

The John Townsend Trust

St Gabriel's House - Apartments and Dane End

Inspection report

St Gabriel's House
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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Overall summary

This inspection took place on 3 December 2014, was unannounced and was carried out by two inspectors over one day. One of the inspectors had specialist knowledge of people with learning disabilities, who may also have behaviours that challenge and communication needs.

The service was incorrectly registered with the Care Quality Commission. Their registration stated they were

providing accommodation and nursing or personal care in a further education setting. This was not the case; the service was not a further education setting. The service was also registered to provide personal care and a diagnostic and screening service when they were not providing these services. The provider is in the process of resubmitting their registration to correct this and this is being dealt with outside of the inspection process.

Summary of findings

St Gabriel's House – Apartments and Dane End offers care and support for up to 14 young adults with a learning disability and sensory impairment. Some people were deaf and were not able to see or talk. Others were deaf with some speech or could lip read. St Gabriel's House consists of two self-contained apartments accommodating up to four young adults in each; Dane End is a detached five bedroom property a few minutes' walk from St Gabriel's House. Dane End provides accommodation for up to five young adults developing their independence. On the day of our inspection there were 12 people living across service. One of the spare rooms at St. Gabriel's was being used at week-ends for respite care.

There was registered manager working at the service. They were registered for St Gabriel's House apartments and Dane End. 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 and associated Regulations about how the service is run.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Some of the people at the service had been assessed as lacking mental capacity to make complex decisions about their care and welfare. We received information from the service informing us that eight people had applications granted to deprive them of their liberty to make sure they were kept as safe as possible. There were records to show who their representatives were, in order to act on their behalf if complex decisions were needed about their care and treatment.

Each person had a care plan which was personal to them and that they or their representative had been involved in writing. The contents, information and quality of care plans varied. Some care plans were clear and precise, while other care plans did not record all the information needed to make sure staff had guidance and information to care and support people in the way that suited them best. Some plans did not contain / have information of

the steps the person has achieved with their aspirations and goals. Plans for behaviours that challenge did not support positive behaviour but made judgements about people's behaviour. Potential risks to people were identified but full guidance on how to safely manage the risks was not always available. This left people at risk of not receiving the support they needed to keep them as safe as possible.

People's medicines were not always handled and managed as safely as they could be. Some medicine records were not accurate. There was a lack of detailed guidance for medicine needed on a 'when needed' basis. The staff at Dane End had information to hand to tell them about the drugs they were administering and the possible side effects.

Staff told us about the training they had received. New staff received an induction and had access to range of training courses. The training records were not up to date and did not reflect the amount of training the staff had received.

The registered manger was restricted and unable to manage with autonomy due to the systems that had been implemented by the provider. The registered manager did not have easy access to all the information about the service as this was kept at head office.

A system of recruitment checks were in place to ensure that the staff employed to support people were fit to do so. Staff received appropriate safety checks before working with people to ensure they were suitable. Staff received regular supervisions and support where they could discuss their training and development needs. There were sufficient numbers of staff on duty throughout the day and night to make sure people were safe and received the care and support that they needed. People said there was enough staff to take them out to do the things they wanted to.

People had an allocated keyworker who was involved in their assessments and reviews. A key worker was a member of staff who took a key role in co-ordinating a person's care and support and promoted continuity of support between staff. The key worker was a member of staff who the person got on well with and were able to build up a good relationship with. Whenever possible people were supported and cared for by their keyworker. People knew who their keyworker was.

Summary of findings

Safeguarding procedures were in place to keep people safe from harm. All of the people told us they felt safe in the services; and if they had any concerns, they were confident these would be addressed quickly by their keyworker or by the registered manager. All staff had been trained in safeguarding adults, and discussions with them confirmed that they knew the action to take in the event of any suspicion of abuse. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the registered manager or outside agencies if necessary.

People were offered and received a balanced and healthy diet. People could choose what they wanted to eat and when they wanted to eat it. People said that they enjoyed the food and told us what their favourite things were. People looked healthy and had a wide range of foods to cook and prepare. People's rooms were personalised and furnished with their own things. The rooms reflected people's personalities and individual tastes.

Staff were aware of the ethos of the home, in that they were there to work together to provide people with personalised care and support and to be part of the continuous improvement of the service.

The registered manager asked people for their opinions on the quality of care they received and responded to comments and complaints received in a timely and appropriate way. People's opinions and preferences mattered and were respected. There were appropriate management arrangements in place and staff and people told us they had no problems in talking to registered manager about any concerns. People were actively involved in developing the service by giving their views through regular meetings with their keyworker other staff and the registered manager. Regular health and safety audits were carried out to ensure the safety of the premises.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe. Not all risks to people were assessed and guidance was not available to make sure all staff knew what action to take to keep people as safe as possible.

Medicines were not always managed safely.

People said they felt safe living at the service. Staff knew how to keep people safe and protect them from abuse.

There were sufficient numbers of staff on duty at all times to make sure people received the care and support that they needed. Safety checks were carried out before staff started to work at the service.

Senior managers monitored incidents and risks to make sure the care provided was safe and effective.

Requires Improvement



Is the service effective?

The service was not effective. There were ongoing training programmes for staff but not all staff had the training they needed to keep people safe.

Staff had regular one to one meetings with the manager or a senior member to support them in their learning and development.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People's liberty was not unnecessarily restricted and people were supported to make choices about their day to day lives.

When people had specific physical or complex needs and conditions, the staff had contacted healthcare professionals and made sure that appropriate support and treatment was made available. People were provided with a suitable range of nutritious food and drink.

Requires Improvement



Is the service caring?

The service was caring. Staff took the time needed to communicate with people and always included people in conversations by continually using British Sign Language (BSL). Staff communicated with people in a caring, dignified and compassionate way.

People and their relatives were able discuss any concerns regarding their care and support. Staff knew people well and knew how they preferred to be supported. People's privacy and dignity was supported and respected.

The service involved people in making decisions around their care and support. People and their families were involved in reviews of the care being given.

Good



Summary of findings

Is the service responsive?

The service was not responsive. People's care plans varied in the quality and detail of information. There was no evidence that the behaviour support plans in place focused on Positive Behaviour Support (PBS) but focussed on making judgements about people.

People and their relatives were involved in the planning and reviewing of their care needs. People were encouraged and supported to develop their skills and interests, and to enjoy outings and their hobbies.

People said they would be able to raise any concerns or complaints with the staff and registered manager, who would listen and take any action if required.

Requires Improvement



Is the service well-led?

The service was not well-led. The provider had not provided the required oversight and scrutiny to support the service.

The staff were aware of the services ethos for caring for people as individuals and putting people first. The registered manager led and supported the staff in providing compassionate and sensitive care for people; and in providing a culture of openness and transparency.

There were systems in place to monitor the services progress using audits and questionnaires. There were plans for improvements. Records were suitably detailed, and were accurately maintained apart from training records.

Requires Improvement



St Gabriel's House - Apartments and Dane End

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.

The inspection took place on 3 December 2014 and was unannounced. It was carried out by two inspectors over one day. One of the inspectors had specialist knowledge of people with learning disabilities, who may also have behaviours that challenge and communication needs.

We normally ask the provider to complete 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. On this occasion we did not ask the provider to do this as we were responding quickly to information and concerns that had been raised at another location run by this provider. We wanted to check whether the similar concerns were happening at St. Gabriel's and Dane End.

We looked at previous inspection reports and notifications received by the Care Quality Commission. Notifications are information we receive from the service when a significant event happened at the service, like a death or a serious injury.

We met some of the people using the service and had conversations with seven of them. As the people at the service had difficulty hearing and sometimes could not talk to us we used different forms of communication to find out what they thought about the service. One of the inspectors was able to communicate using a sign language that people understood, some people could lip read and some people could communicate using pictures. Other people spoke to us with the staff interpreting using British Sign Language (BSL).

We spoke with nine staff members, which included two team leaders and the registered manager. We looked around the communal areas of the service.

We looked at how people were supported throughout the day with their daily routines and activities. We reviewed five care plans. We assessed if people's care needs were being met by reviewing their care records and speaking to the people concerned. We looked at a range of other records: the staff induction and training programmes; staffing rotas; medicine records; environmental and health and safety records; risk assessments; quality assurance questionnaires; meeting minutes and auditing records. At this inspection we did not look at staff recruitment files as these were kept at the main office at another service run by this provider. We had recently inspected the other service and looked at staff recruitment then.

We last inspected this service on 14 February 2014. At this inspection no concerns were identified.

Is the service safe?

Our findings

People told us how they were supported to take risks. They were supported to cook, clean and take control of their lives that may be risky, such as, going out without support and administering their own medicine. There were straightforward risk assessments in place that outlined how risks could be reduced. One person said “I cook meals, and always take things out of the oven using oven gloves. I never use a tea towel as it could catch light”. However, we found that people were not always kept safe. There were systems in place to identify if people were at risk, but these had not been consistently followed. Some people were identified at being at risk from choking and falling over. There was information available for each person to tell staff how to prevent this from happening but there was no instruction to say what to do for each individual if they did start to choke or if they fell over. People were not protected against the risk of receiving care or treatment that was inappropriate or unsafe. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People’s medicines were stored safely in their flats. Records were kept of the medicines people received. A recent audit had found several errors in the recording of medicines administered. Staff had not signed the records when medicines had been given to people. Staff said that these errors had now been addressed and rectified. However, when we looked at the medicines records at this inspection there were gaps in one of the recent records so staff did not know if the person had received the medicines they required or not. One medicine in the cabinet was out of date and this had not been identified at the audit. A bottle of eyes drops had been opened. Once eye drops have been opened they should be disposed of after 28 days. Staff had not recorded when they had been opened so they would not know when they should be disposed of. Some people needed to take medicines now and again including pain relief. They may not be able to ask the staff for it due to their communication needs. There were no individual instructions about this ‘as needed’ medicine.

Staff did not check that people had received their medicines when they were not at the service. People often went home to their families at weekends. Sometimes if their families did not have their own stock of medicines available the staff gave them the person’s medicines kept

at the service. Clear records were not kept when medicines were taken away from and returned to the service. Therefore all medicines could not be accounted and staff were unable to monitor if people had taken their medicines when they were at home. At St Gabriel’s staff did not have any reference material available to check the medicines they were giving to people and the possible side effects. The Dane End House did have reference material available. People were not always protected from the risk of unsafe medicine practices. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Some prescription medicines are controlled under the Misuse of Drugs Act 1971. These medicines are called controlled drugs or medicines (CD). These have specific procedures which are required to be followed with regards to their storage, recording and administration. Controlled drugs (CDs) were stored in a cupboard which met legal requirements, and records for these were in clear and in order. CDs were checked by two staff before they were given and two staff signed for the medicines after they were taken. When medicines were stored in the fridge the temperature was taken daily to make sure they would work as they were supposed to. When homely remedies were used, like herbal medicines, the staff had consulted the person’s doctor to check this was safe. People were being supported to learn how to administer their own medicines safely.

At this inspection we were not able to look at the staff files as these were held at the head office located at a different service. We had completed an inspection at head office at the other service recently and checked a wide range of staff files. Safe systems were used to make sure staff were only employed if they were suitable and safe to work in the service. The manager and team leader were supported by staff at the provider’s head office to employ staff. Job descriptions and person specifications were used during recruitment to check applicants had the skills, knowledge and experience to complete the role. Checks on the character of new staff, including police checks, were completed to protect people from staff who were unsuitable to work at the service.

The provider had policies and procedures for ensuring that any concerns about people’s safety were reported. Staff explained how they would recognise and report abuse. Staff had received training in safeguarding adults. Staff told

Is the service safe?

us they were confident that any concerns they raised would be listened to and fully investigated to ensure people were protected. Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff said, “We had a week long induction, and safeguarding was covered, as was equality and diversity and supporting people who may be challenging”. One told us “I have confidence in the whistle blowing system. I used it and the policy was followed. I felt the manager and safeguarding leads looked after me and the people I support”. People told us about taking risks and keeping safe, all confirmed they were confident to seek support from the staff. One person named a list of staff saying, “I know who to tell if I need help, and I know to speak up if I have a problem”.

There were enough staff on duty to meet people’s needs and keep them safe. The number of staff needed to support people safely had been decided by the authorities paying for each person’s service. Some people required one to one support at all times whilst others were supported in small groups of three or four. The duty rota showed that there were consistent numbers of staff available throughout the

day and night to make sure people received the care and support that they needed. There were arrangements in place to make sure there were extra staff available in an emergency and to cover for any unexpected shortfalls like staff sickness. When there was not enough staff available the registered manager used agency staff. The provider was in the process of recruiting new staff. On the day of the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people’s individual needs.

Accident and incident forms were completed, including in response to behaviours that might challenge. The registered manager said that they reviewed the forms then gave them to an administrator at head office. The provider used a computer system to analyse incidents and accidents. This systems highlighted patterns and trends at the service. If, following the analysis it was identified that people had incidences of behaviours that challenged they were referred to the behaviour support team. The team were employed by the provider to develop specialist behavioural plans for each individual. People who had behaviour support plans were reviewed periodically or sooner if their needs changed.

Is the service effective?

Our findings

People told us that the staff looked after them well and the staff knew what to make sure they got everything that they needed. There was a training programme in place to make sure that staff knowledge and skills were kept up to date. There were shortfalls in staff training. Not all staff had completed the necessary training or kept their skills up to date. Therefore, staff may not have the skills they needed to look after people in the best way. Some people had individual needs around eating and drinking that required staff to have specialist skills to support them safely or respond appropriately in an emergency. Other people required support to mobilise safely but not all staff who were supporting them had received training in these areas. 55% of staff did not have a first aid qualification and they were supporting people on a one to one basis. Staff did not always receive the appropriate training to be able to meet the range of people's needs effectively. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

In other areas staff had received the training they needed. The training records kept at the service showed that 86% of staff had completed their induction training, including safeguarding and whistle blowing. The remaining staff were in their first 12 weeks of employment and were currently undergoing training. Records showed that sufficient training had been provided to staff in key areas including medicine management, BSL, fire safety, Diploma in social care (levels 3 and above), equality and diversity, infection control and supporting people to avoid challenging behaviour. Staff told us they were happy with the opportunities for on-going training. A number of staff had completed National Vocational Qualifications (NVQs) or a diploma in care. NVQ's are work based awards that are achieved through assessment and training. To achieve an NVQ, candidates must prove that they have the ability (competence) to carry out their job to the required standard

Staff had one to one meetings with the registered manager or a senior member of the staff team every month. Staff who had just started to work at the service had more regular one to one meetings and worked for a six month probationary period. Staff competencies were checked before they were able to work with people on their own. Staff were able to discuss the care and support that people

received, and the support that they needed to do their jobs more effectively. Staff also received feedback on their performance. Staff had an annual appraisal which identified their development and training needs and set personal objectives. When training needs were identified staff were supported to access the necessary training. If staff were not achieving their personal objectives they were supported by the registered manager and senior staff to look at different ways to achieve them. Staff received extra supervision and mentoring if issues were highlighted.

The registered manager told us that the service sometimes used agency staff to cover shortfalls while they were carrying out recruitment for permanent staff. They used the same agency, and asked for the same staff who were familiar with the people living there. New agency staff were taken through an induction process to ensure they were aware of key procedures such as the emergency procedures, the layout of the service, and the fire points.

The staff team knew people well and knew how they liked to receive their care and support. The staff had knowledge of people's medical, physical and social needs. Staff were able to tell us about how they cared for each person to ensure they received effective individual care and support.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. The provider had a medical centre located on its main site where people had quick access to specialist nurses, speech and language therapists and occupational therapists. Because the people at the service had hearing impairments they had access to hearing clinics where their hearing was monitored and checked regularly. When people had problems eating and drinking they were referred to dieticians. If a person was unwell their doctor was contacted. People were supported to attend appointments with doctors, nurses and other specialists they needed to see.

All staff used British Sign Language (BSL), speech and gestures to communicate with people in the way that was right for them. We were supported by staff to join a signed group discussion. People were confident in giving their opinions about support. They were also confident to say when they did not want to do something. Following answers to our questions about safety, a person asked, "Are we finished now, as I would like to carry on with my work".

Is the service effective?

Staff translated this without hesitation, and our response back, “Yes, of course and thank you”. Another person gave us a tour around their home, with staff providing rapid interpretation both ways.

The registered manager and care staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People’s consent to all aspects of their care and treatment was discussed with them or with their next of kin or representative. Some people lacked full capacity to make complex decisions about their care. The manager had applied for and obtained deprivation of liberty safeguards (DoLS) authorisations when it was necessary to restrict people for their own safety. These were as least restrictive as possible. When people’s liberty was not restricted they had the freedom to leave the service independently should they so wish, or if they felt confident to do so without staff support.

Each of the flats where people lived had a kitchen and staff included and involved people in all their meals. Some people could prepare their own meals and some people required support. Several people confirmed they could go and get snacks and drinks from their kitchen without support. People looked healthy and had a wide range of foods to cook and prepare. Records were kept about people’s weight and food consumption. In shared accommodation, people took turns to cook the main meal, which they had planned as a group. People were supported to prepare their own packed lunches if they were going out to attend activities during the day. People often went out to eat in restaurants and local cafés. People’s likes and dislikes were known, and if a person did not like the main meal, the person was given support to cook an alternative. If people needed additional support, or had a special support need, nutrition recording would become more specific to the individual’s requirements.

Is the service caring?

Our findings

People told us they were involved and always asked about the care and support they wanted to receive. One person said, "I do have a care plan and I can change things when I talk to my keyworker". People discussed aspects of their care with their keyworker and other staff. People said that they worked together with the staff to make sure people got everything they needed. People met with their keyworkers every two weeks. These meetings were recorded by people in scrap books. People used pictures and drawings to record what they had done and liked, what they did not like and what they wanted to do over the next couple of weeks. At the next meeting these scrap books were reviewed. People and their relatives or advocates were involved in making decisions about their care. Most people had family members to support them when they needed to make complex decisions, such as coming to live at the service or health care appointments. Advocacy services were available to people if they wanted them to be involved.

Staff supported people in a way that they preferred and had chosen. There was a relaxed and friendly atmosphere at the service. People looked very comfortable with the staff that supported them. People chatted and socialised with each other and with staff and looked at ease. People and staff worked together in the kitchen to prepare drinks and meals. Staff encouraged and supported people in a kind and sensitive way to be as independent as possible. Staff asked people what they wanted to do during the day and supported people to make arrangements. When people could not communicate using speech, staff were able to interpret and understand their wishes and needs and support them in the way they wanted. Most people used British Sign language (BSL) to communicate. The staff team were polite and used British sign language fluently

while supporting people and while talking with each other. People were involved in what was going on and were aware of what was being said and were involved in conversations between staff. Staff gave people the time to say what they wanted. At other times they used pictures and objects to help people say what they wanted. Staff observed people and were aware of what people were doing and where, so they could offer choice and support.

Staff spoke about respecting people's rights and supporting people to maintain their independence and make choices. People had choices to do different things. They could attend the day centre where they participated in activities. They could go shopping, visit places and friends. If they wanted to they could stay at home. People said there were opportunities to express their views about their own support and care. People had been supported to develop 'power point' presentations to show at their reviews so that family, professionals and other people involved in their care knew who they were, what they had achieved what they wanted out of life. Staff listened to people's views and took action to support their wishes.

People's privacy and dignity was respected by staff. When staff wished to discuss a confidential matter with a person they spoke to them in private. Everyone said their privacy was always respected. Staff were aware of people's religious choices and different backgrounds. Staff respected people's beliefs and supported them to live how they wanted to. Some people had chosen not to eat certain foods and their wishes were respected.

People told us they could go out and visit their friends, or friends could visit them. One person told us that they had a personal relationship and it was very important to them. They told us that the registered manager and staff had helped them remain in the local area to that they continue their life and relationships.

Is the service responsive?

Our findings

People said that they were involved in planning their own care. They told us that they talked with staff about the care and support wanted and how they preferred to have things done. When people first came to live at the service they had an assessment which identified their care and support needs. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best. The care plans varied in the amount and detail of guidance and information they contained. Some support plans were less centred on the person than others. Some care plans were written in a way that was difficult for staff to find information they needed to give the right support in the way that people preferred and would suit them best.

There were no developmental goals or objectives in some people's care plans, and some of the text was written in a way that passed judgement on the person, rather than direct staff how to support them. A plan stated, "Although I may ask for assistance, it is not necessary as I can do it by myself. Staff need to reinforce that I can do it myself". The plan did not consider the fluctuating needs of the person, or maybe the way staff should support the person to help themselves. There was no teaching plan or way to monitor how the person was doing when they were learning particular skills they found difficult. The plan then said that, "Staff will need to remain consistent with me as I may scream and shout and on rare occasions have hurt myself". The type of support being provided did not provide the positive environment that would enable a person to learn easily. The care plan did not explain what the staff needed to do to support the person or what the word 'consistent' meant.

Some people had been assessed as having behaviour that could be described as challenging, there was no evidence that the behaviour support plans in place focused on Positive Behaviour Support (PBS). The aim of a PBS plan was to give support in a way that is less likely to cause challenging behaviour, increasing the time where alternative skills can be taught to the person to get their needs met. The support described was weighted towards action aimed as providing a punishing consequence and reactive strategies. For one person an action to take when a person showed signs of 'losing control' was "Ask me firmly to stop damaging property. Ask me to pick up / clean up

any mess I have made. I will do this when asked". In the plans the phrase 'Staff are too strongly discourage this and redirect' was used. 'Strongly discourage' was not defined so was not clear what it meant and what staff should do, and was applied as a reactive strategy for highly emotional and self-injurious behaviour. The registered manager had attempted to contact the behaviour support team to arrange a review and had a list of suggestions to improve the plan based on staff feedback. The service had made two appointments with this team; the team member had failed to attend on both occasions.

People were not protected against the risk of receiving care or treatment that was inappropriate or unsafe. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

When people were using the service for respite breaks, a brief assessment of support needs had taken place. This had led onto a brief but informative support plan. These plans highlighted personal preferences and how to support people in the way they preferred and suited them best. It explained what environmental conditions would trouble people. Some people did not like crowds, so there was a plan on how staff should support the person when in a crowd.

There were assessments and care planned about the link between pain and self-injurious behaviour. Specialist psychiatric medical advice had been taken, and a plan written so when behaviour that suggested pain was seen, pain relief could be offered. The manager said that this process had worked well. The records recorded the outcome of giving pain relief had led to a reduction in behaviours. This had benefitted a person whose behaviour could be described as challenging.

Some people had 'ROAD' plans in place. This was a way of planning what a person wanted for their future and was a pathway to increase individual's levels of independence. This planning tool helped staff to understand what the person wanted and what staff should do to support people to learn new skills. People had chosen their goals, for example, road safety, self-administration of medicines, cooking skills and other skills (such as respecting personal space) that would increase their chance of success in social situations.

Four people were on the ROAD pathway and three had successfully found part time paid supported employment

Is the service responsive?

in the local community. Some people attended their jobs three times a week, and these jobs included waiting at table, preparing hot and cold drinks, domestic and catering and kitchen cleaning. People enjoyed the work that they did and said they liked earning extra money. When one person did not like the job they were doing they were supported to find something new and was now happy.

Other people had a range of activities they could participate in if they wanted to during the day and the evening. Some people chose to attend the day centre which was located on the ground floor of St. Gabriel's. People went out to places like the cinema or bowling. Some people preferred shopping or visiting friends. People told us that they enjoyed the activities they did and that they had choices and could change their mind if they decided not to do something. People were encouraged to be creative and inventive. When people did not have enough money to buy things that they wanted to they were supported with ideas to raise extra funds. One person wanted to visit Chessington Zoo and was supported to bake cakes to sell the cakes at different events to raise the money for the trip. They had achieved this and been to the zoo and were now in the process of saving up for a coat that they wanted.

People said that they felt listened to and their views were taken seriously. If any issues were raised they said these were dealt with quickly. People's key workers spent time with them finding out if everything was alright

with the person and if they wanted anything. There were regular meetings for people, their relatives and staff. The minutes of these showed these were an opportunity to share ideas, keep up to date with good practice and plan improvements. Staff said there were always opportunities to discuss issues or to ask advice. There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions.

Staff felt confident to pass complaints they received to the registered manager or senior member of staff. Concerns from people were resolved quickly and informally. When complaints had been made these had been investigated and responded to appropriately. The service had a written complaints process that was written in a way that people using the service could understand. Each person had information about how to complain which was kept in their rooms so that they could access it easily. The complaint process asked how the issue made people feel. People could choose the staff member they wanted to deal with the complaint. The action that was taken and the outcome of the complaint was recorded. A person had complained about someone banging their bedroom door when they went in and out, which they found disturbing. This had been responded to and action had been taken to stop this from happening in the future. This information was fed back to the complainant in a format that they could understand.

Is the service well-led?

Our findings

Concerns had recently been found by CQC about the overall management of services run by the provider. The registered manager was restricted and unable to manage with autonomy due to the systems that had been implemented by the provider. The registered manager did not have easy access to all the information about the service as this was kept at head office, which was three miles from the service. All information about complaints and safeguarding, the action taken and the outcome were all kept at head office. The registered manager retrieved these for the inspection but did not usually have ready access to the records. The registered manager did not have a full overview and full knowledge of the events and actions that were directly related to the service that they were registered for. The registered manager was trying to manage and have oversight of the service but the way the organisation worked did not empower them to do this. The manager did not have records to hand to allow them to assess and manage risks to people. The registered manager was not able to fully fulfil their role due to lack of support and restrictions by the provider.

People were not protected from risks of inappropriate or unsafe care as the provider did not have effective systems in place to enable the manager to assess and manage risk to service users. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The training records kept by the registered manager at the service did not match up to the training records that were kept at head office. It was difficult to work out which staff had done what training.

The registered manager told us that they kept their own records of the staff training. They had submitted this information to head office. The head office records were not accurate and had not been kept up to date. The provider had not ensured that the training records were accurate and a true reflection of the training undertaken by staff. They stated that they would review all staff training records to make sure they were accurate. The training records from head office indicated that people had not undertaken training in areas like fire safety training and safeguarding people. Staff told us that they had completed this training.

People were at risk from unsafe care as the provider did not have up to date, accurate record relating to the management of the service. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

St Gabriel's and Dane End had a registered manager in post that supported and guided the staff team within the service. The registered manager's office was centrally located within the service, which meant the registered manager was available to people and visitors. Throughout the day people were welcome to walk in and out of the office and chat to the registered manager and anyone else they wanted to talk to. Staff told us that the registered manager was available, accessible and they felt they could approach them if they had any concerns. Staff told us if they did have any concerns the registered manager acted quickly and effectively to deal with any issues. When any issues about staff practise were identified staff meetings were promptly organised to discuss what had happened and how staff practises could improve to prevent re-occurrence. A meeting had recently been held when shortfalls had been identified when medicines given to people that had not been recorded accurately. This had been discussed and staff reminded about best practice when recording the administration of medicines.

Staff were clear about their roles and responsibilities. Staff were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing structure ensured that staff knew who they were accountable to. The registered manager had recognised the key challenges of the service and was taking action to manage these. They maintained sufficient staffing levels to meet the assessed needs of people and sourced additional staff and support to manage people with complex needs.

Our observations and discussions with people and staff at the service showed that there was an open and positive culture between people, staff and the registered manager. The services visions and values were to support people to be as independent as possible while keeping them safe. Staff wanted to make sure people reached their full potential and they wanted to provide them with the opportunities to do this. They aimed to provide them with choice and care, which was personalised to their needs. In 2013 some people had set a challenge to climb Mount Snowden, they achieved this. The challenge they set this

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year was to climb the three peaks in England, Scotland and Wales. People were supported to achieve this goal and had the pictures and the scrap books available to show us. They were very proud of their achievements.

People said that they felt listened to and their views were taken seriously. If any issues were identified they said these were dealt with quickly. People's key workers spent time with them finding out if they had everything was alright with the person and if they wanted anything. There were regular house and individual meetings with people. People met every Sunday in their flats to decide the plans for the following week. People decided what menus they wanted and what they wanted to do in the week.

People's views and staff views about the service were also obtained through the use of questionnaires. The most recent one had been in March 2014. The feedback had

been positive. One person had reported that they wanted to change their job as they were not happy. This was addressed and the person had a new job. Questionnaire results from relatives were sent directly to the company's head office where they were analysed, and the manager was informed of the outcome. This enabled her to take appropriate action in response to relative's views.

The registered manager carried out regular quality assurance audits and safety checks to monitor the quality of the service provided. They used the Care Quality Commission (CQC) new methodology as a guideline for the audits and checks to ensure compliance with legislation. Care plans, medicine records and people's money were audited regularly to ensure they were up to date and accurate. When errors or shortfalls were detected action was taken to prevent it from happening again.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector Diagnostic and screening procedures Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The provider had not taken proper steps to ensure the appropriate delivery of care, support and treatment to meet people's individual needs and ensure their welfare and safety. Regulation 9 (1)(b)(i)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector Diagnostic and screening procedures Personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The provider had failed to safeguard people against the risks associated with the unsafe use and management of medicines at the service. Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector Diagnostic and screening procedures Personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records The provider had not taken the necessary steps to protect people against the risks of unsafe or inappropriate care by means of keeping an accurate record in respect of each person to reflect the care, support and treatment they needed. Regulation (20)(1)(a) of the Health and Social Care Act 2008 (Regulated Activities)

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Accommodation and nursing or personal care in the further education sector

Diagnostic and screening procedures

Personal care

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

Service users were at risk because staff did not receive appropriate training.

Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010:

Regulated activity

Accommodation and nursing or personal care in the further education sector

Diagnostic and screening procedures

Personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

Service users were at risk as there was an ineffective mechanism in place to ensure that decisions in relation to care and treatment for service users are taken at the appropriate level and by the appropriate person.

Regulation 10 (2)(d)(i). of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010: