

# National Society For Epilepsy(The) Micholl's House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 14 and 15 September 2016. It was an unannounced visit to the service.

Micholl's house is a care home which provides accommodation and personal care for up to twenty people. The home had been purpose built and is made up of four individual units. Each unit accommodates five people. There are two units on the ground floor and two units on the first floor. At the time of our inspection there were twenty people living there.

The service had a registered 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 2008 and associated Regulations about how the service is run.'

We previously inspected the service on the 8 May 2014. The service was assessed against five outcome areas at that time and found to be compliant.

At this inspection we found systems in place to safeguard people had not been followed and the provider failed to notify the Commission of a safeguarding incident.

All risks to people were not identified and managed. Care staff roles included cooking, cleaning and laundry which took them away from providing care to people. Staff were observed to be kind and caring but they did not always respond to people in a timely manner. This did not promote people's privacy and dignity. We have made recommendations for the provider to address these shortfalls.

Safe recruitment procedures ensured people were supported by staff with the appropriate experience and character. Staff were suitably inducted, trained and supervised in their roles to ensure they had the required skills and knowledge to meet people's needs.

Systems were in place to promote safe medicines practices. Staff were trained to administer medicines and daily audits took place to pick up on any discrepancies. The home had a high number of medicine errors and had put measures in place to address those.

The home was clean, suitably maintained and systems were in place to promote a safe environment. People were provided with a varied diet. Their health needs were met and they had access to a range of health professionals to promote their health and well-being. People were consulted and involved in their care. Mental capacity assessments and deprivation of liberty safeguards were in place for people who required them. People had individual programmes of activities. Staff recognised access to activities could be improved to enable people to have better access to community based activities.

Systems were in place to enable people to raise concerns and give feedback on the service. The provider

audited the service and action was taken to make improvements. The management team were accessible. They had a visible presence on the units. We received mixed feedback from staff on the level of support received from management. We have asked the provider to explore that further with staff.

People and their relatives were happy with the care provided. Relatives felt confident their family members received safe care.

The provider was in breach of two regulations and 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.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

People were not safeguarded from potential abuse as systems and processes in place to safeguard people were not followed.

People's risks were identified but not all areas of risk were managed.

People had access to staff to support them. However care staffs' role included cooking, cleaning and doing laundry which took them away from providing care.

### Is the service effective?

**Good** ●

The service was effective.

People were supported by staff who were suitably inducted, trained and supervised.

People had access to health professionals to promote their health needs and well-being. Their nutritional needs were met.

People were supported to make decisions about their day to day care. The principles of the Mental Capacity Act 2005 and the deprivation of liberty safeguards were upheld.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

People were supported by staff who were kind and caring. Some staff were reactive to people's needs as opposed to proactive and enabling.

People's privacy, dignity and respect was promoted. However on one unit staff failed to promote a person's privacy and dignity.

### Is the service responsive?

**Good** ●

The service was responsive.

People had care plans in place which outlined their needs. These were being revamped to provide a more person centred approach to supporting people to manage behaviours that challenged.

People had access to activities and it was recognised that access to community based activities needed to improve.

People were provided with information on how to raise a concern or complaint

**Is the service well-led?**

The service was not always well led.

People and relatives were positive about the management of the home. Staff gave mixed feedback on the management of the service.

The provider failed to inform the commission of an incident which they are required to notify us of.

People were able to give feedback on the service and systems were in place to monitor practices to safeguard people.

People's records and records required for the running of the service were suitably maintained.

**Requires Improvement** 

# Micholl's House

## Detailed findings

### Background to this inspection

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

This inspection took place on 14 and 15 September 2016. It was an unannounced inspection which meant staff and the provider did not know we would be visiting. The inspection was carried out by one inspector.

At our previous inspection on the 8 May 2014 the service was meeting the regulations inspected. This inspection was a comprehensive inspection to provide a rating for the service.

Prior to this inspection we reviewed the Provider Information Record (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed the previous inspection reports of the home and other information we held about the home. After the inspection we contacted health care professionals involved with the home to obtain their views about the care provided.

The inspection was facilitated by the Operations Manager for the service as the registered manager was on leave. During the inspection we spoke with three people living at the home. We used the Short Observational Framework for Inspection (SOFI) to observe the care and support provided to other people in the home. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke to ten staff and with one relative during the inspection. We spoke with three relatives by telephone and received email feedback from three relatives after the inspection. We looked at a number of records relating to individuals' care and the running of the service. These included five care plans, medicine records for five people, five staff recruitment files, seven staff supervision records, accident/incident reports and audits. We observed staff practices and walked around the service to review the environment people lived in.

# Is the service safe?

## Our findings

People told us they felt safe living at the home. One person commented " Staff keep me safe". Relatives believed their family members were safe and got the care they required. A relative commented "So happy with "X" being there, I can trust them (staff) to look after "X". Another relative commented "My family members support requirements are complex and the organisation has responded very favourably to these. I feel "X's" safety is assured and whenever I have had a concern it has been met rapidly with a positive response, particularly over the last two years".

The provider had safeguarding policies and procedures available. Safeguarding notices and whistle blowing procedures were displayed on notice boards throughout the home to reinforce training and promote safe staff practice. Pictorial guidance on safeguarding was displayed in communal areas to provide guidance to people using the service. Staff told us they had received safeguarding training and knew how to promote safe care. Ninety six percent of staff were trained in safeguarding.

During discussion with us staff demonstrated they were aware of their responsibilities to safeguard people. However two staff told us they were frightened to raise concerns in relation to their employment as they were concerned that it would impact on their employment. Another staff member alerted us to an incident that had happened in February 2016 in which a person made an accusation against another staff member. The staff member alleged the accusation was not investigated and the person had obtained bruising which was not consistent with the incident that was reported. The staff member who informed us of this had not made the provider aware of their concerns about the incident and did not follow guidance to safeguard the person.

We looked at the incident report. It was not clear from the incident report if it was established how the bruising had occurred, when the bruising was noticed and what action was taken in response to the allegation against the staff member. The staff member whom the allegation was about had completed the incident report and the report was signed off by a deputy manager. On being notified of the concerns raised with us the provider took immediate action to safeguard people. The provider confirmed they had informed the Local Authority safeguarding of vulnerable adults team at the time of the incident by telephone and were advised no action was necessary. There was no evidence on file this had been done. After the inspection we received further information of concern in respect of this incident. This was also shared with the provider to act on.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because systems and processes in place to safeguard people were not operated effectively to investigate allegations of abuse.

People's files contained a series of risk assessments and management plans. These were person centred and specific to individuals. Risk assessments in relation to bed rails contained pictorial guidance for staff on how people were to be positioned in bed to minimise risks to them. Staff were aware of risks to people and how to manage those risks. Two people had a falls analysis record included in their care plan file. It was not

clear what the purpose of the falls analysis record was, as it did not identify the level of risk and how it was to be managed. On day two of the inspection staff had updated one of the people's risk assessments to highlight the risk of falls for that individual and how it was to be managed.

The home had a risk assessment document which identified environmental risks and how these were managed to promote people's, staff and visitors safety. This was reviewed and up to date. A fire risk assessment was in place and people's files included a Personal Emergency Evacuation Plan (PEEP). Throughout the inspection we saw disposable gloves were accessible to people. There was no risk assessment to identify if this practice put people at risk of swallowing them and causing harm.

It is recommended the provider ensures all areas of risk are identified and managed.

People were kept safe from the risk of emergencies in the home. Fire equipment, hoists, the lift and call bells were serviced and deemed fit for purpose. The home had a contingency plan in place dated 2015. This outlined key contacts for an emergency in the home such as a flood or power cut. We were told it was under review. Health and safety checks took place which included fire safety checks, fire drills, water temperature checks and visual checks of equipment.

The home was clean and maintained. Areas of the home had been decorated and a refurbishment plan was in place to ensure the home was kept maintained and updated. Areas that were required to be locked were and key pads were used to promote people's safety. A cleaning schedule was in place which included cleaning of equipment such as commodes and moving and handling equipment.

Staff were trained in infection control. An infection control audit and risk assessment was in place which identified infection control risks and how they were managed.

People told us staff were available when they needed them. Some relatives told us they thought the required staffing levels were maintained and measures put in place to improve and provide a consistent staff team. Other relatives felt sufficient staff were not provided. A relative told us that "Due to funding there was no extra staff for activities off site or one to one activities. Another relative commented "Sometimes more staff is needed as there are five residents with epilepsy in each unit and from time to time there have been only two staff for periods in the daytime". They gave us examples where their family member was not adequately supervised, not stimulated and activities were cancelled. This was fed back to the provider to look into and for them to respond directly to the relative. The provider confirmed extra staff were made available to support people with their allocated 2-1 and 1-1 support to provide activities both on and off site. They confirmed the activities team provide 27.5 hours per week for additional support to facilitate activities both in house and off site.

The home had two deputy managers who each had responsibility for overseeing two units. Each unit had a team leader and shift leaders were in post to lead the shift when the team leaders were not on duty. Staffing levels in one flat had recently reduced in accordance with a review of the funding and staffing structure. However an increase in another flat had occurred as result of the review due to peoples dependency needs. The service had some people on one to one care and some people required two staff for aspects of their care. This was recorded on the shift planner and promoted.

Staff felt the staffing levels were sufficient, although raised concerns with us that they had to do the cleaning and laundry as well as care, cook and support people with activities. Care staff were responsible for the cooking of all meals on each unit and the cleaning of their unit which included people's bedrooms and the communal areas. Staff told us most of the cleaning and laundry had to be done at night as care staff on day



shifts did not have the time to do it as well as care for people. It was not clear how this could be done when some units only had one staff member at night. The hoovering and cleaning would be noisy and disruptive and doing the laundry would take them away from their units as the laundry room was outside the unit and shared between two units. The provider told us part of the support workers role is to encourage people to engage in activities of daily living, this would include laundry and cleaning. They said laundry is not expected to be done at night but hoovering is. This is to reduce health and safety risks during the day when the lounge is occupied by people. The provider confirmed "Noise disruption is minimised as there are three doors between people's bedrooms and the lounge and there is a floater staff member at night to support the flat where only one staff member is on duty". The home had a cleaner but their responsibilities did not include cleaning the communal areas of the units. They cleaned the entrance to the home and communal areas outside of the units as well as being responsible for health and safety checks, audits and other paperwork.

During the inspection we saw on some units staff were continuously engaged in supporting people. They were carrying out one to one observations, cooking and facilitating activities. There was limited or no opportunity for them to undertake cleaning tasks.

It is recommended the provider reviews the cleaner's role and remit to ensure sufficient staff are provided at all times to meet people's needs.

People told us staff supported them with their medicines. Staff told us they felt suitably trained to administer medicines. Training records identified staff who had completed medicine training and practical medicine assessments. They were signed off and deemed competent to administer people's medicines. People's care plans outlined the level of support people required with their medicines and how they liked to take it. We saw some people had agreed to take their medicine with food and this was done openly and with the person's permission. There were no gaps in the medicine records viewed. Daily and weekly audits of medicines took place which picked up any discrepancies in medicine administration. This enabled the provider to deal with them in a timely manner. After the inspection we received information of concern that medicine mistakes were being made. No specific detail was provided. This was fed back to the provider to follow up. The home had a high number of medicine errors. After each incident a medication error report was completed and an analysis of the errors had been carried out to identify trends and put measures in place to reduce the frequency of medicine errors. This was effective in ensuring lessons were learnt to improve practice. The organisation had a revised draft medicine policy in place to provide staff with clear guidance on medicine management. They were also looking at alternative medicine management systems including electronic medicines systems.

The service followed safe recruitment practices. Staff told us they had completed an application form, attended for interview and had to wait for the required checks to be carried out before they started working at the service. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. All of the files contained a completed medical questionnaire. Where any health issues were identified the potential candidates were referred to occupational health. In one staff file we saw occupational health had declared the staff member fit to work but a risk assessment was required to address and manage any potential risks. The risk assessment was not in place but was completed by day two of the inspection.

## Is the service effective?

### Our findings

New staff were supported to complete an induction programme before working on their own. They told us they had initially worked in a shadowing capacity alongside other more experienced staff to support them to get to know people's needs. They confirmed they had completed a week's induction training and were being supported to work through an induction booklet. We looked at two induction booklets. We saw these were work in progress and the staff member regularly met with their supervisor to discuss their progress and sign off sections of the induction booklet.

People told us they thought staff were trained. One person told us "The staff are good, they know what help I need, I like my keyworker he helps me a lot". Some relatives thought staff had the required skills and training. Other relatives thought some staff needed more specialist training such as autism and brain injury training. One relative commented "There is a need for specialist autism support to enable my family member to do more for themselves where possible in a step by step process. Apart from that staff meet their needs".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us they felt suitably trained and skilled to do their job. They told us they had access to regular training and were supported to develop themselves. We looked at the training matrix and saw the majority of staff had up to date training in topics the provider considered mandatory such as fire safety, epilepsy awareness, medicine and buccal administration, moving and handling, food hygiene, infection control and health and safety. Updates in this training was highlighted and booked when due. Alongside this staff had specialist training in autism and Non Abusive Psychological and Physical Intervention (NAPPI). The provider considered this was mandatory training for the service. They had commenced person centred positive behaviours approach training specific to the people they supported. We saw a number of sessions had taken place and from those support plans were agreed, implemented and reviewed to provide consistent care in managing behaviours that challenged.

A health professional involved with the home told us they had facilitated staff training and support groups to support staff in managing aspects of people's behaviours that challenged. They felt this enabled staff to "Contain it all and help "X" to succeed in generally being happy".

Systems were in place to promote good communication. A relative commented "Communication between us and the home is very good". Team meetings and clinical review meetings took place which staff had the opportunity to contribute to. Shift planners were in place where tasks were allocated to staff. This meant staff were aware of their responsibilities and tasks for the shift. Daily handovers took place and records were maintained to ensure key information on the shift and people were handed over.

Some staff felt communication was good. Other staff felt at times communication within the home could be better and that changes were introduced without any reason or explanation. Staff told us they felt they worked well as a team. On one unit a staff member felt they did not work cohesively as a team. They told us "The team leader spends too much time in the office and staff are not motivated and supported". This was

fed back to the provider to explore further.

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. We looked at supervision records and saw supervision of staff was taking place. The deputy managers had identified some staff supervision was not carried out at the frequency outlined by the provider. They had addressed that with the team leaders. A schedule was in place to outline when supervisions were due and completed. We saw staff who were new to post had completed a performance review. Staff had annual appraisals. These were up to date and completed.

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. Staff were trained in the Mental Capacity Act 2005 (MCA) and demonstrated they had a good understanding of the act. People were supported to make decisions on their care. Care plans outlined whether people had capacity or not and what support and intervention was required when a decision on treatment was required.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The 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. Staff had been trained in DoLS and had a good understanding of how it related to the people they supported. Applications had been made to the Local Authority for people who required it. Management were aware which applications had been approved, refused or were pending.

People told us staff took them to see the Doctor when they need it. Relatives told us their family member's health needs were met and they were kept informed of any accident/incidents hospital admissions that occurred. A relative told us they felt well informed and consulted with on their family members care. They commented "'X' has good access to the facilities they need such as doctors, nurses, therapy and activities". Another relative told us "The epilepsy society is offering a service that for my family member I could not get anywhere else. With the present staff I feel it is moving towards an exceptional care opportunity for epilepsy patients who simply could not be catered for adequately in other services or in the community. Their medical needs are so complex and across many disciplines that normal care services cannot and do not provide acceptable care".

A health professional involved with the home told us "Staff work well with outside agencies and try to be as proactive as possible in solving problems". Another health professional told us they received appropriate referrals which evidence staff are identifying concerns, seeking guidance and support.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, podiatrist and opticians. Opticians visited the home and people were supported to attend other health appointments. Referrals were made to appropriate health professional when required. Records showed guidance from health professionals were implemented and incorporated into care plans. People had a health action plan which described the support they needed to stay healthy. They had a hospital passport in place which outlined key information on people such as their next of kin, medicines they were prescribed, seizure type and description and what was important to that person including their communication needs. Staff were aware this file went with people when they went to hospital.

People told us they were happy with the meals provided. One person told us "Staff cooked food they liked". Relatives were happy with the quality of the meals. One relative commented "X's" meals are good and varied".

People's care plans outlined nutritional risks and the support they required with their meals. These were detailed, informative and included guidance from the dietitian and speech and language therapists. Staff were aware of people's likes and dislikes. We observed staff supporting people with their meals over the two days of the inspection. Staff supported people in line with the guidance in their care plans. Each unit had a four week menu. Pictorial menus were on display to reinforce to people what was on the menu. People were given options and alternatives to what was on the menu if they wanted it or did not eat the meal provided. Records were maintained of the meals eaten. Action was taken when people were losing weight or were not eating as well as they previously did. Food and fluid charts were maintained for the people who required it. These were well completed and staff understood the required daily fluid intake for individuals.

## Is the service caring?

### Our findings

People and their relatives told us they were happy with the care provided. A relative commented "Our family member is very happy there". Relatives told us they found staff to be kind, caring and gentle in their approach with people. A relative commented "We feel very confident "X" is well looked after, staff are kind, caring and sometimes spoil "X" ". Another relative commented "We are over the moon with "X"s care, the staff are fantastic".

We observed both positive and negative interactions between staff and the people they supported. We observed positive interactions where staff were engaging, supportive, patient and enabled people to be independent. They had a good understanding of the people they supported and used appropriate encouragement to get people to eat their meals, engage in an activity and attend to their personal hygiene. They were caring and gentle whilst supporting people. They promoted people's dignity and were respectful towards them. There was also good use of appropriate humour and chatting which created a relaxed environment in a noisy and challenging unit.

We observed negative interactions in that staff on one unit failed to engage with people. They were reactive to their needs as opposed to being positive and proactive. Staff and people using the service sat around as opposed to being encouraged to engage with an activity to stimulate and distract them. One person was frequently distressed. Staff only intervened at the point where the person had become distressed as opposed to trying to distract and de-escalate the situation to prevent the person becoming agitated.

One person told us "They did not feel well and had been sick". A container was provided next to the person in the lounge area for them to use. Staff did not promote a person centred approach to that person's care which promoted their privacy, dignity and respect.

These practices were fed back to the provider who confirmed after the inspection they had taken action to address them.

People told us their privacy and dignity was respected. We saw staff knock on people's bedroom doors prior to entering and people were provided with protective clothing at meal times to keep their clothes clean. A relative commented "'X" is always clean and tidy".

It is recommended the provider addresses poor practice to promote people's privacy, dignity and respect.

People's care plans outlined their communication needs. These were detailed and informative. In one unit a staff member had developed individualised communication folders for individuals. These were person centred and outlined how people communicated, made choices and wished to be supported. Throughout the inspection people were offered choices in relation to activities, meals and drinks. A staff member demonstrated a good understanding of a person's needs whilst supporting them with their meal and responded appropriately. Staff generally understood people's communication needs and had positive fun relationships with them. Information and guidance for people was available in pictures and displayed on

notice boards. These were prominent, up to date and in daily use in some units more than others.

At the time of our inspection there was no advocacy involvement, however staff were aware how to contact advocacy services when required.

People's care plans made reference to whether an end of life care plan was in place. In some care plans viewed it indicated family members would take responsibility for funeral arrangements in the event of the person's death.

## Is the service responsive?

### Our findings

The service had one recent admission. A completed assessment document was on file. The transition to the home was quick. We were told this was to suit the person's needs.

Care, treatment and support plans were personalised. The examples seen were thorough and reflected people's needs and choices in relation to their daily care and support. Care plans in relation to the management of behaviours that challenged were less detailed. They identified the behaviours and provided guidance on how to manage the behaviour. It was assumed these interventions would lead to a de-escalation of the behaviour and did not provide staff with guidance on what to do if the intervention did not work or the behaviour escalated. A member of the management team had already identified this information and guidance was lacking for staff. They had worked with the training department to provide bespoke training for managing individuals behaviours and planned to update the care plans to reflect the agreed ways of working with individuals.

People's care plans included a detailed description of the person's seizures and the protocol for dealing with them. These were signed off by the consultant involved in the person's care.

Care plans were up to date and reviewed. Some showed people were not able to contribute to them. Other care plans showed no evidence of people's involvement or why this was the case. People had regular reviews of their care with family members and funding authorities. People had a keyworker which was a named staff member who supported the person with various aspects of their care such as shopping, activities, liaison with family members and reviews. Keyworkers were clear of their role. The people we spoke with knew who their key worker was. One person talked highly of their keyworker and the relationship they had with them.

Relatives told us they believed staff were responsive to people's needs. One relative commented " 'X's' key worker is excellent and I feel very satisfied and trusting with the key worker's ability to know 'X' and recognise their seizures, needs and tell others".

Health professionals told us they felt staff were responsive. A health professional involved with the home commented "Micholl's House has to be strongly congratulated on turning awful and distressing situations for individuals into much calmer but still volatile situations". Another health professional commented "I have been very impressed by all the staff that I have interfaced with on the flat, especially the service user's key worker and the Team Lead. It is evident that staff know the service user well – their routine, preferences and how best to support them in an enabling way whilst ensuring their safety. Staff proactively engage with me in considering how a resident can be best supported and I value their contributions".

Each person had an individual activity programme. The home had a named activity co-ordinator who was part of a central activity team. They facilitated some in house activities as well as some activities on site. Some people accessed community based activities such as horse riding and swimming. During the inspection some people went shopping and attended the activities on site. Staff felt access to community

based activities could be further improved. Some relatives felt the access to activities was good, whilst others felt they could be more community based activities provided which would offer more variety. A relative told us of an occasion when their family member's horse riding was cancelled, their mobility car was rarely used and they spent too much time watching TV or videos. This was fed back to the nominated individual to address. The relative confirmed they had met with the registered manager to address those issues.

People told us they would talk to staff if they had any concerns, worries or complaints. Relatives told us they felt able to raise concerns with any member of the team and felt confident any issues raised would be dealt with. A relative commented "Yes I know the procedure and have had my issue dealt with swiftly in the past". The home had a complaints procedure in place. People and their relatives were provided with a copy of it. It was displayed on notice boards in a user friendly format. A system was in place to log, investigate and respond to complaints.



## Is the service well-led?

### Our findings

The registered manager is required to notify CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The home were proactive in making notifications to us. However management failed to recognise an incident that had occurred in February 2016 as a potential safeguarding incident and subsequently failed to notify CQC.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) regulations 2009. This was because the provider failed to notify CQC of an allegation of abuse.

People and their relatives were happy with the way the service was managed. People told us the registered manager and deputy managers were available to them. Relatives described the management team as accessible, approachable and proactive. One relative commented "There is a Team Leader for each flat and the Managers are well involved with all". Another relative told us "The home is a happy place which would suggest it is well managed". A third relative commented "All staff are very approachable including the Chief Executive and the Head of Care. They seem dedicated to making the residences a centre of excellence".

A health professional involved with the home commented "The staff group is stable and in my view very well led, and they try their best to be as nice, fair and humane as possible". Another professional commented "The level and quality of leadership varies from flat to flat, ranging from commendable to extremely poor". They gave examples of good and poor practice which was fed back to the provider to address. They told us "The deputy manager is pro-active, enthusiastic and knowledgeable in the care of people with learning disabilities. They are a keen supporter of effective communication and are involved in promoting good practice within the flats they manage. They demonstrate the ability to assess shortcomings whilst remaining fair, non-judgemental and supportive of their team".

All of the staff described the deputy managers as approachable, accessible, and knowledgeable. They said management had a presence on the units and regularly visited and supported them. During the inspection we saw the deputy managers assisted on shift where this was required. Some staff told us the registered manager was accessible, approachable and supportive. One staff member said "I like the manager, they say it how it is and I know where I stand". Another staff member said "They feel listened to and the manager comes back to them with updates on actions. Other staff were unhappy with the registered manager's approach to managing. Their comments included "The manager is not very flexible, feel like they do not appreciate staff, they are not very approachable and do not listen". A health professional involved with the home told us that in their opinion "The registered manager would achieve better results with greater, more attentive follow-up involvement of the ideas they help to generate. It would allow them to lead by example if they became more involved and had a greater presence within the flats". After the inspection we received information of concern about the way the service was managed. This was fed back to the nominated individual to address and follow up.

People's experience of care was monitored. The registered manager and or deputy managers carried out a daily audit on each unit. This was to get up to date information on staffing levels, changes in people's needs,

appointments planned and a review of fluid, food and bowel charts from the previous day. Weekly and monthly audits of practice took place such as audits of medicines, finances, care plans, catering, health and safety and infection control. Each audit included an action plan which was signed off when all actions were completed. Alongside these the operations manager carried out bi-monthly audits. The last one on file was dated July 2016. This was comprehensive and included observations of practice as well as talking to staff and looking at records. The provider had recently introduced a bi monthly check visit. This was to check on actions from previous audit and get an update on changes within the service since the previous audit. We saw one was completed in August 2016. Actions from all of the audits were added to the homes development plan and signed off when completed. Outstanding actions were picked up by the operations manager at subsequent visits.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. One person told us the home had meetings which they used to plan holidays and trips out. Relatives confirmed they were invited to give their feedback on the service through surveys, meetings and can ring or speak to any staff member at any time about issues that concern them. Relatives confirmed they got minutes of family meetings so they felt well informed if not able to attend the meetings.

The last survey was completed in 2015. Surveys for 2016 were due to be sent out. Resident meetings took place on each unit although the frequency varied. Minutes of the meetings were pictorial to suit people's needs. We were told relative meetings took place every three months. Minutes were on file for a meeting in December 2015 and August 2016.

Records required for regulation were suitably maintained and kept up to date. Records were organised, appropriately labelled and accessible.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider failed to notify CQC of an allegation of abuse.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Systems and processes in place to safeguard people were not operated effectively to investigate allegations of abuse.