

Unicorn House

Unicorn 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?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

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 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

Unicorn House is a care home that offers accommodation and support for up to twelve people. The service provides

support to people with learning disabilities, mental health needs and behaviours which may challenge the service. There were ten people using the service at the time of our inspection.

At our previous inspection in July 2013, the provider was meeting the regulations inspected.

There was no registered manager in post at the time of our inspection. A new manager had been appointed and was in the process of applying to register. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are

Summary of findings

‘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.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the provider was not meeting the requirements of DoLS. Staff were not always following the Mental Capacity Act 2005 for people who lacked capacity to make a decision. For example, the provider had not made an application under the Deprivation of Liberty Safeguards even though people’s liberty may have been restricted. Staff did not always respect people’s independence and standard restrictions were applied to everyone using the service. We found that people were restricted from using the laundry room and the front door was kept locked, preventing them from leaving the service.

Arrangements to obtain people’s consent were not always in place. Where people were assessed as not to have capacity to make certain decisions there was little evidence that decisions were made in people’s best interests in accordance with the Mental Capacity Act 2005 (MCA).

People were not living in a clean environment and some parts of the premises were in need of redecoration or repair.

People using the service were not involved in day-to-day decisions about their care as much as they could be. Information was not always available to people in a format which was meaningful to them and promoted choice.

All of the people we spoke with said that staff listened to them and were approachable. In general we observed that staff were kind and attentive to people and showed dignity and respect. However, we saw that some staff interactions could be more caring at times.

People told us they felt safe using the service. Staff were trained in safeguarding adults and the service had policies and procedures to explain to staff how they should respond to allegations or suspicions of abuse. Staff knew how to manage and minimise risks to people’s health and well-being.

Staffing levels were managed flexibly to suit people’s needs so that people received their care when they needed it. Staff had access to information, support and training that they needed to do their jobs well. The provider’s training programme was designed to meet the needs of people using the service so that staff had the knowledge and skills they required to care for people effectively.

Care plans contained information about the health and social care support people needed and records showed they were supported to access other professionals when required. We saw that there was effective communication with other professionals and agencies to ensure people’s care needs were met. Where people’s needs changed, the provider responded and reviewed the care provided.

People were provided with activities in and outside the service which met their individual needs and choices. Staff knew people well and supported them to maintain their hobbies and interests.

There was an open and inclusive atmosphere in the service. People that used the service and staff told us they found the new manager to be approachable and supportive. Staff were able to challenge when they felt there could be improvements.

The provider carried out regular audits to monitor the quality of the service and to plan improvements. Action plans were used so the provider could monitor whether necessary changes were made. However, we found these were not effective as they had not identified the issues that we found during the inspection. The manager knew what was required to improve the service although they lacked knowledge about legislation relating to the Mental Capacity Act 2005 and infection control.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this 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?

Some aspects of the service were not safe. People's liberty was restricted and the provider had not made an application under the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS). The manager and staff did not have appropriate knowledge of MCA and DoLS and the circumstances in which they apply, which meant people's rights were not always protected.

People were not provided with a clean and hygienic environment. Some areas of the home were also in need of redecoration and repair.

People felt safe and staff knew about their responsibility to protect people from abuse. Staff knew people's needs and were aware of any risks and what they needed to do to make sure people were safe.

Requires Improvement



Is the service effective?

Some aspects of the service were not effective. People liked the food and their preferences and dietary needs were recorded. Where nutritional risks were identified, people received the necessary support although ways to record this needed some improvement.

People received care from staff that were trained to meet their individual needs. Staff were supported as they received ongoing training and regular management supervision.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs.

Requires Improvement



Is the service caring?

Some aspects of the service were not caring. People were positive about the care they received, but this was not supported by some of our observations around staff interactions.

People felt valued and respected, although they were not as involved as they could be in planning and decision making about their care.

Staff knew people's background, interests and personal preferences well and understood their cultural needs. Staff understood the way people communicated and this helped them to understand people's individual needs.

Requires Improvement



Is the service responsive?

The service was responsive. People were confident to raise any concerns and overall felt their views were listened to and acted on. The provider held meetings and had arrangements in place to deal with comments and complaints.

Good



Summary of findings

People using the service had personalised support plans, which were current and outlined their agreed care and support arrangements. The service was responsive to people's changing needs or circumstances and care records were updated as necessary.

People were involved in activities they liked, both in the home and in the community. They were supported to maintain relationships with their friends and relatives.

Is the service well-led?

Some aspects of the service were not well-led. Although the provider regularly monitored the care, facilities and support for people using the service, these systems were not always effective. The manager did not have a satisfactory knowledge about legislation relating to the Mental Capacity Act 2005 Deprivation of Liberty Safeguards and infection control.

There was an open culture. People who used the service and staff told us they found the new manager to be approachable and that they were able to raise issues with her. People and staff told us they had confidence the manager would deal with any concerns.

Requires Improvement



Unicorn House

Detailed findings

Background to this inspection

We visited the service on 14 and 15 August 2014. The first day of the inspection was unannounced and we informed the manager that we would be returning on the second day to complete our inspection.

The inspection team consisted of an 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 service.

Before the inspection we reviewed the information we held about the service. This included the provider information return (PIR), notifications, safeguarding alerts and outcomes and information from the local authority. The PIR 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.

During our inspection we used different methods to help us understand the experiences of people living at Unicorn House. We spoke with five people using the service, two visiting relatives, four members of staff, the manager and a visiting health care professional. We observed how people were supported and how staff interacted with people, including how people were supported with their meals at

lunchtime. We looked around the home and checked how the premises were cleaned and maintained. We looked at records about people's care, including three files of people who used the service. We reviewed how the provider safeguarded people, how they managed complaints and checked the quality of their service. This included records of audits, surveys and meetings for people using the service and staff. We also looked at records kept for staff allocation, training and supervision.

Following our inspection the manager sent us some information which included the most recent staff training records and quality assurance audits of the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005 (MCA) and is in place to ensure people are looked after in a way which does not inappropriately restrict their freedom.

We saw that policies and guidance were available to staff about the MCA and DoLS. The manager and staff had attended training on the MCA in January this year. However, the manager and staff were unaware of the impact of the recent supreme court judgement and did not know what processes to follow if someone was likely to be deprived of their liberty. They did not have a clear understanding of their roles and responsibilities in complying with the legislation. For example, on our arrival the front door was locked and could only be opened by a telephone entry system operated by staff. The staff told us this was to ensure people's safety, but did not recognise that the restrictions placed on people could amount to a deprivation of liberty. We were told two people using the service were able to leave the building unaccompanied by staff. Restrictions were placed on these two people because they had to rely on a member of staff to open the front door for them. We discussed this with the manager and she told us she would contact the local authority without further delay. Following our inspection, the manager told us that she was awaiting a reply from the local supervisory body.

People's care records showed that the former registered manager and staff had carried out mental capacity assessments. However, these were generic assessments that covered areas such as personal care, managing finances and resuscitation. Where people lacked capacity, meetings had not been held to agree decisions in the person's best interests. The manager and staff had recorded the decision making process without the involvement of people's family or other representatives and professionals. The provider had not met the requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During our walk around the home, we found that communal areas and bedrooms were free of odours. We

saw there were policies and procedures in place for infection prevention and control (IPC). They included details of incidents that required official notification and contact details of who to notify such as the Health Protection Agency. We observed that staff used appropriate personal protective equipment (PPE), such as gloves and aprons, when supporting people or handling food. Hand washing facilities were available with soap and paper towels, and we saw staff using them. However, parts of the premises were not cleaned to an appropriate standard and there were insufficient systems in place to ensure that the home remained clean and hygienic. We saw the walls in the dining area were marked with food stains and drink spillages. In the lounge the carpet was heavily stained and some of the armchairs were torn and stained. The shower tray and adapted chair in the ground floor bathroom were also stained. In one person's bedroom we saw their wheelchair frame was covered with food spillages and areas of the floor were dusty and unhoovered. The wardrobe was scratched, the drawer knobs were broken and their linen bin was stained and damaged. The staff told us they were responsible for cleaning the home and had a list of cleaning duties that were included on the handover sheet. We looked at a selection of cleaning records which showed gaps and did not evidence that all areas of the home were routinely cleaned. These records were not comprehensive and did not include checks on people's bedrooms. We were told that the maintenance staff deep cleaned all rooms in the house but there were no records to evidence this or show the required frequency.

We saw the laundry room was in an untidy state. People's clothes were piled in a heap and there was an open red laundry bag containing soiled linen placed on top. There was also spilt washing powder and dirt and dust on the work surfaces. There was no nominated infection prevention and control lead as required by the Department of Health Code of Practice and the manager was not familiar with the requirements of the Code for adult social care services. The provider was not complying with the Code on the prevention and control of infections and related guidance. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw some parts of the premises were in need of redecoration or repair. One person we spoke with said they thought the lounge was "bland" and that the bathrooms "could do with a refresh." The manager told us there were

Is the service safe?

plans to improve areas of the home, although there was no record of a maintenance and redecoration plan. Following our inspection, the manager provided us with an action plan of works for 2014 and the timescales planned for completion. This included information about planned redecoration and refurbishments and identified priority areas for attention. For instance, new flooring for the activities room and lounge was due for completion by October 2014, as were refurbishments to the laundry room.

People we spoke with felt safe living at Unicorn House and knew who to speak to if they were unhappy about the way they were treated. One person told us they felt “very safe.” Staff were aware of their responsibility for reporting any allegations of abuse and said they would inform the manager immediately. Staff knew they could report concerns to other agencies and said they would have no hesitation to do so. Staff had attended safeguarding training and told us they refreshed their learning every year. The provider had a policy for dealing with allegations of abuse which made clear their responsibility to report allegations to the relevant local authority and the Care Quality Commission. Records held by CQC showed the service had made appropriate safeguarding referrals when this had been necessary. Where safeguarding concerns had been raised, the service had cooperated in any investigations and taken action to review or improve practice where necessary.

Records showed that the risks people may face or experience had been assessed. Risk assessments identified actions needed to minimise and manage risks. These were available in all the files we looked at and had been regularly reviewed. The information was personalised and covered risks that staff needed to be aware of to help keep people safe. Some examples of these included mobility and falls, going out in the local community, and supporting people who may behave in a way that presented risks to themselves or others. Each person had a support plan which helped staff recognise when behaviour may become challenging. If people were comforted by particular things this information was recorded so staff knew how to

respond. One staff member explained how they minimised behaviours by engaging one person with particular activities. This corresponded with the person’s support plan when we checked.

Staff we spoke with knew how to keep people safe from avoidable harm. One staff member described how they had been taught to use distraction techniques to support a person’s unpredictable behaviour. During our inspection one person became agitated by shouting and making verbal threats. We saw staff spoke with the person in a calm and reassuring way which helped the person to relax and talk about what was upsetting them.

Staff we spoke with and records we saw showed the provider followed safe recruitment practices and appropriate checks had been undertaken before staff began work. Four people told us there was enough staff around if they needed them. One person said their call bell was “always” answered. People who needed support from staff had less flexibility because they were dependent on staff. One person told us, “I want to go out more, go to the pub.” They said that they needed support to go out and felt there was not enough staff. We discussed this with the manager who told us she had experienced staffing difficulties in the last few months because a number of staff had left. The service was in the process of recruiting four staff, including a deputy manager. To cover the vacancies and maintain consistency of care for people, two regular agency staff worked in the home. We looked at staff allocation rotas and found that staffing levels were maintained at between three and four staff during the day with one waking night staff and one staff sleeping in during the night. The manager told us staffing levels were organised according to people’s needs and lifestyles. There was a minimum of three staff each day and numbers were increased or adjusted appropriately. For example, where there were planned outings or activities where a person required one to one support. This was supported by comments from one member of staff who told us that staffing had been increased to four on Saturdays so that people could take part in more activities.

Is the service effective?

Our findings

We looked at how people were supported with eating and drinking. Care plans included details about people's food preferences, including cultural choices and information about people's nutritional needs and any associated risks. For example one person's care plan explained how staff should support them to manage their diabetes.

However, there was some inconsistency in records of people's weight and it was not clear what action had been taken where a person's weight had changed. One person had been weighed every month since January 2014 but their weight records showed a loss of 7kg up until August 2014. The manager explained this was because the person's GP had advised on a healthy eating plan for weight loss. There were no guidelines or records to support this and the manager told us she would review this with the GP. In another person's file staff had recorded "gain" over a period of months but there were no details about what action staff took. A third person had not been weighed since February 2014 although we noted from their care plan, they were not at risk of poor nutrition and they sometimes refused to be weighed. The manager told us she would review information about each person's nutritional needs and update records for accuracy.

People told us they liked the food, although three people told us they were not offered a choice of meals. When we asked staff about this we were told that menus were discussed with people at monthly meetings. We were also shown a menu folder which contained photos and pictures of various food items and prepared meals to help promote choice for people. However, during lunch we did not see people being offered a choice and everyone was served the same meal. We also noted the printed menu displayed in the kitchen had small pictures and did not include an alternative. We asked the manager to consider whether the menu format could be made more accessible to people. They agreed to review this.

Staff said they had received training that had helped them to understand their role and responsibilities. All new staff completed an induction which involved shadowing more experienced staff and completing a workbook of learning objectives. A new member of staff confirmed this. All staff were required to complete a three month probationary period and training, which was a mandatory part of their employment. The staff training record showed all

completed training and planned updates to ensure that staff kept their knowledge and skills up to date at the required frequency. Other records showed that staff had received the training they needed to care for people and meet their assessed needs. For example, staff learned about supporting people who have epilepsy, diabetes and behaviour that may be challenging. Staff we spoke with told us the training was frequent and relevant to their work. The manager told us about forthcoming training over the next few months. This included a fire safety refresher and practical training on using the hoist.

We saw staff had regular supervision with the manager who reviewed their performance and identified training needs and areas for development. Staff confirmed they received supervision and this had improved since the new manager took over. They said they felt supported and could discuss any concerns they had. We noted staff had not received a recent appraisal of their work due to the registered manager recently leaving. We saw that the new manager was working to improve this and planned to complete a yearly appraisal with all staff by the end of October 2014.

Other opportunities for support were arranged through staff meetings, shift handover meetings and informal discussions with colleagues. Staff were kept updated about training needs and organisational information such as policy updates or changes. Staff also shared information through a communication book.

People's care records showed that other professionals were consulted and involved when concerns were raised about people's health or wellbeing. For example, staff noted a change in one person's mobility and referrals had been made to relevant professionals including occupational therapy and physiotherapy. Another person had an on-going health condition and received visits from district nurses on a regular basis. Records contained information from health professionals on how to support people safely. This included guidelines for hoisting and diabetes management. All appointments with health and social care professionals were recorded. There were details about the reasons for referral and outcomes. Where needs had changed, or advice had been given, people's support and risk management plans had been updated. This showed that the service worked with other professionals as necessary to deliver the care people required.

Each person had a health passport. This contained information about how staff should communicate with the

Is the service effective?

individual concerned along with medical and personal details. This document could then be taken to the hospital

or the GP to make sure that all professionals were aware of people's individual's needs. We saw that information had been kept up to date and reviewed regularly when people's needs had changed.

Is the service caring?

Our findings

People told us the staff were caring. One person described them as “very kind and understanding”. Another person said, “They are alright, kind and no-one shouts.” All of the people we spoke with said they liked the staff supporting them. One person said, “I like it here” and a visitor told us “It’s good for [my relative] here; [my relative] gets on with the others and it’s nice...they’ve known each other for ages.”

People were treated with respect and kindness. We saw that people were comfortable around the staff; some shared jokes together and staff were attentive to what people had to say. Staff chatted with people and encouraged them to join in with different activities. Some people were unable to communicate verbally and staff were aware of people’s body language and signs they used to communicate their needs. Staff showed knowledge about the people they supported and were able to tell us about people’s individual needs, preferences and interests. These details were included in the care plans.

During lunch however, we observed staff interactions with some people were task focussed at times and staff did not speak with them in a dignified manner. Everyone was served the same meal and drink. One person was reluctant to eat their meal and the staff member responded in an abrupt tone by saying, “Why not, what’s the matter?”, “What’s the matter with it?” When the person complained that they were tired and wanted to lie down the staff member told them to carry on with their meal. Their responses were at times, impatient and instructive. When we checked this person’s care plan there was clear information for staff to manage the person’s behaviour but we did not observe a caring attitude. During this time we also noted that the member of staff was on their own sitting with one person and supporting them to eat. There were three other people in the room who ate independently. Whilst eating, one person picked up their bag to look inside. The staff member told the person to “Leave your bag, eat your food” and once they had finished their lunch were told to “Take everyone’s plates to the kitchen please, and go and get the pudding.” Throughout lunch the radio was on, as well as the television in the adjoining games room and another member of staff remained in the kitchen. Our observations showed people did not experience an engaging atmosphere and one

member of staff was left with sole responsibility to assist and supervise four people. We told the manager about this who said they would speak to the staff. At other times throughout the inspection, we observed the staff member showed a caring attitude and treated people with dignity and respect.

Based on feedback from some people who used the service, our observations and a review of care records we found the service did not always involve people in making decisions about their care. In one person’s file we saw a statement included, “I was involved in drawing up of this plan” but it was signed by the keyworker and manager. A questionnaire about the quality of the service had been completed by staff where another person was unable to fill it in. Records did not show whether family or representatives had been involved in decisions and agreements about the care where people were unable to contribute. We spoke with one person in the lounge who was watching television. We noted they were quite far away and the person told us, “This is where they put me.” We asked if they would prefer to sit a bit closer and they replied, “Yes, but they just put me here.”

Although people’s care records were personalised and addressed their individual needs and preferences, we saw some instances where care was not centred on the person. For example, staff used a tick box to record how people were supported with their personal hygiene needs. The format was generic and did not consider individual preferences for personal care. We saw some areas of Unicorn House were not homely for people. While people could move freely around the communal areas on the ground floor, doors to other areas of the home, such as the laundry room were kept locked. There was a sign on the door, “Keep locked at all times.” People were unable to access the laundry without a member of staff unlocking it for them. There were no records detailing the assessment of this risk and the decision to manage it in a way that restricted the independence of all people using the service.

People were supported to maintain relationships with their families and friends. People told us that their families were able to visit anytime and that staff supported them to go out and visit their friends and family. Care plan records confirmed this and a relative we spoke with said they visited regularly and were always welcomed.

We observed staff always knocked on doors before entering people’s rooms. Staff respected people’s private space and

Is the service caring?

asked for people's permission for us to view their rooms when they showed us around the service. We observed that one person preferred to wake up late and staff respected their choice.

Is the service responsive?

Our findings

People told us the staff were supporting them well and that staff responded if they needed anything. One person commented, “I go to bed when I’m tired, I ring the call bell and they come.” We saw care plans were personalised and provided information about how to meet the needs of each individual. For example, where support was required with personal physical care, guidance was available on how specific tasks should be undertaken, such as using the hoist and correct resting positions for people who used wheelchairs. Staff had a good understanding of people’s individual needs and told us they were expected to read people’s care plans. One new member of staff told us, “There is a lot of information in these [care plans], interests, and activities etc. Lots to learn and take in.”

Care records showed that assessments took place before people moved to Unicorn House. They provided relevant social and personal information. We looked at an assessment for the person who had moved in most recently. The assessment considered all aspects of the person's life, including their strengths, hobbies, social needs, preferences, health and personal care needs and ability to take positive risks. There were also records to show that the service had taken action to address their assessed needs on admission. For instance, a new patient check was arranged with the GP which resulted in referrals to other professionals such as Chiropody, Occupational Therapy and Physiotherapy. We saw that people’s placements and care plans were reviewed regularly. These also involved people's care managers, family and other representatives as necessary to represent people's interests.

Records showed there were on-going reviews of people’s care needs and staff had updated them accordingly to reflect individual changing needs and circumstances. One staff member told us about the action taken in response to a person’s changed mobility needs. This had resulted in obtaining a wheelchair so the person could access their local community more regularly. Staff wrote daily records about each person's daily experiences, activities, health and well-being and any other significant issues. They told us they handed over information at each shift change to keep up to date with any changes in people’s needs. This helped staff to monitor if the planned care and support met people's needs.

People’s diverse needs were understood and supported and care records included information about their needs. There were details in relation to their food preferences, interests and cultural background. We saw that people had the equipment they needed for meeting their physical needs, such as wheelchairs, hoists, adapted baths and showers. All staff had undertaken training on equalities and diversity and knew how to respond to people’s individual needs.

People were supported to attend a range of activities of their choice and these were recorded in their care plans. People who accessed the community independently told us they chose when to go out. Each person had a regular timetable of activities which outlined their interests, hobbies and day to day routines. There was an activities room for people to use, which provided a range of resources such as puzzles, board games, television and films, music, books and various art and craft materials. During our visit, staff supported people with their chosen activities. Some people attended day services, two people went out independently and others were supported with activities in the home and garden.

We looked at how the provider considered people’s views and managed complaints. People told us they could raise any concerns with staff and said they felt listened to. However, one person told us the manager and staff had not listened to or dealt with some of the issues they had recently raised. The manager explained how they had liaised with the person’s social worker and other professionals to resolve these issues. When we looked at the person’s file however, we found these actions could have been better reflected in their records. The provider’s complaints policy also included a form for staff to record all oral complaints. The manager said she would use this in future to show how the provider had responded to people’s concerns.

We saw a complaints procedure displayed where people using the service could see it. However, the content was limited and the information was not made available in other formats, such as easy read, to help people understand the process. It also did not reflect the provider’s policy as it did not include information about who to refer complaints to or how they would be dealt with. We discussed this with the manager who agreed to update the complaints procedure.

Is the service responsive?

Group meetings were held with the people using the service to discuss plans for the home and to find out their views. We reviewed minutes of two recent meetings, one included a discussion about the change of manager and the other to talk about new activities and holiday plans. We saw that some people had wanted to grow vegetables and the provider had responded and created a raised bed in the

garden. People using the service could express their views through regular meetings with their key worker and care plan reviews. Relatives' feedback from the previous year's survey showed that people were satisfied with the care and support their family members received at the home. 5 out of 8 relatives had completed questionnaires and all their responses ranged from 'good' to 'very good.'

Is the service well-led?

Our findings

There was a new manager who had previously worked for the provider in a quality assurance role. At the time of our inspection the manager had made an application to register with us. They told us about the work they had been doing to develop the service. This had included reviewing staff training and all people's care records. The manager had also arranged an open day in June 2014 to meet with people's families and make introductions. People said they liked the manager. Similarly, staff were all positive about the direction in which the home was going and told us recent improvements had been made. One staff member said, "It's a lot calmer here, everyone's pulled together as a team. The manager has been introducing new systems and improved ways of recording in care plans."

The provider completed audits of the systems and practice to assess the quality of the service. The manager was supported by an operations manager, who carried out a quarterly quality assurance audit. This was based on the essential standards set by the Care Quality Commission and considered the experiences and outcomes for people using the service. We saw that records clearly identified what was being audited, where improvements were needed, the actions to be undertaken and timescales for completion. We looked at the report arising from the most recent visit in August 2014 and saw an action plan was underway. For example, improvements were needed in parts of the accommodation and a refurbishment plan had been developed. It had also been identified that staff needed training on autism and the manager was asked to arrange this.

Other in-house audits were regularly carried out by the manager and staff team who each had designated responsibilities. There were checks on people's care records, risk assessments, medicines and health and safety practice such as fire safety, food storage and hot water temperature checks. We saw checks were consistently completed and within the required timescales. Where there were shortfalls, action was taken although we found that

the provider's systems to assess the quality of the service were not always effective. For example, people were being deprived of their liberty and parts of the home had not been cleaned or maintained to a suitable standard.

The manager was able to tell us about the key challenges for the service, such as ensuring there was a full complement of staff and improving the environment. She was making efforts to address these challenges. She demonstrated an understanding of her role and what was required to improve the service. However, we identified that the manager did not have full knowledge about legislation relating to the Mental Capacity Act 2005 Deprivation of Liberty Safeguards and infection control. The manager agreed that improvements were needed with regards to the service's arrangements for infection control.

During the inspection we saw the manager spent time talking with people who used the service and staff and responded to their individual requests for advice or support. There was a culture of openness in the home, to enable staff to question practice and suggest new ideas. We saw records of regular staff meetings where important information was shared and discussed. Staff told us they found these meetings helpful, as they gave them the opportunity to raise any issues. We looked at recent staff meeting minutes which were clear and focused on people's needs, the day-to-day running of the service and any planned improvements. In one meeting a representative from the local authority safeguarding team came to speak with staff following an unsubstantiated allegation. The staff were reminded to speak with the manager if they had any concerns. Staff knew about whistleblowing and told us they would have no hesitation to report concerns or bad practice.

The service kept records of all accidents and incidents and the manager checked these regularly for any emerging trends. Appropriate investigations and follow up actions were taken following incidents and changes were made to people's risk and support plans as necessary. The service has kept us promptly informed of any reportable events, as required by law. There was an information folder about notifications available to staff which gave guidance about the types of events that must be reported to CQC.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations
2010 Cleanliness and infection control

Appropriate standards of cleanliness and hygiene were not being maintained in the premises.

Regulation 12(2)(c)(i)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations
2010 Consent to care and treatment

The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Regulation 18