

Sense

Hyde Close Flats

Inspection Report

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Summary of findings

Overall summary

Hyde Close is a purpose built care home for people who have sensory impairments, physical disabilities and complex learning difficulties. The service is situated in High Barnet, in a residential area, close to shops and other local amenities. The service consists of four flats.

On both days we visited; sixteen people were using the service. We saw that three flats had five bed rooms, lounge, kitchen, bathrooms and a staff office. One flat was a bedsit for one person.

People were sometimes being cared for in a clean environment. Although some flats we visited were clean others were not, staff had cleaning schedules but these were not detailed and therefore cleaning of some areas of the flats were being missed. This was a breach of a health and social care regulation. You can see what action we have asked the provider to take at the back of this report.

We asked a pharmacist inspector to review how people's medicines were being ordered, stored, dispensed, and audited and staff understanding of people's medicine. We saw the service was not managing all medicine in a safe way. This was a breach of a health and social care regulation. You can see what action we have asked the provider to take at the back of this report.

During this inspection we saw that the provider and registered manager had not ensured that people were living in premises that were adequately maintained, we saw areas of the shared garden had not been maintained and were unsafe. This was a breach of a health and social care regulation. You can see what action we asked the provider to take at the back of this report.

Some staff we observed were caring and understanding of people's needs at the service, however, we saw that other staff did not communicate effectively with people and did not treat people with dignity or respect. This was a breach of a health and social care regulation. You can see what action we asked the provider to take at the back of this report.

We saw that people's care records and other important records that were kept by the service were not always up

dated. Therefore people were placed at risk of receiving incorrect care. This was a breach of a health and social care regulation. You can see what action we asked the provider to take at the back of this report.

The registered manager and the provider had not made referrals to the local authority for people who lived at the service who were being deprived of their liberty. This was a breach of a health and social care regulation. You can see what action we asked the provider to take at the back of this report.

The registered manager completed several audits but we were not confident that these audits were effective as they had not identified the lack of cleanliness, medicine and maintenance issues we saw in some flats at the service.

People at the service were unable to communicate with us verbally, so we used different methods to ensure we understood people's experience at the service. Such as, observing people and staff while care was being given in the communal areas. We used the Short Observational Framework for inspections (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were unable to tell us their experience of living at the service.

Staff files that we reviewed showed that the provider had safely employed staff and ensured that frequent checks occurred to ensure staff employed were safe to support the people they cared for. The service ensured that staff received an induction when they first started working at the service and training, and some staff had received supervision and appraisals.

We saw that staff understood people's needs and were aware of people's personal histories. The service had some activities available for people. However we saw that planned activities were often cancelled or no longer available.

Relative's were confident staff would listen and act should they need to complain. Staff we spoke with were able to tell us how they would support someone should they need to complain.

Summary of findings

Staff were aware of whistle blowing protocols and the registered manager was confident that staff knew and were encouraged to speak freely if they witnessed any abuse without consequences.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People who used the service were being put at risk because of poor maintenance at the home. Cleanliness had not been maintained and medicines were not managed safely.

We found the service was not meeting the requirements of the Deprivation of Liberty Safeguards. Several people at the service were being deprived of their liberty, the registered manager had not contacted the local authority so these people could be assessed under the Deprivation of Liberty Safeguards (DoLS).

Staff at the service received supervision and appraisals and said they felt supported by their managers. Staff records we reviewed showed that the provider ensured that staff had safety checks before starting work and undertook an induction.

People's risk had been documented and staff were aware of individual risks and how to manage these.

Are services effective?

We saw that some people's Health Action Plans (HAP) and other care records were not updated after advice from professionals. Therefore people would not be receiving the most up dated care as prescribed by health care professionals.

People's needs, preferences and choices, treatment and support were not always met. People and their relatives were not always involved in developing care plans.

Most staff received training and supervision in line with the provider's policies and procedures.

Are services caring?

We observed people receiving support during our inspection; we saw that some people received care from staff that was caring respectful and encouraging. However other people had a different experience. We saw some staff did not always communicate effectively with people to ensure their needs were met.

Relatives we spoke with all said people were well looked after by caring staff, who treated them with dignity and respect. However we did not always see this happening at the service.

Summary of findings

Are services responsive to people's needs?

The registered manager and the provider did not have systems in place to support people at the service to complain. However some relatives we spoke with felt confident that the registered manager and staff would listen to their complaints.

Not everyone had access to an independent advocacy service.

People were encouraged and supported to access activities they enjoyed in the local community. However we saw these were often cancelled or unavailable.

Are services well-led?

The registered manager undertook regular audits which included health and safety, however these were not effective in ensuring that people's flats were clean, medicines correctly administered and the premises was maintained.

Staff were aware of whistle blowing procedure and the provider encouraged an open, transparent culture where staff were encouraged to speak up if they had concerns. The registered manager had completed a survey in 2014 he had received some feedback and we saw this was all positive. However he had not sought people who used the services views or professionals who visited the service.

Summary of findings

What people who use the service and those that matter to them say

People who lived at the service were unable to communicate with us. We observed care and used SOFI during the inspection. We spoke with five relatives after the inspection, they were all happy with the service. Comments included “people are well treated and looked after.”

Relatives said that staff looked after their relatives well and said that staff were “very good.” One commented that a new member of staff was “a nice lad who learns quickly.” They commented on the flats being “top class” accommodation and “always looking clean.”

None of the relatives we spoke with had completed the recent survey the registered manager had sent to them. However they confirmed that staff contacted them when changes occurred in their relative’s care. One relative said, “I can always pick up the phone and call the staff if I’m worried.”

Hyde Close Flats

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

Before our inspection, we reviewed information we held about the service. We asked the provider to complete a provider information return but this was on the day of our visit.

This was an unannounced inspection.

We visited on the 2 May 2014 and 7 May 2014. We saw there were 16 people living at the service on the days we inspected.

On the first day the inspection team was made up of three people an inspector, a specialist advisor who was a learning disabilities nurse and an expert by experience. This is a person who has personal experience of using or

caring for someone who uses this type of service. On the second day the inspection team was made up of two people, an inspector and a qualified pharmacist with a specialist in supported living and learning disabilities.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Over the two days we visited we used SOFI to observe the support given to people in the lounge and dining area of the service.

During the inspection we spoke with the registered manager and seven staff, including the managers of three of the flats. We also spent time looking at records, which included people's care records and records related to the management of the service.

After the inspection we spoke with five relatives and five health care professionals involved in the support and health of the people using the service. We asked the registered manager some further questions, requested further information and reviewed records given to us during the inspection.

Are services safe?

Our findings

We identified a breach of Regulation 12 (2) (c) of the Health and Social Care Act 2008.

We found overall that people's safety had been put at risk because the provider had failed to ensure people were protected from the risk of exposure to a health associated infection due to poor standards of cleanliness and hygiene.

During the inspection we asked people if we could see their rooms. When they indicated this was ok, we ensured they were present with a member of staff. We looked at three people's bedrooms and all of the service's communal bathrooms, toilets, kitchens and living rooms. We saw that the level of cleanliness varied from flat to flat. In three of the flats we found stained carpets, lino in some bathrooms was torn, tiles were stained, and there was mould around baths and showers. The wall in one flat had longstanding food and drink stains on the wall. High areas such as tops of wardrobes had not been dusted and extractor fans were thick with dust and grime. The sensory room, where people may sometimes lie on the floor, was dirty. In the living room, people sometimes lay on rugs on the floor which were soiled by urine.

Cleaning systems were not systematically adhered to by all staff. We asked who was responsible for the cleaning of the service, the registered manager confirmed that night care staff were responsible for cleaning. We asked to see the cleaning schedule for the flats. We saw that each night there was a list of items to be cleaned such as sweeping floors, cleaning baths and the freezer. Staff should have been signing when completed and if they had been unable to complete to tell the person in charge on the day shift. We saw that in one flat, the night time cleaning scheduled had only been completed three times in a month. However practices were inconsistent. In another flat, we had no concerns with the level of cleanliness and the flat manager said she checked the cleaning the night staff had completed before they left each morning to ensure it was to an appropriate standard.

We spoke with the registered manager about the level of detail that was contained within the cleaning schedules. It was not clear what staff should be cleaning in the bathroom, kitchen or living areas. In some flats managers appeared to be checking what had been cleaned and other managers had not. This had led to two flats being clean

and two being dirty and dusty. It was also not clear who was responsible for managing the cleaning of the communal areas, and talking to staff no one was taking responsibility for the cleaning in this area. The registered manager told us that each flat was responsible for the communal areas outside their flats; however there was no rota or audits to ensure that this had occurred. The registered manager agreed that the cleaning of the whole service needed to be reviewed to ensure all the flats and communal areas were cleaned on a regular basis and to the same high standard. This would ensure people were protected from the possible risk of infections.

We identified a breach of Regulation 13 of The Health and Social Care Act 2008. We reviewed people's medicine records and talked to staff and we did not find evidence that the service ensured people received their medicine as prescribed, or that staff had received sufficient training in medicine and that the service was storing and auditing medicines correctly.

We inspected medicines management on three of the flats. We found that the service ensured that regular reviews of people's medicines were carried out. Medicine profiles and printed information leaflets were available if people, their families or staff wanted information about their medicines. People were unable to manage their own medicines; therefore staff administered medicines to everyone at the service. We observed staff administering medicines to people, and this was done safely, with staff taking time to encourage people to take their medicines without rushing or causing anxiety.

All prescribed medicines were available at the service, and records for oral medicines received, administered to people and disposed of were accurate and up to date. However we found that the service did not always follow current and relevant professional guidance about the management of some medicines. In one flat, we were not assured that topical medicines, such as creams, were being used as prescribed. We found prescribed topical medicines in people's rooms which did not appear on their current medicine records. Some were overstocked, without labels, or date of first opening, and for some, there was no record of use. Improvements were also needed to controlled drugs records. When we inspected the controlled drugs

Are services safe?

register, we saw that in 2013, staff had not made a record when some medicines had been returned to the pharmacy and one person who recently received a controlled drug had not been added to the controlled drugs register.

We looked at the records for medicines used for challenging behaviour, anxiety or agitation. We saw that these were not used very often. Some improvements to the records were needed as staff did not always record the quantities of controlled drugs held at the service, which made it difficult to audit the use of these medicines to ensure they had been used appropriately. When staff added new medicines to people's printed medicines administration records (MAR), we saw that no checks were carried out to ensure that instructions for these medicines had been recorded correctly.

Medicines were stored securely in locked storage supplied in people's rooms. However when medicines were delivered from the pharmacy, some improvements were needed to how medicines were stored before being transferred to people's rooms. In one flat, we found that some topical medicines were not stored securely. Therefore people had access to their topical medication and may have used it inappropriately.

Whilst staff administering medicines received medicines training from Sense, and were supervised whilst giving medicines until managers were satisfied with their competence, we judged that some staff needed additional training to enable them to manage medicines in line with current guidance because of the issues we found.

We identified a breach of Regulation 15 of The Health and Social Care Act 2008. The registered manager and the provider were not ensuring the premises were safe by means of adequate maintenance. Outside the building, we saw that equipment at the service had not been maintained. In the garden, where all people have access, we saw that rubbish filled the wooden gazebo, making it unusable by people using the service, the hand rail to this area was loose and unsafe and some specialist sensory equipment was broken and looked very sharp. Inside the flats we saw a number of poorly maintained items including two loose toilet seats, a shower curtain which had fallen off and kitchen cupboard doors which did not fully close posing a risk that people would trap their fingers.

We asked the registered manager how maintenance was managed and reported at the service. Several layers of

reporting were required. Electronic records showed that maintenance targets and completion dates were achieved but not all maintenance needed was listed. Staff told us repairs were taking much longer to be completed since a recent staff changeover.

We identified a breach of Regulation 18 of The Health and Social Care Act 2008. The registered manager did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of people who used the service. Prior to our visit the registered manager and the managers of each flat had not identified that the locking of all six bedroom doors which we saw in one flat was restrictive practice. People were only able to access their rooms with staff assistance. The registered manager confirmed he had not assessed people's mental capacity or made deprivation of liberty (DoLS) applications. After the inspection we referred this matter to the local authority's DoLS team for further review.

The registered manager told us that recently the provider had requested information about any restrictions which affected the people who used the service so that DoLS applications could be made if appropriate. They had requested this information due to the recent Supreme Court judgement relating to DoLS. Some staff we spoke with understood the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Safeguarding policies and procedures were in place. The registered manager told us he knew who to contact in the local authority and that the provider had an extensive and safeguarding policy that staff were aware of. Staff we spoke with were aware they could contact the local authority safeguarding team. The registered manager explained that the service had looked at possible risk relating to safeguarding for the service and realised that staff did not have the level of knowledge the provider would like around safeguarding and challenging behaviour. We were told training had been arranged for all staff. We reviewed the staff training and saw that some staff had completed this training although most were waiting for this training.

Risk assessments were in place for people when accessing the community and these were updated yearly or after an incident. All the staff we spoke with were able to explain how they would support people to remain safe in the community and people were always supported by one member of staff. The registered manager told us that challenging behaviour specialists would attend the service

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to get an understanding of people's needs and risks to support staff and people to think about other ways to manage their risk. We saw that staff completed daily challenging behaviour logs and observations which were reviewed by the behaviour specialists to better understand people's needs. Staff members were aware of people's needs and possible behaviours and how to manage this safely and ensure their dignity and privacy.

We reviewed five staff files and saw that checks were completed before staff started to work at the service, such

as references being collected, Disclosure and Barring Service checks (DBS) and photographic identification being recorded. The registered manager told us that the provider's head office kept a check to ensure that all DBS checks were up to date; staff were informed when these needed to be updated. If this did not occur staff would not be allowed to work until new DBS checks had been received. This was confirmed by staff we spoke with, this would assure people and their relatives that staff members were safe and suitable for their role.

Are services effective?

(for example, treatment is effective)

Our findings

We identified a breach of Regulation 20 of the Health and Social Care Act 2008. The registered manager failed to ensure that people's care plans and staff records were accurate, up to date and maintained. All care records we reviewed were poorly organised and contained out of date and supplementary information. Individual guidelines for staff, care plans and risk assessments were not always easy to access. Key information was not written in an easy to read format with plans and assessments developed using technical terms (jargon) and being lengthy. All files contained photographs of people, but in some cases these did not clearly show the individual. Other personal information was in place.

People's individual Health Action Plans (HAPs) contained information on ongoing health needs and were taken by staff in an emergency to share with other healthcare professionals. These were not consistently completed and updates received from professionals were not added. A list of health appointments was in each person's file, but did not identify the outcome of appointments and any changes required. Therefore healthcare professionals may not have the most up to date information which can lead to delays in delivering care.

Care plans were not always updated to take account of, for example, the advice of dentists to use

antiseptic mouthwash and daily oral swabs to assist with oral hygiene. In another care plan we saw instructions for staff on the use of hydrocortisone cream. It stated, 'Staff will all know when the person needs their cream.' However,

this flat often used agency staff or staff from other flats, therefore people may not have received the treatment prescribed for them due to inadequate instructions contained in their care records.

Referrals to healthcare professionals were made by the GP who visited the service frequently. People were also given the choice to visit the surgery. Staff monitored referrals made to other professionals and followed up if an immediate response was not received. Care plans confirmed this. We saw a referral had been made to the speech and language therapist (SALT) and recommendations had been acted on by staff.

Most staff received training and supervision in line with the provider's policies and procedures.

All staff received an induction to the service; we saw that for the first two weeks new staff were extra and not included in the staff duty rota. They were also given training in areas such as, safeguarding, the Mental Capacity Act (MCA), first aid, moving and handling and food hygiene. Staff we spoke with said this training had been helpful. MCA training was incorporated within safeguarding training. The provider had just introduced training for staff to understand people with vision and hearing needs which most staff had yet to receive. Staff told us that after they had received training this was reflected upon during team meetings so that new skills learnt could be shared. Staff received supervision four to six times a year and appraisals yearly, in line with policies and staff records confirmed this.

Staff records were filed differently in each flat. The registered manager agreed that this inconsistency made it difficult for staff to locate information, such as supervision and training records.

Are services caring?

Our findings

We identified a breach of Regulation 9 of the Health and Social Care Act 2008. The registered manager did not ensure people were protected against the risks of receiving care or treatment that did not meet their individual needs.

We observed a lack of communication from the staff member with the person they were supporting over lunch. They did not explain what was for lunch or communicate throughout the meal, apart from to say the food was finished. This staff member then dropped the non-slip mat on the table for another person to use, without communicating this to either person. We observed the other staff member asking a person who did not want the lunch say, “do you want an alternative?” The staff member asked the person four times, but gave no further information to explain what alternatives were available. Nor did they use their knowledge of the person to know what meals they liked or how best to communicate with them. Another staff member responded by saying, “try them with some soup, they like soup.”

Staff treated people inconsistently within the service. For example, lunchtime experiences we observed using the SOFI tool in three other flats were better. Staff sat with people while they had lunch and the food was enjoyed by everyone with seconds requested. We were told by staff that they knew people’s likes and dislikes, and were always able to provide an alternative if people did not like what was on the menu. We saw one person who returned their plate to the dish washer without support was encouraged by staff who said, “thank you, you’ve really helped us, well done.” We saw that aids had been made available to people to support them to eat more independently at mealtimes, for example plate guards.

There were also inconsistencies in how staff followed systems which were in place for communicating with people and responding to their needs. A manager explained that in the flat that they worked in, staff wore ‘objects of reference’, and we saw objects such as a watch and a bangle with beads. Staff always wore these which allowing people to know which staff member they were with by touching the object. Another manager told us of the organisation’s ‘I statements’ that all staff should be aware of and following. These included seven statements such as, ‘I will respect others, I will listen to others and I will

understand and respond.’ Throughout our observations we saw that not all staff were following the provider’s values in terms of listening, understanding and responding to people’s needs.

In one flat we observed a lack of staff interaction with people. We saw minimal interaction between four people and two staff who spent most of the morning together in the lounge. Communication occurred when tasks needed to be completed by staff, such as providing personal care and supporting people to be appropriately dressed.

Whilst some staff understood people’s individual needs, others were unable to tell us about people’s personal histories or backgrounds. We saw religious practices were facilitated but we also found that staff’s understanding of people’s needs were limited by the lack of personal histories in new format care records. The quality of these histories varied in each flat and some were difficult to follow.

Relatives we spoke with were happy with the care their relatives received at the service. One relative said, “people are well treated and looked after.” Professionals gave us mixed views. Some told us that the staff were caring and looked after people well and some said that the staff did not have an understanding or the skill to manage people who lived at the service. They did not feel staff were able to meet all needs, including two people who used sign language and being able to attend activities. We saw two people communicating using sign language but staff told us they had not received training. Therefore people’s communication needs were not being met.

Managers of the flats told us they tried to involve people and their relatives when writing the care plans. Relatives we spoke with however, said they had not been asked to be involved in their relative’s care. One person said, “I’ve never seen a care plan or what care my relative gets, but I would like to.” Most care plans we saw did not appear to involve people or the care staff, some of whom confirmed they were not involved. They told us that they never received feedback from the meetings, either verbally or in writing. One relative did tell us however that “staff ring me if there are any problems.”

People’s privacy was respected. One flat manager told us that during staff induction they had completed privacy, dignity and human rights training. Staff we spoke with

Are services caring?

understood how to ensure people received privacy. They told us they closed bathroom and bedroom doors while providing personal care, and during the inspection we saw this happening.

Care records were kept securely and staff were aware of confidentiality with care handovers taking place in the staff office. This ensured information about people remained confidential.

The registered manager told us that should people need to go to hospital that staff would always attend with them and stayed, to ensure that healthcare professionals were aware of the people's needs. He also said that staff would call the manager on-call who would come and work at the service, this ensured staffing levels remained safe at all times.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We identified a breach of Regulation 19 of the Health and Social Care Act 2008. We did not see any evidence that the provider had methods of supporting people who used the service to complain or access independent advocacy services. We saw that the service had not received any complaints since the last inspection in September 2013. The registered manager told us that he and staff were always available should people or relatives have concerns about the service. All the relatives we spoke with knew how to make a complaint and felt confident that staff would listen. One relative told us that, "I can ring if I've got any problems and the staff will talk to me."

Few activities were available for most people. The activity worker had recently left and the registered manager had no indication of when this post would be filled. We saw activities on a previous, varied programme had been crossed out and replaced by 'community walk'. The registered manager confirmed that some activities were no longer available due to the ongoing refurbishment of the day centre for more than a year. Alternative arrangements

had not been made, such as the use of a sensory room which would provide some people with a safe and relaxing environment. We did find inconsistencies however, with a small number of people undertaking a variety of activities, including during the inspection, which relatives confirmed.

Staff encouraged and supported people to maintain links with family and friends. We saw from care records that people visited their relatives and relatives we spoke with confirmed this. One relative said, "the staff that bring home my relative are wonderful."

We saw that everyone at the service had a care plan, however when we spoke to staff and relatives they told us they were sometimes involved in developing these plans. Relatives told us they would like to be more involved in the care and treatment options available to their relatives. One relative we spoke with said, "I would like my relative to be living nearer me. I do not know who I should tell as I do not feel I'm included when my relative's care needs are discussed." This showed that the registered manager and the provider were not encouraging people and relatives to make their views known.

Are services well-led?

Our findings

We identified a breach of Regulation 10 of the Health and Social Care Act 2008. The registered manager did not have effective systems to assess and monitor the quality of the service provided which included assessment of risk.

There was no evidence the registered manager had systems in place to monitor care delivered or health and safety issues. There were no risk assessments provided relating to the risks arising from poor maintenance of the premises. We saw that the registered manager wrote problems seen in each flat in his diary and used this information to feedback findings to the flat managers in meetings. He told us he would then check that the managers had resolved the issues and record dates in his diary. He told us he also completed a monthly health and safety check of the service which was sent directly to the operational manager. No evidence of this activity, other than the diary, was supplied during or following our inspection, despite our requests.

Monthly audits were completed by each flat manager on the environment of the flats, appraisals and staffing levels. Audits were emailed to the registered manager. However, these audits were superficial and had not identified the lack of cleaning in some of the flats which we had observed. This included heavy dust and grime in bathrooms and stained and torn carpets which formed trip hazards.

The registered manager told us that he had recently completed a review of the needs of the people in the home but could not provide documented evidence of this. He told us this had resulted in staff being moved to different flats to ensure people's needs were being met, such as one person who needed male staff with them at all times. However, staff we spoke with believed there were too few staff available for them to do their jobs well. The registered manager was looking to recruit more staff and had been using bank and agency staff to cover shifts. Staff told us that bank and agency staff did not know people well and records showed that agency staff were not inducted. Therefore the registered manager did not ensure that people received the care they needed.

Systems to gain the view of people and their relatives were inadequate. People's relatives were surveyed for their views about the service in January 2014 but the registered

manager told us that no action had been devised because only three responses had been received and they were all positive. However, relatives we spoke with said they could not remember having received a survey. The registered manager told us that verbal feedback would also be sought during social events or reviews of care although these were not recorded. The service had not attempted to gain feedback from people who lived there.

Systems to keep people's relatives informed were inadequate. We saw an example newsletter dated December 2013 which the registered manager told us was sent out several times a year to family members. This included information about what activities had been occurring at the service and future plans. The registered manager said that relatives had welcomed this. However, none of the relatives we spoke with could remember receiving this.

Although the registered manager felt supported by senior managers, we concluded that support was weak because development work started in August 2013 remained incomplete. For example we saw that records at the service had been reviewed and up dated. However when we received the master contact list for the service most of the names and telephone numbers of relatives and professionals they were out of date. Therefore the service was not maintaining accurate records of people who used the service.

All staff we spoke with at the service were aware and could tell us what whistle blowing was and the number they could call. One flat manager told us that all staff were encouraged to come to them with any concerns. They said, "it's better to be open and talk about concerns so we (managers) can act on them." The registered manager confirmed this. He told us that the culture amongst staff working at the service was "inclusive. Staff and people who used and visited the service were free to speak out, with no consequences." Some staff were able to tell us the provider's values, such as respect, dignity and allowing people to make choices. We saw some staff were following these values. The service had an equalities and diversity policy which we reviewed. Staff we spoke with were aware of this policy and said they had received training.

Plans were in place to deal with emergencies and staff were aware of their roles and responsibilities. The service completed regular fire drills and evacuation and the

Are services well-led?

registered manager was confident that staff knew what to do should a fire occur. This was confirmed by staff. We also saw the service had a contingency plan in place should the electricity or water supply fail.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of Medicines. The registered person must protect people against the risk associated with unsafe use and management of medicines, by means of making of appropriate arrangements for handling, using dispensing and disposal of medicines.
Regulated activity	Regulation
	Regulation 10 (1) (a) (b) HSCA 2008 (Regulated Activities) Regulation 2010. The registered manager and the provider did not have effective systems to assess and monitor the quality of the service provided to people which included assessment of risk.
Regulated activity	Regulation
	Regulation 12(1)(a)(b)(c)(2)(a)(c)(i) HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and Infection. Control. The registered manager and the provider had not ensured they had appropriate standards of maintenance of cleanliness and hygiene at the home.
Regulated activity	Regulation
	Regulation 15(1)(c)(i)(ii) HSCA 2008 (Regulated Activities) Regulations 2010.

This section is primarily information for the provider

Compliance actions

Safety, availability and suitability of premises. The registered manager and the provider had not ensured the premises were safe by means of adequate maintenance.

Regulated activity

Regulation

Regulation 20 (1)(a)(b)(i)(ii) HSCA 2008

(Regulated Activities) Regulations 2010.

Records.

The registered manager and the provider had not ensured that records of people who used the service and staff were accurate and contained appropriate information.

Regulated activity

Regulation

Regulation 9 (1)(b)(i) HSCA 2008

(Regulated Activities) Regulations 2010

Care and welfare of service users. The registered manager and the provider had not taken proper steps to ensure that each person was protected against the risk of receiving care or treatment that was inappropriate or unsafe, by means of meeting people's individual needs.

Regulated activity

Regulation

Regulation 18 HSCA 2008

(Regulated Activities) Regulations 2010

Consent to care and treatment. The registered manager and the provider did not have suitable arrangements in place for obtaining and acting in accordance with consent of the service user.

Regulated activity

Regulation

Regulation 19 (2)(a) HSCA 2008

This section is primarily information for the provider

Compliance actions

(Regulated Activities) Regulation 2010.

The registered manager and the provider did not have effective systems in place for identifying, receiving, handling and responding appropriately to complaints and comments made by people using the service.