European Lifestyles (FL) Limited

Marlborough House

Inspection report

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Ratings

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

Overall summary

The inspection took place on 23 and 24 June 2015, and was an unannounced inspection. An announced visit was arranged on 1 July 2015 to look at recruitment records. The previous inspection on 9 January 2014 found no breaches in the legal requirements.

The service is registered to provide accommodation and personal care to nine people who have a learning disability. There were no vacancies at the time of the inspection. The service was previously two semi-detached houses, which have since been joined on a side street near the centre of Folkestone. It is not suitable for those with physical mobility problems. There is very limited parking and on street parking. Each person has a single room and there are two shower rooms and a bathroom, kitchen, dining room, lounge, activities room and snug. There are two small accessible gardens, which are totally paved with seating and pots at the rear of the house.

The service has an established registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered

Summary of findings

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 told us they received their medicines safely and when they should. However we found shortfalls in some records relating to medicine management.

Most risks associated with people's care and support were assessed and people were encouraged to participate in household tasks and access the community safely. However some guidance for staff to help keep people safe required more detail.

People benefited from living in an environment and using equipment that was well maintained. People's needs were such that they did not need a lot of special equipment. There were records to show that equipment and the premises received regular checks and servicing. Over the last 18 months the premises had benefited from major refurbishment and redecorating work. A development plan was in place to address areas that that still required attention. People freely accessed the service and spent time where they chose.

People were involved in the planning of their care and support. Care plans contained information about people's wishes and preferences and some pictures and photographs to make them more meaningful. They detailed people's skills in relation to tasks and what help they may require from staff, in order that their independence was maintained. People had regular reviews of their care and support where they were able to discuss any concerns or aspirations.

New staff underwent an induction programme and shadowed experienced staff, until staff were competent to work on their own. Staff training included courses relevant to the needs of people supported by the service. Staff had opportunities for one to one meetings, staff meetings and appraisals, to enable them to carry out their duties effectively.

People felt safe in the service and out with staff. The service had safeguarding procedures in place and staff had received training in these. Staff demonstrated an understanding of what constituted abuse and how to report any concerns in order to keep people safe.

People had their needs met by sufficient numbers of staff. Rotas were based on people's needs and activities. People received continuity of care and support from a small team of long standing staff and the registered manager worked on rota alongside staff at times. People were protected by safe recruitment procedures.

People were happy with the service they received. They felt staff had the right skills and experience to meet their needs. People felt staff were kind.

People told us their consent was gained through discussions with staff. People were supported to make their own decisions and choices and these were respected by staff. Staff understood their responsibility under the Mental Capacity Act (MC) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

People were supported to maintain good health and attend appointments and check-ups, such as doctors, dentist and opticians. Some people had complex health needs and these were kept under constant review. Appropriate referrals were made when required and recently assessments had been undertaken by a psychiatrist and an occupational therapist.

People had access to adequate food and drink. They told us they liked the food and enjoyed their meals. People were involved in the planning and preparation of meals. Staff understood people's likes and dislikes and dietary requirements and promoted people to eat a healthy diet. Special diets were well catered for.

People felt staff were caring. People were relaxed in staff's company and staff listened and acted on what they said. People said they were treated with dignity and respect and their privacy was respected. Staff were kind in their approach and knew people and their support needs well.

People had a varied programme of suitable leisure activities in place, which they had chosen to help ensure they were not socially isolated. People attended local centres and enjoyed activities, such as woodwork, pottery, sport and art and craft. Some people had family and friends that were important to them and contact was supported by staff.

Summary of findings

People told us they received person centred care that was individual to them. They felt staff understood their specific needs. Staff had worked at the service for some considerable time and had built up relationships with people and were familiar with their life stories and preferences. This continuity had resulted in the building of people's confidence to improves people's quality of life and reduce challenging behaviours. People's individual religious needs were met.

People felt comfortable in complaining, but did not have any concerns. People had opportunities to provide feedback about the service provided both informally and formally. Feedback received had all been positive. People had completed feedback about the care and support provided to an independently organised national survey. Their responses had scored the highest amongst all other care services who took part.

People felt the service was well-led. The registered manager adopted an open door policy and sometimes worked alongside staff. They took action to address any concerns or issues straightaway to help ensure the service ran smoothly. Staff felt the registered manager motivated them and the staff team.

The provider had a set of values and behaviours, which included treating everyone as an individual, working together as an inclusive team to exceed standards and respecting each other. Staff were very aware of these and they were followed through into practice.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end 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?

Requires improvement

The service was not always safe.

Some records relating to medicines and medicine administration needed to be improved.

Most risks associated with people's care and support had been assessed, but in some cases guidance needed to be improved in order to keep people safe.

There was sufficient staff on duty to meet the needs of people and support their activities and health appointments.

Is the service effective?

Good

The service was effective.

Staff received induction and training relevant to their role. Staff were supported and received regular meetings with their manager.

People received care and support from a small team of staff who knew people well. People were supported to maintain good health and attended regular health appointments in order to do so. People were referred to healthcare professionals when needed.

Staff understood that people should make their own decisions and followed the correct process when this was not possible.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and staff adopted an inclusive, kind and caring approach.

Staff communicated effectively with people, they ensured that people's privacy was respected and responded to their requests for support.

Staff supported people to maintain their independence.

Is the service responsive?

Requires improvement

People's care was personalised to reflect their wishes and preferences. However they did not support people to develop their independent living skills, even though some people had expressed a wish to move on this way.

People had a varied programme of activities and were not socially isolated and staff supported people to access the community.

The service sought feedback from people and their representatives about the overall quality of the service. Any complaints and small concerns were addressed promptly and appropriately.

Summary of findings

Is the service well-led?

The service was not always well-led.

The level of detail in some records was not always sufficient to keep people safe.

Staff were aware of the provider's values and behaviours and these were followed through into their practice.

The registered manager worked alongside staff, which meant any issues were resolved as they occurred and helped ensured the service ran smoothly.

Requires improvement

Marlborough House

Detailed findings

Background to this inspection

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

This inspection took place on 23 and 24 June 2015 and was unannounced. An announced visit was arranged on 1 July 2015 to look at recruitment records. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this information, and we looked at previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with five people who used the service. We spoke with the registered manager and two staff.

We observed staff carrying out their duties, communicating and interacting with people. We reviewed people's records and a variety of documents. These included five people's care plans and risk assessments, training and supervision records, staff rotas and quality assurance surveys.

After the inspection we contacted six social care professional who had had recent contact with the service and received feedback from four.

We used recent quality assurance feedback the service and an outside organisation had received from people. In addition we used feedback two relatives had recently given directly to the service.

Requires improvement

Is the service safe?

Our findings

People's medicines were all managed by staff. People told us they received their medicines when they should and felt staff handled their medicines safely. There were some shortfalls in the management of medicines. Where people were prescribed medicines on a 'when required' basis, for example, to manage pain or skin conditions, there was guidance for staff on the circumstances in which these medicines were to be used, but these lacked information about when staff should seek professional advice for their continued use. This could result in people not receiving the medicine consistently or safely.

Medicine Administration Records (MAR) charts showed that people received their medicines according to the prescriber's instructions. However when a person was prescribed one or two drops the actual amount administered had not been recorded.

Accidents and incidents were reported and clearly recorded. There were very few accidents, but the registered manager reviewed these, to help ensure appropriate action was taken to reduce the risk of further similar occurrences. The registered manager told us that any accidents and incidents reports were sent to senior management monthly for review and they monitored events for trends and learning. Records showed that one person had had four falls and these had been investigated by the registered manager and discussed with the staff team. As a result an electric bed had been purchased for the person as it was felt they were slipping off and struggling to get off their original bed. This had had a good outcome for the person, although during the inspection a falls risk assessment was not evident. Following the inspection the registered manager told us that a falls risk assessment had been in place, although not shown to us whilst discussing keeping this person safe.

People had been involved in assessing risks associated with their care and support and in most cases procedures were in place to keep people safe. For example, managing challenging behaviour, accessing the community, mobility and risks relating to the environment. However guidance about how to keep people safe if they had diabetes could be improved. The risk assessment detailed the signs and symptoms someone may display if they were unwell due to their diabetes, but the action to keep this person safe was not timely, as it stated to make a doctor's appointment.

The lack of detail in records and guidance meant the provider did not have an accurate and complete record of the care and treatment including decisions taken in regard to people. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we saw that medicine administration followed safe practice. Staff were patient and explained what medicines they were giving and people knew what their medicines were for.

Staff told us that two staff always checked the medicines when they arrived into the service and these checks were recorded on the MAR chart. There were auditing systems in place to reduce risks when unused medicines where returned to the pharmacist and for when people made overnight or day trips out.

All medicines were stored securely for the protection of people. Temperature checks were taken daily and recorded to ensure the quality of medicines used. Individual medicine cabinets were in place in people's bedroom to enhance their privacy when taking their medicines.

Staff had received training in medicine administration, which was refreshed every three years. This was followed by a competency check to test staffs knowledge and understanding of the training.

There had been one medicine error within the last 12 months. This had been investigated and a decision taken to change the training from e-learning to face to face training, which the registered manager was in the process of booking. The prescribing pharmacist had undertaken an audit in May 2015 and staff told us the actions had been addressed, with just the face to face training to be booked.

People benefited from living in an environment and using equipment that had over recent years been considerably improved. For example, shower and bathrooms had been refurbished since the last inspection, communal areas redecorated and some bedrooms plastered and then decorated. People had chosen the colours and wallpaper and one told us they had got involved in the painting. During a tour of the premises it was noted that one area still required improvement and the registered manager told us this area was on the development plan in place. For example, the plaster work in one person's bedroom had bubbled and was flaking due to a previous damp problem, which had been resolved. Two fire doors were not closing

Requires improvement

Is the service safe?

properly, but these were fixed during the inspection by the maintenance person. People told us that when things needed repairing they were "Fixed". People's needs were such that they did not need much special equipment, although one person had an electric bed. There were records to show that equipment and the premises received regular checks and servicing, such as checks of the boilers, electrical wiring and equipment and gas services.

Staff knew how to safely evacuate people from the building in the event of an emergency as this had been tested during fire drills. The provider had a business contingency plan in place to deal with emergencies, such as fire or flood. An on call system, outside of office hours, was in operation covered by senior staff and staff told us they felt confident to contact the person on call. Contactors were available to respond quickly in the event of an emergency.

People told us they felt safe living at Marlborough House and would speak with the registered manager or a staff member if they were unhappy. One person said, "There is no bullying here". In a recent quality assurance survey people said they 'strongly agreed' the service was a safe and secure place to live. People knew about how to keep safe as there was an easy to read safeguarding policy and staff had discussed this with them. During the inspection the atmosphere was happy and relaxed. There were good interactions between staff and people with people relaxed in the company of staff. Staff were patient and people were able to make their needs known. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions of abuse or allegations. There was a clear safeguarding and whistle blowing policy in place, which staff knew how to locate. The registered manager was familiar with the process to follow if any abuse was suspected in the service; and knew the local Kent and Medway safeguarding protocols and how to contact the Kent County Council's safeguarding team to report or discusses any concerns.

People had their needs met by sufficient numbers of staff. People and staff told us they felt there were sufficient numbers of staff on duty. In a recent quality assurance survey people 'strongly agreed' that staff had time to talk to them and were available when needed. Staffing rotas were based on people's chosen activities and care and support needs. During the inspection staff were responsive to people and were not rushed in their responses. There were two staff on duty 7.30am to 8.15am, rising to three 8.15am to 10pm. At night one staff member slept on the premises. There was an on-call system covered by the registered manager and senior staff. The service used existing staff to fill any gaps in the rota and did not have any vacancies at the time of the inspection. There was a rota displayed within the service using photographs, so people knew who was going to be on duty.

People were protected by safe recruitment procedures. No staff had been recruited since 2013. Recruitment records included all the required information. This included evidence of a Disclosure and Barring Service (DBS) check having been undertaken (these checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people), proof of the person's identity and evidence of their conduct in previous employments. There was a completed application form on each file. However it was difficult to ascertain whether a full employment history had been recorded as the provider's application form did not require prospective employees to record the period they spent in education. Staff undertook an induction programme and were on probation for the first three months.

Good

Is the service effective?

Our findings

People told us they were "Happy" and "Liked living here". This was also reflected in a recent quality assurance survey people had completed when they 'strongly agree' they were happy with their care and support. Social care professionals felt staff had a good understanding and knowledge of people and their care and support needs. People reacted and chatted to staff positively when they were supporting them with their daily routines. Staff talked about how people had developed since they had moved to Marlborough House. One person they said had "Far less outbursts, is a lot more settled and happier"; another person was more "Bouncy and happy".

Care plans were mainly written although there were some photographs and pictures. They contained information about how each person communicated, such as use simple short sentences and this was reflected in staffs practice during the inspection. In addition people had communication dictionaries with information about how a person would indicate certain things and how staff should respond. For example, feeling sad, unwell, in pain or angry. Staff used different approaches with people, sometimes using banter and other times speaking gently. Staff were patient and not only acted on people's verbal communication, but noises, gestures and Makaton signs. Makaton is the use of signs and symbols to support speech. One social care professional told us staff had demonstrated a good understanding of an individual's communication methods. They supported their client to write down what he wished to say using particular words, which conveyed to the support staff what he wanted to talk about. Staff also used pictures and photographs to communicate and enable people to make informed choices.

Staff understood their roles and responsibilities. No staff had joined the service since October 2013, but staff told us they did undertake an induction, which included shadowing experienced staff. The registered manager told there was a three month probation period to assess staff skills and performance in the role. The induction training had previously been based on common induction standards for staff working with people with learning disabilities. Common induction standards are competency based and in line with the recognised government training standards (Skills for Care). The provider was aware of the new Care Certificate, an identified set of standards that social care workers adhere to in their daily working life and was making arrangements to introduce these to induct new staff in the future.

Staff attended training courses relevant to their role, which was refreshed periodically. This included health and safety, fire safety awareness, first aid awareness, infection control and basic food hygiene. Some specialist training had been provided, such as training on dementia, autism, sexuality and learning disabilities and managing epilepsy and Buccal Midazolam administration (**Buccal Midazolam** is an emergency rescue prescribed medicine). Some staff had undertaken diabetes and Makaton training. The registered manager told us he was working with the Makaton charity and planning further training in both Makaton and diabetes. Staff felt the training they received was adequate for their role and in order to meet people's needs. Seven of the nine staff had obtained Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard and the two other staff were working towards this qualification.

Staff told us they had opportunities to discuss their learning and development in regular one to one meetings with their manager, as well as group meetings and an annual appraisal. Staff said they felt very well supported.

People told us their consent was gained, by themselves and staff talking through their care and support and routines. People said they were offered choices, such where to go out and what to eat or drink. One person occasionally presented challenging behaviour, there were no restrictions in place and staff were working with health professionals to look at ways of managing the behaviour through positive behavioural interventions and support. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards. Staff had received training to help enable them to understand their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest

decision is made involving people who know the person well and other professionals, where relevant. No DoLS authorisations were in place, although one Court of Protection was in place to manage a person's finances. People had consented to live and receive support at the service. Staff talked about when a best interest decision had been made regarding possible treatment of a person's health condition. The decision had involved the individual, their family, staff, the care manager and a consultant. A social care professional talked about how staff had advocated well for a person to ensure they had the right and adequate health care when in hospital, before and after discharge.

People had access to adequate food and drink. Staff told us no one was at risk of poor nutrition. People told us the food was "Good" and "Nice", they liked all the meals and they were involved in helping to choose them each week. In a recent quality assurance survey people said they 'strongly agreed' the food at mealtimes was of good quality. The main meal was served in the evening with a light meal or sandwiches at lunchtime. During a recent survey people had requested a cooked breakfast on Sundays and this was now in place. On the first day of the inspection people were enjoying soup and a roll for lunch, which they said was "Very good". People had chosen different soups and one person decided they wanted bread and butter instead of a roll. People chose where they wanted to have their lunch with most choosing the dining room and another eating in the kitchen. One person talked about how they had made a curry and others about baking cakes. Staff had put together an easy read recipe folder of things people liked to eat and cook. A written menu was displayed and people had a varied diet. People's weight was monitored and a healthy diet was encouraged by staff. A health professional had been involved in the assessment of one person's nutritional needs. The person now required a soft diet and this was catered for. Staff sat with one person to ensure they did not eat or drink to quickly and remained safe whilst eating.

People's health care needs were met. People told us they had access to appointments and check-ups with dentists, doctors, the nurse and opticians. A chiropodist visited the service regularly. One person talked about a minor procedure they had had done and how they were now glad this had been done. Staff told us about how one person when they had moved in, had been afraid to go to the dentist, but with a lot of encouragement and support from staff they had improved their oral hygiene and visited the dentist with no work required. People told us that if they were not well staff supported them to go to the doctor. Staff told us they knew people and their needs very well and would know if someone was not well. One person had had a recent stay in hospital and when they returned their health had deteriorated. Staff were working with health professionals to monitor and improve the person's health. This had included assessments and medicine reviews and changes. A social care professional told us staff had had to use a "Think outside the box" approach to ensure the person's needs continue to be met. When people had been diagnosed with a health condition the staff had obtained information about the condition to inform them and their practice, such as Dysphagia. **Dysphagia** is the medical term for **swallowing** difficulties.

Good

Is the service caring?

Our findings

People told us staff listened to them and acted on what they said and this was evident from our observations during the inspection. People said they "Liked the staff"; they told us staff were kind and caring. During the inspection staff took the time to listen and interact with people so that they received the support they needed. People were relaxed in the company of the staff, smiling and communicated happily using verbal communication, noises, gestures and Makaton. In a recent quality assurance survey people 'strongly agreed' they were treated with kindness, dignity and respect and that staff were sensitive.

People confirmed that they were able to get up and go to bed as they wished and have a bath or shower when they wanted. People were able to choose where they spent their time. During the inspection people accessed the house as they chose. People were involved in household chores and preparing their lunch. There were several areas where people were able to spend time, such as the garden, the lounge, the activities room, their own room or the snug, which had some sensory equipment. Rooms were decorated to people's choice. People said they had their privacy respected. People had keys to their rooms and some people chose to use these. They told us staff knocked on their door and asked if they could come in before entering. In a recent quality assurance survey people said they 'strongly agreed' their privacy was respected. Bedrooms were individual and reflected people's hobbies and interests.

People's care plans contained information about people's life histories. The registered manager told us this information was included in all care plans, but varied in detail depending on if people had family and if they were involved in the person's care and support. In one care plan this information included detail about the person's family, who was important to them and contact arrangements. For example, one person liked to telephone his family each week and this was facilitated. People's care plans detailed people's preferred names and we heard these being used. During the inspection it was apparent that people respected other people living at the service. Each person we spoke with told us "Everyone gets on". One person talked about a friend who had lived at Marlborough House, but had moved out to more independent living. However they continued regularly meet up.

During the inspection staff talked about and treated people in a respectful manner. One staff member told us, "It's lovely here and we all care about the people very much". The staff team was small, but long standing team with some working years for the service, enabling continuity and a consistent approach by staff to support people. Social care professionals told us that people were treated with dignity and respect. One said, "Staff are accommodating and caring". Records about people were individual to ensure confidentiality and held securely.

There were four dignity champions amongst the staff team. Dignity champions are part of a national scheme and a **dignity champion** is someone who believes passionately that being treated with **dignity** is a basic human right, not an optional extra. There is a ten point challenge, which describes the values and actions quality services should adhere to that respect people's dignity. We saw dignity and the ten point challenge was a standing item and discussed at every staff and residents meeting. One dignity champion told us "We treat people as we want to be treated".

Staff felt the care and support provided was person centred and individual to each person. People felt staff understood their specific needs. Staff had built up relationships with people and were familiar with their life stories and preferences. During the inspection staff talked about people in a caring and meaningful way. Staff intervened during the inspection appropriately when we were speaking with people if they felt people had not fully understood what we were asking and gave them time to answer fully.

People's religious needs were met. Most people did not wish to practice religion. However one person was supported by staff to their place of worship every two weeks. The person told us this at times was incorporated with visits to see their family at the same time.

The service had received two compliments from relatives. One was written following a visit to the service. They wrote talking about their family member '….clearly so content and happy there with you all. It was lovely and reassuring to see'. Another relative wrote 'He has settled quickly and happily. The house has a lovely homely atmosphere and it feels like a real home for the residents living there. The manager and staff are caring and supportive and appear totally committed to the care and well-being of all the residents and working towards meeting their needs fully whenever possible to do so. My (relative) is able to enjoy

Good

Is the service caring?

various activities and outings that he likes to do on an on-going regular basis…I am personally very pleased that my (relative) is living in an ideal place for home. I am impressed with the professional and caring approach taken towards his care by the home'.

People's independence was maintained. People talked about choosing meals they liked to have on the menus and helping to "Cook a curry" or "Baking a cake". Some people helped with the food shopping. There was a chores board, using photographs, display in the dining room and people were aware of what chores they were responsible for during each week. These included people's house day where they helped clean their room and do their laundry. During the inspection people undertook their chores, such as mopping floors. Social care professionals felt staff encouraged people to maintain their independence skills, even though this sometimes required quite a bit of encouragement.

The registered manager told us at the time of the inspection people were able to make their own decisions and choices, some were supported by their families or their care manager, when required. One person had accessed and been supported by an advocacy service during the time of moving into Marlborough House. Contact information for an advocacy service was display within the dining room.

Requires improvement

Is the service responsive?

Our findings

People were very happy with the care and support they received and felt it met their needs. People said they were involved in planning their care and had regular review meetings to discuss their aspirations and any concerns.

Two people had moved into the service since the last inspection. Their admissions had included the registered manager and an assessor from the organisation carrying out pre-admission assessments during a visit to the person's previous placement, to ensure that the service was able to meet their individual needs and wishes. Following this the person was able to 'test drive' the service by spending time, such as for meals or an overnight stay, getting to know people and staff. The registered manager talked about how important it had been to ensure that the new person always fitted in with the people already living at the service. Care plans were then developed from discussions with people, observations and the assessments. The provider had recently introduced more thorough assessment paperwork, which would be used for future pre-admission assessments and would feed easier into the areas of the care and support plans.

A new format of care plans had been introduced in last four months. People had signed their care plans stating 'I am happy with my care plan. I am signing to say I am happy with the things planned for me to learn'. Care plans contained information about people's morning and evening routines, such as personal care and household chores. These included detail about people's preferences, such as whether they liked a bath or a shower and when they liked to have this. We noted that one care plan contained information that was incorrect about the person. The registered manager changed this directly.

Autism/Asperger Syndrome Profile had been developed for each person with the support of an autism advisor to help staff understand people and their needs. These included their key strengths and struggles, social and communication issues, patterns and predictability and sensory processing and guidance on the support people needed to reduce their struggles.

The registered manager told us that now the new care plans were in place the next step was to focus on a person's strengths and develop these. However at the time of the inspection the care planning in place did not fully support developing people's independent living skills, although staff told us that several people did have the skills to develop and move onto more independent living and one person had expressed a wish to do so.

People were involved in regular review meetings to discuss their care and support. People had allocated a key worker and they met with them each month to review their care and support and to discuss whether any changes were required. This included discussions about health issues and appointments, activities and any contact with family and friends. In addition people told us they had an annual review meeting with their social worker, their family and staff. In a recent quality assurance survey people said they 'strongly agreed' they had a say in how staff provided care and support to them.

People had a programme of leisure activities in place, which they had chosen to help ensure they were not socially isolated. There was a 'Today's activities' board using photographs in the hallway, so people knew what they had planned for that day. Some people had chosen not to have a full programme as they preferred to have periods of rest and relaxation time. Some people attended various local centres during the week, which they enjoyed. One person said, "I enjoy going to work". Another person talked about how they went swimming or to gym during this time. We saw one person had made a lovely pottery teapot and heard how others had made things, such as a herb box to grow herbs, an ashtray and a jug. Other activities enjoyed at the centres included art and craft and cookery. Some people were able to access to local community independently other people needed staff support. Recent trips and activities had included walks into town, going to the beach or café, golf, the cinema, going out for meals and sometimes getting a takeaway, the local disco, pub, boot fairs, Canterbury, Wingham Zoo and bowling. Within the service people had access to an activities room with a football table and pool table and in the snug there was a Wii console. An aroma therapist visited the service regularly. One person who had been afraid of flying had been supported to fly to visit a relative. The support and encouragement had included lots of visits to small and then larger airports before they had felt confident enough to fly.

People told us they would speak to the registered manager or a staff member if they were unhappy, but did not have any complaints. They felt staff would sort out any problems

Requires improvement

Is the service responsive?

they had. There had been one complaint received by the service in the last 12 months. This was about a water leak that had affected a person's bedroom. The person told us they were satisfied with how the complaint was handled and the action taken. There was an easy read complaints procedure so people would be able to understand the process. The registered manager did some 'hands on' shifts so was available if people wanted to speak with them. The registered manager told us that any concerns or complaints were taken seriously and used to learn and improve the service.

People had opportunities to provide feedback about the service provided. There were regular residents meetings where people could give feedback and future plans were discussed, such as what activities people wanted to do. Staff undertook a regular one to one meeting with each person so they could discuss any issues or suggest any improvements. People also talked about meal times when "Everyone talked about things". The registered manager worked alongside staff, so was able to see and hear feedback. People had completed questionnaires to give their feedback and make suggestions about the service provided. Those held on files in the office were positive and suggestions had been acted on. There was also two compliment letters from relatives, which were positive about the service their family member received.

Requires improvement

Is the service well-led?

Our findings

There were shortfalls in some records relating to medicine management. For example, guidance needed more information to ensure medicines were given safely and consistently. When medicines were prescribed to administer 'one or 'two' drops the amount administered had not been recorded. One person had suffered a series of falls, but no falls risk assessment was in place to keep the person safe. Information relating to keeping people safe that had diabetes when they became unwell needed improvement.

The provider had failed to maintain an accurate and complete record of the care and support provided and decisions taken in relation to people's care and support. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other records were up to date, well maintained and accessible during the inspection. Records were held securely.

There was an established registered manager in post who was supported by senior staff. The registered manager worked eight hours a day Monday to Friday, although did also cover some shifts. People "Liked" the registered manager, they felt he was approachable and "Alright". One person said, "(Registered manager) is good at his job". In a recent quality assurance survey people said they 'strongly agreed' they could speak to senior members of staff if they needed to. There was an open and positive culture within the service, which focussed on people. People spoke positively about the registered manager. Staff felt the registered manager motivated them and the staff team. One staff member said, "We have a lovely manager. We can go to him if there is a problem. I feel really comfortable in approaching him". Another staff member told us, "There is a lovely atmosphere here, really homely".

Staff felt the registered manager listened to their views and ideas. For example, staff raised that one person was not really benefiting from an activity. This was investigated and although the person attended they did not participate, so a new activity was found that the person preferred and told us they enjoyed.

Social care professionals felt the was well-led. They felt the registered manager was approachable and reliable. One told us, the registered manager appeared to have a good rapport with their client. He advocated well for clients rights and this had been highlighted recently when he brought to their attention an issue, which he had addressed himself. Communication was very good between the service and care management. Another professional said, "The registered manager has always dealt with any contact from me promptly and appropriately".

Within the service the provider displayed their values and behaviours. The registered manager told us these were talked about with staff during team meetings and linked to staffs annual appraisals. Staff confirmed that the values and behaviours were discussed. Staff told us that these included treating people as individuals and being respectful, working together as a team and supporting people to the best of their ability to live a fulfilled life.

People had completed quality assurance questionnaires to give feedback about the services provided. These were positive although people had made suggestions for improvement. The registered manager had displayed these suggestions on the activities room using words, pictures and photographs so people knew what they said and what the service did. Suggestions had included having a cooked breakfast on Sundays, redecorating the activities room, more information on how people were supported and the ways the service help people with their rights and choices. All these suggestion had been acted on.

People had also completed questionnaires as part of a national scheme 'Your care rating' during 2014 and won with the highest scores. This is the largest survey of people living in care in the United Kingdom. **Your Care Rating** is an independent survey of '**care** home residents' conducted by Ipsos MORI. There were four themes of questions relating to staff and care, home comforts, choice and having a say and quality of life. Twenty one thousand people took part from 1,034 services.

Staff said they understood their role and responsibilities and felt they were well supported. They had regular team meetings where they could raise any concerns and were kept informed about the service, people's changing needs and any risks or concerns. Staff also used a daily handover to keep up to date.

The service was working with one of the provider's autism advisors towards achieving an autism kite mark accreditation. The aim of an autism accreditation is to

Requires improvement

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improve the quality of care for people who have autism. One of the things that had already improved for people was the use of pictures. Staff now used pictures relevant to people. For example, if they were talking about a kitchen they used an actual picture of the kitchen within the service, not a picture of any kitchen, so it was more meaningful to the person.

Audits were carried out to monitor the quality of the service and to identify how the service could be improved. This included regular checks on the medicines records, health and safety checks and an area of the ten point dignity challenge to identify improvements that would benefit people.

The Environmental Health Officer had visited the service in February 2015 and awarded the service five stars, which is the highest award.

Senior managers visited the service very regularly to check on the quality of care provided. People and staff told us that these visitors were approachable and always made time to speak with them and listen to what they had to say. One staff member told us the organisation was "Open and inclusive". Senior management undertook an annual quality monitoring visit with a follow up visit after six months to check progress. The registered manager received a weekly communication email, attended regular managers meetings, which were used to monitor the service, keep managers up to date with changing guidance and legislation. Good news and practices were also shared to drive improvements.

The atmosphere within the service on the day of our inspection was open and inclusive. Staff worked according to people's routines and facilitated discussions between themselves, individual's and the inspector.

Staff had access to policies and procedures via the provider's computer system or a folder was held within the service. These were reviewed and kept up to date by the provider's policy group. Records were stored securely and there were minutes of meetings held so that staff and people would be aware of up to date issues within the service. People also had access to some easy read policies and procedures; these had been expanded as a result of a suggestion through questionnaire feedback. The policies included keeping people safe from abuse, what is person centred planning, making a complaint, consent, health and safety and fire. Prescription information leaflets had also been put together in an easier to read format for people so they knew what the medicines they took were for.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The lack of detail in records and guidance meant the provider did not have an accurate and complete record of the care and treatment including decisions taken in regard to people. Regulation 17(1)(2) (c)