

# Active Care Homes Limited

# Belfry Gardens

## Inspection report

2 Belfry Gardens,  
Cantley, Doncaster  
South Yorkshire  
DN4 6TS  
Tel: 01709 537588  
Website:

Date of inspection visit: 8 May 2015  
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### Ratings

#### Overall rating for this service

Good



#### Is the service well-led?

Good



### Overall summary

We carried out an unannounced comprehensive inspection of this service on 4 November 2014 in which a breach of the legal requirements was found in relation to governance. This report relates to that breach. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Belfry Gardens' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out this focused inspection on 8 May 2015 to ensure improvements planned by the provider had been implemented to address this breach of Regulation. We found that action had been taken to improve the governance of service provision.

Belfry Gardens is registered to provide personal care to people in supported living. The service aims to provide care and support to people with learning disabilities and autistic spectrum disorders. Care and support was co-ordinated from the service's office which is based at the same address.

The service had a registered manager in post at the time of our inspection. 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.

At this focused inspection we found governance and audits had been improved. We saw a structured audit process was in place to help make sure staff and people who used the service were safe and the quality of all aspects of the service were regularly reviewed.

A staff training plan had been updated and a programme of mandatory training arranged. The provider had made these arrangements in consultation with the local authority.

# Summary of findings

We also saw improvements had been made with regards to recording the assessment of identified risks. Information about risks associated with people's care now provided clearer guidance to staff about their role in supporting people's safely.

At our last inspection we found where people needed assistance taking their medicines, records lacked specific information about the medicines administered by staff. At this visit we saw new medication administration forms had been introduced which recorded all the information required.

# 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 well-led?**

Governance and audits had been improved. A structured audit process was in place to help make sure staff were suitable to work with vulnerable people and this had been followed.

Improvements had been made with regards to recording the assessment of identified risks.

Information about risks associated with people's care provided clear guidance to staff about their role in supporting people safely.

Medication administration forms had been introduced which recorded all the information required.

**Good**



# Belfry Gardens

## 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 was 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 was to check that improvements had been made to meet legal requirements planned by the provider after our comprehensive inspection on 4 November 2014. We inspected this service against one of the five questions we ask about services: is the service well led. This is because the service was not meeting some legal requirements.

Before our inspection we reviewed the information we held about the service, this included the provider's action plan, which set out the action they would take to meet legal requirements.

This focused inspection took place on 8 May 2015. The inspection team consisted of an adult social care inspector.

At the time of our inspection the service was only supporting a small number of people. We did not speak to people who used the service as the shortfalls we were checking were regarding records. We looked at records pertaining to care, risk assessment, staff training, auditing and medication.

# Is the service well-led?

## Our findings

At our inspection on 4 November 2014, we found the service did not have a robust formal quality assurance process in place.

This was a breach of Regulation 10 (1a) (1b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us an action plan detailing what improvements they planned to make to address this breach and by when. The provider did this, and said they would be compliant by March 2015.

At our focused inspection on 8 May 2015 we found the provider had implemented improvements to meet the shortfalls in relation to the requirements of Regulation 10 as described above.

On this occasion we did not speak with people who used the service, or care staff, as the shortfalls we had found related to records.

At our last inspection in November 2014 we had found a lack of quality assurance and robust audit processes. For example there was no formal medication audit, some

policies held out of date information, some care and support plans had missing signatures. At this visit we checked care and support plans, audits and staff training records.

We found policies had been reviewed and the information relating to external agencies had been updated to reflect the most up to date contact information.

Mandatory staff training had been addressed. The provider had liaised with the local authority and accessed an appropriate training programme. We found a structured approach which ensured that all staff are appropriately trained.

We had previously found that the service did not have a robust formal system of audit and quality assurance. At our focused inspection on 8 May 2015 we found the provider had implemented audits for medication storage, management and administration.

Support plans and risk assessments were regularly reviewed and audited quarterly to ensure discrepancies such as missing signatures could be identified and rectified.

A director of the organisation had implemented a monthly audit, covering several aspects of the service. These included; talking to staff and people who use the service to gain first hand views, comments and experiences. The audit also included a review of the premises, complaints, record keeping and staff supervision.