they used, and how some supports like splints were to be fitted. People's communication, nutritional, social, and emotional and continence needs were also touched on to ensure they received the right input and support from staff. Care plans contained people's needs and wishes as to how they preferred care and support to be delivered and staff were guided by this. People had capacity and could make changes to this when discussing their care plans with their key workers. Staff maintained a daily report of people's wellbeing.

Individual activity planners had not been developed. People's complex needs meant their health could change from week to week; a whiteboard recorded a loose collection of suggested in house activities such as afternoon pamper sessions, arts and crafts, or baking for those interested. Friday night was film night and people had recently voted in a service user meeting to incorporate their weekly takeaway with this activity. An afternoon pamper session was also held. The staff rota allowed for at least one person to go out with a staff member every morning or afternoon, people were able to plan when they wanted to go out to ensure staff support was available, people liked the flexibility of being able to decide when they wanted to go out rather than being confined to a rigid programme of activities. Mini bus transport was provided once per week if people wanted to go further afield, and people also had bus passes which they could use.

People had lived in the service for a number of years and vacancies were rare. When they did occur prospective people considered for placement were assessed and then if thought suitable would experience a period of transition this would be undertaken at a pace to suit the person but could include visits and overnight stays to ensure their needs could be met; at which time the views of people and staff in the service would be considered to inform the decision to admit.

There was a complaints procedure available for everyone, this was also displayed. People said they felt confident of talking to staff at any time about an issue that may be worrying them or causing a concern. The deputy was aware of the need to maintain records for all concerns raised and to signpost within the complaints log of any ongoing concerns of a more confidential nature. Relatives told us that they also felt

able to raise any concerns they may have by approaching staff directly.

The PIR informed us of one complaint received by the service; this corresponded to the complaints log which recorded the actions taken to address this. Feedback confirmed that people and/or their relatives had not felt the need to make complaints because there was a culture of openness that encouraged them to raise issues directly with staff. People had opportunities at their service user meetings or through discussions with their key worker to discuss matters relating to their support and care including any concerns they might have; these would be reported to the deputy manager. A review of service user meetings and feedback questionnaires showed no particular issues of concern arising.

## Is the service well-led?

### Our findings

People, relatives and staff said they liked the deputy manager and found her approachable. A social care professional told us "the managers are good at ensuring the staff meet the needs of the individuals and the quality elements are audited. From discussion with people, staff and relatives there was a view that despite all the changes the service had experienced since the last inspection the deputy manager had managed to keep the service on a steady path and the impact of the change on people and their relatives had been minimal.

When we last inspected the service we found a number of shortfalls and asked the provider and registered manager to send us an action plan of what they were going to do to address the shortfalls. An action plan was not received. Since then the deputy manager has worked to try and address some of the outstanding requirements but we have identified one in respect of staff training where improvements have been slow to happen, the requirement has not been met fully and this remains an outstanding requirement.

The deputy manager had worked in the service for a number of years and showed that she was knowledgeable about each person in the service and their particular circumstances. Staff told us that they felt supported and listened to by the deputy manager and felt communication was good at all levels within the staff team. Care staff worked on shift in teams of three, the deputy met with staff at every weekday early shift handover. Handover meetings lasted 15 minutes and helped to ensure that staff were kept informed of important changes to operational policy or the support of individuals; this had enabled newer staff to settle in quickly and be made aware of any emerging issues. Good communication gave staff confidence to work with other teams in the service to cover gaps in staff cover. The deputy was hands on and worked alongside staff on shift where needed, this enabled her to make observations of staff practice and highlight where improvements if any was needed. Formal staff meetings were held regularly and four had been held since October 2015, a minute of each meeting was recorded so that staff not present could keep themselves updated.

There was a clear staff structure with a separation of responsibilities between care staff and team leaders. People understood who their key workers were and that different staff had different responsibilities. There were a number of new staff but they had settled well and felt supported by their team leader and other staff, and felt able to ask questions, and that team leaders and more experienced staff were good at taking time to respond to their queries.

A monthly managers meeting provided managers with peer support and enabled them to talk through issues that had arisen from ongoing developments and operational issues, and individuals living in them and any resultant learning from this. A provider representative visited monthly and met people and staff in the service in addition to reviewing documentation as part of a regular review and assessment of service quality. They took their auditing responsibilities seriously and gave timescales for the completion of any identified shortfalls; progress towards meeting these was checked at subsequent visits.

The last inspection had highlighted that the previous assessment and quality monitoring procedures was



limited and ineffective, since then the provider had taken action and had purchased a comprehensive quality assurance system; this worked on a 12 month cycle with a different aspect of service quality assessed each month. Action plans were developed to address any identified shortfalls with timescales for completion; these were monitored for compliance, Some standalone weekly, monthly, and annual in house audit checks were also running concurrently with the new quality assurance system to provide the deputy manager with more immediate oversight of areas such as cleaning, catering and medicines.

Information about individual people was clear, person specific and readily available. Staff were seen to work in accordance to people's routines and support needs. The language used within records reflected a positive and professional attitude towards the people supported.

Staff had access to policies and procedures, which were contained within a folder and was held in the service. Policies and procedures were reviewed regularly by the management team to ensure any changes in practice, or guidance is taken account of, staff were made aware of policy updates and reminded to read them.

People and their relatives were asked to give their views about the service annually, their feedback was analysed and discussed at manager meetings to look at how improvements could be made if necessary and any comments responded to immediately. We noted some responses judged the service to be satisfactory only in some areas and we discussed with the deputy manager whether future analysis should consider drilling down into the reasons for people making this judgement instead of good or excellent as there may be areas where improvement could still be made.

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 | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The failure to ensure peoples diabetes health care needs were documented to reflect staff practice and that physiotherapy exercise requirements were met is a breach of Regulation 12 (1) (2) (a-c)                               |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>There was a failure to provide staff with the training they required to have an awareness and understanding of some specific conditions and how these impacted on the people concerned Regulation 18 (2) (a)<br><br>(This is a continued breach) |