The Royal Borough of Windsor and Maidenhead

16 Homeside Close

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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The care home is operated by the host local authority. The care home is located in a residential area on the edge of Maidenhead town, Berkshire. It is one of three care homes that the provider operates for people with learning disabilities or autism spectrum disorder. 16 Homeside Close is registered to provide accommodation and personal care for up to eight adults.

At the time of the inspection, there was 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.

Since transitional registration under the Health and Social Care Act 2008 on 21 January 2011, 16 Homeside Close has maintained compliance with the relevant regulations at each inspection by CQC. The most recent inspection was a routine planned visit on 14 January 2014. This inspection checked five outcomes, all of which were compliant. The previous inspection was also a routine planned visit on 4 March 2013. The inspection checked five outcomes, all of which were again compliant. This inspection is the first visit under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the first rating under the Care Act 2014.

Risks for people were assessed, mitigated, documented and reviewed. Appropriate records were kept and readily available to demonstrate this to us at the inspection. We found some duplication across the two folders used by care workers for each person. The management of the care documentation required some improvement. This was to make it clearer to find people's important information when needed.

Proper maintenance of the premises and grounds was not evident. Repairs and maintenance were completed by an external contractor and sometimes the service incurred delays occurred whilst waiting for their attendance. Staff and management complained that the maintenance system was having an impact on the people who lived at the service. We found premises, grounds and equipment risks were mostly assessed. However, some risks were completely disregarded and were not considered, documented or mitigated. Some maintenance that required regular review or updates was overdue. The management of the maintenance was fragmented and communication between the service and contractor was not satisfactory. This put people at risk because the service could not be sure that the building, grounds and equipment were always safe.

Enough staff were deployed during shifts to ensure people's safety. Care workers we spoke with were satisfied that there were sufficient staff and that they did not place people at risk when they were busy. Our observations showed that the service was busy at times, but overall calm and relaxed and staff were dedicated to the people they supported.

We looked at a personnel file to check staff that cared for people were fit and proper. The provider's human

resources team assisted the registered manager with new applicant background checks. We found the service had strong recruitment and selection procedures that ensured suitable, experienced applicants were offered and accepted employment. A high percentage of staff had long periods of service for the provider. A small number of new staff were recruited when others left the service. Personnel files contained all of the necessary information required by the regulations and no documents or checks were missing. We found this included criminal history checks via the Disclosure and Barring Service (DBS), checks of previous conduct in other roles, and proof of identification. We also checked the staff's legal rights to work in the UK.

Medicines were safely managed. We examined the handling of people's medicines during our inspection and found that people were safe from harm. Storage of medicines and the management of room and refrigerator temperature checking and recording required review.

At the inspection, it was not possible to obtain information about staff training. We asked the service to send this to us afterwards, and reviewed the data they provided. Staff training was conducted, however required some improvement in attendance and overall management. We noted an inappropriate number of staff had completed training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This had resulted in staff we spoke with having limited knowledge of how this legislation was used in the support of people who used the service. Staff supervisions and performance appraisals were effective.

The service was not compliant with the requirements of the Mental Capacity Act 2005 (MCA). The recording of consent and best interest decision meant the service did not comply with the MCA Codes of Practice. There was some confusion at the service regarding people's applications, reviews and expiry dates for standard DoLS authorisations.

People received nutritious food which they enjoyed. Hydration was offered to people to ensure they did not become dehydrated. Snacks and treats were available if people wanted or chose to have them. People assisted with shopping and cooking and had the right to choose their own meals. We found the kitchen required more comprehensive cleaning to ensure the safety of people.

The found the service was caring. We observed staff were warm and friendly. As staff had worked with most people over an extended period of time, they had come to know each person well. Many of the people who used the service had lived there for long periods of time. This reflected in the care that people received from staff. The environment was maintained as a house rather than a care facility.

Personalisation of bedrooms and communal areas was evident. External agencies we spoke with, such as commissioners, praised the service when we asked. We found people had the right to choose or refuse care or activities and this was respected by staff. People led the life they chose to and this was not changed by anyone at the service. We saw people's privacy and dignity was respected at all times.

People were involved in the service in a number of ways and attended a wide variety of activities and events. This included the planning of social activities as well as normal functions of running the service.

Responsive care was provided to people. Their wishes, preferences, likes and dislikes were considered and accommodated. Staff knew about the complaints procedure and people had the ability to complain. There were no complaints since our last inspection, although the management had the knowledge and skills to investigate if a complaint was raised.

The workplace culture at 16 Homeside Close was good. Staff described a positive place to work and care for people. Staff told us they enjoyed their roles and found management approachable and reasonable.

Insufficient audits of the service were conducted to check the quality of the care. The service required more input and oversight of its day-to-day running and the care of people.

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.

People were protected from abuse or neglect.

The service adequately assessed and mitigated people's risks.

Risks from the building, equipment and grounds were not managed appropriately.

The service deployed satisfactory numbers of staff.

The service managed people's medicines safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff training required improvement. However, staff supervisions and performance appraisals were appropriate.

People's consent for care was not in accordance with the Mental Capacity Act 2005. The management of DoLS required improvement.

People were supported to maintain a healthy balanced diet.

People were supported to have access to healthcare services and receive ongoing support from community professionals.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion.

People had choice, independence and control of their personal care.

People's privacy and dignity was respected.

People's confidential personal information was not always

secure.

Is the service responsive?

Good

The service was responsive.

The service listened to people's wishes and preferences.

People's care plans were person-centred and comprehensive.

People's care documentation required some improvement by staff to ensure clarity and prevent repetition.

Staff had excellent knowledge of the people they cared for.

There was a satisfactory complaints process and people knew the procedure for raising any concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was a positive workplace culture and staff respected the management team.

Staff enjoyed working at the service and with the people they cared for.

The conditions of CQC registration were met by the service.

Notifications required to be sent to us by law were not always submitted.

Further quality assurance audits were needed to determine the quality of people's care.

To ensure care quality, improved oversight of the service by the provider was necessary.

16 Homeside Close

Detailed findings

Background to this inspection

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

The inspection was undertaken by one adult social care inspector, a specialist advisor (a learning disability registered nurse) and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection took place on 20 October 2016 and 21 October 2016 and was unannounced.

For this inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we already held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We asked the local authority teams, clinical commissioning group (CCG), fire authority and environmental health for information to aid planning of our inspection.

At the time of the inspection, the registered manager was on leave. During the inspection we spoke with the assistant team manager, nominated individual and five care workers. We communicated with six people who used the service.

We looked at four sets of records related to people's individual care needs. These included care plans, risk assessments and daily monitoring records. We also looked at one staff personnel file and records associated with the management of the service, including quality audits. We asked the provider to send further documents after the inspection. The provider sent documents to us after the inspection for use as further evidence.

We looked throughout the premises and observed care practices and people's interactions with staff during the inspection. Observations, where they took place, were from general observations.

Requires Improvement

Is the service safe?

Our findings

People were protected from abuse and neglect. There was a good knowledge by care workers and management regarding the principles of potential abuse and how to ensure people were safeguarded should allegations occur. Staff displayed confidence in their knowledge of types of abuse, signs of abuse and the action they would take if they suspected or witnessed abuse. The assistant team manager told us that a safeguarding and whistleblowing policy were in place and made available for staff. All staff we spoke with were aware of whistleblowing and how to report abuse or neglect to ensure people's welfare. The assistant team manager was clear about their role in managing safeguarding concerns. We checked people's personal finances were safe and found there was a robust system in place to protect them.

We looked at how 16 Homeside Close protected people from risks related to their care and accommodation. There was evidence of comprehensive risk assessments, including those relating to falls, moving and handling and behaviour management. The risk assessments we viewed were regularly reviewed and updated. There was evidence of the development of appropriate care plans to mitigate the risks. There was also evidence of regular and routine reviews, and scoring of risks. This ensured that the priority of risks to people was known by care workers and management. We found the service responded to people's identified risks with referrals to appropriate services, such as the GP or psychiatrist. Following reviews of people by these health professionals, we saw staff completed amendments to risk assessments and care plans.

The risks from the building, grounds and equipment were not adequately managed. The building was not owned or maintained by the provider. The provider relied on a third party contractor for routine maintenance, repairs, refurbishment and redecoration. Communication between the provider and the maintenance contractor was fragmented. This led to problems with the assessment, mitigation, monitoring and review of premises, grounds and equipment risks. Important documents needed by the service in relation to the risks from the premises were often not shared between the two parties, and could not be found on site. Instead, there was a reliance that the service had to obtain them on some occasions from the maintenance contractor. We wrote to the provider after the inspection to request these documents be sent for us to review. Staff at the service expressed their concerns to us that visits by the maintenance contractor had diminished over time, and that the service had to wait sometimes unacceptable periods of time for basic tasks to be completed. There was also a lack of oversight at provider level of the gravity of risks presented by the premises, grounds and equipment and resultant failure to address them.

We examined safety checks with the assistant team manager. We found that some risks were not considered. For example, we found windows on the first floor which were not restricted to prevent people falling out. There was no record that regular checks of the window restrictors was undertaken to find deficiency in their operation. When we looked at the Legionella risk assessment, it was overdue but the service had no knowledge of pending visits by the maintenance contractor to review the risk assessment. We found no designated marked parking for people with disabilities and no fire assembly point outside the building. There were a number of other building, equipment and grounds risks which we pointed out at the inspection. The assistant team manager and nominated individual compiled a list of these during feedback

at the end of our inspection. We were told that each item would be actioned to ensure risks to people were addressed.

The number of people who used the service was constant and most had lived at the service for lengthy periods of time. We reviewed the deployment of all staff with the assistant team manager as part of the inspection. We were advised of the daily staff shift patterns and deployment. The service had a stable workforce and there was one vacancy for a day care worker and one for a night care worker. The home used agency staff to fill gaps in the rota. We reviewed some rotas for 2016. These records matched the staffing deployment that the assistant team manager told us were planned in advance. Staff explained they would take on extra shifts as needed and the assistant team manager was provided with supernumerary days to complete managerial work.

Care workers we spoke with told us they felt that there were sufficient staff at all times of the day. Staff were required to complete cleaning, shopping and some other tasks when people were not present at the care home. Our observations during the inspection found that staffing levels were satisfactory. During peak times like breakfast and shortly after, staff we observed were busy but not rushed to care for people. During busy periods, staff acted calmly and ensured that people's care was safe and appropriate. At all times during the days of our visit, there were enough staff around, which meant that they were able to respond immediately when anyone asked them for support. They were also able to spend time talking with people, sitting at the dining room table, having a drink together, and listening to what they were saying or observing what they did. People's care was safe because there were sufficient staff deployed.

In conjunction with the provider's human resources (HR) team, the registered manager was responsible for ensuring fit and proper person checks were completed and recorded for new staff. We found the service had strong recruitment and selection procedures that ensured suitable, experienced applicants were offered and accepted employment. We looked at one personnel file. We found the personnel file contained all of the necessary information required by the regulations and no documents or checks were missing. We saw this included criminal history checks via the Disclosure and Barring Service (DBS), checks of previous conduct in other roles, and proof of identification. The service recorded staff's right to work in the UK. The service ensured that satisfactory checks of applicants' prior work conduct were in place. Where necessary, the service obtained additional references to ensure that applicants were suitable for carrying out personal care. People were protected because the service had strong recruitment and selection procedures.

We assessed if medicines were safely managed. People who use services have the same rights to choose to manage their own medicines, including the right to refuse medication, as people living in their own home. We were unable to ascertain whether any people at the service were given the choice to manage their own medicines. We found there was documentation to say this in some of the people's notes, but not in all. We saw medicines were appropriately ordered regularly to ensure continuity of supply. We checked people's medicines administration records (MAR). We found one missing signature in a person's MAR chart. This was pointed out and the staff took action to correct this.

The MAR charts were properly maintained, complete and were easy to follow. All of the MARs that we viewed had ID photos of the people on them. Allergies were recorded at the front of the file. We did not find individual charts for recording the application of topical medicines like creams and locations.

We looked at the safe storage of refrigerated medicines. Staff said they checked the medicines refrigerator temperatures each working day. Temperatures were within the acceptable range of 2°C and 8°C. The records we looked at reflected this. However, if the temperatures were outside the recommended range, staff were unaware that they should document the known reason and take appropriate actions. Staff were unable to

tell us what the written procedure stated what action should be taken. One care worker told us, "I really do not know." Room temperatures were monitored, although the thermometer was locked in the cupboard and not on the room wall. The assistant team manager was asked to consult their community pharmacist for advice about the recording of medicine room temperatures.

Requires Improvement

Is the service effective?

Our findings

During the course of the inspection, we spoke with staff that performed different roles in the location. This included staff that provided care, such as care workers and the assistant team manager. There was mixed feedback from staff we spoke with regarding their training and development. All of the staff we spoke with confirmed that they received some training in various relevant subjects specific to their role. However, when we questioned staff about the frequency of subjects like safeguarding vulnerable adults, moving and handling and fire safety, they were unsure when they last undertook the training or future scheduled dates for their attendance. When we asked the assistant team manager about training, at the time of the inspection they were unable to produce satisfactory evidence regarding staff training. The provider used an electronic staff booking and recording system. The system was not easy to extract individual staff training data from at the service level. We asked the service to send this information to us following the inspection and we received records of staff training accordingly.

We examined the information the service sent to us about staff training. The training records indicated the frequency for training in certain subjects. For example, we saw staff were required to update first aid skills every three years and administration of medicines annually. The service gave evidence of staff that had completed mandatory courses and some topics that were good practice to be skilled in. At the inspection the assistant team manager confirmed that training was primarily e-learning, with some aspects like practical skills, conducted via face to face teaching. The records provided showed that for most topics, staff had received recent training. There were some subjects where the percentage of staff that had completed the topic could have placed people at risk. For example, we saw the amount of staff training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were not appropriate. The service required improvement in staff training to ensure people received the best care.

We found staff received appropriate support, supervision and performance appraisals. There were records at the service level which were easier to view that the training records. Staff were encouraged to plan their support with the assistant team manager and registered manager, and ensure they had sufficient opportunity to talk about their performance, key strengths and areas for improvement. Records we reviewed confirmed staff had regular supervision sessions with their line manager or mentor. The registered manager also had their performance assessed by the nominated individual or a suitable delegate. Some staff had achieved relevant diplomas in health and social care, which assisted them in the performance of their roles.

The Mental Capacity Act 2005 (MCA) 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.

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 checked whether the service was working within the

principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We spoke with the assistant team manager regarding standard DoLS authorisations for people. The assistant team manager was knowledgeable about which people should have a DoLS authorisation and who did not necessarily require one in place. At the time of the inspection however, service level records were not clear about which people had a standard DoLS authorisation, what the expiry dates of DoLS were, when renewal of authorisations was required, and which people's applications were awaiting assessment by a social care professional. When we spoke to care workers, their knowledge of the MCA and DoLS was unsatisfactory.

We reviewed the care documentation of four people who used the service at the time of the inspection, to determine whether the service assessed and recorded consent and mental capacity in accordance with the law. People's or relatives' implied or verbal consent was sometimes used, which was inappropriate. The service did not have specific documents which recorded information about who consented to care or the capacity of people to consent. The service also did not check whether other relevant people, like relatives, had the legal capacity to consent. The service had not recorded attorney details or whether people had Court of Protection orders. Obtaining people's consent and use of the mental capacity process along with documentation of this, required improvement. We spoke with the assistant team manager and nominated individual about this during feedback at the inspection. We explained our concerns about the management of people's DoLS and their consent. They agreed with our initial findings and provided reassurance that action would be taken by the service to resolve the issues. We received written confirmation from the registered manager shortly after the inspection that action was being taken by the service to manage people's consents and the DoLS process.

The menu was displayed in the dining room, with photos and in writing. People were involved in the shopping and planning of the menus. Each Sunday, a service meeting was held to decide what people would like to eat and drink for the week. Fresh fruit and snacks were readily available for people. We checked the pantry, refrigerator and freezer. We saw adequate, varied stock of food and drinks was available. We found some areas of the kitchen required more effective cleaning by staff. This included the top of the refrigerator and freezer and the extraction fan. We showed this to the assistant team manager and they noted our feedback for action. At the most recent inspection, the local authority environmental health officer for food safety had rated the service five out of five.

People were able to have food and drinks if and when they desired. We observed that at mealtimes, some people ate together in a social setting. We saw that the appearance of meals prepared and enjoyed people was satisfactory. There was a varied menu and it was based on people's preferences. Although people had their breakfast and dinner at the location, lunch was often enjoyed at other locations where people went as part of their daily social, work or education routines. This included a community day centre. Staff told us people sometimes assisted with meal preparation.

As far as possible, people were supported by the service to attend all necessary medical and healthcare appointments away from the care home. Examples of good support to people related to healthcare included assistance with GP visits. Other healthcare professionals attended the service on occasions. Where additional support was required to help with health appointments, the service provided escorts for people, if required. Staff we spoke with were knowledgeable about people's ongoing health matters, especially their learning disability diagnoses and individual personalities. The service had a strong relationship with the local authority team for people with learning disabilities. The local authority team for people with learning disabilities gave us positive feedback about people's care. People at 16 Homeside Close were supported to

maintain good health.

Good

Is the service caring?

Our findings

There was an overall feeling that the staff at the service were very caring. We found there was a consistency of staff at the service. Many staff had worked there for years and we found all of them clearly loved their roles of working with people who had learning disabilities. We saw this was reflected in the care that people received. We saw the staff knew people well and people felt comfortable with the care workers who were at the service. We saw the service operated a keyworker system. This meant each person who lived at 16 Homeside Close had a named member of staff who took overall responsibility for their care. The keyworker would ensure that the person's needs were never overlooked, that risk assessments and care plans were updated and that necessary reviews occurred. We saw the service held an annual review with each person, and where possible, this was facilitated by the keyworker.

The people we spoke with all reported that they liked living at the service. One said, "I like it here. It's better than [another place]." We heard that holidays were generally taken in groups of two people with two care workers. Although it is not expected of the keyworkers to go with particular people, they usually did because they wanted to. One person we spoke with named all the staff to us and said, "I like them all." Another person said that when they were unhappy they went to their bedroom, and the staff came and talked to him. Another person said that, "When I'm upset, I talk to the staff and they help me." They also reported that, "The staff arranged a surprise for my birthday. My sister came to visit me." We were told that a former staff member who had left the service and moved away came back specifically to visit people. We were told people liked to socialise in pairs with their particular friend and were taken out to the cinema, bowling, shopping and for meals at cafes. We found there were positive relationships between people who used the service and the staff.

The people we spoke with and observed were given the opportunity to express their opinions in a variety of different ways, and to make choices about things. We reviewed care records to determine people's level of involvement in planning, making choices and being able to change the care if they wanted. Risk assessments and care plans were in a simple format, but with detailed information about the person. We found people were free to make changes to their care packages if they desired. Where people's conditions meant they were not able to be involved in the planning or receipt of care, we found relatives and healthcare professionals were consulted to ensure that the person received the best possible care. We found occasions where minor decisions were made by staff after considering what the best outcome for the person would be. The service took into account people's personal preferences, likes and dislikes and displayed this in the care that staff provided.

We found that people received care which was dignified and respectful. We observed several staff members using Makaton signage to reinforce verbal communication with some people at the service. Makaton is a set of basic sign language and black-and-white symbols (pictures) which are used alongside simple talk when communicating with people who have learning disabilities. Staff demonstrated respect of people's privacy when personal hygiene care was provided, by closing bedroom doors and curtains. We observed staff knock on people's bedroom doors when they were closed. We saw staff announced their presence and sought consent from people to enter their rooms.

Confidentiality of people's information was usually maintained, including electronic records and communication. We noted computers required a user password to log in, and again when they were not used for a period of time. We did not observe any instances of people's personal information being located at an inappropriate place within the building. However, we found that the downstairs office was sometimes open in the absence of staff and therefore placed the risk of people's personal information being inappropriately visible or accessible. We pointed this out to the assistant team manager so that the issue could be addressed. The management office located on the first floor was however always locked. At the time of the inspection, the provider was registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO unless they are exempt. This meant the provider ensured that confidential personal information was handled with sensitivity and complied with the legislation.

We recommend that the service scrutinises the large volume of folders located in both offices, and promptly works to collate, destroy or archive necessary documentation, to ensure clarity for all staff about the location of important information.

Good

Is the service responsive?

Our findings

We looked at four people's care documentation to determine whether care from staff was responsive to their needs. We found people who used the service had their personal needs and preferences taken into account before care commenced and throughout the continuation of their accommodation. In each of the care records there was good evidence of pre-admission planning which in itself gave a picture of people's needs and also whether the service could meet those needs.

There was evidence of individualised risk assessments and care planning within the care files we reviewed. We found the care plans were usually well-written and incorporated personal details specific and relevant the needs of the person. Although care plans appeared to set out in detail the actions to ensure that all aspects of the people's health, personal and social care needs were met, we found the detail could have been clearer and more specific. We found sometimes it was difficult to ascertain what were the person's identified needs and the related action. The care notes appeared messy and we found some of the updates were scribbled on. There seemed to be repetition, and little difference between the 'service user' plan and the care plan. We discussed this with the assistant team manager and they told us this would be addressed when the registered manager returned to the service.

People were encouraged to maintain an active lifestyle. The layout of the building meant that easy access inside and outside was provided. We found there was some equipment and materials to support activities. The lounge room contained little other stimulation for people than a television, and lacked personalisation for the people who lived there. People's bedrooms however were personalised and we were invited to view some. We found one person was a football fan, and had attended matches with staff support. We were told some staff planned and assisted with people's entertainment and social experiences. People appeared to be well supported in their own chosen interests. Amendments were made to ensure people who had particular difficulties could still participate. This meant people did not get bored by being inside the care home all of the time.

The provider had a complaints policy and procedure. We observed a copy was easily available for people, relatives and staff to access. Staff we spoke with knew about the policy and the steps they would take if a person or relative wanted to make a complaint. The policy and procedure contained the information for various staff members regarding their role in listening to and managing complaints. There was the ability to escalate complaints through to the provider if people felt their complaint was not handled well or were dissatisfied with the initial outcome of an investigation. The service maintained that people or relatives had the right to make contact with other regulators or agencies regarding complaints.

Requires Improvement

Is the service well-led?

Our findings

Staff we spoke with told us they enjoyed working at the service. They felt there was a positive culture which resulted in good care provided to people. We observed they interacted well with people who used the service, other staff and visitors. Staff also provided positive feedback about the assistant team manager and registered manager. One care worker told us about the registered manager. They commented, "'We are lucky to have her. She is very good." Stakeholders we spoke with as part of the inspection process had positive opinions regarding the management and staff.

The provider complied with the requirements of their CQC registration. A condition of the registration was that a registered manager must be in post to oversee the regulated activity. The registered manager worked at 5 Winston Court and 16 Homeside Close, balancing their time between both services. They were supported by an assistant team manager at the service. We found the management team honest, approachable and professional. The service was required to have a statement of purpose. A statement of purpose documents key information such as the aims and objectives of the service, contact details, information about the registered manager and provider and the legal status of the service. We found the statement of purpose for the service was appropriate.

We found that a limited number of surveys or audits were conducted to ensure the service measured the quality of care. We saw the service's community pharmacist completed a medicines audit in 2016, and some actions were required after their visit. We could not find an action or improvement plan to address any suggestions from the pharmacist. A plan was in place with the provider's human resources team that personnel files would be audited at least annually, to ensure they contained the necessary information required by the regulation. An audit of the personnel files was scheduled for the end of 2016. There was no calendar schedule or list of regular audits in place so that staff and management knew what checks to undertake and their frequency. A staff 'champion' was not appointed or trained in infection prevention and control. This is a requirement of the Department of Health's 'Code of Practice on the prevention and control of infections and related guidance' 2015. We found a continuous risk register or service improvement plan was also absent. This meant the service could not demonstrate how they knew about care quality and what actions they took to deal with any known issues.

The provider's nominated individual and other staff were available for assistance to the service or management if required. The provider's representative conducted periodic visits of the service to check care quality. Over time, the frequency of formal checks by the provider had waned and meant that the provider had a decreased awareness of key issues the service experienced. Most notable of these was the poor performance of the third party maintenance contractor to promptly and thoroughly respond to issues, despite the fact that management repeatedly raised them. We viewed two examples of the checks the provider completed in 2016. These were not comprehensive. We saw the provider audits did demonstrate areas of good care and documented issues that required improvement. The subsequent visit by the provider did not check whether the improvements from the previous visit were made.

Accidents and incidents were recorded by staff and reviewed by the deputy manager and home manager.

Where necessary, we found investigations occurred to determine the cause of incidents and whether reoccurrence of the same issue could be prevented. The service needed to file these clearly, so they could find them easily when needed and look at any patterns or trends. Under legislative requirements, there were times that the management needed to notify us of certain events which occurred at the service. When we spoke with the assistant team manager, they were able to explain the majority of circumstances under which they would send notifications to us. Our records showed that the service sent most of these notifications to us. However, the service had failed to send us notifications when people were granted standard DoLS authorisations by social care professionals. This was a breach of the relevant regulation. At the inspection feedback, we made this clear to the assistant team manager and the nominated individual. The management assured us that this would not happen again, and wrote to us after the inspection to confirm this.

Providers are required to comply with the duty of candour regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The management were familiar with the requirements of the duty of candour and were able to clearly explain their legal obligations in the duty of candour process. The provider did not yet have an occasion where the duty of candour requirements needed to be utilised at this service. At the time of the inspection, the service had a duty of candour policy which was appropriate. The policy clearly set out the steps for the management to follow if the duty of candour requirement was triggered.