

Aitch Care Homes (London) Limited

Winchester House

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Requires improvement	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

We inspected this home on 17 November 2015. This was an unannounced inspection.

Winchester House is one of several small homes owned by Aitch Care Homes (London) Limited. The home provides care for up to 12 people with a learning disability. Winchester House is located in a quiet residential area, with access to local shops, public transport and facilities nearby. All bedrooms have en suite facilities. People who lived in the home had autism and communication difficulties.

There was a new registered manager at the home who started on 01 September 2015. 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.

Training records evidenced that some staff had completed the provider's mandatory E-learning training.

Summary of findings

However, some training identified as essential had not been completed by all staff. Staff had not received any specific behavioural management training. This type of training would enable staff to be able to identify triggers of behaviours that challenges which would have given staff skills to assess, prevent and manage such behaviour.

People were protected against the risk of abuse; they felt safe and staff recognised the signs of abuse or neglect and what to look out for. Staff understood their role and responsibilities to report any concerns and were confident in doing so.

The home had risk assessments in place to identify and reduce risks that may be involved when meeting people's needs. There were risk assessments related to people's behaviour and details of how the risks could be reduced. This enabled the staff to take immediate action to minimise or prevent harm to people.

There were sufficient numbers of suitable staff to meet people's needs and promote people's safety. Staff attended regular supervision and team meetings. Staff were aware of their roles and responsibilities and the lines of accountability within the home.

The registered manager followed safe recruitment practices to help ensure staff were suitable for their job role. Where the provider had concerns about DBS checks, they had put risk assessments and monitoring processes in place. Staff described the management as very open, supportive and approachable. Staff talked positively about their jobs.

Maintenance checks and servicing were regularly carried out to ensure the equipment was safe.

Staff had developed positive relationships with the people who used the service. Staff were kind and respectful; we saw that they were aware of how to respect people's privacy and dignity. People told us that they made their own choices and decisions, which were respected by staff but they found staff provided really helpful advice.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards and the home complied with these requirements.

The systems for the management of medicines were followed by staff and we found that people received their medicines safely. People had good access to health and social care professionals when required.

People were involved in assessment and care planning processes. Their support needs, likes and lifestyle preferences had been carefully considered and were reflected within the care and support plans available.

People were always motivated, encouraged and supported to be actively engaged in activities inside and outside of the home. For example, people went out to their local community for activities and travel on holidays.

Health action plans were in place and people had their physical health needs regularly monitored. Regular reviews were held and people were supported to attend appointments with various health and social care professionals, to ensure they received treatment and support as required.

Staff meetings took place on a regular basis. Minutes were taken and any actions required were recorded and acted on. People's feedback was sought and used to improve their care. People knew how to make a complaint. Complaints were managed in accordance with the provider's complaints policy.

The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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?

The service was safe.

The provider had taken necessary steps to protect people from abuse. Risks to people's safety and welfare were assessed and managed effectively.

The provider operated safe recruitment procedures and there were enough staff to meet people's needs.

Appropriate systems were in place for the management and administration of medicines.

Good



Is the service effective?

The service was not always effective.

Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing. However, there were shortfalls in staff training.

Staff understood the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards, which they put into practice.

People were supported to have enough to eat and drink.

People were supported to maintain good health and had access to healthcare professionals and services.

Requires improvement



Is the service caring?

The service was caring.

People were supported by staff that respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were treated with respect and helped to maintain their independence. People actively made decisions about their care.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care plans were produced identifying how support needed to be provided. These plans were tailored to meet each individual requirement and reviewed on a regular basis.

People were involved in a wide range of everyday activities of their choice.

The provider had a complaints procedure and people told us they felt able to complain if they needed to.

Good



Summary of findings

Is the service well-led?

The service was well led.

Effective quality assurance processes were in place to monitor the home so people received a good quality service

The home had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

Good



Winchester 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 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 inspection took place on 17 November 2015 and was unannounced.

Our inspection team consisted of two inspectors and one expert-by-experience. Our expert by experience had knowledge, and understanding of learning disability services and of supporting family and friends with their health care.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We looked at previous inspection reports and

notifications about important events that had taken place in the home, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

Six people were considered to be non-verbal and were unable to verbally tell us about their experiences. Six people could verbally communicate but their abilities varied. We spoke with two people with limited communication, two support workers, the deputy manager, the registered manager and the locality manager who visited the home during our inspection. We also contacted health and social care professionals who provided health and social care services to people.

We observed people's care and support in communal areas throughout our visit, to help us to understand people's experiences. We looked at the provider's records. These included two people's care records, care plans, health action plans, medication records, risk assessments and daily notes. We looked at four staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures. We also looked around the care home and the outside spaces available to people.

At our last inspection on 30 January 2014 we had no concerns and there were no breaches of regulation.

Is the service safe?

Our findings

People told us they felt safe. They said, “I am alright here. I like it here” and “Happy, very much so, absolutely”. We observed that people were relaxed around the staff and in their own home.

Staff told us that they had received safeguarding training during their induction. Training records evidenced that all staff had completed safeguarding training within the last two years. Staff were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. A member of staff said, “Safeguarding is about keeping people safe. If I am concerned or witnessed any abuse, I will report it to my line manager. I can intervene to keep the person safe. I will document it and support the person. I can report to CQC, police and local authority safeguarding team”. Staff told us the registered manager would respond appropriately to any concerns. We saw that safeguarding was discussed with staff during supervisions and staff meetings. A Safeguarding protocol was visibly displayed on notice boards in the home for staff.

Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. They said, “It is about reporting what is wrong to a higher authority like our directors and others outside the organisation”. The home had up to date organisational safeguarding and whistleblowing policies in place that were reviewed regularly. We saw that these policies clearly detailed the information and action staff should take.

People were protected from avoidable harm. Staff had a good understanding of people’s individual behaviour patterns. Records provided staff with detailed information about people’s needs. Staff knew people well, and could inform us of how to deal with difficult situations such as behaviours that challenges them. As well as having a good understanding of people’s behaviour, staff had also identified risks relating to people’s care needs. People were supported in accordance with their risk management plans. For example, one person who can display behaviours that challenges others, had plans in place to help the staff keep them safe from self-harm and harm from other people. We observed that staff understood and

followed these plans to keep people safe. Staff told us they were aware of people’s risk assessments and guidelines in place to support people with behaviour that may challenge them and others.

Each person’s care plan contained individual risk assessments in which risks to their safety were identified such as behaviour that may challenge them and others. Risks were clearly detailed and there was guidance for staff to follow to reduce the risk or support the person despite the risk. Where people’s needs changed, the registered manager and staff had carried out a risk assessments and changed how they supported people to make sure they continued to be protected from harm.

People told us there was enough staffing to meet their needs. Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. Some people had 1-1 or 2-1 support both inside and outside the home, which we observed being used to support people. Each support worker knew the needs of the residents well, even though some had only been working at the home for a few months. Staff appeared to be very busy. They told me they felt there were, “Enough staff for 1-1 and 2-1”. Staff were flexible and there were often longer shifts than initially planned to cover any shortfalls. Staff spoken with said they felt there was enough staff around and they didn’t mind having to cover when needed. The records we looked at such as the rotas and training files confirmed this.

Safe recruitment processes were in place. The staff files we looked at contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS ensured that staff barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks were undertaken. Where the provider had concerns about DBS checks, they had put risk assessments and monitoring processes in place. Staff we spoke with and the staff files that we viewed confirmed this. The provider had a disciplinary procedure and other policies relating to staff employment. This meant people could be confident that they were cared for by staff who were safe to work with them.

Is the service safe?

A policy was in place to guide staff from the point of ordering, administering, storing and disposal of any unwanted medicines. Medicines were booked into the home by staff and this was done consistently with the homes policies. There was a system of regular audit checks of medication administration records and regular checks of stock during staff handover. There was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed. Medicines were stored appropriately in a locked cabinet and all medicines records were completed correctly.

Staff who administered medicines were given training and medicines were given to people safely. Staff had a good understanding of the medicines systems in place. Temperatures of all medicines storage was checked and recorded daily, and these records were up to date. We checked each person's medicines administration record (MAR) against medicines stock. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. The records showed that people had received their medicines as prescribed.

Maintenance checks and servicing were regularly carried out to ensure the equipment was safe. For example, we

were told by staff that the dryer downstairs had broken down on the morning we inspected. Both the locality manager and registered manager called the maintenance department to get it sorted out, for which they allocated a call out engineer to carry out the repair or replacement.

Risk assessments for the building were carried out and for each separate room to check the home was safe. Internal checks of fire safety systems were made regularly and recorded. Fire detection and alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills. Risk assessments of the environment were reviewed and plans were in place for emergency situations.

There was a plan staff would use in the event of an emergency. This included an out of office hour's policy and arrangements for people which was clearly displayed in care folders. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

Is the service effective?

Our findings

Not everyone was able to verbally describe their experiences. However, we asked one person if they were not happy about anything? They said, "I can't think of anything." When asked if they had any complaints about their life in the home. They told us they were more than happy with the staff and their care. We observed that people had the freedom to move around the home and spend time alone in their rooms as well as in communal areas. People were relaxed. We observed staff members responding to people's needs in a timely and responsive manner.

Staff had received training and guidance relevant to their roles. Training records evidenced that staff had completed the provider's mandatory E-learning training such as COSHH (Control of Substances Hazardous to Health), emergency first aid, infection prevention & control and medication awareness training. However, we saw in the training records that some trainings identified as essential had not been completed by all staff. For example, 21 out of 38 had not completed diet and nutrition, 22 out of 38 staff had not completed health & safety, and 20 out of 38 staff had not completed mental capacity Act 2005 training. This was acknowledged and addressed with staff in the staff meeting minutes of 28 September 2015 by both the locality manager and registered manager.

As some people could display behaviours that could be challenging, staff had not received any specific behavioural management training. This type of training would enable staff to be able to identify triggers of behaviours that challenge which would have given staff the skills to assess, prevent and manage such behaviour. We were informed by the deputy manager that it was planned for staff to be trained in PROACT-SCIPr. (PROACT-SCIPr means Positive Range of Options to Avoid Crisis and use Therapy, Strategies for Crisis Intervention and Prevention). As at the time we inspected, this had not been started.

The failure to adequately train staff to provide care and support to meet peoples assessed care needs is a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were encouraged to do additional training and development to continually develop their skills. The deputy manager informed us, "I am currently completing my

diploma level 5, in leadership and management and as for new support staff they are all in the process of doing their care certificate training". Another member staff informed us that every month staff were given time to update their training and this was done via E-Learning.

Staff received regular supervision from their line manager. Supervision records evidenced that staff had opportunities to discuss concerns, practice and request additional support and guidance. Supervision records also evidenced that staff had been supported to learn and understand their roles. Staff were given clear guidance over their roles and responsibilities during an inspection.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff evidenced that they had a good understanding of the MCA and DoLS. A member of staff told us, "You must assume capacity. For example, you cannot prevent people from going out. People here make their own choices and decisions. When they cannot, we request an MCA assessment". This showed staff worked in accordance with the MCA.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Some people were currently subject to a DoLS. There were good systems in place to monitor and check the DoLS approvals to ensure that conditions were reviewed and met. The registered manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. One person was subject to DoLS authorisations, which were granted by the local authority. CQC was notified of these authorisations.

People had access to nutritious food that met their needs. They had choices of different meals at dinner time and could ask for another option if they wished. On the wall in the kitchen, there were several pictures of the day's meals for those with special dietary needs; each picture had a person's name on it and their specific dietary requirement was written on each named picture. Some people were supported to make their own meals when they wanted

Is the service effective?

them. One person said, "I pick what I like when I go shopping and I am supported to cook these at home". Another person told us that they were able to make choices about the food that they ate. They said that they enjoyed cooking, especially curry and were supported to do so. The kitchen of the home was well stocked and included a variety of fresh fruit and vegetables. Food was prepared in a suitably hygienic environment and we saw that good practice was followed in relation to the safe preparation of food. Food was appropriately stored and staff were aware of good food hygiene practices. Weights were regularly monitored to identify any weight gain or loss that could have indicated a health concern.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. People had a health action plan in place. This outlined specific health needs and how they should be managed. For example, one person was not well during our visit. Staff followed the persons care plan to ensure the person was comfortable. The person was allocated a member of staff that was knowledgeable in their support needs. People received effective, timely and responsive medical treatment when their health needs changed.

Is the service caring?

Our findings

One person said, “Happy, very much”. We observed that staff were kind, considerate and aware of people’s individual communication needs. There was a calm and friendly atmosphere. People’s bedrooms were decorated to their own tastes.

People’s personal histories were detailed in their care files which enabled new staff to know and understand people and their past. Staff knew the people they were supporting very well. They had good insight into people’s interests and preferences and supported them to pursue these. For example, one person identified in their care plan that once they were settled in bed they wanted staff to leave their room and wait outside until they were asleep. It clearly stated, “My personal space and privacy must be respected, do not sit with the door propped open looking at me in my bed”. People were treated kindly and with respect, I saw staff knocking on residents doors before entering their rooms.

Staff spoken with were able to talk about the person’s preferences about privacy and how they respected them. This showed that staff supported people based on their involvement, choice and preference.

Interactions between people and staff were positive and caring. People responded well to staff and engaged with them in activities such as writing, arts and craft and colouring. People approached and spoke to each member of staff with ease.

People and their relatives had been involved with planning their own care. There was evidence of this within care

plans, through photographs. Where people had made decisions about their lives these had been respected. For example, the care plan included a section for “What I am good at”. This covered areas that the person was able to do either independently or with support that they enjoyed. The person was good at “Making people laugh”.

People were involved in regular review of their needs and decisions about their care and support. This was clearly demonstrated within people’s care records and support planning documents that were signed by people. Support plans were personalised and showed people’s preferences had been taken into account.

The registered manager and staff showed genuine concern for people’s wellbeing. Staff worked in a variety of ways to ensure people received the support they needed. We observed staff and people engaged in general conversation and having fun. From our discussions with people and observations we found that there was a very relaxed atmosphere and staff were caring.

People and staff told us there were no restrictions on visitors. People had relatives that visited the home and others made regular visits to their relatives homes. Relatives were also invited to attend parties at the home.

The registered manager told us that advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. Advocacy information was on the notice board for people in the home.

Is the service responsive?

Our findings

We observed that people were supported to do activities of their choosing. They were not rushed to carry out tasks.

Care records contained people's assessments, care preferences and care reviews. Staff understood people's needs and people confirmed that they received their care in accordance with their preferences. Care records evidenced that each person had a very detailed assessment, which highlighted their needs. The assessment could be seen to have led to a range of support plans being developed. We found from our discussions with staff and individuals these met their needs. People told us they had been involved in making decisions about their care and support and developing their support plans.

Care plans provided detailed information for staff on how to deliver people's care and support in line with their assessed needs. The files were well-organised, containing current and useful information about people. Care records were person-centred, meaning people's needs and preferences were central to care and support plans. Records included information about people's social backgrounds and relationships important to them. They also included people's individual characteristics, likes and dislikes and places and activities they valued. Care plans and health information was provided in pictorial format. Care plans were typed in a large font and had pictures to make the sections easily understandable.

Staff planned people's activities according to their ability and preferences to ensure people were given the best opportunity to participate. People were continually offered new experiences and activities to try out. For example, one person went out to the gym and out for lunch and another two people went out for a walk. There were other activities going on in the home such as arts and crafts and music and dancing. People were supported to participate in a range of social, educational and leisure activities in line with their personal interests. These included trips out, attending day services, going for walks and holidays. People's weekly activity programmes were flexible and people could do something else if they chose.

People were able to engage in their hobbies and interests. One person told us they went horse riding each week and another visited a club in Maidstone. People also spent time

at the beach which was within reasonable walking distance from the home. At the weekend, day trips were arranged and pool is played, on the home's pool table. Some people attend the church on Sunday as stated in their care plan.

We observed that people were encouraged to pursue their interests and participate in activities that were important to them. Care plans contained information about people's level of independence for each task that they carried out and the level of support needed by staff. We observed staff supporting people around the home and they were firstly encouraging people to do things for themselves such as going to make a drink and then supporting them if they needed to rather than supporting them immediately. Staff asked people if they would like to do something such as go for a walk rather than telling them that they were going for a walk. People were supported to access leisure activities in the local community and to go on holidays.

People received personalised care that was flexible and responsive to their needs. For example, staff had worked with one person's psychologist to ensure the support they provided to this person continued to reflect their changing needs. Staff could describe how they adjusted their support when this person requested to go to a night club based on their care plan. Staff said, "People wanted to meet female friends. We supported them to a night club as part of his community involvement as stated in their care plan which is their choice".

The provider contacted other services that might be able to support them with meeting people's health needs. This included the local authority's community learning disabilities team and the speech and language therapist (SALT) team, demonstrating the provider promoting people's health and well-being. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such as phone calls, reviews and planning meetings. Contact varied from every few weeks to months. This showed that each person had a professional's input into their care on a regular basis.

People had regular one to one sessions with their key worker to discuss their care and how the person feels about the home. A keyworker is someone who co-ordinates all aspects of a person's care at the home. These sessions were documented in the person's support plan and agreed by them. Therefore, people were given appropriate

Is the service responsive?

information about their support at the home, and were given an opportunity to discuss and make changes to their support plans. People knew who their key worker was and proudly told us their name.

People were routinely listened to and their comments acted upon. Staff were seen spending time with people on an informal, relaxed basis and not just when they were supporting people with tasks. There were systems in place to receive people's feedback about the service. The provider sought people's views by using 'My Opinion Surveys' dated 20 October 2015 in picture format. One person said, "I really enjoy living at Winchester House and have made loads of friends".

The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The complaints procedure was on display on the notice board of the home and this was also available in an easy read format to support the communication needs of people. This procedure told people how to make a complaint and the timescales in which they could expect a response. There was also information and contact details

for other organisations such as the commission, local authorities and local government ombudsman that people could complain to if they are unhappy with the outcome. Complaints were recorded in a complaints log. We saw a record of a written complaint from a relative in the complaint's log, which was actioned by the registered manager within timescale in their policy to the person's satisfaction.

People knew how to make a complaint if they felt they needed to do so and felt listened to when they had raised a concern. One person told us "No complaints, if I had I'd go, I don't know, I will talk to my key worker, never done so." Another person said, "Can't think of anything. I would probably go to 'X', (the registered manager) she is approachable". There was also information and contact details for other organisations that people could complain to if they are unhappy with the outcome. Complaints were recorded in a complaints log. We saw a record of verbal complaint from a neighbour in the complaint's log, which was actioned by the registered manager within four days to the person's satisfaction. Informal complaints were dealt with on an informal basis and resolutions found quickly.

Is the service well-led?

Our findings

People clearly knew the registered manager and the staff team. We observed people interacting positively with the registered manager and staff.

Staff told us that they felt comfortable and confident in raising concerns with the registered manager. They said, “I am learning more from my manager. I do receive the support I need. I am able to approach the manager or locality manager at will”.

The management team encouraged a culture of openness and transparency. Part of their values included ‘Compassionate Care; We listen and respond with respect and show dignity to everyone that we support; this enables us to shape services that are person centred and which promote independence, empowerment and citizenship and include the use of ‘positive behaviour support’ for people whose behaviour can challenge. Staff demonstrated these values by enabling a person centred value as demonstrated in this report. Staff told us that a transparent culture existed and they were free to make suggestions, raise concerns, drive improvement and that the new registered manager was supportive to them. Staff told us that the registered manager had an ‘open door’ policy which meant that staff could speak to them if they wished to do so. We observed this practice during our inspection.

Staff told us the morale was now good and that they were kept informed about matters that affected the home. One person said, “I believe it has been stressful before due to staff leaving but I believe the new manager is on top of things now”. They told us that team meetings took place regularly and they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them to constantly review and improve the home. Staff meeting records confirmed that staff views were sought.

The provider, registered manager and staff worked well with other agencies and services to make sure people received their care in a joined up way. We found that the provider was a certificated gold member of the British Institute of Learning Disabilities (BILD). This organisation stands up for people with learning disabilities to be valued equally, participate fully in their communities and be treated with dignity and respect. The registered manager

told us that being a member of BILD has enabled them to be up to date in their skills and knowledge of how to support, promote and improve people’s quality of life through raising standards of care and support in the home.

The registered manager continually monitored the quality of the service and the experience of people in the home. They regularly worked alongside staff and used this as an opportunity to assess their competency and to consider any development needs. They were involved in all care reviews. However, they had not quickly responded to identified gaps in records which required addressing. For example, medication audit weekly checks were last carried out on 09 November 2015. Behavioural support plan dated 09 September 2015 was not signed by staff or the person and staff signature sheet to signify have read risk assessments was blank. We discussed our findings with both the locality manager and the registered manager. They told us that these gaps were identified and recognised by their audit system. These were being addressed gradually by the new registered manager. The registered manager assured us with an action plan, which indicated their commitment to ensure records were updated and consistent. We found that the issues were being addressed based on their identified action plan.

The provider told us that they had accreditation schemes with Skills for Care’s National Minimum Data Set for Social Care (NMDS-SC), which is an online database which holds data on the adult social care workforce. The provider used this system to update information on staff training regularly. This helps authorities to plan resources for the local workforce and commissioning services.

There were systems in place to manage and report accidents and incidents. Accident records were kept and audited monthly by the registered manager to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents. These audits were shown to us as part of their quality assurance system. The deputy manager said, “We document all incidents using the ABC (Antecedent, Behaviour and Consequences) form, report it to the area manager who will go through and also report it to higher management if need be”. Records showed these were clearly audited and any actions were followed up and support plans adjusted accordingly.

Is the service well-led?

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. The home had a clear whistleblowing policy that guided staff who feel they need to blow the whistle on poor practice. Effective procedures were in place to keep people safe from abuse and mistreatment.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Failure to adequately train staff to provide care and support to meet peoples assessed care needs.

Regulation 18 (2) (a)