

Westhope Limited

Westhope Mews

Inspection report

6 Denne Parade
Horsham
West Sussex
RH12 1JD
Tel: 01403750736
Website: www.westhopecare.co.uk

Date of inspection visit: 3 & 4 August 2015
Date of publication: 21/10/2015

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

The inspection took place on 3 and 4 August 2015 and was unannounced.

Westhope Mews is registered to accommodate up to eight people. It specialises in providing support to people with a learning or physical disability. The accommodation is provided on the ground floor of a purpose built property and there is level access throughout. There is a communal lounge, dining room and activities room. The service shares the use of a minibus with two of the providers other services in the area.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and staff told us over recent months they had not always operated with the staffing levels the provider had assessed they needed to operate the service. The registered manager explained they had

Summary of findings

two vacancies which they were in the process of recruiting to but had struggled to fill. They said over this period they had spent more time working on the floor to deliver care than they normally would and less time on their management responsibilities and as a consequence, many of the records we looked at were incomplete or in need of updating. Whilst the registered manager was already aware of the shortfalls we identified at this inspection, they had not formulated an action plan to address them. People, their representatives, and staff were all encouraged to express their views and complete satisfaction surveys. Feedback received showed a high level of satisfaction overall however the results of the surveys had not been analysed to help drive improvement in the service.

Staff told us they would be confident reporting any concerns about people's safety or welfare to the registered manager or nominated individual. However when incidents that affected people's safety and welfare had occurred, the local authority safeguarding team had not been informed and incidents had not been analysed to identify any emerging themes or trends in order for them to decide if an investigation was needed.

Risk assessments were not all robust and did not always specify on what basis a risk had been identified and control measures put into place for example restricting access to the kitchen or the use of bed rails. The actions taken to minimise risks were not always the least restrictive. We were told one person lacked the capacity to give their consent to care and treatment and to agree to restrictions that were placed on them for example to be under constant supervision and to having bed rails in place. However a mental capacity assessment had not been completed to assess this and an application to the local authority had not been made for them to authorise the deprivations of liberty this person was subject to until after our inspection.

The provider's procedures for administering people's medicines were safe but staff had not always followed them. Some people's medicines were out of date, staff did not have specific guidance for follow in relation to when as and when needed medicines should be administered and the stock of some medicines did not balance with the stock indicated in medicine records.

Some staff recruitment files were not available to view. Therefore it was not possible to establish how the

registered manager had assessed that it was safe for these staff to work at the home or that they had the skills and experience they needed to support the people that lived there.

People were supported to be independent and live the lifestyle of their choice. One member of staff said "People can do what they want." Another staff member said "We are helping people to do the things they cannot do themselves." People led active lives and were supported to participate in a range of activities that they enjoyed. People were supported and encouraged to maintain relationships with people that mattered to them and there were no restrictions on visiting.

Staff knew the people well and were aware of their personal preferences, likes and dislikes. One person said "They are gentle with me, they don't rush me." Person centred support plans were in place detailing how people wished to be supported, and people were involved in making decisions about their care. However not all aspects of these plans were up to date. Staff told us they kept up to date with changes to people's care though reading the communication book, people's daily records and by attending staff handovers and meetings. People were supported with their healthcare needs and staff liaised with their GP and other health care professionals as required. One person said "When I ring the bell they come quickly".

Staff felt supported and received regular training. They had obtained or were working towards obtaining a nationally recognised qualification in care. They were knowledgeable about their roles and responsibilities and had the skills, knowledge and experience required to support people with their care and support needs.

Feedback about the registered manager and staff was positive. They described an 'open door' management approach, where the registered manager was available to discuss suggestions and address problems or concerns. A member of staff said "We are a good team, everyone gets on well".

We identified four areas where the provider was not meeting the requirements of the law. You can read what action we have told the provider to take at the back of the full version of the 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.

Some staff recruitment files were not available so it was not possible to establish if they were suitable to work there.

Management did not have a good understanding of their responsibilities in relation to reporting safeguarding concerns.

Some people's medicines were out of date. The management of people's 'as and when needed medicines' were not robust.

The service frequently operated with fewer staff than the provider had assessed was needed to meet people's needs.

Requires improvement



Is the service effective?

The service was not always effective.

Staff were aware of the requirements under the Mental Capacity Act (MCA) 2005 and responsibilities with regard to Deprivation of Liberty Safeguards (DoLS) however these had not been followed in respect of one person.

Staff supported people with their health care needs and associated services and liaised with healthcare professionals as required.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people.

Requires improvement



Is the service caring?

The service was caring.

People were supported to be as independent as possible by kind and caring staff. They were treated with dignity and respect.

They were encouraged to express their views and to be involved in decisions about their care.

Good



Is the service responsive?

The service was not always responsive.

Care plans were not all up to date so staff did not always have the most up to date information on how people wanted to be supported. Some aspects of people's care plans lacked guidance for staff to follow to support them.

People were supported to live the lifestyle of their choice and were encouraged to stay in contact with their families and those that mattered to them.

Requires improvement



Summary of findings

Staff were knowledgeable about people's support needs, interests and preferences and supported them to participate in activities that they enjoyed.

There were systems in place to respond to complaints.

Is the service well-led?

The service was not consistently well led.

The providers systems and processes for assessing and monitoring the quality of the services provided and to drive improvement had not been followed. Shortfalls in service delivery had not always been identified. Timescales for the completion of actions needed to address those shortfalls that had been identified had not been specified therefore we were not assured improvements needed would be made in a timely manner.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable raising concerns.

Requires improvement



Westhope Mews

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 and 4 August 2015 by one inspector and was unannounced.

The last inspection of this service took place on the 30 July 2013 at which no concerns were identified.

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 any improvements they plan to make. We checked the information that we held

about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

On the day of our inspection, we met and spoke with seven of the people using the service. Due to the nature of people's learning disability, we were not always able to ask direct questions, but we were able to observe how they were supported by staff. We spoke with the registered manager and five support workers.

We looked at a range of documents including; three people's support plans, daily records, records relating to the management of medicines, quality assurance documents, health and safety records, accident and incident records, three staff recruitment and personnel files, staff duty rota and staff training records.

Is the service safe?

Our findings

People told us they felt safe in the home and were comfortable with the staff that supported them. One person said “They are gentle with me, they don’t rush me.” People said they would tell the registered manager or staff if something was wrong. Staff knew people well and felt confident people would either tell them or otherwise let it be known if there was something that had upset them or they had been hurt in anyway. However we identified a number of concerns in relation to people’s safety.

The registered manager and staff had completed training in what constitutes abuse and safeguarding adults. Staff told us they would report any suspected abuse to the registered manager or in their absence, the nominated individual. A nominated individual is a ‘registered person’ who represents the registered provider when the provider is a limited company. 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. Records provided details of incidents that had affected people’s safety and wellbeing over recent months. However these incidents had not been referred to the local authority safeguarding team in line with the providers own policies and procedures or as they are contracted to do. This meant the local authority had not had the opportunity to investigate the incidents to establish whether or not abuse had occurred. The providers policy states ‘The manager should monitor and review incidents, concerns and complaints that have the potential to become an abuse or safeguarding concern and take appropriate action to prevent them.’ We could not see the incidents recorded had been investigated or corrective action taken to minimise the risk of re-occurrence. The registered manager was unable to provide an explanation for this.

People were not always protected from abuse and improper treatment; this is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us and we saw they received their medicines on time. Medicines were stored securely and were only administered by staff who were trained to do so. However staff were not always following the providers own policy or nationally recognised good practice guidelines in relation to the management and administration of medicines. On

the first day of our visit we identified that two people’s pain relieving medicines in the medicine trolley were out of date and highlighted this to the registered manager. On the second day of the inspection we found these medicines were still in the medicine trolley. This meant there was a risk these out of date medicines would be administered and we asked for them to be removed.

We completed a spot check of three people’s medicines. Some people received their medicine from a combination of boxed and blister packs. Blister packs were used as individual daily doses for tablet medicines. The quantity of medicines that were dispensed from blister packs was the same as the records indicated it should be, however the quantity of the medicines dispensed from boxes was not. It was not possible to establish whether this was an error in the administration of medicines or an error in the records. For example the stock of three people’s as and when needed pain relieving medicines were far higher than the records indicated they should have been. There for we could not establish whether these medicines had been administered to people on the dates the records indicated they had or not.

The registered manager told us this was because they ‘worked a week behind’ but was unable to show us how this made the quantity of medicines in stock balance with the records. There were no specific guidelines in place for staff to follow for under what circumstances peoples as and when (PRN) medicines should be administered or how people may indicate or signs that staff should look out for when they were in need of these medicines. Some people had been prescribed topical creams but there was no indication what they had been prescribed for or where on the body they should be applied.

Risk assessments were not always robust and did not always detail on what basis a risk had been identified or promoted the least restrictive practice. The environment did not promote safe and unrestricted access to one person’s room. This person’s bedroom was adjacent to an external door at the bottom of a flight of stairs that led to an entrance to a supported living service on the first floor of the building. In order for this person to get to their room they had to go through a door which was operated by a key pad. This person was unable to use the key pad or open the door without staff support which meant their freedom of movement was being restricted. The registered manager explained the door and key pad were in place to prevent

Is the service safe?

people from the first floor entering the ground floor accommodation. However, due to the location of this person's room, people from the first floor walked past their room, which was left open, when they entered or left the building. We could not see that the risks associated with people from the first floor having access to this person's room or the restrictions the door and key pad placed on this person had been assessed.

We saw each person who used a wheelchair had bed rails in place. The risk assessment documents stated bed rails were needed because there was a risk of each person falling from their beds but did not specify on what basis this risk had been identified. Three people told us they were not allowed in the kitchen. One of them said "I'm not allowed in the kitchen, I don't know why". Staff told us people could and did go in the kitchen with staff support because it was not safe for them to do so alone. However, we did not see risk assessments had been completed for this. This meant staff did not have any guidance to follow in relation to how to minimise the risks to people when they accessed or used the kitchen. For example it was not clear whether people were able to safely use kitchen equipment independently or not.

Care and treatment was not always provided in a safe way there were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and staff told us that the relevant identity and security checks were completed prior to staff being deployed to work in the service. Recruitment files that were available to view contained this information. However, two staff recruitment files were not available to view. The registered manager explained one file was not available because the member of staff had only recently started working at the service and head office had not yet sent over their recruitment file. They said the other member of staff had originally been recruited to work in one of the providers other homes and their file was still there. In one file the staff members previous employment was detailed only by year to year which meant we could not be assured there had not been any gaps in their employment and that these had been accounted for.

The registered manager said that staff employed to work at the providers other services sometimes worked additional shifts at Westhope Mews. They told us that all staff that worked for the provider had completed an induction and

mandatory training and staff confirmed this. However there was no record of the recruitment, induction or training for these staff available in the home so it was not possible to assess on what basis the registered manger had assessed they had the skills and experience they needed to support the people living there.

The shortfalls identified in relation to recruitment practices and the availability of staff records are breaches of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us the staffing levels had always been the same; four staff on duty on the early shift from 7.30am to 2.30pm, four staff from on the late shift from 1:30pm to 9pm and two waking night staff from 20.45 to 19.15. They told us staffing levels were assessed by head office and were based on the number of care hours each person needed. They told us they had two staff vacancies and offered additional hours and overtime to staff to cover for the vacancies and unplanned staff leave, but it had not always been possible to cover every shift. The staff duty rotas detailed 19 shifts had not been covered in July, 23 had not been covered in June and 31 had not been covered in May. They explained they had covered some of these shifts themselves but they had not recorded this. They also told us they had struggled to fill these vacancies but interviews were scheduled to take place the following week.

Staff told us that although they often had worked with less than the staffing figures provided above this did not affect people's safety. One member of staff said "We can manage on three (staff) easily. That is enough." Other staff told us people got up at different times so they had time to assist each person without rushing them to get to the next person. They explained they could always call on the support of staff working at the providers other services if needed. People told us they thought there were enough staff to meet their needs. They told us, when they were in their rooms they could ring a bell to alert staff they needed support. They said they didn't usually have to wait very long for help. One person said "When I ring the bell they come quickly". This is not a breach of regulation but we have identified this as an area of practice that needs improvement.

Staff showed us that they looked after people's spending money which was stored securely. Records had been maintained and receipts obtained for all money spent.

Is the service safe?

They told us people's money was checked and the associated records were completed each time money was taken out for a person to spend. We observed staff completing the records and checking a person's money when they returned from supporting them on a shopping trip.

Environmental assessments identified hazards that may cause harm to people who lived, worked and visited the

home and steps to reduce these risks had been taken. For example, fire safety and fire fighting equipment was in place and had been tested and serviced. The hot water, fridges and freezer temperatures were monitored to make sure they were within the recommended temperature ranges.

Is the service effective?

Our findings

People told us and we saw people got the help they needed and were looked after well by the staff. They thought the staff were capable and were able to meet their needs. We identified areas of good practice but also areas that need improvement.

Management and staff had a basic understanding of the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what may constitute a deprivation of liberty. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty they are authorised by the local authority as being required to protect the person from harm.

We were told all but one person had the capacity to make all their own decisions and give consent to their care and treatment. The registered manager said whilst they had not yet completed a MCA assessments for the person, they did think this person lacked capacity to make their own decisions and give consent. They told us this person's liberty was being deprived by the use of bed rails, being under constant supervision and the fact that they would be prevented from leaving the premises should they wish to. They said they had recently updated their knowledge of this subject and were aware they needed to complete MCA assessments and apply for a DoLS for this person and it was high on their list of priorities to do so. Following our inspection the registered manager confirmed to us they had completed the assessments and applied for a DoLS to be authorised by the local authority. This is an area we have identified as needing improvement.

People were supported to eat a balanced diet and drink enough fluids. People that needed support to eat received appropriate support from staff and specialist equipment was available to support people to eat independently. One person said "The food is ok". Another person said "Yes I like the food". The food each person ate was recorded daily and their weight was monitored. However, no one knew what was for lunch on either day of the inspection and we did not hear people being advised what the meal would be or asked if they wanted an alternative. When staff placed the food in front of people they did not explain what it was. When we asked people what was in the sandwiches in front of them they did not know until they opened them up to find out. People were not asked if they would like

additional helpings of food and whilst orange squash was available on the table we did not hear a choice of drinks being offered. Whilst we have not assessed this as being a breach of regulation we have identified this as an area that needs improvement.

We were told the main meal of the day was usually prepared in the evening as people often went out during the day. People told us staff prepared all their meals apart from on a Sunday when everyone was invited to help in the preparation of the vegetables for Sunday lunch at the tables in the dining room. One staff member said "It is quite a social event, most people come and help, we all get around the table together to do the veg". Most people told us they did enjoy cooking but were happy for the staff to prepare their food, one person said "I'm too busy, I don't have the time." another said "It's their job to do it not mine; I'd probably burn the house down". People spoke enthusiastically about 'Come dine with me' evenings where they had designed their own menu for the evening and been supported by staff to prepare everyone the three course meal they had chosen.

The registered manager told us any updates or changes to peoples support plans, policies and procedures or other documentation were passed on to the staff team by way of staff meetings or staff handover. Staff were asked to read and then sign to indicate they had understood what they had read. Whilst this helped staff keep up to date with agreed ways of working with people and helped them to deliver a consistent approach, not all the documents we saw had been signed by all staff. This is an area we identified as needing to improve.

Staff we spoke with and records we looked at highlighted that staff worked with a wider multi-disciplinary team of healthcare professionals to provide support. This included GP's, chiropodists, district nurses, dentists and a Speech and Language Therapist (SALT). We saw daily records detailed how people were feeling and any changes to their health were noted and most of the time had been acted on, when needed. Visits made to and from health care professionals had been recorded. The date of the visit, the reason for the visit, the outcomes and actions needed were all detailed.

A staff member told us "We know people really well. If X (person's name) isn't well we'd know by the way she was acting to ask her if there was something wrong". They told us this would prompt them to ask the person how they

Is the service effective?

were feeling and to explore if they needed any pain relieving medicines or they needed to ring the person's GP. When we asked the person they told us they staff had contacted their GP for them in the past.

Staff went through an effective induction programme which allowed new members of staff to be introduced to the people whilst working alongside experienced staff. The registered manager said new members of staff didn't work unsupervised until they were competent and felt confident to do so. Staff confirmed this. Staff told us they had completed the training they needed to meet people's needs and support them safely and effectively. Records confirmed this and detailed that all staff had completed training in supporting people in subjects such as first aid, moving and handling, nutrition, pressure ulcers, medication, communication, challenging behaviour, role of the carer, infection control, principles of care, Autism, food hygiene, health and safety, mental capacity, equality and diversity, safeguarding adults at risk and fire safety.

Staff received the support they needed to carry out their role. They told us they had supervision meetings with their line manager about every six to eight weeks where they had the opportunity to talk in private about any issues they had and discuss their personal development and training needs. Staff had the opportunity to complete a nationally recognised qualification in care and three staff members told us they had found studying towards these qualifications had helped them to have a better understanding of how to meet people's needs. Staff also had an annual performance appraisal. Team meetings were held and minutes taken of the issues they discussed. Staff handover meetings took place between shifts, so staff could share information about what had happened on the previous shift and what needed to happen on the next shift.

Is the service caring?

Our findings

It was clear from our observations of the conversations and interactions between people and staff that caring relationships had been developed between them. Staff cared about people's emotional wellbeing and were considerate in their approach with them. The registered manager told us and we saw, staff knew what made people anxious and of what could trigger some people to have negative feelings and emotions. We saw staff supporting people throughout the day offering reassurance, being clear about what was going to happen and making sure things happened as had been agreed and planned with them.

People were treated with dignity and respect. Staff responded to people when spoken to and listened to what people had to say. We noted staff showed patience and understanding when communicating with and supporting people. People were not rushed and were given the time they needed to complete tasks themselves without being put under pressure, for example to eat their food.

Explanations and information were given to people in a way they could understand and communication with people was effective. The registered manager took time to explain to people, who the CQC inspector was and why we were at the home. They let people know how long we would be there and that they could speak with us if they wanted, but didn't have to. We saw that some aspects of people's support plans were illustrated with pictures and symbols to aid their understanding of its content and that one person had a communication book which helped them to communicate with people.

The registered manager and staff described how people communicated and things people would likely to be happy to discuss with us. Staff knew how to communicate with people in a way they understood and took the time to do so. We observed the registered manager and staff communicated well with people and had a good rapport with them. It was clear from the jokes that were shared that people were relaxed in the company of staff and each other and that strong bonds had been formed between them.

One person showed us their room which they had personalised with their own belongings and pictures. They told us people didn't go into each other's rooms when they weren't there or without their permission. They said staff knocked on their door before entering the room.

People were supported and encouraged to do things for themselves and to make their own decisions. We heard staff asking people throughout the day what they would like to do and when they would like to do things, for example when they wanted to go out and what they wanted to do when they were out.

People were encouraged to stay in contact with people who mattered to them. One person showed us a photograph of themselves with their family. They explained they rang their family on their own phone from their room and liked doing this. We saw the contact details for the people who were important to people were available and that staff knew who these people were.

Is the service responsive?

Our findings

Staff told us the registered manager wrote people's care plans and they passed onto them any information that needed to be added to the plans to make sure they were up to date and accurately reflected people's needs and preferences. They told us people and their relatives or representatives were involved in compiling their plans and records confirmed this. Four people told us they discussed their care with staff and that they had meetings with them where staff asked them if they were happy with everything and talked with them about their activities and holidays. However, we also identified areas that need improvement.

Some aspects of people's care plans did not provide guidance for staff to follow. For example, care plans contained information about things that could trigger people to become anxious, angry or upset but lacked guidance for staff to follow to support people in those circumstances. One person had a visual impairment and although staff were able to describe to us how this affected the person and had access to guidance from a health care professional about how to support the person, this information had not been transferred into the person's care plan. One member of staff said "We need to do a big overhaul of the care plans really." Staff told us that any changes to people's care were recorded in people's daily records and in a communication book so they had access to the up to date information even if the care plans had not been amended. They also said they received updates at staff handovers on a daily basis. One member of staff told us they had that week come back to work after working at one of the providers other services for three months. They told us they had read up on everything that had happened in the communication book and in people's daily records. They said they had also received a verbal update from the registered manager and other staff. Whilst we did not assess the shortfalls identified in relation to care plans as having had a negative impact on the delivery of people's care, it is important that staff have access to up to date information and guidance so they can provide consistent support in line with people's preferences, therefore this is an area needing to be improved.

Some aspects of the plans contained detailed guidance for staff to follow. People chose for themselves what time to get up and how to spend their time. For example one person's plan stated they would ring the bell for staff when

they woke and that they would like staff to put on their music for them. They liked to have a lie in so would ring the bell again when they were ready to get up. There was detailed guidance including photographs for how to support people to move using a hoist.

Staff demonstrated a good understanding of people's needs and knew them well. They told us there was a key worker system in place. A key worker is a named member of staff that is responsible for co-ordinating a person's care. Staff told us one of their responsibilities as a key worker was to complete a monthly report to summarise the care delivered to each person they key worked. They explained they had fallen behind with completing people's monthly summaries and records confirmed that some people's hadn't been completed since May. This meant there was a risk changes in people's care needs and or preferences would not be identified assessed and planned for. Whilst we did not assess that as having had a negative impact on people's care, it is an area we have identified as needing improvement.

People knew who were their key workers and told us they liked them. One person described how their key worker had helped them to organise a holiday and another told us their key worker helped to organise for them to go to a concert and helped them to apply their makeup. It was clear from feedback from people, staff, the records we saw and our observations that people took part in a range of recreational and lifestyle activities they enjoyed on a daily basis. People were supported to maintain their independence by doing things such as shopping for clothes, going to the library, spending time with peers and joining activities provided at the home and at the local day centre. People told us about holidays they had been on with staff and how much they had enjoyed these holidays. The registered manager said "Some people prefer not to have a holiday away from home so we do day trips out instead". Two people had been supported that day to go to Brighton for the day and the key worker for one of the people had come in on their day off to escort them on a voluntary basis.

People were supported and encouraged to spend time doing things they enjoyed at home, such as watching the TV or listening to music. Service user meetings were held where people could discuss issues related to the running of the home and make suggestions for activities. However we could not see from the minutes of these meetings that

Is the service responsive?

actions arising had always been completed. People were involved in choosing their activities and put meals on the menu for the following week. Staff said that people could change their mind if they wanted to take part in a different activity or have a different meal on the day.

There was a complaints policy and procedure in place. People told us they would speak with the registered manager or their key worker if they wanted to make a complaint but no one we spoke with had felt the need to do so. The registered manager told us they had received no complaints since the last inspection.

Is the service well-led?

Our findings

Without exception the feedback from staff about the registered manager and their leadership was positive. Staff referred to her as being “Really good, very helpful, I can go to her about anything, she is very kind person.” Another staff member said “If I need anything I can go to her, she is a good manager and supportive.” A third staff member said “She is brilliant, honestly she is amazingly supportive. She gives more than she receives. She works on the floor and does everything. She stays on and helps out; even on a weekend she comes in to see how things are going and stays if we need her”.

The registered manager explained the quality assurance systems in place and how they should use them to identify what was working well and areas for improvement. They told us they and the staff team had fallen behind with completing audits and were aware that they needed to spend more time on this. It was clear that the accidents and incidents had not been analysed to identify whether there was any emerging themes and trends. The medicines audit had not identified out of stock medicines and some care plans and staff files were incomplete whilst others were in need of updating.

Quality monitoring visits were completed by the nominated individual and these visits included, speaking to people and staff, observing care and checking records. We were told any shortfalls were highlighted to the registered manager who then put together an action plan to address the shortfalls with timescales for completion. The registered manager told us a quality monitoring visit had been completed in July but they had not received the report of this from the nominated individual therefore they did not yet have an action plan in place to address any of the shortfalls identified at that visit. Following the inspection they sent us a copy of this report. We could see the quality monitoring visit had been completed on 19 July 2015. However the dates on the report did not all correspond with this date, some being before and some being after. Furthermore whilst the report did specify where action was needed to be taken to address shortfalls identified, it not specify what action needed to be taken by when or who by.

The report referred to nine audits which had been undertaken. An entry in the comments section of the report dated the 30 June 2015 identified care plans needed to be

updated as soon as possible. Another entry dated 30 June 2015 and stated ‘Health and Safety – completed weekly. Issues raised: Kitchen needs replacing. Carpets throughout need cleaning.’ However it was clear at our inspection the carpets were still in need of cleaning and the registered manager did not have an action plan for the replacement for the kitchen. The dates by which any of these actions needed to be completed by, or who was responsible for undertaking them, was not specified.

Other information on the report was dated as being after the 19 July for example one entry was dated 26 July 2015 and stated ‘Monthly reports. One report had not been completed. Action’. No date had been set for the completion of this monthly report or who was responsible. A section of the report relating to staff stated there were no staff vacancies however we had been told by the registered manager and staff there were staff vacancies. The shortfalls we had identified in relation to the number of shifts that had not been covered over the previous three months did not feature in the report and staff had not been spoken with as part of this monitoring visit. Therefore we could not be assured the quality monitoring processes were robust enough to identify shortfalls affecting the service and would lead to improvements being made.

The registered manager told us that questionnaires had been sent and feedback sought from people, their relatives, others who were involved in people’s care and staff as part of the annual service review survey. They told us the feedback from the survey was largely positive but the results of the survey had not been analysed or an action plan drawn up in response to any shortfalls identified to help drive improvement in the service.

There was not an adequate process for assessing and monitoring the quality and safety of the services provided this is a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014.

The provider had a clear leadership structure that staff understood. The registered manager and staff told us there was always someone to contact in the event of an emergency or if they needed advice. One member of staff said “I’d ring X (registered manager) if I needed help or ring the office”. There was an open and inclusive culture that encouraged people and staff to work in collaboration with each other and to give their views. We saw that the whole staff team were involved in agreeing ways of working. Staff were encouraged to make suggestions for improving the

Is the service well-led?

way they worked and this was evident in the staff meeting minutes. Staff told us they had no reservations about raising concerns under the whistle blowing policy if they witnessed or suspected bad practice.

It was clear that the service operated in a person centred way. The registered manager and staff spoke about the importance of putting people at the centre of everything

they did and this was clear from our observations. A member of staff said “Everything we do here is good; we are helping people to do the things they cannot do themselves.” When asked what the home did well one member of staff said “People can do what they want.” Another said “Personally I think it’s a nice place, everyone gets on and mixes well”.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 12(2)(a)(b) The registered person had not ensured the processes for assessing and minimising risks to people were robust and the least restrictive action to minimise risks were taken.

Regulation 12(2)(g) The registered person had not ensured the proper and safe management of medicines.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 (1)(2)(a)(b)(e) The registered person had not ensured the providers systems and processes for assessing the quality of the service and driving improvement were consistently followed.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulation 13(1)(2)(3) The registered person had not ensured staff followed the providers systems and processes for protecting people from abuse and improper treatment.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

This section is primarily information for the provider

Action we have told the provider to take

Regulation 19(1)(a)(b)(c)(3)(a)(b)Schedule 3 The registered person had not ensured that the providers recruitment processes had been followed and that the information detailed in Schedule 3 was available for each person employed.