

# The Disabilities Trust

## Ernest Kleinwort Court

### Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This unannounced comprehensive inspection took place on the 14 and 19 January 2016. No concerns were noted at the last inspection of this service which took place on the 27 August 2014.

This service is registered to accommodate 35 people who require support with their personal care. The service specialises in supporting younger adults with physical disabilities. There were 31 people using the service at the time of the inspection the majority of who were

wheelchair users with other complex needs such as a learning disability, autism, communication difficulties and behaviours which challenged others. Two people also had a mental health diagnosis.

The property was single storey and purpose built. It comprised of three bungalows, 22 private bedrooms and seven purpose-built independent flats, for people who wish to further their independent living skills. Each

# Summary of findings

private bedroom has an en suite bathroom and toilet facilities, a lockable front door and call system. There was a communal dining and social area in the main building and a dedicated activities room in a separate building.

The service had a registered manager however they had transferred to manage one of the providers other services on a permanent basis. 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 2008 and associated Regulations about how the service is run. A new manager had been recruited and had started working at the service on the 14th December 2015. This person is referred to as the manager throughout this report.

We identified a number of concerns at this inspection in relation to: protecting people from suspected abuse, the administration of medicines, risk assessments, staff training, staffing levels, record keeping and quality assurance. The provider was open and transparent about the concerns we identified and gave assurances they had been taken very seriously. As a result and with immediate effect staffing levels had been increased by two staff on each shift and measures put in place to ensure safe administration of medicines. Following our inspection the CQC shared the concerns we had identified with local authority for them to consider under their safeguarding procedures.

Staff had not always recognised incidences of suspected abuse when they had happened. On several occasions one person had been physically and verbally aggressive towards another person and these incidents had not been reported to management or the local authority for consideration under their safeguarding procedures. Following the inspection the manager told us they had made relevant referrals to the local authority in retrospect.

The management of medicines was not always safe. The provider had not ensured that people's medicines administration records (MAR) were accurately completed, gaps on the MAR were unaccounted for and there were no guidelines in place for when 'as and when' needed medicines should be administered. The stocks of

medicines did not balance with the records and some medicines were found to be out of date. Therefore the provider could not be assured people had received their medicines as prescribed and intended.

The provider had not ensured that risks to people had been robustly assessed and appropriate action taken to minimise those risks. People's risk assessments in relation to the risk of choking or developing pressure sores were not always up to date or accurately reflected their current needs. Accidents and incident forms had not always been completed when needed and the behaviour of people that displayed behaviour that challenged others was not monitored. Therefore the provider did not have mechanisms in place to identify the measures staff needed to take to reduce risks of harm occurring and identify any triggers to behaviours or emerging themes and trends in relation to accidents and incidents.

The provider had not ensured there was always enough staff on duty with the right skills and experience to meet people's needs. The service had frequently operated with less staff than the provider had assessed was needed. Some people reported they had to wait a long time for staff to respond to their call bells and one staff member told us "If you have two or three not coming in it puts a lot of pressure on in the morning when you have to get people up and dressed and sort out breakfast". Staff allocated to work with people with specialist needs such as epilepsy, autism and behaviour that challenged others were not always trained to meet these needs. In relation to supporting people whose behaviour can challenge, one staff member told us "We need training in how to protect ourselves. It can be frightening sometimes". The provider had not ensured staff had completed an induction to the service and training they considered to be mandatory before they were allocated to work unsupervised which placed people at risk of not receiving appropriate care and support.

The provider had their own quality monitoring and quality assurance processes in place but these had not been followed. The provider had not identified that people's records such as care plans, daily records, weights, food and fluid charts were out of date or incomplete. Therefore they could not be assured that staff had access to up to date information and guidance on how to meet people's needs and that these needs were being met effectively.

# Summary of findings

Despite that lack of up to date information and guidance available to staff they felt they knew people well. They told us they kept up to date with changes to people's care needs through staff handovers and verbal updates and felt supported by management and each other. Whilst these had not always taken place regularly, there were systems in place for staff to receive regular one to one meetings with their line manager and an annual appraisal of their performance.

People enjoyed the food on offer and received the support they needed to eat and drink. One person told us "The meals are very nice and there's always a choice. I'm a very fussy eater and they always make something for me". Another person said, "We are fed well and they help if you need it."

People had access to a range of activities they enjoyed such as wheelchair football, arts and crafts and skittles and could choose how they spent their time. People were supported to travel to their places of work, social clubs and to go into the local community to go shopping or go to the cinema. One person told us "I keep busy, I do something every day. I go to work two days a week and join in with most things". Staff worked flexible hours to accommodate people's preferences for activities by working later into the evening such as to take people to football match.

Staff were aware of and worked within the principles of the Mental Capacity Act. People were routinely asked for their consent before staff delivered care. One person told us "They (the staff) never force you to do anything."

The atmosphere at the service was relaxed and informal. People were at ease with staff and each other and jokes were shared in the many conversations we heard throughout the day. Staff responded to people when they

approached them and we heard staff checking people's welfare throughout the day and asking them how they were. People's rooms were personalised to reflect their personalities.

People were supported by kind and caring staff who treated them with dignity and respect. Most people told us they were happy with the care and support they received. One person told us, "They (the staff) all like me and I like them." Another person told us, "I am very happy with the care, and all the staff are lovely". A staff member told us "It's people that come first, that what it's all about".

We observed that staff had the skills they needed to interact and communicate effectively with people who had communication difficulties by supporting people to use communication aids. People told us they supported to maintain relationships with people that mattered to them and their visitors were welcomed into the service.

There were systems in place to respond to complaints. People told us they knew how to make a complaint. One person told us "I would speak to the manager". Other people told us they would "Speak to the team leader" or "Speak to someone in the office".

People and staff were hopeful that the manager would bring about change and improvements to the service. One person told us "Morale is much better now that there is a recruitment drive for more staff, we had some staffing issues over Christmas and New Year but things will hopefully be better now with a new manager and some new staff". A staff member told us "I hope now things will change".

There were a number of areas where the provider was not meeting the requirements of the law. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

Safeguarding concerns had not always been recognised and reported when suspected abuse had occurred.

The management of medicines was unsafe. Medication administration records were incomplete and stocks of medicines did not always balance.

The service frequently operated with fewer staff than the provider had assessed was needed to meet people's needs.

Recruitment procedures were safe.

Inadequate



### Is the service effective?

The service was not always effective.

Not all staff who delivered delivery of care had the skills, knowledge and experience to support people effectively.

Staff were aware of the requirements under the Mental Capacity Act (MCA)

2005 and responsibilities with regard to Deprivation of Liberty Safeguards(DoLS).

People were supported to access health care support when needed.

Requires improvement



### Is the service caring?

The service was caring.

People were supported to be independent by kind and caring staff.

People were treated with dignity and respect.

People were supported to live the lifestyle of their choice and visiting was not restricted.

Good



### Is the service responsive?

The service was not always responsive.

Care plans were not all up to date so staff did not always have the most up to date information on how people wanted to be supported.

Staff were knowledgeable about people's support needs, interests and preferences and supported them to participate in activities that they enjoyed.

There were systems in place to respond to complaints.

Requires improvement



### Is the service well-led?

The service was not consistently well led.

Requires improvement



# Summary of findings

The providers systems and processes for assessing and monitoring the quality of the services provided and to drive improvement had not been followed. Shortfalls in service delivery had not been identified and records relating to the management of the service were not all up to date and accurate.

Management were approachable open and transparent and the provider had taken immediate action to address concerns raised at the inspection.

# Ernest Kleinwort Court

## 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 comprehensive inspection took place on 14 and 19 January 2016 and was unannounced. We completed the inspection earlier than originally planned in order to respond to concerns we had received about people being ignored by staff, poor care being given, insufficient staffing levels, lack of medication training for staff and complaints not being responded to.

The last inspection of this service identified no concerns and was completed on the 27 August 2014.

The first day of our inspection was carried out by two inspectors and the second day of the inspection was completed by one inspector.

Before 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. The inspection took place before the date the PIR was due to be returned to us but was received before we wrote this report.

During our inspection we observed the care being delivered at lunch time and shadowed a member of staff administering medicines. We spoke with eight people who used the service, the manager, two assistant managers, three team leaders, the administration assistant, two activity organisers, the maintenance person, six members of staff and two visiting professionals. We looked at seven people's care plans, five people's medication records, the staff duty rota, five staff recruitment files, meeting minutes, the complaints log, staff hand over sheets for December 2015 and January 2016, accident and incident records, an overview of training that staff had completed and an overview of the supervisions and annual appraisals that had taken place. We also looked at some of the providers own quality assurance audits and the providers customer satisfaction survey from 2015.

# Is the service safe?

## Our findings

People told us they felt safe at the service. One person who wore a call bell on a pendant told us “I can press this (the call bell) if I need to and the staff will come and help me” another person told us “Yes I feel safe here”. Although people told us they felt safe, staff had not always recognised or acted on suspected abuse when it had happened.

The provider had not ensured that management and staff had a good understanding of what constituted suspected abuse and that staff followed the provider’s policies and procedures in relation to reporting suspected abuse. Staff described to us the different types of abuse and told us if they suspected abuse had occurred they would report it to management. However it was evident that physical and verbal aggression between people at the service was a common occurrence and incidents of this nature were not being seen as reportable incidents of suspected abuse by management or staff. Staff handover sheets for December 2015 made reference to three incidents where one person had been verbally and physically aggressive towards another person living at the service. These incidents had not been reported to management, recorded on incident forms or referred to the local authority for them to consider under local safeguarding procedures. The same person had been aggressive towards the individual in a similar incident that had occurred in early January 2016. This event had been recorded on an incident form which had been passed to the management team but had not been referred by them to the local authority for consideration as safeguarding. The manager told us had they been made aware of this incident they would have made the relevant referral however they could not provide an explanation for why it had not been escalated to them or why it had not been referred as a safeguarding concern by the management team. Therefore appropriate action to safeguard the individual from abuse had not been taken. Following our inspection the manager gave assurances they would make a referral to the local authority for them to consider these concerns under their safeguarding procedures. The CQC had also referred these concerns to the local authority as safeguarding concerns.

Most staff involved in the delivery of care had received training in safeguarding people, however five staff had not completed this training and the providers training plan

showed another seven staff had not completed the training updates within the providers own timescales. Of the five bank staff listed four staff had completed the training but the updates were overdue for three. Only one of the agency staff regularly deployed to work at the service had completed safeguarding training. Therefore the provider could not be assured that all staff had the skills they needed to recognise suspected abuse when it occurred.

**The provider had not ensured that people were protected from the risk of abuse this is a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Medicines were not managed safely. All the medication administration records (MAR) we saw contained gaps which should have included the signature of the member of staff that had administered the medicine or a code to indicate why it had not been administered. One person’s MAR for a 28 day period between the 12 December 2015 to the 8 January 2016 specified prescribed eye drops should be administered three times a day, however on eight occasion’s no signature or code was specified. Another person had been prescribed a cream which was to be applied twice a day but had only been signed as being applied on five occasions in 28 days. There were also five gaps on this person’s MAR for their eye cream. Another person’s MAR showed they had been prescribed an antibiotic which was to be administered three times a day for seven days (21 doses) and that any remaining medicine should be discarded. The MAR for this person showed they had been administered 25 doses of this medicine over a period of nine days. Staff were unable to provide an explanation as to why the additional doses had been administered. There were also seven gaps on the MAR for this persons eye drops. There was no evidence to show that these gaps had been identified prior to our visit or that any investigation had been undertaken to establish the reason for them and whether they had received their prescribed medicines .

Each time ‘as and when’ needed medicines had been administered an entry had been made on individuals MAR but the quantity given and the reason for administration had not always been entered. Therefore it was not possible to establish what the correct stock levels should be or for the provider to monitor if these medicines had been administered correctly and the effectiveness of them.



## Is the service safe?

Some people had out of date medicines in their medicine cupboards and the date of some medicines, which had a short shelf life and had been opened, had not been recorded. Therefore there was a risk that people would be administered out of date medicines which may cause them harm or not be effective.

There were no specific guidelines in place for under what circumstances 'as and when needed' medicines should be administered; for example; in what circumstances a pain relieving medicine could be administered or topical cream should be applied, for how long or at what point medical advice should be sought. A lot of people had been prescribed topical creams for which their MAR specified 'apply as directed' but there was not guidance for where on the body they should be applied or how often. Where topical creams had been recorded as being applied, the area of the body they had been applied to and the reason for this had not been specified. Therefore the provider had no way of assessing whether these medicines were being administered as the prescriber intended, assessing whether the medicines were effective or of monitoring the person's condition

Medicines for return to the pharmacy were not stored securely. Individuals prescribed medicines were stored in their own rooms within a locked cabinet. However on both days of our inspection we found medicines for return were left in an unlocked room which was accessible to anyone in the service.

Risks to people had not always been assessed and managed effectively. For example one person's risk assessment in relation to their eating and drinking dated the 6 January 2016 stated they were at a medium to high risk of choking and stated the action as 'Staff to be vigilant at all mealtimes when supporting with meals and drinks'. Our observations showed that this action was not being followed in practice. Staff told us this person was independent and they did not support them with their food and drink. The person confirmed they usually ate their meals in bed without staff support and that they helped themselves to drinks in their own room as and when they wanted to. However, the risk assessment had not been updated to reflect this and to guide staff on how they should support this person to eat and drink safely. Therefore the provider could not be assured that the risk assessment was accurate and that appropriate steps were being taken to manage the risk identified.

It was evident from speaking to staff and from records, that incidents of people displaying behaviours that challenged others were a common occurrence within the service. However there were not always risk assessments in place to minimise the risk of people displaying this behaviour or to reduce the risk of people being harmed when it occurred. The behaviour and mood of people who had a history of displaying behaviours that challenged others had not always been monitored. Therefore there were no formal mechanisms in place for staff to identify any patterns in behaviour and take action to reduce the risk of people being harmed as a result of such incidents.

One person had been assessed as at risk of developing pressure sores. Records stated that an assessment of this risk, last undertaken in June 2015, should be completed on a monthly basis. A factor of this risk assessment was the person's weight. We saw this person's weight had not been recorded monthly but on occasions when they had been weighed their risk assessment had not been updated to reflect this even though their weight had fluctuated. Records relating to another person identified they had a history of developing pressure sores. Staff told us this person spent most of their time in bed. However the risk assessment for this person in relation to them developing pressure sores was blank and their weight had not been recorded for over a year. Therefore the provider could not be assured appropriate steps to reduce risks of these people developing pressure sores were being taken.

**The provider had not ensured care and treatment had been delivered in a safe way, medicines and risks to people had not been managed safely. This is breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

There was not always sufficient numbers of appropriately trained and skilled staff on duty to meet people's needs. During December 2015 and January 2016 the service had frequently operated with less staff than the provider had assessed was required to meet people's needs. Management and staff told us they had 12 staff vacancies and that staffing had been particularly difficult in December when a high number of staff had taken unexpected leave. They explained they covered shifts by offering regular staff additional hours, using the providers bank staff or using agency staff. They also told us over the Christmas period there had been less people to support



## Is the service safe?

because some people were visiting family. However there were no records to indicate that the number of staff needed to support people over this period had formally been reassessed or reduced.

Records showed that there had been several occasions in December 2015 where there had been two or three staff members who had not come into work on the same day and cover had not been found or the replacement staff had started later in the day. For example replacement staff had started at 8.30 am or 9 am instead of the usual 7am start. One staff member told us “It can get a bit stressful when we are short staffed”. Another staff member said “If you have two or three not coming in it puts a lot of pressure on in the morning when you have to get people up and dressed and sort out breakfast”. Management told us the agency they used had not been able to provide the staff they needed on these occasions however there were no contingency plans in place for this eventuality for example to contact other agencies.

The handover sheets showed that in January 2016 the service had continued to operate with fewer staff than the provider had assessed as needed ; for example there had been one less staff member working the early shift on both the 14 January and the 16 January and one less on the night shifts on the 17 and 18 January. One person told us they often had to wait a long time for staff to respond when they used their call bell because they were busy with other people. They also told us they had to ask staff if they could ‘go on the list’ for when they wanted to go to bed. They told us they went to bed when the staff said it was their turn rather than at a time that suited them. Feedback from two professionals involved in people’s care was that people had told them they often had to wait a long time for staff to respond when they used the call bell and one person reported on some occasion’s they had waited for over an hour for staff assistance.

There was a lack of management oversight of the staff duty rota and how staff were deployed in the service. We were told that at the beginning of each shift team leaders allocated staff to work with specific individuals. However some staff had been allocated to support people who had specific needs which they had not been trained to meet, for

example; some staff told us they had been allocated to support people who had epilepsy on a one to one basis when out in the community but had not completed training for what to do in the event the person had a seizure. Other staff told us they had been allocated to work with people who displayed behaviour that challenged but had not completed any training in relation to supporting people with these behaviours. This placed people at potential risk of their complex needs not being addresses safely.

**The provider had not ensured that there were sufficient numbers of suitably qualified and experienced staff deployed at all times to meet people’s assessed needs this is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Feedback from two other people in relation to staffing levels was more positive. One person said “We get the support when we need it “. Another person told us “Morale is much better now that there is a recruitment drive for more staff, we had some staffing issues over Christmas and New Year but things will hopefully be better now with a new manager and some new staff”. The manager confirmed they were having a recruitment drive in order to address the staff shortages but that no new staff had started yet. They told us in the mean time they were covering shifts by offering permanent staff additional hours, using their own bank staff or agency staff who they used on a regular basis.

The provider followed safe recruitment practices and relevant employment checks, such as criminal records checks, proof of identity, right to work in the United Kingdom and appropriate references had been completed before staff began working at the service.

Equipment was safe. There were processes in place for regular checks to be undertaken in relation to the safety of the premises and equipment. Portable electrical appliances were tested annually to check they were safe to use. Recommendations made by the fire safety officer had been completed, firefighting equipment was serviced regularly and the gas safety and insurance certificates were up to date.

# Is the service effective?

## Our findings

People told us their needs were met and were happy with the support they received from staff. One person told us “I can do most things myself but they help me when I get up and when I go to bed”. However not all staff had not been provided with the training and support they needed to fulfil their role. There was little evidence that staff who delivered care had completed training in relation to meeting people’s specific needs for example catheter care, autism, pressure area care and epilepsy. We were told two people living at the service had a mental health diagnosis but none of the staff working at the service had received any training in relation to supporting people with their mental health needs. Staff told us that some people displayed behaviour which challenged, including being verbally and physically aggressive towards others. They had not completed any training in how to support people who displayed this behaviour or in intervention techniques they could use to protect people or themselves should it occur. One staff member told us “We need training in how to protect ourselves. It can be frightening sometimes”. Accident and incident forms provided details of incidents where staff who had not received training in supporting people with challenging behaviour had been physically and verbally assaulted by people. The profiles obtained by the provider for agency staff they used on a regular basis did not detail any qualifications they held or training they had completed in relation to meeting any of the specific needs of the people living at the service. Therefore we could not be assured that the provider had ensured staff had the skills and experience needed to meet people’s specific needs effectively.

The provider had policies and procedures in place to ensure that staff completed an induction to the service which included the completion of a work book, being signed off as competent to deliver care to each person using the service and familiarising themselves with the providers policies and procedures. It was evident that the provider did not have an overview of which staff had completed this induction or when. The personnel records for three members of staff employed in September 2015 showed they had not yet completed their induction workbooks or all of the providers training. Therefore the provider could not be assured that these staff had the competencies they needed to deliver care effectively or had a firm understanding of what was expected of them.

**The provider had not ensured staff had received the training they needed to meet people’s assessed needs this is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The manager explained that in the last month 13 members of staff had been asked by the provider to complete the Care Certificate. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It is designed to give confidence that workers have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The staff training plan detailed that a further 12 staff held a nationally recognised qualification in care and we were told the remaining staff who worked delivering care had completed a nationally recognised induction for working in care which gave the underpinning knowledge they needed to work in the industry.

The provider had systems in place for staff to receive one to one supervision with their line manager at which they could discuss in private their personal and professional development and had an annual appraisal of their performance. However the provider’s overview of when staff had received supervision in 2015 showed that some staff had received regular supervision and an annual appraisal whilst others had not. Despite this most of the staff confirmed they felt supported by their senior managers and their colleagues. One staff member we spoke with told us, “I like working here because the staff are supportive and the people in the office are also helpful.” They confirmed that they had handover meetings at the start and end of each shift, so they were aware of any issues during the previous shift. We observed a handover which was chaired by a team leader, information from the morning staff was passed across verbally and with the use of a handover sheet to the afternoon staff detailing any changes or updates to people’s care needs. Staff told us this information helped to ensure them to deliver effective care.

People’s nutritional needs had been assessed and relevant support had been sought for people who required specialist diets such as soft food for people who had swallowing difficulties. However the food and fluid charts in place for some people had not always been completed. Therefore the provider had no way of assessing whether or not these people had been provided with the amount of

## Is the service effective?

food and fluids they needed. Whilst we did not assess that incomplete records had resulted in any harm occurring to people, it is an area of practice that we identified as needing to improve.

People told us the food was nice and they had choice. Comments included “It’s good (the food), no complaints and the staff are really good, they do anything for you”. “The meals are very nice and there’s always a choice. I’m a very fussy eater and they always make something for me”. “We are fed well and they help if you need it.” “The food is good. I’m not fussy but if you don’t like it they will bring you something else.” We observed staff provided people with the support they needed to eat at lunch time and to drink fluids throughout the day. Specialist equipment such as plate guards and beakers with a drinking spout were provided for people that needed them. People told us they enjoyed the food on offer and were able to choose an alternative if they did not like the food specified on the menu.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Management told us an application to deprive one person living at the service of their liberty in specific circumstances had been agreed by the local authority. This was documented within the persons care records and staff were aware of the restrictions placed on this person. The manager demonstrated a firm understanding of the MCA and records showed that 24 staff responsible for the

delivery of care had completed training in relation to the MCA and DoLS. Management had also completed this training. Staff told us and we observed they gained consent from people before supporting them and delivering care. For example, the member of staff administering medicines checked with people if they were ready to take their medicines. When one person stated they were not ready yet they told them, “That’s fine I’ll come back to you later.” One person told us “They (the staff) never force you to do anything.”

We were told the principle of assuming people had capacity to make their own decisions was followed. A member of the management team told us that some people had appointed a lasting power of attorney (LPA) who would make decisions on their behalf should they be assessed as not having the capacity to make it themselves. We were also told that if a person had not appointed a LPA then in consultation with relevant people involved in the person’s care a decision would be made in their best interest. Staff told us that everyone was able to make their own day to day decisions and that if they were not able to make a decision for example whether to receive medical treatment then their family members and the persons social worker would be consulted. However care plans lacked details as to whether people had been consulted with and consented to the care they were receiving and to agree to restrictive practice such as the use of bed rails and wheelchair lap straps. We did not assess that this shortfall had resulted in any harm occurring to people instead this is an area of practice that we identified as needing to improve to help make sure that good practices are being followed.

People’s physical and health care needs were met. People told us they were supported to see their GP when needed and people who wanted to see the chiropodist on a regular basis. Handover sheets detailed when people’s GP’s had been contacted and that the district nurse visited to support some people with their catheters and pressure area care. A professional involved in the care of some people at the service felt that people were generally well cared for and had not seen or heard anything that gave them concern that people’s health care needs were not being met.

# Is the service caring?

## Our findings

Staff had a caring, compassionate and fun approach to their work with people. They knew people well and demonstrated an understanding of the preferences and personalities of the people they supported with whom caring relationships had been developed. One person told us “It’s a lovely place and the staff like having a joke.”

Staff communicated with people effectively and respectfully. We observed that staff communicated with people in a warm, friendly and sensitive manner that took account of their needs and understanding. One person told us, “They (the staff) all like me and I like them.” Another person told us, “I am very happy with the care, and all the staff are lovely”.

Some people who could not communicate verbally had been provided with equipment they needed to communicate and we saw staff supporting people to use this equipment. For example one member of staff retrieved a book containing symbols for a person to help them to communicate with us on our inspection. This staff member had a good understanding of this person’s communication needs and style and was able to help interpret to us what the person was trying to say to us. It was evident from the positive gestures the person made they were pleased with the support this staff member gave them and that they had interpreted what they were trying to communicate correctly.

Staff took care to maintain and promote people’s well-being and happiness; for instance, one member of staff explained one person could get quite anxious if their breakfast wasn’t ready for them when they came into the dining room so they always prepared this for them before supporting them into the dining room. It was evident from our observations that this staff member knew this person well and had a good understanding of their communication needs. We observed them supporting this person to eat at a pace to suit them and laughing and joking with them.

People’s privacy and dignity were respected and promoted. Staff told us about how they protected people’s dignity such as when helped them with personal care or when out..

They demonstrated they had a good understanding of the importance of maintaining people’s dignity and treating people with respect. One member of staff told us “We always ensure doors to bedrooms and toilets are closed when people are receiving personal care.” Another told us “We always encourage the residents to do as much as they can to encourage their independence. We make sure they are covered as much as possible when we are carrying out personal care”. Our observations confirmed that doors were kept shut when personal care was being delivered and that staff knocked on people’s doors and waited for a response before entering their rooms.

People were supported to maintain relationships with people what mattered to them. One person’s partner often visited at weekends and stayed overnight. Another couple lived in a bungalow together and confirmed their privacy was respected. Other people told us they were visited by their family and that staff supported them to go to social clubs where they could meet up with friends.

We observed staff treated people with kindness and understanding. Interactions and conversations between staff and people were positive and constant. People told us they felt staff were kind and we observed staff showing patience and understanding, for example by giving people who struggled to communicate verbally time to express what they wanted to say. One person told us, “All the staff are kind, I like it here”. Staff made time to talk to people whilst going about their day to day work. It was clear staff knew people well but equally people were familiar with staff and happy to approach them if they had concerns or worries.

Although people and staff were busy, the atmosphere at the service was calm and relaxed and people were spending their day in a manner that suited them. Some people chose to stay in their bedrooms, others in the lounge or activity room. Each person had their own room which had been personalised with their belongings and memorabilia. For example one person’s room reflected their love of sport and their memorabilia was displayed. Another person had pictures of their friends and family on display and another had their own art work on the walls. Some people who lived in flats and bungalows at the service had their own fridges, kettle and cooking facilities which they told us they used independently.

# Is the service responsive?

## Our findings

People were able to visit the service and have their needs assessed before they made a decision about whether they wanted to move in. Two people confirmed they had come to have a look round and meet people and staff before they moved in. One person told us “I came to have a look round with my mum and dad. I knew some of the people here already and wanted to come here”. They told us that the staff had asked them “lots of questions” about what they liked doing and what support they needed. They told us there was “A lot more going on here than where I used to live, more to do and closer to town”. People’s initial assessments had been used as a basis on which to formulate a care plan. Our findings in relation to the quality and detail of the guidance in the care plans were mixed. Some care plans were very detailed and provided specific guidance for staff to follow when supporting people with their individual needs, for example they included step by step guidance for how to support a person to transfer from their bed to their wheelchair using a hoist. It was evident from the information in some care plans that individuals and or their relevant family members had been consulted. For example, some included “What people admire about me”, “What is important to me” and “What is important for me”. This was in combination with individual plans which highlighted areas such as the nature of the person’s disability, likes, dislikes and strengths. However not all care plans contained this amount of detail and some that we saw had not been reviewed and updated for over a year.

Some care plans contained out of date information, for example one person’s plan stated they had pressure sore but staff told us this had healed over a year ago another person’s plan stated they received physiotherapy twice a week but staff told us they did not receive this anymore. Despite the lack of up to date information in the care plans staff told us they knew people well and had a good understanding of their care and support needs. They told us any changes to peoples care needs were passed on at staff hand over meetings at the beginning of each shift and that there was always other staff and management on duty they could go to for advice or provide them with updates on their return from a leave of absence from work. Whilst the provider had not ensured each person’s care plan was

up to date and accurately reflected people’s current needs and preferences we did not assess that this had resulted in any harm occurring to people; it is however an area of practice that we identified as needing to improve.

Group activities that people enjoyed were provided on a daily basis. Two activity organisers were employed who held an activities meeting once a year to ask people what activities, guest speakers and entertainers they would like them to arrange. Residents meetings were also held. One staff member told us “We have a meeting every two months and ask people what they would like to do, but not everyone comes along”. Minutes from the last activities meeting held in January showed that nine people had attended the meeting and that a list of ideas for activities and visiting entertainers and speakers had been formulated. However there were no systems in place to gain the views of the people who had not attended these meetings. This is an area of practice we identified as needing to improve to help ensure that all people living at the service could influence planned activities.

On both days of our inspection most people were engaged in activities or out for the day. The activity organisers told us they also arranged other activities on an ongoing and as and when basis. For example on the first day of our inspection people had been supported to go ice skating. Staff told us they worked flexible hours to accommodate people’s preferences and one person who was going to a football match in the evening told us “(staff member’s name) is staying on tonight to take us to the match”. We were told that outings to watch the greyhound racing, banger racing, and wheelchair football were also planned. In house activities included skittles and 10 pin bowling. Volunteers supported people to attend church services and there was also an opportunity to do woodwork, cookery and gardening. A musician performed at the service every three weeks and there were themed evenings planned such as a celebration of the Chinese New Year. Some people also enjoyed art and craft sessions which were held in the activity room and people were supported to travel to their employment, day centre or voluntary work. People told us if they wanted to do something different for example go shopping or go to the cinema then they would ask the shift leader to book it in the diary for them and arrange the support they needed. One person told us “I



## Is the service responsive?

keep busy, I do something every day. I go to work two days a week and join in with most things". They also told us "I ask the team leader to organise it for me if I want to go into town shopping and they do that for me".

There were systems in place to respond to complaints. People were provided with information about how to make a complaint when they moved into the service and complaints received by the provider had been recorded

and responded to appropriately. People told us they knew how to make a complaint. One person told us "I would speak to the manager". Other people told us they would "Speak to the team leader" or "Speak to someone in the office". The manager told us they had plans to improve the recording of complaints to make sure that there was a clear audit trail of the response times and actions taken.

# Is the service well-led?

## Our findings

The service had a registered manager but this person had transferred to work at another of the provider's services. We were told they had been working at Ernest Kleinwort Court for three days a week since October 2015 and then moved to the other service in December 2015. A newly recruited manager had taken up their post as manager of the service on the 14 December 2015. The manager told us the provider had made them aware that there were some issues at the service that needed addressing such as the lack of staff training and staff supervisions and appraisals. They had also identified shortfalls in relation to the assessment of people's needs and record keeping but had not yet drawn up an action plan for how these areas would be addressed. They told us they had plans to spend time working alongside staff delivering care so that they could gain insight and understanding of their work and challenges they faced. They explained they would use this experience to help inform them of the improvements they needed to make to ensure the service provided was person centred, inclusive and empowering.

There was a lack of oversight of the quality of the service being delivered and of whether the provider's systems and processes were being followed. The provider had processes in place for audits to be completed for example to check that medication administration records (MAR) had been completed accurately and for people's care records to be checked to make sure they were up to date and accurate. However the provider had not identified that these audits were not being completed consistently. Audits that had taken place had not always identified shortfalls and those that had lacked detail and evidence that action had been taken to address the shortfalls. For example the weekly audits of people's MAR had not always been completed and those that had been completed did not identify all the errors and omissions on the MAR. Very few errors on the MAR had been escalated to the management and recorded on an incident form as was required by the provider's policy. A 'service user file audit' had been completed in November 2015. The audit identified that six people's files had been checked but did not specify which files for example whether this was care plans, risk assessments or daily records. In addition the audit did not specify whose files had been checked. There was one shortfall recorded on the audit which stated that regular entries had not been made on one person's file. The action for this was that this

would be communicated to staff during handover. There were no further details as to whether this action had been completed, who was responsible for making sure this happened or by when.

The provider had not identified that records relating to people's care and treatment were not all up to date accurate and fully completed including people's risk assessments, care plans, food and fluid charts. Daily records for some people were minimal for example some entries stated the person had 'refused care' or 'pad changed' but did not contain any further details of how the person had spent their day. Gaps were identified in some people's records where no entries had been made at all. Therefore the provider was not able to monitor whether or not people were receiving the care they needed. There were processes in place for the recording of accidents and incidents however these had not always been completed when needed. Therefore we were not assured that the provider had the oversight they needed in order to take action to minimise the risk of accidents and incidents reoccurring.

People had been asked their opinions of the quality of the services provided by way of a satisfaction survey. The manager showed us the results from the last survey in 2015 which showed a high level of satisfaction however the results of this survey had not been fed back to people and there was no evidence to show how the results had been used to help drive improvement.

**The provider had not implemented processes to assess, monitor and improve the quality and safety of the services provided and records required to be maintained were not accurate and up to date this is a breach of Regulation 17 of the Health and Social Care Act Regulations 2014.**

There had been a lack of leadership of the service and management were not always aware of what happened at the service on a day to day basis. Members of the management team explained that team leaders allocated staff to work with people and ran the shifts however they did not provide the team leaders with any direction as to how to do this or which staff had the training and experience needed to meet individuals specific needs. It was evident that people and staff reported incidents to team leaders as they occurred and that the team leaders had a good understanding of people's changing needs and



## Is the service well-led?

what happened at the service each day. However there were no formal mechanisms in place for the team leaders to pass this information to the management team. Management told us team leaders would raise any issues with them as they arose however it was clear that this had not always happened in practice for example incidents had been discussed at staff handovers but had not been brought to the attention of the management team. Therefore there had been no management oversight of these incidents and staff had not been given any direction as to what was expected of them in terms of reporting incidents, reviewing people's care plans or making referrals to relevant professionals for additional support and guidance.

Although management knew people well they were not always aware of their current needs for example; they were not able to tell us how often people saw the district nurse or whether people were receiving physiotherapy as described in their care plans. They lacked oversight of what was happening at the service each day and of who was doing what. When asked about this we were told we would need to speak to the team leaders and the activity organisers. People's care plans and risk assessments were updated and reviewed by team leaders however there was no oversight of this by management who were not aware of the content of these documents and could not tell us how many were out of date or the timescales in which they would be completed.

Management had not followed the provider's disciplinary policies and procedures in relation to staff performance and attendance. Staff responsible for medication errors had not always been provided with any additional training and support. We were told that some staff had a poor attendance record and had not always phoned the provider to inform them they were not coming into work or provided a valid reason for being absent however this issue had not been raised with them by management and no disciplinary action had been taken.

Management were approachable. We observed people and staff coming to the various offices to speak with management about a range of issues during the day for example to ask for transport to be arranged or to say hello

and pass the time of day. One person told us they liked the new manager had had spoken with them on a regular basis. The manager was supported by two assistant managers and an administration assistant. Most staff told us they had met the manager and they were looking forward to their first team meeting with them which was scheduled for later in the month. Some staff told us morale had been low over recent months but was improving. They told us they were hopeful the new manager would bring about improvements to the service and the provider's recruitment drive would result in more staff being employed and less reliance on agency staff. One member of staff member told us "I hope now things will change". Another member of staff told us "There's a lot of paperwork that is out of date but it's all being reviewed". All staff told us people came first and that they were committed to providing good quality care. One staff member told us "It's people that come first, that's what it's all about". The manager told us that staff would be reminded of the whistle blowing policy and of the importance of reporting incidents at the next staff meeting. Staff told us they would not hesitate to report any poor practice they witnessed to the management or provider and were confident their concerns would be listened to.

The manager and provider were open and transparent about the issues we identified at our inspection and took them seriously. Following our inspection the provider contacted us to inform us they had taken immediate action to address these issues. This included the completion of an audit of the medicines by an external agency and that the administration of medicines was being completed by two members of staff. They also told us that they had increased the staffing levels at the service by two staff members on each shift and that a training programme was being implemented. They explained each person's needs were being reassessed and that they were ensuring the staff on duty had the skills to meet people's needs. The provider's quality assurance team also undertook a three day audit of every aspect of the service and that an action plan would be implemented to address these concerns. The action the provider has taken since our inspection increased our confidence that they had taken the concerns we raised seriously.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12 HSCA (RA) Regulations 2014</b></p> <ol style="list-style-type: none"><li>1. Care and treatment must be provided in a safe way for service users.</li><li>2. Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include<ol style="list-style-type: none"><li>a. assessing the risks to the health and safety of service users of receiving the care or treatment;</li><li>b. doing all that is reasonably practicable to mitigate any such risks;</li><li>g. the proper and safe management of medicines.</li></ol></li></ol>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <ol style="list-style-type: none"><li>1. Service users must be protected from abuse and improper treatment in accordance with this regulation.</li><li>2. Systems and processes must be established and operated effectively to prevent abuse of service users.</li><li>3. Systems and processes must be established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.</li><li>5. For the purposes of this regulation—'abuse' means—<ol style="list-style-type: none"><li>a. any behaviour towards a service user that is an offence under the Sexual Offences Act 2003(a),</li><li>b. ill-treatment (whether of a physical or psychological nature) of a service user,</li></ol></li></ol>

## Action we have told the provider to take

- c.theft, misuse or misappropriation of money or property belonging to a service user, or
- d.neglect of a service user.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

1. Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.
2. Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—
  - a. assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);
  - b. assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;
  - c. maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;
  - d. maintain securely such other records as are necessary to be kept in relation to—
    - i. persons employed in the carrying on of the regulated activity, and
    - ii. the management of the regulated activity;
  - e. seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services;
  - f. evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).

## Action we have told the provider to take

3.The registered person must send to the Commission, when requested to do so and by no later than 28 days beginning on the day after receipt of the request—

a. a written report setting out how, and the extent to which, in the opinion of the registered person, the requirements of paragraph (2)(a) and (b) are being complied with, and

b. any plans that the registered person has for improving the standard of the services provided to service users with a view to ensuring their health and welfare.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

1. Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.

2.Persons employed by the service provider in the provision of a regulated activity must— a. receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform,