

# National Autistic Society (The)

# National Autistic Society - Camden Road

## 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 

# Summary of findings

## Overall summary

National Autistic Society – Camden Road provides accommodation, care and support for up to 12 people with learning disabilities or autistic spectrum disorder. At the time of our inspection there were 10 people using the service. The service was split into two units 19A and 19B with five people living in each house.

At the last inspection on 27 and 30 October 2015 the service was rated Good. At this inspection we found the service was not meeting legal requirements and required improvements in the service which was delivered.

There was a registered manager in post. 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.

People were not protected from improper treatment. One person was under constant supervision. The level of supervision they were subject to was not recorded or agreed to be in their best interests.

The premises were not always well maintained or decorated appropriately. The registered manager had encouraged the landlord to carry out these works but they had not been done. Areas of the home were not kept free from clutter. Following our inspection action was taken to address this. Checks on the environment had not all been completed at the required frequency.

People were supported to take their medicines. The processes in place were not consistently followed. Medicines had not all been dated when opened and guidance was not always in place for staff for medicines which were taken when required.

People continued to feel safe. Staff understood their roles and responsibilities to safeguard people from the risk of harm. Risks to people were assessed and monitored regularly.

Staffing levels ensured that people's care and support needs were met. Safe recruitment processes were in place.

Systems were in place to ensure the premises were kept free from infection and hygienic. There were arrangements in place to make sure action was taken and lessons learned when things went wrong, to improve safety across the service.

People's needs and choices were assessed and their care provided in line with up to date guidance and best practice. They received care from staff who had received training and support to carry out their roles.

People were supported to maintain their health and well-being. Staff supported people to attend appointments with healthcare professionals. People were encouraged to eat healthily and staff made sure

people had enough to eat and drink. However, guidance about people's dietary needs was not consistently recorded.

Staff demonstrated their understanding of the Mental Capacity Act 2005 and they gained people's consent before providing personal care. Assessments of people's capacity did not detail what had been done to involve them in making their own decisions.

People's personal information was not kept securely to maintain their confidentiality.

Staff were caring and compassionate. People were treated with dignity and respect and staff usually ensured their privacy was maintained. People were encouraged to make decisions about how their care was provided. Staff had a good understanding of people's needs and preferences.

People were listened to; their views were acknowledged and acted upon. Care plans were focused on the person and their wishes and preferences. People and their relatives were involved in the assessment process and the on-going reviews of their care.

People were supported to take part in activities which they wanted to do, and encouraged to participate in events within the local community. There was a complaints procedure in place to enable people to raise complaints about the service.

Quality assurance systems were in place to monitor and review the quality of the service which was provided. These had not been used effectively to drive improvement in the service.

People, their relatives and staff felt confident to approach the registered manager and felt they would be listened to.

We identified that the provider was in breach of two of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see at the end of this report the action we have asked to provider to take.

## 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 not protected from improper treatment. One person's records did not reflect the constant supervision they needed and was not agreed to be in their best interests.

The premises were not always maintained or decorated when required.

People were supported to take their medicines. The processes in place were not consistently followed.

People were protected from abuse and harm by staff who knew their responsibilities for supporting them to keep safe.

Risks to people had been identified and assessed. There was guidance for staff on how to keep people safe.

There were sufficient numbers of staff to meet people's needs. The provider followed safe recruitment practices when employing new staff.

**Requires Improvement** ●

### Is the service effective?

The service was not effective.

Assessments of people's capacity to make decisions had been recorded. These did not detail what had been done to support people to make their own decisions

People's diverse needs were not always met by the adaptation, design and decoration of premises

People were supported to follow a healthy diet and had enough to eat and drink. Guidance on people's dietary needs was not consistently recorded.

People were supported to access healthcare services.

**Requires Improvement** ●

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

People's personal information was not kept secure to maintain their confidentiality.

Staff were caring and compassionate. People were treated with dignity and respect and staff usually ensured their privacy was maintained.

People were encouraged to make decisions about how their care was provided.

### **Is the service responsive?**

**Good** ●

The service remains good.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not always well led.

Quality assurance systems were in place to monitor and review the quality of the service which was provided. These had not been used effectively to drive improvement in the service.

People, their relatives and staff felt confident to approach the registered manager and felt they would be listened to.

# National Autistic Society - Camden Road

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 2 and 7 November 2017 and the first day was unannounced. The inspection was carried out by one 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.

Before the inspection we reviewed information that we held about the service such as notifications, which are events which happened in the service the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider. We also sought feedback from Healthwatch Leicestershire (the consumer champion for health and social care).

Due to the complex communication needs of most people who used the service we were only able to speak with two people. We observed staff and people's interactions and how the staff supported people. We also spoke with four relatives of people who used the service. We spoke with the registered manager, the deputy manager, two team leaders, one senior care staff, and four care staff.

We reviewed the records and charts relating to three people and four staff recruitment records. We looked at other information relating to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

# Is the service safe?

## Our findings

People were not always protected from the improper treatment. One person had constant supervision for 12 hours each day. This was to prevent them from causing harm to other people as they could display behaviour that was challenging which included physically hitting out at other people. The supervision involved staff sitting outside the door of the person's room while they were in it regardless of the door being open or closed. This was a restrictive practice. The level of supervision had not been recorded in the person's care plan. A Deprivation of Liberty (DoLS) application had been granted so staff could provide supervision; however, this did not detail the level of supervision which was in place. The provider had an internal team who developed guidance for staff to follow if the person presented behaviour that was challenging. This guidance did not include the level of supervision in place. We discussed this with the deputy manager. They told us they would review the care and support in place and involve all relevant professionals to ensure the supervision of the person was only done when necessary and was proportionate in relation to the risk of harm.

This constituted a breach of Regulation 13, safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection the deputy manager contacted us to say the internal behaviour team had reviewed the guidance and supervision in place and new ways to support the person in a less restrictive way was being developed.

People's environment had been assessed. Environmental risks had been assessed and were monitored to make sure people were protected as much as possible from avoidable harm. Checks on the building and equipment in use including fire safety checks and drills were being carried out; however these had not always been completed at the required frequency. A member of staff explained it was their responsibility to undertake the checks and they had been on holiday. The checks had not been done in their absence.

The registered manager told us they had been in contact with the landlord about the maintenance of the property. The property was owned and managed by a separate organisation and was rented by the provider. It had been identified through environmental audits the property had not been well maintained and works to rectify this were not completed in a timely manner. A relative commented, "The building isn't fit for purpose." We found window restrictors were not in place on one window in an upstairs lounge. The registered manager agreed to report this to the maintenance department. The registered manager told us they were trying to find alternative accommodation for people in a new setting however this was a long term plan and each person's needs were being considered individually to find the most appropriate place for them.

Areas of the property and grounds were not kept free of clutter, clean and tidy. This included the garden where equipment had been left out in all weather and needed to be disposed of. There was a sensory room in the garden which one person accessed. This had carpet which had been pulled up and there was litter in the room. Staff had not cleaned this area to make it fit for use. Following our inspection the deputy manager

confirmed work was being undertaken to clean the sensory room to make it useable for people. They also told us a skip had been hired to remove the equipment from the garden.

People received support to take their medication as prescribed. A relative told us, "We are kept up to date with medication. [Person] can let the staff know they are in pain and they get paracetamol." Another relative commented, "I have no worries about medication." Medicines management systems were in place. However, these were not consistently followed. Liquid and cream medicines had not always been dated when opened. It is important to do this to ensure they are disposed of in line with manufacturer's guidance. When people took medicines which were as and when required there was guidance in place to advise when these could be given. The guidance had not been reviewed since 2015 for some people. Three people had their medicines given to them with food or drink to make them easier to swallow. Staff gave different descriptions of what food or drink this was. For example, one person said they gave with jam and another said with porridge. Guidance had not been sought from a medical practitioner to agree it was safe to give medicines with these food products. This is important as some ingredients can interact with medicines. The registered manager agreed to review this practice with the pharmacist or GP.

People could receive homely remedies. These are over the counter medicines taken for things such as colds. Some people had a list from the doctor advising which medicines they were able to take safely as they would not interact with their prescribed medicines. Other people did not have this information. This meant people could take a medicine which interacted with their prescribed medicine or had similar ingredients in causing an overdose. The team leaders told us they would ensure this guidance was in place for all people.

Staff had received training in the administration of medicines and been assessed and deemed competent to administer medicines. People had a Medication Administration Record chart (MAR) which included the person's picture and information about the medicines they took including the support they needed for this and how they preferred to receive their medicines. Some medicines had been written onto these by staff when they had not been added to the MAR chart by the pharmacist. It is good practice for two staff to sign handwritten entries as a way of checking all information is correct. Staff had not consistently signed to say the handwritten entries had been checked and were correct in line with the prescriber's instructions.

People's relatives felt safe with the support their family member was receiving. One relative told us, "I am very confident [person] is safe." Another relative said, "I have never seen anything to concern me. I am happy [person] is safe." Staff told us they had received appropriate training with regards to safeguarding people from avoidable harm and protecting people. One staff member said, "I would talk to the manager or senior on duty and report any concerns." Staff knew how to raise whistleblowing concerns and one commented, "I can always go to someone higher in the organisation or agencies such as you (CQC) or the local authority." The registered manager was aware of their responsibility to report any concerns to the local authority and had done so when allegations had been made.

Risk assessments were in place to reduce the likelihood of injury or harm to people. These included people who were at risk of choking. They were completed in a way that allowed people as much freedom as possible, and promoted people's independence. These had been reviewed on a monthly basis to make sure they remained up to date and reflected changes to people's circumstances.

Assessments in place detailed how to support people with behaviours that may challenge. This included self-harming behaviours and aggression towards others. There were clear strategies and guidance in place for staff to follow should incidents of behaviour occur. Relative's told us they were confident staff would be able to support people effectively in these circumstances. One relative said, "They have always helped [person] and got the behaviour team involved." Another relative commented, "There have been no serious



incidents. It is excellently dealt with." Staff told us they had received training around how to support people if they displayed these behaviours. One staff member said, "If I am ever not sure I can always ask. We all know what we are doing. We have a de-brief to discuss how each incident was handled."

There were enough staff to support people safely. Some people had been assessed as needing additional staff on a one to one basis for a number of hours each day. The registered manager told us each person who had identified hours had a timetable to show how these were utilised. Staff told us they felt there were sufficient staff to meet people's needs and cover was found if there was short term sickness. One staff member commented, "We could always use more staff to provide cover but we do manage it between us. There are enough of us on each shift." Staff responded to people's requests for support and spent time with people supporting them to complete activities and tasks. The rotas confirmed the staffing levels were as described by the registered manager. Agency staff were used to ensure staffing levels were maintained. The registered manager told us wherever possible these were staff who had worked at the service previously to maintain consistency. Recruitment procedures were followed to ensure all staff were suitable to be working at the service.

People were protected by the prevention and control of infection. Regular monthly audits were completed including the environment and water checks. The provider had made personal protective equipment available for staff such as aprons and gloves and this was used. Staff had completed training in infection control to improve their understanding and there was a policy in place to provide guidance for staff.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. Incident and accident forms were reviewed by the registered manager to ensure actions had been taken and in order to learn from any areas of practice that had gone well or not so well.

## Is the service effective?

### Our findings

People's diverse needs were not always met by the adaptation, design and decoration of premises. For example, there were a number of areas in the home which needed decorating including the replacement of flooring in one area. The registered manager had contacted the landlord to ask for this to be done. They told us re-decoration could take time to be agreed by the landlord. There were a number of communal areas where people could choose to spend their time. These included different lounges for people to spend their time in with friends. One person had their own area in each lounge set up for them so they felt comfortable. People moved around between the rooms and choose where they had their lunch and who they sat with. People had been involved in choosing their own room and had their own belongings to make this homely.

People were supported to maintain a healthy and balanced diet. A relative told us, "[Person] has no special dietary needs. They keep them on a healthy diet. There are no issues." Some people had been involved in planning a menu for the week. This included different options based on foods people liked. A team leader told us, "We try not to promote eating cakes or sweets here except for a special occasion." There was guidance in place for staff around how to make a healthy balance plate of food. If a person had been identified as being at risk of not eating or drinking enough, appropriate steps had been taken to help them maintain their health and well-being. Staff encouraged people to make healthy choices. There was guidance for staff in relation to people's dietary needs; however this was not consistently recorded. For example, there was a notice in the kitchen that one person should not have salad. This is because it was hard for them to chew safely. This information was not recorded in their care plan.

People were offered their own choice of breakfast and lunch time meals and were supported to be involved in making these if they wanted to. Food was not always dated when it was opened to ensure it was disposed of in line with guidance for how long items should be open. Any opened foods without dates were thrown away and a team leader advised they would put reminders in place for staff of the importance of this.

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 less restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood their role in assessing people's capacity to make decisions and had completed assessments for people in specific areas to determine if they had capacity. However, the documentation did not detail what had been done to support people to make their own decisions. The registered manager acknowledged this and said new assessments were being completed which were more detailed.

Staff had received training in the MCA and told us how they offered people choices while they supported

them. One staff member said, "I offer [person] two choices so they can pick what they want. I use pictures if I can or the object." People's care plans offered staff guidance on how to support them to make their own choices where they were able to do this. People were offered choices about their day to day lives such as what they ate and drank, what they did during the day and what they wore.

One person had an independent representative called a paid person's representative (PPR) to review their DoLS and make sure the service was meeting the conditions in this. They visited every two weeks. The PPR had asked for clarification that all conditions were being met. The registered manager told us they were still trying to complete work to meet one condition and communication with the PPR showed this.

People's care was assessed to identify the support they required. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their needs. The registered manager told us they worked closely with health and social care professionals to identify people's needs and training in these areas. This meant staff had understanding and training to meet people's needs in line with up to date legislation, standards and best practice.

Staff had the knowledge and skills to carry out their roles and responsibilities. A relative told us, "The staff are competent and knowledgeable." Another relative commented, "The staff are skilled." Staff were provided with support and training to enable them to carry out their roles. One staff member said, "We can access all the training. We have a lot to make sure we know how to work with the people here. Then we put it into practice." A second member of staff commented, "I had an induction week. I came to view the property and meet the people before I started." Training records showed staff had completed a range of training including specialist training to meet people's needs to develop their knowledge and skills.

Staff told us that they were provided with regular supervision and felt well supported. One staff member said, "We are given regular feedback. It helps as I get the chance to off load and identify improvements." Staff had received regular supervision including observed practice, competency checks and an annual appraisal of their work.

People were supported by staff to use and access a wide variety of other services and social care professionals. Reviews were held with people and professionals who were involved in their care. These included meeting with their GP, personal representatives and psychologists. This helped to promote good communication resulting in consistent, timely and coordinated care for people. Input from other services and professionals' was not always documented clearly in people's files. Health records had not always been updated to show the outcome of appointments or to show things had been followed up such as blood test results. The deputy manager told us they were working with the seniors to improve this area of practice.

People were supported in a timely manner with their healthcare needs. A relative told us, "They are very good. [Person] has an appointment at the podiatrist today. They have regular doctor visits, and had a flu jab recently." People's medical history and current health needs were documented in their care plan. These included information for staff about each condition the person was living with and guidance about how to deal with any concerns with the person's health.

## Is the service caring?

### Our findings

People's care records and personal information was not kept securely. During our visit we identified cupboards which contained care records and other information about people such as prescriptions which were in communal areas and not locked. We found unlocked drawers in one lounge where information about people's benefits were stored as well as prescriptions. These were waiting to be filed. Documents were stored in various locations around the service. These were not all locked to ensure the documents were only available to people who should access these.

This constituted a breach of Regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The privacy and dignity of most people were respected by staff and relatives we spoke with confirmed this. One relative said, "I think [person] is treated with kindness and respect. Staff told me [person] lives here. It is their home." However, we saw staff sitting outside one person's room observing them at all times. The person did close their door on occasion and staff still sat outside. This did not offer them privacy or dignity. Staff knocked on people's doors before entering, and care plans outlined how people should receive care in a dignified manner.

People continued to receive good care from staff who knew them well. They had developed positive relationships over time as they saw the same staff on a regular basis. A relative told us, "[Staff member] is marvellous with [person]." Another relative commented, "I think they [staff] are brilliant. [Person] would not go back if they were unhappy. They are always happy to go home [to the service]." During our visit staff spent time talking with people and reassuring them if they were unsure about anything. They spoke in a respectful tone and did not rush their speech, giving people time to respond. One staff member was sat with a person reading a book to them. The person requested certain pages of the book to be repeated and staff did what the person asked. The staff members had a good rapport with people and knew all about their likes and dislikes when speaking with them.

People were treated as individuals and had care plans which were focused on them. People were encouraged to express their own wishes and opinions regarding their care. Staff told us people would let them know if they wanted a different member of staff to support them, wanted to participate in an activity or were unhappy with what they were asked to do. Staff explained how important it was for people to follow their routines as these offered them stability and reassurance. One staff member said, "Autistic people need routines. If you keep to them it helps people to be less anxious." information about advocacy services was available for people and their relatives in case they wanted the support of someone to help them to make decisions about their care.

People and their relatives had been asked if they had any specific cultural needs, personal beliefs or religion they followed which needed to be considered as part of their care. This was important to ensure staff knew about people's beliefs in order to be able to support them to follow these.

Staff told us they always tried their best for the people they supported, as they wanted them to receive good quality care. One staff member said, "These guys come first every time. We are in their house. If we don't do our job properly we are not benefitting them."

Staff were knowledgeable about the people they supported and what was important to them, such as family members and any hobbies or interests they had. Staff spoke with us about people in a dignified and professional manner throughout the course of our visit. They were able to explain about the care and support people needed. Staff actively involved people in making decisions and asked them what they would like. Staff knew people's individual communication skills, abilities and preferences. However, not all staff were able to communicate effectively with people. The registered manager told us some people used Makaton to communicate. This is a form of sign language. We saw one person using this to enhance their speech. Another person used this with limited speech. Some staff were able to understand and use Makaton to communicate with both people. Other staff were not able to do this and had to ask what the person was saying. One staff member said, "It would be good to do Makaton training here."

People were involved in reviews of their care if they wanted to be. Information about what they had done and their reactions to this were used as feedback.

People's relatives were encouraged to visit and made to feel welcome. A relative said, "I have been in and seen [person's] room. We don't always go in as [person] is raring to go in. I know we would be very welcome."

## Is the service responsive?

### Our findings

People's needs were assessed prior to admission so a care plan could be developed which met their needs. As part of the pre-admission process, people and their relatives were involved to ensure staff had an insight into people's personal history, their individual preferences and interests. Care plans were focused on the person and included their preferences, communication and support needs. For example, a staff member was able to explain to us how one person enjoyed participating in one sensory activity and the reasons for this.

People and their relatives were involved in the assessment and planning of their care through review meetings. Details of how people had been involved were recorded in their care plan. Throughout our inspection we observed staff supported people in line with the guidance in their care plans.

People and their relatives had been asked about their wishes at the end of their life. Most people had chosen not to discuss this. If the person and their relatives had made their wishes known these were recorded in their care plan. This took into account wishes and preferences and was focussed on the person having a dignified death in line with their wishes.

People were supported to follow their interests and take part in social activities. A relative said, "They have the opportunity for day care and music sessions. [Person] likes to be read to, poetry and story tapes." Another relative told us, "[Person] loves outdoors, walking and swimming. They get plenty of that." People had set times for activities each week and were offered a choice of things they enjoyed to do. Staff worked with people each day and did activities with them. People were supported to access a wide range of activities including pub lunches, picnics, walks and household tasks. A staff member told us, "There have been a lot more activities in the last two months. We do day trips; [person] has iPad sessions, swimming and sports. It is just what people want to do." Throughout both days of our visit people were encouraged to participate in activities of their choosing such as going out for a walk, going shopping, reading, watching a DVD and going out for lunch.

People were encouraged to take part in household tasks. A member of staff told us, "People are encouraged to do what they can. [Person] takes their laundry and [person] puts the pots in the dishwasher." This was important to enable people to develop their independence and skills around the home.

Staff were involved in supporting people to engage and build key relationships with family and friends outside of the service. One person told us, "We go to the same shops on a regular occasion. This has helped [person] to build a relationship with the staff so they talk to them now. It is really nice to see."

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Information was available in a pictorial format to make it easier for people to understand.

People's relatives knew how to report any concerns. There was a complaints procedure in place. A relative told us, "[Registered manager] and [team leader] have been there a long time. We have a good relationship. They are responsive to any worries. I had a problem. They addressed it." There were procedures in place to deal with complaints effectively. These showed actions were identified as part of complaints and used to improve service delivery.

## Is the service well-led?

### Our findings

The quality of care was regularly monitored by the registered manager and other internal departments such as quality and health and safety, through audits. These covered a range of areas such as care plans and documentation, the environment, medicines, and health and safety. The registered manager also completed an annual review of the service and implemented a service development plan. However, actions from this had not been completed and remained unmet. We also found areas of concern which had not been identified. The provider had completed an audit of the service one day prior to our inspection. This audit had identified most of the concerns we found and actions were being undertaken to address these. We discussed the recent audit with the area manager and they provided feedback and updates on actions being implemented. The internal processes in place were not being operated effectively to identify concerns and to ensure actions were being met.

Records were not well maintained at the service and those we asked to see were not all located. When records were provided these had not been stored securely or filed for ease of reference. There were also more than one document for the same area. For example, one person had four care plans around their communication. Each one said something slightly different. The information in these was not all dated so it was not recorded which guidance was up to date and reflective of the person's current needs. The registered manager and deputy manager were not able to access some internal systems. The deputy manager told us this was being addressed by the provider. Staff had access to general operating policies and procedures on areas of practice such as duty of candour, missing persons, accidents and fire safety.

There were internal systems in place to report accidents and incidents and the registered manager told us they investigated and reviewed incidents and accidents. They were not able to provide records to show actions had been taken except for two weeks prior to our inspection. Older records were not available as they could not be found.

This constituted a breach of Regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager and they were supported by a deputy manager. We received positive feedback about how they managed the service. A relative told us, "[Registered manager] has been there years. They make you feel welcome. They all work together as a team." Another relative commented, "The home is well managed. The staff are supported by the managers. There seems to be good contact between them. It is not us and them. They are all the same."

The service had an open culture where people and their relatives had opportunities to share information and be involved in the running of the service. Relatives told us, "There is a positive culture. I couldn't be more pleased with it." Another relative commented, "It is a very friendly culture. They don't appear to be hiding anything. They are very open." Feedback was sought from relatives through the quality surveys, informal discussions and during reviews to ask for their input into the service.



Surveys were sent out to relatives, people who lived at the service and professionals who visited each year. A relative commented, "We get a survey yearly from [registered manager]." These had been completed in August 2017. The feedback from these was reviewed and if any actions were needed these were put in place.

Staff were supported through supervision and received appropriate training to meet the needs of people they supported. Staff understood about people's needs and feedback from relatives was positive and showed good standards of care were provided for people. Staff usually felt able to voice any concerns or issues. One staff member said, "We can discuss things with [registered manager] and [deputy manager]. They are fantastic and will listen. Things are dealt with quickly and fairly." However, another staff member said, "It depends what you want to discuss. There are some staff who are quite cliquey and you cannot complaint about them. I have tried and nothing was done." Meetings had been held with care staff and these included discussion and learning from events within the service. Minutes of meetings showed information had been shared with staff including discussions about good practice.

The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed their rating at the service and on their website.

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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 13 (1) (4) (b)</p> <p>The provider was using restrictive practices which were not following current legislation and guidance and were not proportionate in relation to the risk of harm.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a) (c)</p> <p>The systems and processes in place were not operated effectively to improve the quality of the services provided.</p> <p>Records were not maintained securely and were not stored in line with current legislation and nationally recognised guidance.</p>