

The Westminster Society For People With Learning Disabilities

Kingsbridge Road

Inspection report

20 Kingsbridge Road
London
W10 6PU

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24 May 2016

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19 July 2016

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? | Good  |
| Is the service well-led? | Good  |

Summary of findings

Overall summary

This inspection took place on 24 and 27 of May 2016 and was unannounced on the first day. On the second day the provider knew that we would be returning. This was the first inspection for this service since the provider took over responsibility in July 2015.

20 Kingsbridge Road provides respite care for up to 11 people with learning disabilities and/or autistic spectrum conditions, including people with behaviour which may challenge the service. The building consists of three self-contained flats, each with a kitchen, lounge and communal bathroom and shower, with a shared courtyard and garden. These flats are divided between the planned and unplanned respite services. The unplanned service provides accommodation at short notice for people who are unable to stay at home due to unforeseen circumstances.

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 environment was not in good condition, and the provider showed us how they had worked with their landlord to take steps to address this. We saw that a number of vital health and safety checks were carried out, however there were still areas where these were not adequate to ensure people's safety. Staff had a good understanding of their responsibilities to safeguard people who used the service, and the provider took appropriate action to report and act on concerns where people may be at risk. Risks to people who used the service were assessed, reviewed and managed effectively.

We saw that the provider was not always acting in line with the Mental Capacity Act (2005), and was not carrying out assessments of people's capacity to consent to their care. Where people may be at risk of being deprived of their liberty, the provider had assessed these risks and taken the necessary action to notify the local authority and CQC.

The service provided person-centred care through the use of support planning and tools to ensure that activities were in line with people's needs and wishes. This had resulted in a detailed and varied activities programme which relatives of people who used the service spoke highly of. Staff had a good knowledge of people's support needs and preferences, which were recorded in support documents and reinforced by regular discussions at team meetings. Staff made the time to speak to people and allowed people to do things at their own pace. Staff had received sufficient training to carry out their roles and were well supported by their managers.

The service had tools in place to ensure good communication with people who used the service, including the use of photographs and personalised accessible documents such as activity plans. These were used to support people to make choices and develop good relations with staff.

The provider reviewed people's support regularly through the use of circle of support meetings, where people and their families met with the staff team and other professionals involved in their care in order to discuss aspects of their care. These were carried out regularly in a way which responded to people's changing needs. Managers engaged with people's families in a number of ways through the use of coffee mornings, and held meetings with people who used the service to discuss how they wanted changes to take place. People were supported to eat a varied diet and where necessary to access medical appointments. Essential information about these appointments were relayed to staff.

Staff were recruited in line with safe recruitment processes and in a way that ensured they shared the organisation's values. Staffing levels were sufficient to safely meet people's needs, including providing 1:1 support in the building, and 2:1 support where people displayed behaviour which may challenge in the community. The provider had guidelines in place to manage and de-escalate behaviour which may challenge and regularly reflected on the reasons why a person may become agitated, and had been effective at reducing instances of this.

Medicines were well managed and recorded by staff who had the skills to do so. The provider carried out a "medication sweep", where staff checked that medicines had been administered correctly within 2 hours of administration throughout the day, and where anomalies had occurred, these were followed up and investigated thoroughly. The provider had guidelines in place to prevent people from being over-medicated.

We found breaches of regulations relating to safe care and treatment and consent. You can see what action we told the provider to take at the back of the full version of this report.

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 in all respects. Health and safety checks were not always carried out in a way which ensured that the building was safe.

Staffing levels were adequate and staff were recruited in line with safe recruitment processes. Risk assessments were detailed in their scope and subject to regular review. Where people required 1:1 staffing we saw that this was in place. Staff had received safeguarding training and were confident in reporting suspected abuse.

Medicines were managed safely by staff who had training and observations of their competency.

Requires Improvement ●

Is the service effective?

The service was not effective in all areas. The provider had not taken appropriate measures to assess people's capacity to make decisions in line with the Mental Capacity Act (2005). The provider was meeting its obligations under the Deprivation of Liberty Safeguards (DoLS).

Staff had adequate training to carry out their roles, and the provider monitored and arranged training as needed.

People were supported to maintain good health and eat well.

Requires Improvement ●

Is the service caring?

The service was caring. We observed that people were treated with respect by a staff team that knew them well.

The service used accessible communication tools in order to facilitate communication with people who used the service.

Relatives told us they thought people were treated with dignity and respect.

Good ●

Is the service responsive?

Good ●

The service was responsive.

People received person-centred care through detailed records of their care needs and preferences, these were reviewed as required by the provider through circle of support meetings.

The service provided a personalised and varied programme of activities, which were planned around people's needs and wishes.

Complaints were appropriately recorded and investigated.
Families were confident their concerns would be taken seriously.

Is the service well-led?

The service was well led. Managers engaged with people who used the service and their families to improve the service. A detailed audit system was in place which identified areas for improvement. The provider had systems in place to ensure support and communication were of a good standard.

Staff were well supported by managers through supervision and team meetings and their performance was reviewed regularly.

Good ●

Kingsbridge Road

Detailed findings

Background to this inspection

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

This inspection took place on 24 May 2016 and was unannounced. We returned on 27 May 2016 to complete the inspection; the provider knew we would be returning. The inspection was carried out by a single inspector.

Prior to carrying out this inspection we reviewed information we held about the provider, including notifications of significant events which had taken place since the service registered in July 2015. We reviewed records of care relating to four people who used the service and three staff files, including records of recruitment and supervision. We reviewed documents relating to the running of the service, including rotas, health and safety checks and team meeting minutes. We spoke with two people who used the service and four of their relatives. Where people were not able to speak with us due to having limited communication, we used other tools for understanding their experiences, including observations of their care and support. We spoke with the registered manager, the service manager, two team leaders, four support workers, two visiting professionals and a commissioner from the local authority.

Is the service safe?

Our findings

The provider carried out checks of the safety of the environment. However, these were not always sufficient to ensure that the building was safe. For example, the provider's policy stated that the temperatures of fridges and freezers should be recorded daily. However, we found that this was being carried out sporadically, and was not done at all in some areas throughout March 2016 and April 2016. In some areas of the building, information was not available for staff on what were acceptable temperatures, which meant that unusually high or low temperatures were recorded but not followed up by staff. In one kitchen, we found that the temperature of the fridge had been recorded as between minus seven and minus nine degrees for 13 days, although guidelines for staff stated that this should be between one and five degrees. We found that this was due to a faulty thermometer which had not been noted by staff. Although food was stored in appropriate containers in line with good food hygiene practice, containers were not always correctly labelled with an opening date. This meant that the storage of food was not always safe.

The building was divided between "planned" and "unplanned" services, which referred to routine respite provision and respite provided at short notice, for example due to a family emergency. The provider checked the temperature of the hot and cold water throughout the building, however we found that this was not carried out regularly. There were not clear guidelines for staff on what was an acceptable temperature. We saw records that showed that unacceptably hot temperatures were followed up with the building's landlords when recorded in February 2016 and March 2016, but that high temperatures were not followed up when recorded in May 2016. We also saw that flushing of outlets in order to help prevent legionella was carried out in the unplanned units of the building, but not at all in the planned areas, and when this did take place it was not done regularly, including a seven week gap from February 2016 to April 2016 and a further six week gap from April 2016 to May 2016. This meant that the provider was not taking adequate steps to ensure the safety of the water supply.

These issues constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In other areas checks were sufficient to ensure the safety of the building. For example, the provider carried out weekly tests of the fire alarms and doors and monthly tests of the emergency lighting, and fortnightly checks of fire extinguishers. There was an up to date certificate of gas safety and testing of the electrical systems and portable appliances. Checks of the fire alarm panels were carried out daily and these were included in the daily shift plans. The night shift plans included daily checks of fire exits, ensuring that cash and medicines were safely stored and fire doors were closed. We saw that people had personal evacuation and egress plans and all staff and people who used the service had had fire safety inductions of the building. Hazardous materials were safely stored in locked cupboards. First aid kits were available in each flat, and these were regularly checked by staff.

Relatives of people who used the service told us they thought their family members were safe using the service. One relative told us "I feel like [my family member] is safe here, my mind is at ease" and another said their relative was "in good hands." All staff had undergone safeguarding adults training, and staff we spoke

with were confident in identifying signs of possible abuse and reporting these to managers. Where concerns were identified, the provider had fulfilled its obligations to report these to the local authority and to CQC, and had worked with the local authority to investigate and take steps to address these concerns. We saw that people's money and possessions were logged on arriving at the service and on leaving, and that money was safely stored and checked daily by staff. This meant that people were less at risk of loss or theft of their possessions.

The service provided support to a number of people with behaviour which challenged the service. We saw that the provider had worked with other agencies to put positive behaviour support plans in place which included guidelines for staff on recognising signs that a person may become agitated and strategies in order to manage these. Staff we spoke with were knowledgeable about how best to prevent and manage behaviour which may challenge. Where incidents had occurred, staff recorded these on an Antecedent-Behaviour-Consequence (ABC) charts which were used to review risk assessments and support plans. Risk assessments identified people who needed 1:1 support when in the building and at night. Our observations and staff rotas showed that this support was being provided appropriately.

We saw that the provider had carried out detailed and personalised risk assessments for people who used the service. These were stored in people's files with a register of risk assessments and a date for when they were to be reviewed. These assessments covered areas such as safely accessing activities, the risk of a person being deprived of their liberty, night support, travel, education and employment, a person leaving the building unsafely and moving and handling. The most important pieces of information such as staffing levels were recorded on the 'Important Information' sheet for each person who used the service which meant they were easily accessible to staff.

People told us that they thought there were enough staff. Relatives of people who used the service said "Overall there's enough staff" and "They are very consistent." The provider told us that they had faced significant challenges in recruiting staff when they took over the service in July 2015, as the majority of the previous staff team did not transfer to the new provider. Recruitment records showed that the provider followed a safe recruitment process, including ensuring that they obtained suitable proof of identification and the person's right to work in the UK, and obtained three employment references for new staff. We saw that where there were gaps in a person's work history, these were appropriately explored by the provider before they started work. Recruitment was carried out through a clear process including assessments by peer facilitators and visits to the service, and the provider required candidates to complete a workbook to ensure that their values were in line with the provider's. We saw that Disclosure and Barring Service (DBS) checks were carried out prior to people starting work, and it was the provider's policy that these be renewed every three years. The DBS provides information on people's background, including criminal records, in order to help providers make safer recruitment decisions. Staff did not start work until they had completed this process and were signed off by a senior member of staff.

The provider managed people's medicines safely. We saw that all staff who administered medicines had undergone medicines training which included a medicines induction and observations of their competency to administer these safely. Medicines were stored securely, either in locked cupboards in people's rooms or in a central locked cupboard. Medicines files contained detailed information on why people took medicines and the possible side effects. There were clear guidelines in place for staff on how to administer medicines, including some which were sprinkled on people's food with their consent. There were also clear guidelines in place for administering PRN (as needed) medicines which some people were prescribed for challenging behaviour. These clearly indicated that they could only be given with the approval of the service manager. This meant people were at reduced risk of being over-medicated in order to control their behaviour. Letters from healthcare services were on the files which clearly indicated when medicines had been changed, and

medicines recording charts (MRCs) were updated to reflect these.

In response to a recent medicines error, the provider had told us that they had introduced medicines "sweeps", where the shift leader was responsible for ensuring that medicines had been correctly given and recorded. We saw that this was recorded to be carried out 2 hours after medicines were to be administered and that the shift leader had signed to show that this had taken place. We looked at the medicines records for five people and saw that MRCs were completed to a good standard, and that when discrepancies had occurred these had been noted and appropriately followed up.

Is the service effective?

Our findings

We saw that the provider had not taken adequate steps to assess people's capacity to make decisions under the Mental Capacity Act (2005). The Act provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Support plans were not signed by people who used the service, which meant there was no evidence that people had consented to their care. Where people may have lacked the capacity to consent to their care, the provider had not carried out assessments of people's capacity to make decisions, or compiled information on which decisions people may be able to make for themselves or what support people may need to understand decisions. The provider told us that the previous provider had consent forms which were signed by family members on behalf of the person, and that they had removed these forms as these were not compliant with the Mental Capacity Act (MCA). However, they had not yet taken steps to replace these in a way which met their responsibilities under the Act.

This constituted a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives told us they felt staff consulted with them on decisions concerning their family member's care. Staff carried out regular "Circle of Support" meetings where the person met with staff, relatives and other professionals to discuss decisions relating to their care. This showed that the provider was working in line with people's best interests. Staff carried out risk assessments as to whether people may be deprived of their liberty. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that the provider had met its responsibilities to apply to the local authority to deprive people of their liberty and to notify CQC.

A professional visitor to the service told us "There seems to be a strong commitment to the training of the staff". We saw that the provider maintained a detailed record of staff training. This was useful for identifying training needs and planning future training. We saw that staff had received training on safeguarding adults, fire safety and medicines. Most staff had received training in autism, epilepsy, moving and handling and dysphagia, and we saw that all staff had training in sexuality awareness. The provider designed training plans in house, and we saw the registered manager had devised training on safeguarding adults for managers and induction training called "Values into practice", which taught staff about the core values of the organisation and what it means to put these into effect.

People who needed support to eat received this in a patient and respectful manner from support workers. Staff completed diary records of what people had eaten and a menu was in place to ensure that people received a varied diet. The manager told us "We speak to guests about food, and get information from families on the foods that they like." We saw that people had free access to the kitchen and were able to

make themselves snacks and drinks at any time. One person who used the service could not safely access the kitchen. We saw guidelines were in place to manage this without restricting access to the kitchen for others.

We found that people were supported to maintain good health. There was evidence that people's medicines were reviewed regularly and they were supported to attend health appointments where necessary. Where people were staying at the service for an extended period, there were health checklists in place to show that they had accessed services such as specialist clinics and dentistry. Records were completed to monitor people's ongoing medical conditions, for example people who had seizures recording charts which included details on duration, time, precursors and aftermath.

All the care records we looked at contained hospital passports. These are documents which contain useful information for hospital staff to safely support people with learning disabilities and contain information on people's communication needs, preferences, health conditions, medicines and possible risks. There were health action plans in place for people who used the service for a longer period, these contained detailed information about how a person with a learning disability can be supported to be healthier. We saw that these plans were up to date and reviewed as needed.

The provider told us that the building was not in a good condition, and showed us evidence that they had asked the landlord to improve this. We confirmed with the local authority who awarded the contract that this was the case. Overall the building was in poor decorative condition and needed redecoration. However, the provider had decorated the walls with artwork that had been made by people who used the service and staff told us that people who used the service were happy to see their pictures displayed. There were many pictures of people who used the service doing activities, and staff told us that they were able to use these as objects of reference in order to assist with planning future activities.

The provider told us that two rooms did not lock as they had not been provided with the keys by the previous provider, and that they avoided using these rooms as much as possible and took measures to only put people in these rooms who could be safely supported to use them. We also saw that two of the patio doors were not lockable, and that this was also being followed up with the landlords. We did not see any evidence that these affected people's safety.

The service had a sensory room available, which was in place to provide a calming environment for people to go to if they were upset or agitated or if they just wanted to use the equipment. The sensory room was clean and thoughtfully laid out, with new purpose built equipment which was in good condition. This included an interactive projector, lights, soft matting and cushions.

The three flats joined onto a courtyard, which had equipment in place including table football and a barbecue, and there were pictures on the walls of this being used. This joined onto a large garden, which was well-maintained by volunteers. The provider told us that people who used the service were involved with gardening and in choices about what to plant.

Is the service caring?

Our findings

A person who used the service told us, "I am happy here, I like the staff." Relatives told us that they thought their family members were well-cared for by the service. One relative said, "Generally [my family member] seems to be well looked after and well cared for and they seem to like her." Another told us, "They are very friendly people, [my family member] loves them." A staff member said "It is a challenging job, but people are cared for well."

During the course of our inspection we observed good and friendly interactions between staff and people who used the service. For example, one person who had limited English had a staff member who spoke their first language assigned to work with them. We saw that there was a good rapport between them. People were able to go about their daily activities at their own pace, for example one person who used the service had an activity planned for that day, but had not wanted to change out of their pyjamas. Staff did not rush this person and instead adjusted their own plans for the day. We observed one person who was visiting the service in advance of a planned stay. This person was supported to eat lunch by staff in a kind and patient manner, and afterwards spent some time in the lounge. We saw that every member of staff including managers passing through the area stopped to greet the person, sat down and spoke with them and seemed to know them well. Throughout our visit we saw staff engaging well with people in this way.

We saw that the provider used bespoke communication tools to communicate with people about their stay. For example, one person had a communications passport in place, which contained pictures which staff were able to use to allow the person to express their wishes. People had individualised activity timetables which contained pictures of them carrying out their activities. Where a person with an autism spectrum diagnosis was due to come and stay, staff had prepared a booklet with information about their stay and what to expect. This was illustrated with pictures of the person and further personalised with pictures of trains, which staff told us this person particularly liked. This meant that information about the person's stay was communicated in a way which was individual to them.

Staff told us that they wanted to provide a "total communication environment", which means an environment containing an array of tools to allow easy communication with people. We saw that some of this was in place, as staff had access to a range of accessible and personalised documents which facilitated this. Communal areas were decorated with pictures of people who used the service carrying out activities that they enjoyed, and staff told us that they used these as objects of reference to support people to make choices about their activities. Appropriate pictures were used to label kitchen cupboards and facilities in the service to aid people to use the building. Support plans and related documents contained detailed and easy to access information about how people liked to be supported and staff appeared familiar with these.

Relatives we spoke with said they were confident that the service respected people's dignity. One person told us "Yes, they treat [my family member] with dignity and respect. I have no concerns." Another person said "[my family member] is always clean when she comes home." We saw that people appeared clean and were dressed in clean and appropriate clothes.

Is the service responsive?

Our findings

The provider supported people to access the community and provided a varied and interesting activities programme for people who used the service to regularly undertake activities of their choice which they enjoyed. One relative told us "They try to put in a lot of activities for [my family member]".

We saw that everyone using the service had a detailed and personalised activity plan for their daily activities with staff. Staff had links with community groups, such as a local music group and gym in order to arrange these activities.

One person had a timetable of activities in place when they arrived at the service, but the provider told us that they had found this overstimulating which had resulted in the person becoming agitated. We saw that this person's timetable now involved a calm start to the morning, such as activities in the service or watching TV with staff, and saw that this person now went out in the afternoon instead. Staff told us this had meant that the person was less likely to become agitated whilst in the community.

Relatives of people who used the service told us they were pleased with the activity programme that the provider had put in place since they had taken over. One person said "They take [my family member] out every day, they take them out everywhere really", and another said "The weekend activities are lovely, they take [my family member] out to a lot of places [my family member] enjoys, swimming, special places, theatre, skiing activities, the zoo." A staff member said "We didn't used to have activities like this."

When organising larger group activities, staff were required to fill out a form which showed who was likely to be going on the outing, how staff had consulted with people using the service and how the trip was planned to meet each person's preferences. For example, a number of people using the service enjoyed a particular activity and staff had planned to hold it that weekend. The means of travel was determined in line with people's individual wishes, such as by not travelling by train as one member of the group disliked trains and preferred to travel by bus. Staff also demonstrated how the risks to people in undertaking these activities were met, and following the activity completed a report on how successful the activity had been for each person who attended and to record possible learning for next time.

In the month of May alone, staff had organised group activities in this manner which included a trip to a petting zoo, the circus, Kentish Town Farm, a cinema trip, a day out at a fair in Covent Garden, a picnic in Hyde Park, a night out at a Camden nightclub and a visit to a "clip and climb" rock climbing centre. Other recent activities also included ice skating, skiing, and regular visits to a local leisure centre.

Managers told us that they did not have support plans in place for everyone, and that this had been a work in progress since they took over the service. However, we saw that everyone had an "Important information" document which served this function. This document contained essential information on people's support needs, their daily routine, health needs, routines, preferences in how their support was delivered and their communication needs, as well as a summary of their risk assessments. Managers told us that their first priority had been to focus on these documents.

Where people did have support plans in place, these were of a high quality, and contained more detailed information about people's needs in areas of community access, the levels of prompting they required and their emotional and physical wellbeing. For example, the "important information" document recorded that the person liked to be supported to cook, but the support plan contained information on exactly what the person could do themselves, such as being able to cut vegetables and open packets for themselves. People who displayed behaviour which may challenge the service had positive behaviour support plans, which included information on the possible precursors to the person becoming upset and agitated, and intervention strategies for how best to avoid this. These had been compiled by the community team, and the provider demonstrated that these had been effective in reducing incidents of behaviour which may challenge.

We saw that shift planners were effective documents for ensuring that personalised care was delivered. These were compiled by the shift leaders on a daily basis, and contained information from each person's support plan on their care needs, including personal care, medicines and activities, and showed that tasks were clearly allocated to each person in handover and were then signed to show that these were completed. These were also used to ensure that 1:1 support was allocated at the start of each shift, and that essential safety checks were also carried out. People were supported to access the local community in the way they wanted. For example, one person wanted to go for a walk and to have lunch in a local pub, and this required two staff in order to support the person safely in the community, as they sometimes displayed unsafe or challenging behaviour. Staff told us "If that's what the person wants to do, then we go."

The provider ensured responsive care through the use of "circle of support meetings." These were where people involved in a person's care, including staff, social workers, health workers and family members met with the person and discussed areas of their support such as personal presentation, behaviour and activities. These were held as often as weekly for people whose care needed to be reviewed regularly, and less frequently when people's support needs were more stable. We saw that an action plan was agreed at the end of each meeting and this was reviewed at the next meeting.

The provider showed us that they were making preparations to provide respite care for a person whose carers would be away for a period. Staff told us that this person would be upset by a change in their environment and was most comfortable at home. They were therefore providing respite with their own staff in this person's home. We spoke with staff who knew this person well and had been allocated to do this.

The service had an accessible complaints and compliments policy. Relatives of people who used the service told us that they knew how to make a complaint and were confident that this would be taken seriously. Everyone we spoke with said they would be comfortable doing this. One person said "Yes, I've made a couple of complaints, I got the impression they took it seriously" and another said "They definitely would act on [complaints]". We saw that the provider maintained an electronic system for recording complaints, but told us that they did not expect people to fill out a form to complain, and that any expression of dissatisfaction was treated as a complaint, regardless of how it was received. We saw that when complaints had been received, the provider had taken appropriate steps to investigate these and, when these were upheld, had taken appropriate action.

Is the service well-led?

Our findings

Managers told us that they were still working to improve the service. The registered manager told us "We know there is still a way to go."

The provider had undertaken a range of audits to identify areas for improvement, for example by undertaking an unannounced night time inspection, which had highlighted areas that managers needed to improve, for example being clearer with night staff on when they took their breaks and clearly allocating tasks to staff at night. We saw that the service had taken measures to address these, such as providing a detailed checklist for night staff to follow. We saw that external audits had been carried out which identified areas of concern, which included improvements to health and safety checks, regular team meetings and providing support in the environment to facilitate total communication, and managers were required to submit action plans to address these. Some, but not all, of these areas had been addressed by managers. Internal audits also reviewed incidents which had occurred in the service, and reviewed staff training and performance related outcomes from staff appraisals.

Managers had put systems in place to ensure that care was delivered safely, for example by providing clear information on shift planners on safety checks that needed to be carried out, although this did not include the fridge and freezer temperatures and water safety checks. Shift handovers were attended by managers and clearly documented, information for staff was also recorded in communication books, and we saw evidence that these were read and acted on. One staff member said "Communication has improved massively, which is so important to the work which we do."

The provider had taken steps to ensure the involvement of people who used the service and their families. A relative said "They run a lovely coffee morning so you can get your views across." We saw minutes of these meetings which showed people's views and wishes had been recorded and acted upon. Staff told us they had arranged a meeting for people who used the service, where they discussed activities and measures to change the environment, such as putting up pictures and working on the garden.

Staff told us that they felt well supported by managers. Support guidelines for how to support people with complex or challenging behaviour also included information on how to support staff, for example when the person had been agitated, it was agreed that staff would swap every hour. Supervisions were in place for all staff, although this system was still being established and there were some gaps in the records we saw. The provider included observational supervisions, where staff interactions with people who used the service were observed and recorded, and staff were then given feedback on their strengths and their areas for development. There had been limited scope to carry out yearly appraisals with staff as most had been employed for less than a year, but staff who had been with the organisation longer had an appraisal, and we saw that this contained a detailed framework for reviewing how people had put the organisation's values into practice, how they had challenged themselves and others to provide better care, and looked at areas such as respect and accountability.

Managers told us that they had had to recruit most of the staff team at the time they took over the service,

and showed us how they took steps to ensure that people were recruited who shared the organisation's values. This was further underlined in the induction programme, which discussed values and ways in which these were put into practice.

Team meetings were carried out monthly. These were used to develop and test staff knowledge of people's support needs, for example by carrying out a quiz of who needed 1:1 support and regularly discussing people's needs and outlining the best ways to support them. Managers used these meetings to clarify policies and procedures such as dealing with complaints and to explain that the importance of ensuring that everyone could access the kitchen, and to act on staff suggestions such as providing badges to identify who was providing 1:1 support. Meetings were also used to clarify staff responsibilities and ensure awareness of fire safety and health and safety responsibilities and procedures. We found managers had acted on staff feedback, for example staff had requested that shift leaders do not support people 1:1.

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 for persons who require nursing or personal care | <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care and treatment was not provided with the consent of the relevant person 11(1). Where people were unable to give such consent because they lacked capacity to do so, the registered person was not working in line with the Mental Capacity Act (2005) 11(3).</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure the safety of their premises and the equipment within in 12(2)(d)</p> |