

Care and Normalisation Limited

Milestone House

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Milestone House was inspected on 29 and 30 July 2015. The inspection was unannounced. The service provides accommodation for persons who require personal care for up to 13 people with learning disabilities and Huntington's disease. At the time of the inspection there were 10 people using the service during the week and 11 people at weekends, as the service provided respite care.

There was a spacious communal lounge, a small seating area and a dining room that people could spend time in. There was a secure garden with trees, plants and a large lawned area at the back of the home that people could

spend time in and was wheelchair accessible. One bedroom was on the first floor and all other bedrooms were on the ground floor and there was good wheelchair access. CCTV cameras were in operation in communal areas.

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

Summary of findings

persons'. Registered persons' have legal responsibility for meeting the requirements in the Health and Social Care Act (2008) and associated Regulations about how the service is run.

Staff had safeguarding training and could identify different types of abuse and discrimination. Staff were unsure how to report abuse outside of the service, for example, to social services or to the Care Quality Commission. The safeguarding and whistleblowing policies had not been updated since 2009 and did not include all the information staff needed to raise concerns outside of the service if they felt they could not report to the provider.

The provider followed safe recruitment practices to make sure that staff employed were suitable to work with people. Assessments were carried out to make sure there were enough staff on duty with the right mix of skills, knowledge and experience on each shift to make sure people had support when they needed it. Some staff had not received the supervision they required to make sure people's needs were met in ways that suited them best. Staff did not always receive the support they needed to carry out their roles and responsibilities effectively and safely.

Risks to some people were not consistently recognised and assessed. Action had not always been taken to make sure people were safe all of the time. Risk assessments that were in place were not consistently reviewed to make sure they were up to date and accurate. Accidents and incidents were not regularly reviewed to identify themes and patterns to prevent further accidents and action was not always taken to minimise risks.

Regular checks of emergency equipment and systems had been completed and the fire risk assessment had been regularly reviewed, but people did not have individual personal emergency evacuation plans (PEEPs).

People did not always have the support they needed to manage their health needs.

People did not know how to raise a concern. The complaints procedure had not been updated since 2009 and did not fully explain how to make a complaint to other agencies such as the local ombudsmen if people were not satisfied with the outcome of a complaint.

Systems were not in place to monitor the quality of service. As shortfalls with the service were not always identified, action had not been taken to address them. Support and care records were not checked as part of a quality assurance process and care plans did not include all the information for staff to meet people's needs.

People and staff were not always actively involved in the development of the service. Whistle-blowers were not always protected as there was no system in place for them to raise concerns anonymously to the provider or outside agencies such as the local authority safeguarding team.

Staff understood their responsibilities under the Mental Capacity Act 2005. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes.

Staff were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. Senior staff understood when a DoLS application should be made and how to submit one. The service was meeting the requirements of the DoLS.

People were encouraged to follow a healthy diet. Staff knew people's likes and dislikes and the menu was planned around this. Some people needed a high calorie diet and extra fluids due to their condition and staff made sure people had the nutrition and fluids they needed.

People's medicines were stored and managed safely.

Staff knew people well. They described people's life histories, personal preferences and hobbies. People were treated with respect and dignity. Staff spoke with and supported people in a caring and respectful manner. People's diversity was recognised and supported. There were no restrictions on people having visitors.

People and their relatives were involved in the planning of their care and people were encouraged to maintain relationships with people who were important to them.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we have asked the provider to take at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Staff knew how to recognise abuse and to report to the provider. Staff were not all clear about who and how to report to external agencies including social services.

Risks to people were assessed but risk assessment documentation was not always updated when there was a change.

There were enough suitably qualified, skilled and experienced staff to make sure people were safe at all times.

The provider had recruitment and selection processes in place to make sure that staff employed at the service were of good character.

People were protected against the risks associated with the unsafe use and management of medicines. Medicines were stored safely.

Requires improvement



Is the service effective?

The service was not always effective.

Staff had training to develop their skills but had not had regular supervision.

The provider assessed people's ability to make decisions. Arrangements were in place to check if people were at risk of being deprived of their liberty.

People were supported in maintaining a balanced and nutritious diet.

People's health needs were assessed and monitored. Outcomes of health appointments were not always recorded.

Requires improvement



Is the service caring?

The service was caring.

People were treated with dignity and respect.

People were encouraged to maintain their independence where possible.

People's privacy was respected.

People's records were stored securely to protect their confidentiality.

Good



Is the service responsive?

The service was not always responsive.

There was a complaints system but this had not been updated and did not include all the correct information so that people would know who to make a complaint to.

Requires improvement



Summary of findings

Care plans contained information about people's needs and choices. They were not always updated regularly enough to accurately reflect changes in people's needs.

People and their relatives were involved in the planning of their care.

People were involved in choosing activities. A range of activities were available.

Is the service well-led?

The service was not well led.

Systems were not always in place to monitor and check the quality of service.

Resources and information from other organisations about current good practice, were not used to improve or develop the service.

Accidents and incidents had not been monitored for patterns to protect people or learn from incidents.

CCTV was used in communal areas of the service. There were no records to show how the CCTV system was used and the policy had not been reviewed to make sure that the system was being used effectively and in line with legislation.

People and staff were not always actively involved in the development of the service.

Requires improvement



Milestone House

Detailed findings

Background to this inspection

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

This inspection took place on 29 and 30 July 2015 and was unannounced. The inspection team consisted of two inspectors.

Before our inspection we looked at all the information we held about the care people received. We looked at previous inspection reports and notifications received by the CQC. Notifications are information we receive from the service when a significant events happened at the service, like a death or a serious injury.

We spoke with the local authority safeguarding co-ordinator and three professionals from the local authority learning disability team including an occupational therapist.

During our inspection we engaged with most of the people who lived at the service, a visiting psychiatrist, 11 members of care staff, the cook and the registered provider.

We observed how the staff spoke with and engaged with people. People were not all able to talk with us because of their health conditions so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care and support that people received. We viewed people's bedrooms, with their permission. We looked at health and care records and associated risk assessments for four people. We observed medicines being administered and inspected medicine administration records (MAR). We observed a lunchtime period in the dining room and lounge. We also looked at staff files and records about how the quality of the service was monitored and managed.

We last inspected the service on 20 June 2013 and found the provider was meeting the requirements of the regulations we looked at.

Is the service safe?

Our findings

Most people had difficulty communicating verbally and were not able to tell us if they felt safe so we used SOFI and other observations. We spoke with staff and looked at records and found that people were not always safe.

Staff had attended safeguarding training and were able to identify the different types of abuse such as, physical, financial, emotional and sexual abuse, and were able to describe different types of discrimination. Staff told us that they would report abuse or concerns to the provider and the team leader. Staff said they were not sure how to raise safeguarding concerns with external organisations to make sure people were safe. The safeguarding policy did not include guidance on who staff should contact if they were not satisfied that the right action had been taken to address a safeguarding concern or if they did not want to report to the provider. The provider's policies and procedures had not been updated since 2009 and did not include the correct contact details for external organisations such as the local safeguarding authority or CQC. Following the inspection, the provider informed CQC that he had updated the policy. We will check this at the next inspection.

Staff knew how to 'whistle blow' to the provider but did not know that this could be done externally and that they could share their concerns anonymously to the local authority and CQC. The whistleblowing policy did not include the correct guidance on how staff should whistle blow to external organisations such as CQC and the local authority. The provider's whistleblowing policy said that staff should put their concerns in a sealed envelope along with their personal details and give them to the provider. There was a risk that people would not be protected and safe as staff did not have the knowledge, guidance and information about how to raise safeguarding and whistle blowing concerns externally.

Staff were not always aware of safeguarding and whistleblowing processes and procedures for raising and responding to concerns of abuse. This was a breach of Regulation (13)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were risk assessments for safe moving and handling procedures, falls, skin integrity and people's nutritional

needs. Some people's care needed to be assessed frequently but the risk assessment documentation was not always updated to reflect current needs for staff to refer to when giving care.

Risks to people were assessed and some measures were in place to help minimise the risk of falls for people. For example, some people had alarmed pressure mats in their rooms to alert staff when they needed attention. Some people needed specialised equipment and footwear to help with their balance and walking to reduce the risk of them falling whilst maintaining their independence. Staff said some people expressed a dislike for using the support so they were not always used. This had not been recorded in their care plan clearly and a risk assessment had not been updated to look at other ways of reducing the risk of falls and injury.

Community health professionals had been involved in people's assessments and support but people with learning disabilities had not always been re-referred for further advice. For example a physiotherapist, to explore alternatives or seek advice on what action should be taken to reduce the risks and prevent people's balance and mobility from deteriorating.

Accidents and incidents were recorded by staff in the communication book. These showed that some people had had accidents including falls. The accident and incident book, which logged these events so they could be analysed for any patterns and trends, could not be found by the staff. There was nothing to show that accidents had been investigated or that the appropriate action had been taken to prevent further incidents or accidents to make sure people were as safe as possible.

There were procedures in place for emergencies, such as gas / water leaks and fire. Some people could not walk unassisted and would need support to evacuate the building in an emergency. People did not have a personal emergency evacuation plans (PEEP). A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in an emergency. Without this information staff may not know the best way to help people evacuate the building quickly and safely in an emergency.

Is the service safe?

The provider had not mitigated the risks to the health and safety of people receiving care. This was a breach of Regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Fire exits in the building were clearly marked and were clear from obstruction. Regular fire drills were carried out and documented. Staff told us that they had regular fire practises and knew what they should do in the event of an emergency. The fire risk assessment was regularly checked and was up to date. Staff responded quickly if they thought there may be an emergency. During the inspection one person was in their room and their emergency alarm sounded. Staff made sure that the people they were supporting were safe and then responded quickly to attend to the person in their room.

People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible. This included maintaining a clear account of all money received and spent. Money was kept safely and was only accessed by senior staff. People's monies and what they spent was monitored and accounted for. People could access the money they needed when they wanted to.

The provider employed suitable numbers of staff to care for people safely. Assessments were carried out to ensure that there were enough staff on duty with the right mix of skills, knowledge and experience on each shift to meet people's needs. Staff shortfalls like sickness and holidays were covered by agency staff who worked at the service regularly and knew the people well.

The manager had identified that some people's needs had increased and so had recently reassessed the staffing levels at the home. The staff rotas showed that there were consistent numbers of staff throughout the day and night to make sure people received the support they needed. People who had been assessed as needing one to one support from staff received the support they needed. Staff were not rushed and were able to give people their care and support at a pace that was best for them.

When new staff were appointed, they completed an application form, gave a full employment history, completed a health declaration form and had a formal interview as part of their recruitment process. New staff were screened to make sure they were fit to work at the

service and Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Recruitment checks for staff had been carried out and followed up including written references. People's identity and qualifications had been verified and any gaps in employment history had been explained. The provider made sure that safe recruitment procedures were followed. The provider had policies and procedures in place for managing employment issues. These included a disciplinary procedure which guided the provider to deal with staff fairly and within the law.

People were protected against the risks associated with the unsafe use and management of medicines. Medicines were stored safely. The medicine trolley was securely locked in a dedicated room when not in use.

Medicines were given to people by staff who had received medicine administration training. Staff made sure people were given their prescribed medicines and that medicine administration records were completed correctly. The medicines were administered as instructed by the person's doctor and this was clearly recorded on the record sheet.

Staff were aware of any changes to people's medicines and read information about any new medicines, so that they were aware of potential side effects.

All medicines were administered by two staff, one staff gave people their medicines and the second staff checked. Staff gave people drinks and waited with them until they had taken their medicine. There were records of medicines received into the service and records of administration and disposal of medicines. One of the staff in the team had a role of checking and ordering the medicines. The provider completed a medicines audit on a monthly basis. If any concerns were identified these were addressed with the individual members of staff.

Infection control procedures were followed to reduce the risk of the spread of infection. Correct procedures were followed when disposing of clinical waste. There was a good supply of gloves and aprons where they were needed and hand gels were available throughout the service. The service was clean in all areas and staff wore the correct protective clothing when necessary and washed their hands often.

Is the service effective?

Our findings

Staff did not have regular supervision. Supervision sessions that were held were not always recorded and there were no records to show staff had a yearly appraisal. Senior staff said they had not had training on how to supervise staff effectively and were unsure of what needed to be covered in supervision sessions. Staff competencies were not checked by observing their practice. Staff were not sure how they should continue to develop their skills; to make sure they were meeting people's needs and had not had guidance from senior staff. This is an area that could be improved.

Some of the staff team were new. When staff began working at the service they had an induction which included reading policies and care plans, training and shadowing more experienced staff until they felt comfortable to work on their own. Staff attended training in areas such as, health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. Extra training was available such as epilepsy awareness, dementia training and understanding Huntington's disease. The provider also sponsored some staff to gain their National Vocational Qualifications (NVQ) up to level 2 and higher.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people who use services, by ensuring that, if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. Senior staff were aware of the recent judicial review which made it clear that if a person lacking capacity to consent to arrangement for their care is subject to continuous supervision and control and is not free to leave the service, they are likely to be deprived of their liberty. Meetings with relatives and external professionals had been held to make sure decisions were made in people's best interests when they did not have the capacity to make decisions for themselves. Some people were under constant supervision so had DoLS authorisations in place, which had been reviewed in accordance with the Mental Capacity Act 2005.

Some staff had attended Mental Capacity Act training and further training was booked for the remaining staff. Staff had an understanding of the Mental Capacity Act 2005

(MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 is a law that protects and supports people who do not have the ability to make decisions for themselves.

Staff were aware of the need for people to consent to their care and support. Staff had considered people's mental capacity to make day to day decisions. Staff encouraged people to make choices when they could, such as what they would like to wear, what they would like to eat and drink and what they would like to do with their day.

People were supported in maintaining a balanced and nutritious diet. A cook was employed who was responsible for ordering food supplies, planning the menu and providing cooked meals. The cook based the menu around what foods were available seasonally and people's likes and dislikes. There was a detailed list of the support people needed with eating such as, whether people needed a soft diet or needed their food cut into small pieces to reduce the risk of choking. People's specific dietary needs, for example, the need for a high calorie intake due to their condition were catered for. Staff sat next to people who required support to eat and let them eat at their own pace. One person made drinks and small snacks and the cook supported them with this. There were food and fluid intake charts for people who were at risk of not eating or drinking enough to monitor their intake and these were up to date. People were weighed regularly and people's weights were monitored to make sure their weight was stable.

If people's mental health deteriorated they were seen by their psychiatrist. People were supported to attend appointments with doctors, opticians and chiropodists when they needed to see them. However, outcomes, recommendations and follow up appointments were not always recorded. For example, one person's care plan said that they were waiting to see the dentist in February 2015. Senior staff said that the person had attended the appointment but there was nothing to say what the outcome was and staff did not know if the person needed follow up appointments for further treatment. Some people's health could deteriorate quickly due to their condition of Huntington's disease. Staff were not always aware of the need to monitor and regularly assess these conditions so action to maintain people's health could be taken quickly if needed. There was a risk that staff would not be aware of the outcomes of health appointments because the outcomes were not always recorded.

Is the service caring?

Our findings

People were treated with kindness and compassion. People were supported at their own pace, in a cheerful and encouraging manner. Staff were observant and attentive to people's needs. They were busy but always stopped and noticed if a person needed something.

Staff spent time with people to get to know them. There were descriptions in people's care plans of what was important to them and how to care for them in the way they preferred. A personal history was written in the care plan describing people's lifestyle before moving into the service. Staff explained that people were able to indicate their care preferences and that these were taken into consideration and reasonable adjustments made. For example, a person preferred to be supported by a member of staff of the same gender and this was organised.

People were treated with respect and had their dignity promoted. People's dignity was supported when eating, by the respectful approach of staff who supported people at a pace that was comfortable to them when eating. People were encouraged to 'freshen up' their faces and hands after the meal. The kitchen hatch was open so that people in the dining room could see into the kitchen. The cook was chatting to one of the people through the hatch while preparing the meal and the person was smiling in response.

People were encouraged to maintain their independence where possible. One person made their own tea and coffee when they wanted and helped in the kitchen with some of the clearing up. People had adapted plates and cutlery to enable them to eat as independently as they were able to.

People were given the time to express themselves and staff listened and interpreted what they were saying. Staff watched for people's responses when checking to see if they needed anything. People used eye contact, gestures and facial expression which staff understood. One person used a sign language that staff used when speaking with them.

The people who had difficulty talking were listened to with patience and understanding. People's privacy was respected. People had their own bedrooms and could spend time in their room when they wanted. Most people relied on the staff to move them around to different parts of the service either in their wheelchair or supported them walking. Staff knocked on people's doors and requested permission before entering people's bedrooms and bathrooms. Some people preferred to stay in their room during parts of the day and this was respected. People were able to call staff to their room using a call bell and staff asked people if they would like to go to their room when they were downstairs. Each person had their own toilet/washroom adjoined to their bedroom. Doors were closed when people were in bathrooms and toilets.

Bedrooms were personalised and one person showed us their bedroom and their collections of favourite belongings. People's artworks were displayed and some of their possessions were around the service.

People's information was kept securely and was well organised. Staff were aware of the need for confidentiality and meetings were held in private.

Is the service responsive?

Our findings

People had their needs assessed before they began to use the service. The provider, team leader and a member of staff assessed people's needs and personal risks before they were invited to visit the service with a view to moving in.

People were not able to tell us if the staff were responsive to their needs, so we spent time with people and made observations which showed that staff were mostly responsive to people's needs.

Each person had a care plan. These were written to give staff the guidance and information they needed to look after the person in the way they preferred. The care plans included information on personal care, moving and handling, nutritional needs, skin care, communication, and medical history. They contained details of people's individual choices and preferences, such as when they liked to go to bed, their social activities and what they liked to wear. There was information about people's life histories to enable staff to know about people's backgrounds.

Care plans had not always been updated to reflect people's current needs. One person's care plan was dated October 2014 and had not been updated. Records in the care plan highlighted that the person had needed an occupational therapist (OT) assessment as their mobility was deteriorating. There was nothing to say the person had been referred to an OT and nothing to say the person had the mobility assessment or that any actions had been taken to prevent the person's mobility from continuing to deteriorate.

When people were unable to communicate their own needs relatives had been involved in their care plans and had signed to say they agreed with them. The provider said that families were involved as much as possible in the planning of people's care. Care plans included information gathered from relatives and representatives about people's interests and what was important to them. There was a pen picture in each person's care plan, explaining their lifestyle before moving to the service and the things that were most important to them. This gave a good background for staff to organise people's care. Each person's care plan contained the contact details of people who were important to them and these relationships were supported and encouraged.

Care plans did not contain all the information needed to make sure people received safe personalised care and support. Most people had difficulty communicating. There was little information on how people's communication should be supported. People had not always been referred to a speech and language therapist or other relevant health professional for an assessment of their communication needs. Communication aids were not always being used or were not used correctly.

Each person had a key worker and a co-key worker. These were members of staff who met regularly with the person to make sure their care was given in ways that suited them best and that their needs were met. Staff knew people well. People could choose when to get up and go to bed. For example, one person liked a regular routine of going to bed during the early evening and watched TV in their room. Another person liked to stay up late and staff told us that they sometimes liked to stay up until 3am. People received care that was centred on them.

People spent most of their time in communal areas such as the dining room and lounge. Some people sat in their own chairs that were made to suit their needs and had a table top so that they could have books, tactile objects and other things of interest within their reach. People occupied themselves with a variety of objects that they could hold and tap, or feel. Staff took turns to sit with people for a few minutes and talk or swap the activities around. Some people liked to have the newspaper read to them. Others enjoyed drawing and knitting. There was a large screen TV in the lounge and people chose different films to watch from a collection of favourites.

The service provided a sensory room for people to use. Some people liked to use this on their own and sometimes the staff brought the equipment into the lounge for a relaxation session for people. Staff encouraged people to use the sensory equipment but respected their wishes if they did not want to use it. One person who had autism refused to go into the sensory room. Staff said "We have tried but they really don't like it". Staff said that they would like more training on how to use the equipment to benefit people more.

Mealtimes were mostly in the dining room and some people preferred to stay in the dining room during other parts of the day. In response to this a TV screen and DVD

Is the service responsive?

player had been set up in the dining room so that people could watch their favourite programmes and films in there. There was a stereo in the dining room and people listened to the music of their choice.

People needed the support of at least one member of staff when they went out and there was a minibus for people's use. The provider had recently purchased a new minibus but this needed some alterations before it was suitable for use. Two people went out shopping to buy personal items on the first day of the inspection and two people went out for sensory sessions locally. One person liked nail varnish so regularly went out to choose different colours to purchase.

The complaints procedure was on display in the hall. This had not been updated since 2009 and did not fully explain how to make a complaint. The complaints procedure did not include guidance on who to complain to outside of the service, if people were not satisfied with the response from the provider, such as the local government ombudsman. The contact details for CQC were out of date. There were no records of complaints available to see if anyone had made a complaint, to check that actions had been taken to address any complaints or that people were satisfied with any outcomes. Following the inspection the provider informed us that he had updated the complaints procedure.

Is the service well-led?

Our findings

The provider was also the registered manager who was supported by an administrator and a team leader. The provider told us that they were at the service on a daily basis.

Systems were not always in place to monitor and check the quality of the service. There were no records of checks or audits on the quality of care plans or other records of care and support, so shortfalls were not identified. Care plans and risk assessments had not been updated and some risks had not been identified. Care plans did not contain all the information needed to make sure people received safe personalised care and support. Audits had not been conducted regarding accidents and incidents, care plans and people's weight and food and fluid charts. Some people could display behaviours that challenged at times. Patterns and triggers for behaviours had not been explored, identified, analysed or monitored. People's behaviours had not been managed or addressed.

Checks were not always made to make sure people had been referred to health professionals when needed and there were no checks to make sure people's health needs were followed up, or that recommendations from health professionals had been followed.

People and staff were not always actively involved in the development of the service. Staff told us that people did not have regular meetings as it would be too difficult for some people. They told us that people's key workers spent time with them to gain their views on how the service was doing. However, people's views were not recorded and there was no record of any suggestions they may have made. The provider told us that they encouraged the involvement of relatives and representatives. They told us they 'held social events every so often and families could give feedback on these occasions'. Although records showed relatives and representatives had contributed to people's care plans, there were no records to show how they were involved with other aspects of the service.

Some accidents had been recorded in the communication books and care plans but we could not be sure that all accidents were recorded and followed up with the appropriate action because the accident log book was not

available. Accidents and incidents had not been analysed to look for patterns, and there was nothing to say what actions had been taken to prevent or reduce the likelihood of accidents and incident from reoccurring.

The provider used a CCTV (Close Circuit Television) system to monitor the service. There was a clear policy for its use including restrictions on who had permission to access recordings to protect people's privacy. Cameras were only situated in communal areas and in the corridors. There were signs around the service alerting people to the CCTV and where the cameras were situated. Consent had been obtained from people or their representatives when the system was first installed and when people first moved into the home. Staff said that it felt strange when they first worked in the service to think that they were being watched but they soon became used to it and they agreed that it protected people. The provider gave us an example of how useful this surveillance had been when there had been an incident that needed to be investigated. They said it was clear what had happened by the recorded information and that CCTV had helped to resolve the situation. There were no records to show how the system was used, when recordings had been viewed and by whom and when the tapes were changed, which had been stated in the policy. The policy review date was March 2014 and the policy had not been reviewed to make sure that the system was being used effectively.

People were at risk of receiving inappropriate or unsafe care because the provider did not regularly assess and monitor the quality of the service. This was a breach of Regulation (17) (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff were clear about their roles and responsibilities. The staffing structure ensured that staff knew who they were accountable to. Regular staff meetings were held by the provider where staff responsibilities and roles were reinforced. The minutes of staff meetings included a section where the provider checked that all staff knew the ethos of the service, which highlighted the importance of treating people with dignity and respect and recognising people's value and self-worth. In addition, some minutes referred to the expectations of CQC and informed staff that they were all responsible for the quality of care provided. However, opportunities for staff to contribute ideas on the development of the service, or discuss any issues or achievements were not included in the minutes.

Is the service well-led?

There was no development plan for the service. Up to date information about current good practice and new ideas from organisations like 'Skills for Care' were not accessed to inform and help the development of the service provided.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. CQC had received one notification in the last year informing us of an injury to a person.

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

The provider had not mitigated the risks to the health and safety of people receiving care.

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

Staff were not aware of current local authority safeguarding and whistleblowing processes and procedures for raising and responding to concerns of abuse. The provider did not ensure that staff were kept up to date with changes to national and local safeguarding arrangements.

Regulated activity

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People were at risk of receiving inappropriate or unsafe care because the provider did not regularly assess and monitor the quality of the service. The provider did not seek and act on feedback from relevant people for the purpose of continually improving the service

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.