Care Management Group Limited

Care Management Group - Trafalgar House

Inspection report

9 Sutherland Avenue
Bexhill
East Sussex
TN39 3LT
Tel: 01424 222911
Website: www.cmg.co.uk

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected Trafalgar House on 13 and 14 January 2016. Trafalgar House provides accommodation and support for up to eight people. Accommodation is provided from a large detached house for people with learning disabilities. The building is located within a residential area.

The age range of people living at Trafalgar House was 20 – 64. The service provides care and support to people living with a range of learning disabilities and mental health diagnosis such bipolar and a variety of longer term healthcare needs such as epilepsy and diabetes. Several people have been living at the service for over 12 years. There were eight people living at the service on the day of our inspection.

Summary of findings

We last inspected Trafalgar House on 5 August 2013 where we found it to be compliant with all areas we inspected.

A registered manager was in post. 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 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.

People told us they felt safe however we found there were areas that required improvement in this area. We found medicines were not consistently managed safely and in accordance with current regulations and guidance. For example we found examples where people's Medicine Administration Record (MAR) had not been signed in line with the services own policy.

Some people who lived at the service were under the authorisation of a DoLS. We found an occasion when a side gate had been left open after people had gone out with staff. This meant other people could have left the service out without staff's knowledge.

People appeared happy and relaxed with staff. There were sufficient staff to support them. When staff were recruited, their employment history was checked, references obtained and comprehensive induction completed. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding and knew what action they should take if they suspected abuse was taking place. A range of specialist training was provided to ensure staff were able to meet people's needs.

It was clear staff and the registered manager had spent considerable time with people, getting to know them, gaining an understanding of their personal history and building rapport with them. People were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

People's needs had been assessed and detailed care plans developed. Care plans contained risk assessments for a wide range of daily living needs. For example, trips outs, seizures and choking. People consistently received the care they required, and staff members were clear on people's individual needs. Care was provided with kindness and compassion. Staff members were responsive to people's changing needs. People's health and wellbeing was continually monitored and the provider regularly liaised with healthcare professionals for advice and guidance.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager understood when an application should be made and how to submit one. Where people lacked the mental capacity to make specific decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

People were provided with opportunities to take part in activities 'in-house' and to regularly access the local and wider area. People were supported to take an active role in decision making regarding their own routines and the routines and flow of their home. One family said, "The home are excellent at getting the residents out and about."

Staff had a clear understanding of the vision and philosophy of the home and they spoke enthusiastically about working at Trafalgar House and positively about senior staff. The registered manager and operations manager undertook regular quality assurance reviews which worked to drive improvement in many areas.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

We found staff had not consistently followed best practice with regard to signing people's medicine records.

We found an occasion where people's safety had been put at risk by leaving a side gate open.

Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Is the service effective?

Good

The service was effective.

Mental capacity assessments were undertaken for people if required.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access and were supported to health care professional appointments for regular check-ups as needed.

Staff had undertaken essential training as well as additional training specific to the needs of people. They had regular supervisions with their manager.

Is the service caring?

Good

The service was caring.

People felt well cared for and were treated with dignity and respect by kind and friendly staff. They were encouraged to make decisions about their care.

Staff knew the care and support needs of people well and took an interest in people and their families to provide individual personalised care.

Care records were maintained safely and people's information kept confidential.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in a range of activities both in the home and the community. These were organised in line with peoples' preferences. Family members and friends continued to play an important role and people spent time with them.

People and their relatives were asked for their views about the service.

Summary of findings

There were systems in place to respond to comments and complaints.

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

Is the service well-led?

Good

The service was well led.

There were a wide range of quality assurance systems in place which considered all areas of the service.

The registered manager was well supported by the providers head office function.

Staff felt supported by management and said they were listened to, and understood what was expected of them.

Care Management Group - Trafalgar 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.

We inspected the service on the 13 and 14 January 2016. This was an unannounced inspection. One inspector undertook the inspection.

We observed care delivery throughout our inspection. We looked in detail at care plans and examined records which related to the running of the service. We looked at three care plans and four staff files, staff training records and quality assurance documentation to support our findings. We looked at records that related to how the home was managed. We also 'pathway tracked' people living at Trafalgar House. This is when we look at care documentation in depth and obtain views on how people found living there. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at all areas of the service, including people's bedrooms, bathrooms, communal lounges and dining area. During our inspection we spoke with six people who live at the service, seven care staff, the registered manager and the service's administrator. There were no relatives or personal visitors to the home during our inspection; however, we received feedback from a relative after the inspection. We requested feedback from healthcare professionals who have routine contact with people who live at Trafalgar House.

Before our inspection we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We considered information which had been shared with us by the local authority, members of the public and relatives. We reviewed notifications of incidents and safeguarding documentation that the provider had sent us since our last inspection. A notification is information about important events which the provider is required to tell us about by law.

Requires improvement

Is the service safe?

Our findings

People living at Trafalgar House told us they felt safe. One person said, "I enjoy living here and always safe." Another said, "I lock my room when I am not in it, yes I am very safe here." Although people told us they felt safe and well supported we found some aspects of the service were not consistently safe.

The premises had a large garden which we saw people using regularly throughout our inspection. As well as being able to access the garden via the backdoor in the kitchen, the garden could also be accessed from the road via several gates located around the side of the property. One of these side gates was used routinely to access the service's vehicle. We saw on one occasion during our inspection a gate had been left open. It had been held open by a door hook. The registered manager told us staff would hook the door to the 'open position' when people were coming in and out. There were people living at the service who were under the authorisation of a deprivation of liberty safeguard (DoLS) and therefore were not permitted to leave the premises without support from staff. The gate being left open meant there was a risk people could have left the service without staff's knowledge or unauthorised people gaining entry to the service. The registered manager told us the gate had been left open 'in error' when staff had supported people to the service's vehicle at an earlier point in the morning. The registered manager told us this was very unusual and staff we spoke to were aware of their responsibility to keep these gates closed once they had been used for access. The registered manager wrote a reminder for all staff in the communication book regarding this occurrence and the importance of keeping external gates closed.

This lack of security was a breach of the Health and Social Care Act 2008 Regulation 15 (Regulated Activities) Regulations 2014.

Although accident and incidents were clearly recorded and scrutinised by senior staff there was no local system in place to record the overall number and type of accidents and incidents in a designated time period within Trafalgar House. This meant that it would be more difficult to identify specific patterns or trends. The registered manager had previously produced a template where this information could be captured however they were not currently using this document. After the inspection the registered manager told us they intended to use their template at the service.

People commented they received their medicines on time. One person told us, "I always get the help I needs with my pills." However, we identified areas that required improvement with the management of medicines. We found one person's Medication Administration Records (MAR) which required two staff signatures to ensure it was administered correctly only had one staff signature on two separate occasions. The staff 'sample signature' sheet was not up-to-date. We found there were four staff signatures missing. This meant it would be more difficult to identify which staff member had assisted with or administered people's medicines. We found one person's prescribed cream did not have a date identified on it when it was opened. This meant there was a risk it may be used after its expiration date. All people had their own medicine profile. The profiles provided information on what each medicine had been prescribed for. The documentation also identified if people were prescribed any 'as required' (PRN) medicines. We found one person had a medicine listed as PRN however records identified this was no longer prescribed. At the end of each shift the outgoing shift leader would provide a 'handover' to the incoming shift leader. We saw this was detailed and covered multiple areas including medicines however although this handover included a review of medicines paperwork and people's MARS they failed to identified the shortfalls we identified during the inspection. In addition a recent medication audit undertaken by member of senior staff had also failed to identify these shortfalls. We spoke to the registered manager regarding the areas of concern. They put in an immediate action plan for all areas. The staff member who had failed to ensure appropriate double signatures were in place was withdrawn from administering medicines and was provided additional training and supervision.

We found all other administration related to medicines was safe. We observed medicines being administered. The care staff who administered the medicines checked and double checked at each step of the administration process. Staff also checked with each person that they wanted to receive the medicines. Medicines were ordered correctly and in a timely manner that ensured medicines were given as prescribed. Medicines which were out of date or no longer needed were disposed of appropriately. One staff member

Requires improvement

Is the service safe?

told us, "I feel confident doing medicines, the training and support is very good." Another staff member said, "Unless you are trained, have an up-to-date medication competency you can't undertake medication."

Staff were able to confidently describe different types of abuse and what action they would take if they suspected abuse had taken place. There were up-to-date policies in place to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. We saw that safeguarding referrals had been made appropriately to the local authority safeguarding team in a timely fashion. One staff member told us, "Keeping clients safe is the number reason we are here."

People's dignity and rights were managed in a positive way by care staff. By observing staff and reviewing care documentation it was evident staff effectively supported people to manage behaviours that could challenge whilst protecting people's dignity and rights. Care staff were aware of 'potential triggers' and used strategies to reduce the likelihood of these occurring and causing people distress. For example one person's anxiety levels rose when they felt their planned routine for the day had changed. Staff were seen to utilise the strategies identified within their care plan to reduce the stressor. One staff member said, "You can often predict behaviours and reduce anxiety triggers but life being life having clear consistent strategies in place is important."

People's support plans contained clear risk assessment for a wide range of daily living needs. For example, seizures, medicines and choking. Staff demonstrated they were clear on the level of support people required for specific tasks. One staff member told us, "We know people's capabilities and will adapt tasks so they are safe but can be still be involved as much as they choose to be." Further risk assessments within people's care plans covered all aspects of daily life, for example, what equipment was required to be taken by staff going outside the home. Information had been reviewed and updated to reflect people's changing needs.

Following an accident or incident completed forms were passed to the registered manager for review. They told us, "This ensures I have oversight of everything that occurs." We reviewed records and saw actions had been taken as a result and a clear follow up process was evident. For example, additional safety precautions had been put in place following an incident with cutlery." Accident and incidents forms were uploaded to the provider's electronic database where they were accessible by senior operations staff and the provider. The registered manager said, "It is good that multiple people can review incidents and checks what actions have been taken." Care staff were clear on the documentation they were required to complete and the associated timelines.

There were systems in place to check the environment to ensure it was safe for people. We saw routine health and safety checks were undertaken covering areas associated with fire safety and water temperature. Outcomes from these were recorded clearly. Maintenance and servicing of equipment such as the fire alarm, portable electrical equipment (PAT) and boiler were seen to be regularly completed. Staff were clear on how to raise issues regarding maintenance. One member of staff told us, "Once things are reported they get fixed or replaced quickly." On the day of our inspection we saw a person's fridge in their room had stopped working, staff and the registered manager were making plans on the logistics of replacing it.

There were enough skilled and experienced staff to ensure the safety of people who lived at the home. During the daytime if all people were in the house there were four care staff on duty. One relative told us, "I have never had any worries about the number of staff, always plenty about." The registered manager told us that people's dependency levels were reviewed as part of their support plan and adjustments in staffing levels would reflect any changes. The service published a rota which identified which senior staff were 'on call' when one was not in the building or during the night. All staff spoken with said that they felt the home was sufficiently staffed.

The service had clear contingency plans in place in the event of an emergency evacuation. The service had an 'emergency file' available which contained information such as copy of people's key contact numbers and copies of people's medicine requirements. Staff and records indicated that full 'mock evacuation' drills were undertaken four times a year. The provider had a reciprocal agreement in place with another local service should the need arise to evacuate people from the building. All staff were trained in first aid and resuscitation techniques.

Records demonstrated staff were recruited in line with safe practice. For example, record of responses to interview questions, employment histories had been checked,

Requires improvement

Is the service safe?

suitable references obtained and all staff had undertaken Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff described the recruitment process they had gone through when they joined. One said, “It was made clear at my interview what the job involved and the responsibility that came with it.”

Good

Is the service effective?

Our findings

People received effective care from appropriately trained staff. One relative told us, "I am very happy with the staff and the support they offer, all very competent."

When new staff started working at Trafalgar they underwent an induction. The induction consisted of training and shadowing more experienced staff. One staff member told us, "When I started I was given the time to settle in and get to know clients and the home's routines." Mandatory training covered areas such as understanding learning disability, infection control and food hygiene principles. The registered manager told us that as some people at Trafalgar House lived with complex health care needs so care staff underwent additional training, for example epilepsy training. People who lived at Trafalgar House could present behaviours that challenge. Staff told us the training they received in this area gave them the confidence to effectively manage these. This meant the provider had provided training that was relevant to the needs of people living at the service. We saw staff applied their training whilst delivering care and support. Staff assisted and addressed people in a respectful manner and were aware of people's potential anxiety triggers. One staff member told us, "Training is pretty good; using it along with my knowledge of individuals is the key." The registered manager told us that people's behaviours were carefully recorded within care documentation and where patterns or frequency changed the provider employed another regional staff member, who could provide additional training and support to staff.

New staff underwent a probation period during which time they were more closely monitored and supported. We looked at the records of a new staff member's recent probationary' meeting. The meeting covered all aspects of the new employee's role and had agreed actions in place. All care staff had a monthly supervision. One staff member told us, "The meetings with manager are regular; we get the chance to chat about anything that is relevant." All staff told us they felt well supported in their roles.

People were supported to maintain good health. Each person had a separate 'health' support plan' folder which provided detailed information on people's individual health care history and requirements. These records identified a wide range of health care professionals were engaged to support people to maintain good health such as speech and language therapist (SALT) and specialist continence nurse. Routine appointments were seen to be scheduled with opticians and dentists and podiatrist. Staff were proactive with regard to people's health care needs. One staff member told us, "As we work so closely with clients you pick up quickly if something isn't quite right." We saw one person was scheduled to have a surgical procedure, the person was clear on why this was planned and their GP, family and key worker had been involved in discussion with them.

We saw the premises and equipment was laid out appropriately to meet people's needs. For example, one person's complex health needs had deteriorated so the provider had extended their room to incorporate a large 'wet room' with a toilet to support these changes.

Staff understood the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow appropriate procedures in practice. There were procedures in place to access professional assistance, should an assessment of capacity be required. We saw evidence that people had mental capacity assessment when appropriate and these were regularly reviewed. The MCA states if a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person's behalf must do this in the person's best interests. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. We saw 'best interest' meetings had been held for multiple areas such as medicines and the electronic door key pads and, where appointed, attorneys and advocates had been involved. During the inspection we heard staff routinely ask people for their consent and agreement to support.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We saw the registered manager had made referrals for people who required DoLS with the appropriate managing authorities. Staff demonstrated they were clear on the parameters of each individual DoLS application. Staff had underdone MCA and DoLS training. One staff member said, "I remember doing the training, it gave practical tips. It can be quite complicated so I would speak to the manager if I was not clear."

Meals were planned and rotated in line with people's choices and preferences. The planned weekly menu was clearly available for people. It was evident people had been involved in the planning and choices. The registered

Good

Is the service effective?

manager told us, “Food is a really important part of the residents’ day; it can be a challenge to keep meals as healthy as possible.” We saw the evening meal each day was selected by a person; there was also an alternative available. One person told us, “I enjoy my food and look forward to my meals.” The kitchen was well organised and had systems in place to ensure daily checks such as fridge temperatures were recorded. Where people required support to eat and drink staff were seen to sit at eye level, engage positively and offer encouragement to people. Staff supported people in the dining room and created a relaxed and friendly atmosphere. One person told us they sometimes chose to eat in their room. There was a strong community ethos evident and people were seen chatting. People’s body weight was routinely recorded; staff told us this was used as an indicator of potential changes in health and wellbeing.

Good

Is the service caring?

Our findings

The registered manager told us that recruiting suitable staff was important to the culture and smooth running of the service. They told us that as part of the interview process all prospective candidates were required to visit the service and spend time meeting people.

We observed kind and compassionate interactions between staff and people living at the home. We saw there was a strong bond and rapport which was under pinned by staff's knowledge and understanding of people's needs. Some staff told us they had known people at the home for many years and knew them as individuals with differing and specific care needs.

During the inspection staff supported people in a dignified and respectful way. People did not have to wait if they required support as staff were available. We saw positive and on-going interaction between people and staff. We heard staff taking time to explain things clearly to people in a way they understood. Staff had a good understanding of dignity and how this was embedded within their daily interactions with people. One person told us, "I think the staff are excellent, they know me really well." The staff approach to people was seen to be thoughtful and caring. Staff prompted one person discreetly to see if they wanted to 'pop to the loo' prior to going out to the shops. Another staff member was seen prompting a person to see if they wanted to tuck their shirt in at the back. This person's care plan stated that they took pride in their appearance. A person returned from a shopping trip and was very keen to show staff what they had purchased. All staff were seen to demonstrate a genuine interest in this and had positive comments to share.

People were involved on during the design and review of their care documentation. People's likes and preferences were clearly documented throughout care plans. For example, the type of music they like and favourite foods. We saw that people were included in all aspects of their care such as the selection of their key worker. A keyworker is a named member of staff who works more closely with a person and will have additional responsibilities in relation to their care such as liaising with a person's family. One relative told us, "I mainly speak to the manager but I know the keyworker has significant involvement in their day to day routine." A member of staff said, "It is a great part to the job as you get the chance to know someone really well and can share this information to make their lives as good as possible."

We saw multiple examples of where people had been involved in the running of the home and their lives, from choosing colour schemes, activities and how they spent their money. During part of the second day of our inspection all but one person was out in the local community involved in activities. The person who remained told us they did not want to do anything that day. They said, "It's a bit cold today, I like to stay and relax in my room sometimes." On the first day of our inspection we saw one person had chosen to 'have a lie in' and came down later in the day and staff had been up to their room several times to take up drinks.

People's privacy and dignity was respected and people were encouraged to be as independent as they wanted to be and this was recorded in people's assessments and care records. We saw people moving freely around the communal areas making drinks and chatting with staff. There was staff guidance in people's care documentation regarding how to protect people's dignity whilst providing personal care. We observed staff treating people with dignity and respect throughout the inspection. For example, staff knocked on people's doors before entering rooms and closed the doors.

Care records were stored securely. Information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality.

A relative told us they could visit at any time and were always made to feel welcome. They said, It's a bit of a journey from my home but I am always offered a sandwich and a drink when I arrive."

Good

Is the service responsive?

Our findings

People's care plans clearly identified their needs and reflected their individual preferences for all aspects of daily living. People's care documentation was held across three files. These were; care plan, support plan and health file. People's care plans contained a 'pen pic' which was a personal profile of the person which identified information related to their social and family history. One staff member told us, "I find care and support plans useful, particularly when I started to get an understanding of background." Care plans demonstrated detailed pre-assessment had taken place, these identified specific individual needs and how these could be met by the provider. Support plans contained risk assessment and people's service delivery plans which provided detailed guidance for staff on how to support people in all areas of their day to day lives. Areas included personal hygiene, behaviour and communication. Likes and dislikes identified where people were able to makes choices and retain control of their daily routines such as clothing and meals. Support plans were reviewed six monthly or more regularly if required, for example if there had been a change in a person's behaviour.

People had monthly meetings with their keyworker to discuss their care and all aspects of their lives at Trafalgar House. The key worker reports were signed by people and reviewed by the registered manager. The registered manager told us that most people would sit with their key worker for these meeting however a few would 'dip in and out'. They said it helped that people were paired with staff they had chosen to be their key worker and had similar interests. For example one person told us their keyworker loved football. We saw that these reports highlighted things that had been positive and achievements.

Staff had a good understanding of people's individual needs and said they were given time to ensure care documentation was kept updated. One staff member told us, "There is always time at the end of a shift to get things down." We saw daily care records provided clear informative descriptors of people's activities, moods and behaviours. Staff told us these were useful to review if they had been 'off duty' for a few days. We saw within one person's daily care notes it stated; a person, 'had a long busy day yesterday so slept in later than usual this morning.'

The PIR identified that the service was working on re-designing 'individualised activities' programmes for people. During our inspection this was in the process of becoming embedded. New individual activities planners were being completed with people's input. We saw one person had recently been supported to purchase a bicycle and the registered manager was purchasing a bicycle for staff to be able accompany them on rides. During the inspection we found the service provided numerous opportunities for people to take part in activities 'in-house' and to access the local and wider area. The registered manager told us a key strength of the service was to, "Support service users out and about and enjoy what they want to do." People's care files contained numerous photographs of them taking part and enjoying various activities. One person told us about their involvement in a charity where they were a DJ. On both days of our inspection people were seen coming in and out of the service to undertake shopping trips or activities or visit relatives. We saw a visiting care professional whom the registered manager had requested to provide additional strategies on how to encourage a person to engage in activities for longer periods of time. The home had a pool table which people told us they enjoyed using. Staff told us it helped create a 'fun' atmosphere. The provider had a dedicated 'people carrier' vehicle which was able to facilitate all people living at Trafalgar House to go outside the home. The provider also held annual 'national events' for people such as talent contests and sports day. The registered manager told us the provider made a financial contribution to each person's summer holiday.

People were involved in 'resident meetings' once a month. Meeting minutes showed these were well attended and provided people with the opportunity to have input into the running of the service. For example, menu planning and choosing colour schemes for redecoration.

We observed two staff 'hand overs' between shifts, these were well attended and led by the 'shift lead'. They were seen to be an opportunity to provide comprehensive updates on all people which included their sleep, moods, nutrition and medicines. Operational information was shared and staff had the opportunity to ask questions and offer suggestions. For example staff discussed how they could best manage the shift so they could support one person to get a haircut in the local town.

Good

Is the service responsive?

One person was scheduled to be moving from the service to another county. They told us they had been well supported through the transition process. Their support plan reflected the support they had received and provided a clear rationale for their planned move. The person told us they had been supported to visit their new accommodation and although was 'sad' to leave Trafalgar House they wanted to come back and visit. On the day of our inspection they had been supported to purchase some items for their new accommodation.

Satisfaction questionnaire surveys were undertaken on an annual basis. We saw relatives and health care professional were contacted for feedback. We saw responses from relatives and these were seen to be positive. There had been no responses from health care professionals. There was evidence the registered manager had responded directly to one relative who had raised a query.

The PIR identified that a complaints policy was available to people within the home. During our inspection we saw this was also available in an easy read format for people in their rooms. One person told us they would speak to 'any staff' if they were not happy but would go and see the manager if it was important. People's monthly key worker meetings identified staff spoke to people and reminded them about the complaints process. We saw the two complaints received had been responded to in a timely manner in line with the provider's policy and the complainants were satisfied with the responses and the complaints closed.

Good

Is the service well-led?

Our findings

People, their relatives and staff spoke highly of both the provider and registered manager. Under the Health and Social Care Act 2008, providers are required to submit statutory notifications to the CQC. A notification is information about events which the provider is required to tell us about. Although not all incidents had been notified to the CQC we found the service had notified the Local Authority appropriately and the registered manager offered clear explanations as to the reasons for this minor oversight.

There were multiple quality assurances systems in place which we found worked effectively at identifying shortfalls and driving improvement within the service. A regional manager undertook an on-site audit on a rolling three month basis. This reviewed the effectiveness of the service in areas such as record keeping, cleanliness and health and safety. Once completed this report was discussed with the registered manager who was provided with clear action points and timescales. A recent audit had identified that one person's care plan in relation to end of life required updating. The registered manager told us they found these audits constructive and, "A good way of seeing how we are doing in all areas." Once an action had been completed it was marked as such and reviewed at the next audit.

The registered manager knew each person well. Staff were positive and spoke highly of the registered manager and their leadership. One told us, "I can go and see them about anything and they would make time for me." Staff demonstrated a clear understanding of their roles and the lines of accountability. One told us, "I would chat with staff on shift but would speak to the manager if I needed something cleared up." Staff told us there was a senior member of staff available at Trafalgar House during the week. The registered manager was at the service between five days a week. Staff were aware of the out of hours 'on call' system when a senior member of staff was required 'out of hours.' One staff member said, "I haven't used it but there is a list up in the office that shows who is on call."

The provider had clear published vision and values; these ran through the homes policies and procedures. Staff signed company policies to confirm they had read and understood them. Staff were very clear on the vision and philosophy that underpinned the service. One staff member told us their saw their role as, "Helping support clients to have the best life possible." Another said, "Promoting independence and supporting those that live here to do what they want."

Staff meetings were held regularly. These meetings provided an opportunity for staff to raise and discuss issues and for senior staff to remind colleagues about key operational issues. Staff who were unable to attend were provided with minutes of the meetings. Staff told us they found these meetings useful, they provided an opportunity to share ideas and provide each other with updates on individual people. One staff member said, "The communication between us all is good, lots of chances to share especially at handovers." The provider's head office staff sent out a monthly 'key message' to staff. These were produced in a format that was quickly accessible for staff. They identified current important operational information across the provider's services. The most recent communication reminded staff of the whistleblowing policy and the telephone number to access the helpline.

The registered manager told us they felt supported by their line manager and communication between themselves and head office staff was effective. During our inspection we heard the registered manager and the service's administrator liaising with the providers administration head office function by telephone and email. The registered manager said, "If I want support or need something, I invariable get it quickly." They described recent training and support events they had been involved with. For example, external regional registered manager meetings. The registered manager identified in the PIR that they operate a 'no blame culture'. One staff member told us they would not hesitate to 'put their hands up' if they made a mistake. Staff we spoke to were positive about their roles and the people they supported. We noted that the provider ran a 'staff forum' whereby a staff representative from Trafalgar House attended meetings to share the collective views of the staff at their service with other colleagues and senior staff from other services.

The registered manager produced a monthly report which they uploaded to the provider's electronic network. This was accessed and reviewed by the regional operations manager and the provider. This captured information on the operation such as staff sickness levels and the number of supervisions undertaken. The provider had a clear system in place which allowed the registered manager to

Good

Is the service well-led?

place requests for 'more expensive' items and improvements. The registered manager said, "I attend an annual budget forecasting meeting but am able to place interim requests as they crop up".

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **The provider had failed to ensure the premises was secure. Regulation 15 (1)(b)**