

Selwyn Care Limited

Jasper Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



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 inspection took place on 11 and 12 November 2014 and was unannounced. Jasper Lodge provides support for people unable to live in a shared home by offering individual flats. They provide accommodation and personal care for nine adults with a learning disability or an autistic spectrum condition. The people living at Jasper Lodge had a range of support needs. Some people could not communicate verbally and needed help with personal care and moving about. Other people were physically able but needed support when they became confused or anxious. Staff support was provided at all times and most people required the support of one or more staff away from the service.

There was a registered manager employed by the company but they were not available during our inspection. The person currently managing the service was the acting manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We found some breaches of our regulations. People's rights under the Mental Capacity Act 2005 were not being consistently met although we did not find evidence

Summary of findings

people were being harmed as a result. People were at risk of receiving inappropriate care as some key records, including risk assessments, best interest decisions and support plans were not being routinely reviewed. Some staff required training identified as mandatory by the provider and training specific to the needs of the people they supported. We had not received relevant notifications from the service. Services tell us about important events relating to the service they provide using a notification. Until recently, quality audits had not been effectively used to identify areas for improvement, such as the storage of medicines. New quality checks were now being undertaken by the staff and the provider and the acting manager was open with us about elements of the service that still needed improving. You can see what action we told the provider to take at the back of the full version of this report.

Staff supported people in a caring and patient way. They helped people to become calm if they got anxious and helped people to do what they could independently. They knew people well and respected their preferences. Staff adapted their approach to suit people's personalities and communication needs. They actively engaged people in conversations and were attentive to them at all times.

The staff and relatives told us the responsiveness of the service had improved since the acting manager had come to post. Staff felt more able to share concerns and were confident they would be listened to. The acting manager told us about changes she had made following feedback from people and staff. This included using agency staff until a full staff team had been recruited.

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 always safe. People were at risk of inappropriate care as their risk assessments were not always being reviewed. Some systems to protect people, such as recording incident reviews and checking the premises were not being reliably followed.

The way medicines were administered was being changed to make it safer. People were, however, put at risk as poor practice, such as not dating liquids on opening had not been acted on.

Staff knew what to do if they had concerns about the support being provided. Recruitment was ongoing to achieve full staffing and in the meantime, agency staff were being used.

Requires Improvement



Is the service effective?

The service was not always effective. People's rights under the Mental Capacity Act 2005 were not being consistently met although we did not find evidence people were being harmed as a result.

Some staff had not received training required by the provider. Similarly, staff had not all completed training relevant to the needs of the people they were supporting. Staff support through meetings with their line manager was being reintroduced.

Health records were not fully reliable which risked people not receiving the care they needed.

People were helped to decide what they wanted to eat and diets designed by professionals were followed to keep people well.

Requires Improvement



Is the service caring?

The service was caring. People were encouraged to make choices about their daily lives and relatives were consulted when needed. Staff knew people well and respected their preferences.

People were supported in a patient and caring manner. Staff adapted their approach to suit people's personalities.

People were supported to communicate using their preferred methods. Staff encouraged people to communicate as much as they wanted to.

Good



Summary of findings

Is the service responsive?

The service was not always responsive. Changes in people's needs and preferences were not always reflected in written records which could impact on their care.

Complaints had not been recorded but relatives did tell us concerns had been addressed in the past. People who could not verbally share concerns with staff were closely monitored to make sure action was taken if their behaviour showed they were unhappy.

Staff who knew people well helped to plan people's care. A new system was being implemented to ensure people were supported to work towards goals that were important to them.

Requires Improvement



Is the service well-led?

The service was not always well-led. Notifications of significant events had not been shared with us in line with the requirements of the law.

Staff, relatives and professionals all spoke positively about the acting manager and the changes that had taken place since she came to post. People were benefitting from improved support as quality checks were being reintroduced and action taken to address any concerns identified.

There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions. The staff understood the aims of the provider and we saw these being applied by staff during our inspection.

Requires Improvement



Jasper Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection took place on 11 and 12 November 2014 and was unannounced.

Before the visit the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed previous inspection reports, notifications and enquiries we had received. Services tell us about important events relating to the service they provide using a notification.

The inspection visit was undertaken by an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had experience in the field of autism.

On the day we visited we spoke with three of the 10 people living at Jasper Lodge, the acting manager, the area manager for the provider and five members of staff. Other people living at the service were either unable to speak with us or chose not to. We spent time observing the care and interactions between staff and people living at the service. We looked at three support plans, two staff files, staff training records and a selection of quality monitoring documents. Following the visit we received feedback from two relatives and two health care professionals.

Is the service safe?

Our findings

Risk assessments were not being regularly reviewed to make sure they were still applicable and still the least restrictive option possible. People's right to make choices and be safe were considered when risk assessments were produced. Most people were not able to assess the risks they faced so family members, advocates or health and social care professionals were consulted. Staff told us they valued being increasingly involved in the risk assessment process as they could use their knowledge of people's needs and preferences to improve the assessments. Risk assessments gave staff clear guidance to follow that matched the content of people's support plans. A financial risk assessment was undertaken to identify the support each person needed. It had not been assumed everyone needed the same level of support.

When something went wrong, a review took place to identify what could be done to prevent the same thing happening in the future. For example, when one person became upset with another person, staff tried to work out why this had happened and prevent further occurrences. As part of this process, people's support plans and risk assessments were reviewed. However the documentation to support the incident reviews was not always completed comprehensively. A full record of the actions taken was not always available therefore it was not clear what actions still needed to be completed. An annual review of incidents took place to identify any trends. For example, staff had identified one person was more likely to become anxious if it was noisy or they wanted food.

The cleanliness and safety of each flat should have been monitored through quarterly checks to make sure problems were addressed as soon as possible. Although the flats were clean and in good order, the paperwork did not show these checks had been completed thoroughly. The shower heads in each flat were due to be cleaned

every six months as part of legionella virus prevention. This had not been done for over 12 months. Other safety and environmental checks were completed by the maintenance team and records showed these were being completed to make sure people were safe in their flats. Staff and the acting manager could request maintenance to be undertaken and they said requests were actioned in a timely fashion. Fire alarms and equipment were regularly tested to ensure they were in working order. There was an emergency evacuation procedure for each person that identified the help they would need to safely leave the building in an emergency.

In the preceding six months, six medicine administration errors had been documented. Following each error an investigation took place to review and address what went wrong. Actions included stopping some staff administering medicines until they had successfully completed a competency assessment. Where problems were found, such as staff not double signing changes on the medicines administration record (MAR), they were addressed. We observed staff administering medicines safely and in line with company policy.

People's medicines were stored in a locked cabinet. When we visited, some people's medicines were being moved from a central cabinet in the staff office to individual cabinets in each person's flat. This aimed to reduce the incidence of medicines errors. The storage and administration of medicines in the central cabinet was audited weekly but had not yet started in the cabinets in people's flats. Therefore there was a risk of poor practice not being picked up in a timely manner and potential harm to people using the service.

Each person had a medicines profile that contained information on how to administer their medicines, the reasons they took the medicines and the possible side effects. One person had creams in their cabinet that had not been dated on opening. Staff did not know when the creams

Is the service safe?

needed to be discarded which could mean the person was given creams that were no longer effective. Creams were stored alongside tablets which increased the risk of cross infection as medicines used externally and those swallowed should not be stored together. For medicines taken as required (PRN) there was not a protocol that described when and how the medicine should be given. This could result in PRN medicines not being given as intended. We did not find any gaps in the MAR. The recording of PRN administration was, however, unclear. The administration was being recorded in two places; one on the back on the MAR and one on a separate PRN sheet. The two records did not always match and therefore there was a risk that staff could give too much PRN medicine if both records were not always checked. The acting manager told us the back of the MAR would be the only system in use in the future.

One person told us about the support they received from staff to feel and stay safe. They told us “I have loads of good carers to protect me from bad strangers”. They also told us who they would speak with if they felt unsafe. Some people living at Jasper Lodge would be unable to tell anyone if they were being abused. Staff monitored people’s behaviour for any unexpected changes that might indicate abuse was occurring. Relatives told us people were safe and that staff had taken action when any concerns had been raised. Staff managed some people’s money. A recent audit identified company policy had not been followed in the handling of money. The correct protocols were now being followed to protect people and staff. This included matching withdrawals against bank statements, retaining receipts for audit purposes and staff checking the balance of money available for each person.

Staff had access to guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. They told us they had

received training. Training records showed 11% of staff had not completed safeguarding training and a further 19% were overdue refresher training according to company policy. A lack of training could mean staff did not care for people in the right way to keep them safe. The acting manager was addressing this shortfall.

Staff described the correct sequence of actions to follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident the acting manager would address their concerns. Staff were aware of the whistle blowing policy and the option to take concerns to appropriate agencies outside the company if they felt they were not being dealt with effectively. A member of staff said “absolutely no problems with whistle blowing. I feel I’d be fully supported”.

The number of staff needed for each shift was calculated using the hours contracted by the local authority. Staff told us that before the acting manager came to post there had been instances when the necessary number of staff had not been available. This resulted in people not having the one to one care they needed. Since then, staff had been recruited and others were being recruited to complete the staff team. In the meantime, agency staff were being used. Staff reported an improvement in the support they could offer since staffing levels returned to the required level. This included spending enough time with people and attending activities.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant’s past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

Is the service effective?

Our findings

Each person's support plan detailed how they should be supported to make decisions and described the types of decisions a mental capacity assessment may be needed for. Some people were unable to make decisions such as whether to take medicines or how to spend their money. Staff made these decisions in people's best interests. Some of these decisions had been made without completing a mental capacity assessment and recording how the best interest decision was made. We saw no evidence that the decisions were harming the people concerned but their rights under the Mental Capacity Act 2005 (MCA) were not being upheld. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. We found some examples of correctly completed mental capacity assessments and best interest decisions.

A number of restrictions had been put in place to keep people safe. For example, locking doors and limiting computer access. These were also not always supported with mental capacity assessments and best interest decisions. One best interest decision about locked doors was due to be reviewed in November 2013 but there was no evidence this had happened. People's capacity to make a decision or the appropriateness of the decision may have changed but this had not been reviewed. Some of the restrictions in place had not been reviewed for some time. One person had a restrictive diet and there was no evidence of this being reviewed since 2011 when it was first put in place with the support of a dietician.

Some people were known to behave in a way that may put them at risk. For example, one person had a risk assessment that indicated they were at risk of running across the road when it was not safe. There was, however, no guidance for staff about how to respond to this situation and the need to use physical intervention to keep the person safe in an emergency. This lack of

guidance about the use of physical intervention could result in staff not acting appropriately to keep the person safe. Physical intervention was not normally used by staff and so was not mentioned elsewhere in the person's support plan.

More than one quarter of all staff had not received training on the MCA and a further quarter required refresher training. Staff understood the need to get consent from people before supporting them and the need to assess people's mental capacity if they suspected they were unable to make a decision. The majority of staff were, however, unable to describe what an assessment would look like and how a decision should be made in someone's best interests. Some of the records about people's mental capacity showed a lack of understanding of the MCA. For example, conflicting information was given about people's mental capacity. The lack of assessments and timely reviews mentioned above also showed staff did not understand their responsibilities under the MCA.

Some people required constant support and would not be safe if they left the service alone. Applications had been made to the local authority to deprive people of their liberty under the Deprivation of Liberty Safeguards (DoLS) and these had been authorised. Further applications were awaiting review by the local authorities. The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. One application had been authorised with restrictions that must be met by the provider but the acting manager was not aware of the restrictions and they were not being followed. The person's rights were not being upheld.

The above issues are a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The area manager had identified some staff had not completed the training required by the company. The acting manager said she was working with staff to increase the completion rate.

Is the service effective?

Only 55% of staff had current training in nutrition, 57% had current training in infection control and 57% had current moving and handling training. The lack of current training put people at risk of unsafe or inappropriate care. Training specific to the needs of the people being supported, such as autism awareness, also showed gaps with only 55% of staff having completed the course. This training was necessary to help staff support the people living at Jasper Lodge.

Staff were not having regular meetings with their manager to discuss their performance and any concerns they may have. Some meetings had been completed recently but there were many overdue and the meetings were not taking place as frequently as company policy required. The lack of regular meetings increased the risk that poor quality care was not addressed in a timely fashion. The acting manager also told us observations of staff were not yet taking place and needed to be established to help her identify areas of good and weak practice.

These issues relating to staff support and training were a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

One relative told us staff seemed to have the experience and training they needed. Another relative told us staff seemed to have a basic understanding of autism but felt there was scope for more training about each person using the service as their needs were so varied. A health care professional told us staff had a good general knowledge of how to support people but felt staff needed more opportunity to understand each person's complex needs more thoroughly. Staff told us they received enough training to support the people they worked with. One member of staff explained the person they supported needed consistency so staff had a considerable shadowing period before working independently with the person. They kept the staff team small as

this helped the person feel secure. Another member of staff told us "training is really good" and told us about development opportunities that had recently been made available to them.

Each person had a health action plan which identified their primary health needs and the support they required to remain well. This helped staff ensure people had the contact they needed with health and social care professionals. Appointments were generally tracked using the health action plan but we did find some omissions. For example, this made it difficult to tell when one person had last had a dental appointment. One health action plan needed updating as some of the information it contained was no longer correct and could cause confusion.

Each week people were supported to plan what they wanted to eat. This was a new approach introduced to move away from set menus and give people more individual choice. People used pictures to make choices if they found speech difficult. Where possible, people were encouraged to help shop for their own food. One person told us how staff helped them choose healthy options using detailed plans. One relative was very happy with the variety of food provided and was pleased meals were cooked in their relative's flat. Another relative questioned whether people could be more involved in cooking and questioned the quality of some ingredients. One member of staff had been enrolled on a nutrition distance learning course and planned to become the nutrition champion for the service. The acting manager hoped this would provide staff with further support to help keep people healthy and be as independent as possible about food.

One person was very active and struggled to maintain their weight. Staff had worked with health professionals to find ways of increasing their calorie intake. They monitored the person's weight as required. They had found the person ate more when they had a consistent staff team so this was put in place. Another person had a tendency to put on weight so staff followed a set diet for them that had been agreed with a dietician.

Is the service effective?

People's flats suited their individual needs. Maintenance staff told us some flats needed regular redecoration because of damage that occurred. They had found creative solutions to keeping the environment pleasant whilst reducing the scope for further damage to occur. People had private space when they wanted to be alone which is very important to people with an autistic

spectrum condition. One relative told us the flats were always clean and in a good state of repair when they visited. They described adaptations to their relative's flat that helped them live safely but without feeling restricted. Another relative felt the environment had helped their relative gain control over their feelings and behaviour.

Is the service caring?

Our findings

Staff were caring and thoughtful about how they communicated with people. Staff actively encouraged people to join in conversations and engaged with people who could not use words in other appropriate ways. One relative said “staff engage them in activities or just sit quietly with them – staff are aware of and responsive to their emotions”. A member of staff told us “I’d like everyone to treat service users how I myself would like to be treated.” Relatives said staff were “very kind and caring people” and provided “magnificent support”. One relative said “[name] smiles when they know they are going back to Jasper Lodge.”

People were supported by staff who knew their history, preferences and needs. They were particularly knowledgeable about what could make the person anxious and how to support them if this happened. One person was talking about a subject they found anxiety provoking and became upset. Staff provided reassurance and the person was able to continue the conversation. One relative described how the support that staff had provided had helped their relative gain control over their feelings and behaviour. They were very pleased with the developments they had seen since their relative moved to Jasper Lodge. Staff were considerate of people’s dignity. For example, continence products were stored discretely. Some people liked to spend time alone and this was respected.

People’s support plans described the kinds of staff they would prefer. This was produced in consultation with the person or was based on how they had responded to staff in the past. Each section of the support plan also contained a review log. Staff used this to record how well the support plan was working and if the person had indicated they would like any changes making. When someone did not have family or friends to represent their best interests, an advocate was

arranged for them. An advocate had been arranged to attend a meeting where staff and the person’s family did not agree on the best course of action.

Each person had different ways of communicating and staff were familiar with these methods. One person used a picture based system. We saw this system being used by staff to encourage the person to clear the table and plan their day. Staff told us a training session had been booked to help them increase and advance their use of the system. One person used a bespoke computer programme to type out their feelings. Text written by this person was included in their support plan as they often wrote to tell staff how they wanted to be supported. Another person, who could not use verbal communication, smiled when they communicated with staff through touch. Staff responded in a gentle way and spoke knowledgeably about how to communicate with this person.

Staff spoke about respecting people’s rights and supporting them to increase their independence and make choices. One member of staff said “their quality of life is about doing as much as you can and involving as much choice as you can.” People were offered choices about food, social activities and how they spent their time. Some people could communicate their choices verbally and others used objects or pictures to select an option. For example, cupboards were labelled with symbols to help one person communicate what they wanted. Two people liked to attend a place of worship and whenever possible they were supported by staff who felt comfortable in that environment. Another person was known to follow their parent’s cultural preferences at home but their parents had said this was not necessary at Jasper Lodge. One person was keen to find a partner so staff were working with them to find ways of meeting someone, including attending a disco and using an online dating site. They also helped this person to record their feelings about not having a partner yet and discuss them if they became upset.

Is the service responsive?

Our findings

There was no effective system in place for handling complaints. Although staff believed some complaints had been received in the last 12 months, a record of these could not be located by the acting manager. **This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.**

Most people would be unable to make a complaint verbally so staff monitored their behaviour for changes. If someone's behaviour changed, staff tried to find out if they were unhappy about anything and address this. Staff told us about a meeting that had taken place between staff and one person's family as the family were not happy about how some tasks were being completed. This gave the family a chance to feedback to staff and for concerns to be openly discussed. One person used symbols to communicate so the complaints policy had been printed for them using these symbols. As a result, they could read the policy if they wanted to.

We found instances where people's needs had changed but this had not yet been reflected in their support plans. For example, a restriction that one person had needed to keep them safe was no longer being used but it was still described in their support plan. This could lead to new staff supporting the person in the wrong way. The daily notes kept for one person were comprehensively completed each day with information other staff would need to know in the future such as what activities had been completed and how the person had responded. Another set of daily notes were generally well completed but we found some gaps in the information recorded. This could prevent other staff fully understanding what had recently happened. **This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.**

We asked staff how they took account of people's changing views and preferences. They told us there was a verbal handover at the beginning of

each shift where the incoming staff team was updated on any relevant information. There was also an amendment form at the beginning of each support plan section for staff to record any observed changes to the support people needed. Staff were encouraged to write on support plans as changes occurred and these were then incorporated into the plans at the next review meeting. The acting manager told us staff were a key source of information about people. One person had repeatedly damaged their flat so staff were consulted about ways to prevent this happening. One member of staff suggested involving the person in choosing the decoration and there had been no further damage.

Each person had a support plan which was personal to them and identified how involved they had been in putting it together. For example, one person had not contributed to the wording but had helped to select the photographs included in their plan. Most other people were unable to contribute to their support plans so family members and health and social care professionals were consulted. Support plans included information on maintaining people's health, their daily routines and how to support them emotionally. It was clear what the person could do themselves and the support they needed. Where people could become very anxious, there was clear information about how to support them to manage their anxiety and how to communicate effectively with them. There was also information on how to support the person to make decisions.

Some people liked to choose their activities on the day and others preferred to have a structured plan in place. Where possible, staff supported people to access activities within the local community such as using public transport to go swimming or to visit a café. Staff told us one person was well known in local cafés and they enjoyed this recognition. Staff recognised it was important for people to spend time in the community doing things they enjoyed. One person liked trains and staff explained how they incorporated trains into the person's daily plans. Another person got anxious in social

Is the service responsive?

situations but wanted to meet people so staff told us how they supported this person to manage their anxiety by keeping a flexible plan that could be changed when needed.

Each person had recently been supported to identify a wish. The staff were now working on ways to help people achieve their wishes. One person wanted to learn a new skill so staff had investigated how they could help the person to

acquire this skill. They had broken the wish down into smaller, achievable tasks and progress was being made. This approach had replaced a system where goals were attached to each support plan. There was little evidence these goals had been worked towards so the approach had been changed. Staff felt this new approach was more likely to help people work towards achieving things important to them.

Is the service well-led?

Our findings

Important information is shared with the Care Quality Commission (CQC) using notifications. Some notifications had been sent to us, for example when the registered manager was absent from the service. Staff had, however, not informed us when Deprivation of Liberty authorisations were approved by the local authority. They had also not informed us of a relevant incident within the home. This prevented us monitoring the safety and effectiveness of the service. **This was a breach of Regulation 18 The Care Quality Commission (Registration) Regulations 2009.**

The acting manager told us quality monitoring procedures had not been followed in the recent past and checks had not been undertaken as often or as robustly as they should have been. Therefore there was a risk of poor practice not being identified in a timely manner. This omission had been highlighted by the provider's quality audit. The acting manager was reintroducing the checks but these were not yet fully implemented and there was no consistent evidence of how effective the checks were.

Other actions from the provider quality audit included reviewing the arrangements for supporting people with their money, undertaking one to one meetings with staff and improving the way risks were managed. The actions had been prioritised in a service improvement plan and were being addressed by the staff when we visited. The actions focused on the impact on people rather than systems and processes. Many of the problems we identified during our inspection were picked up in the provider's own audit but had not been picked up by quality checks within the service. **The lack of consistent quality checks was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.**

One person liked to speak with the acting manager about how they were feeling. When they came to have a chat they received her undivided attention. As the person wanted to talk about a

number of issues, the acting manager agreed a time that day when they could have a full conversation. Relatives told us they were happy with the approach of the acting manager and made comments such as, "the acting manager is brilliant – a real change for the better". Relatives felt listened to and said concerns they had raised with the acting manager had been taken seriously and addressed. One relative said they had "a brilliant relationship" with staff that was "open and honest". Satisfaction surveys had been sent out by the area manager in the past but the acting manager had no record of the results of recent surveys.

Staff spoke positively about the acting manager. Comments about her included, "she is really cracking on and getting things done" and "trying her hardest and putting her heart into it". One staff member said they felt supported as "her door is always open to you". Staff told us concerns had not always been dealt with in the past. They said the acting manager and new area manager were now listening to staff and taking action to address concerns including taking disciplinary action when the behaviour of a member of staff was unacceptable. The acting manager described the actions that had been taken to address other concerns. One member of staff told us "I wouldn't want to get anyone sacked but at the end of the day the whole job is about the service users' wellbeing." Staff understood the pathway for raising concerns with the acting manager or senior staff at the provider. Staff said they had an opportunity to discuss what happened if something went wrong.

We asked the acting manager and staff about the key challenges facing the service at this time. The acting manager said she needed to build up confidence in her leadership and show staff action would be taken if they shared concerns. She told us she was being given more freedom to make decisions by the area manager so she could take appropriate action quickly as problems were identified through quality audits. Staff told us the key challenge was helping new staff to understand

Is the service well-led?

each person's complex and unique needs and to develop the understanding existing staff had of autistic spectrum conditions. They were looking forward to having a full permanent staff team and to the new ways of working being fully embedded.

The acting manager told us she was finding ways to involve staff more in decisions about the service so they felt more empowered and engaged. For example, she had asked whether staff felt able to support an additional person. This had resulted in a frank discussion and staff had been pleased to be involved and consulted. Team meetings were planned monthly and had taken place in September and October 2014. The last meetings had been used to discuss changes in how people wanted to be supported, changes to internal systems and staff performance.

The provider's primary aim was "to deliver the very best care for adults with an autistic spectrum disorder". The acting manager's vision for the service was to provide "good care to meet people's needs and support them to be as

independent as possible whilst ensuring they are happy". Staff understood the aim of the company and we saw it being put into practice by staff during our inspection. Staff told us the company aims were discussed at induction and a learning pack had been introduced that looked at the vision of the company.

Jasper Lodge was accredited by the National Autistic Society and the staff were working towards ongoing accreditation. To achieve accreditation staff had demonstrated they provided a service that met the needs of people with an autistic spectrum condition. The provider shared information with the acting manager when legislation or best practice changed. The acting manager was enrolling on a qualification in health and social care and a further qualification in leadership and management to develop her ability to manage the service. She was also going to receive mentoring support from an experienced registered manager.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>The registered person was not protecting the service users, and others who may be at risk, against the risk of inappropriate or unsafe care, by means of the effective operation of systems designed to enable the registered person to regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements set out in the regulations and identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>The registered person did not have suitable arrangement in place for establishing, and acting in accordance with, the best interests of the service user.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff</p> <p>The registered person did not have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity were appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard, including by receiving appropriate training, professional development, supervision and appraisal.</p>

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

The registered person had not ensured service users were protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of an accurate record in respect of each service user including appropriate information and documents in relation to the care provided to each service user.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints

The registered person did not have an effective system in place for the handling of complaints made by service users, or persons acting on their behalf, in relation to the carrying on of the regulated activity for the purposes of assessing, and preventing or reducing the impact of unsafe or inappropriate care.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

The registered person had not notified the Commission without delay of authorisations received from the supervisory body to deprive people of their liberty and following abuse in relation to a service user.