

Sense

Hyde Close Flats

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?

Good



Overall summary

We carried out an unannounced inspection on the 20 March 2015, 25 March 2015 and 27 April 2015.

Hyde Close Flats provides accommodation with personal care to up to 20 people who have physical and complex learning disabilities and sensory impairment. At the time of our inspection there were 15 people living at the home. The service is situated in High Barnet, in a residential area, close to shops and other local amenities. The service consists of four flats, three with five bedrooms and a bedsit for one person.

At the time of our inspection the previous registered manager had left the service in November 2014 and the

current manager was in the process of becoming the new registered manager in post. 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.'

At our last inspection in May 2014 we found several breaches relating to standards of care and welfare, assessing and monitoring the quality of service provision, cleanliness and infection control, management of

Summary of findings

medicines, safety, availability and suitability of premises, consent to care and treatment, complaints and records. We asked the provider to take action to make improvements. We received an action plan from the provider stating that these actions would be completed by end of January 2015. We saw that most of these actions had been completed.

Since our last visit in May we found that the provider had made improvements as outlined in their action plan. We saw that the environment was clean and safe for people living at the home. Staff had started to review the person centred plans (PCP) for people living at the home. This involved other healthcare professionals and relatives. We made recommendations for the service to consider Department of Health (DH) guidance on Health Action Plans and Hospital Passports.

People living at the home had complex needs and could not verbally tell us their experiences of the home. We observed how care was being delivered to people. We saw good interactions between staff and people living at the home. Staff were caring, kind and patient when interacting or assisting people with personal care. Relatives told us that they felt their relative was well cared for. Comments about staff included, “they [staff] are very caring,” and “very kind and good to residents and anyone who visits”.

People were treated with dignity and respect and their privacy maintained. We saw that staff spoke in a calm manner and explained what they were doing before supporting people.

People were given choice and their individual needs were being met by the home.

We saw that the provider had a number of auditing systems to monitor the quality of the service. Audits included areas such as cleanliness and infection control, and health and safety of the building.

However, although a number of improvements had been made to the service since our last inspection in May 2014, further improvements were required. We found care records for people using the service were not always updated and risk assessments were required for people at risk of self-harm. Staff training in areas such as Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS) had not taken place for most staff for more than five years. Staff had limited knowledge of the MCA and DoLS and the impact of this on the people they cared for. There was no centralised system for recording incidents and we were unable to identify any learning which may have taken place following an incident. We made a recommendation about the management of incidents.

You can see at the back of this report what action we asked the provider to take.

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 mostly safe.

People were protected from the risk of infection because the provider had systems in place to ensure the environment was clean.

People consistently received their medicines safely and as prescribed. However, we found some medication administration charts and staff training was not up to date.

Staffing numbers were sufficient to meet people's individual needs.

Requires improvement



Is the service effective?

The service was mostly effective.

Although some staff understood the MCA and DoLS most staff did not have an understanding of how the impact of this on the people they cared for.

Staff received regular supervision and support. They told us they felt supported by their manager. People's nutritional needs were met by the service.

People were referred to other healthcare professionals to assist the service with meeting their individual needs.

Requires improvement



Is the service caring?

The service was caring.

Relative told us that their relative was well cared for and treated with dignity and respect.

We observed that staff assisted people during mealtimes in a caring and kind manner.

People's likes and dislikes were recorded in their care records.

People's relatives were involved in their care and attended reviews of their care.

Good



Is the service responsive?

The service was mostly responsive.

Activities were arranged in line with people's interests and abilities. Relatives told us that they felt their relative had opportunities to take part in social activities.

People and relatives were able to make complaints. Relatives told us that they were able to make a complaint and felt the service listened and acted on their concerns.

Good



Summary of findings

The service supported people to maintain contact with family and friends who were able to visit anytime.

Is the service well-led?

The service was well-led.

People were protected from the risk of poor care and treatment because the service had systems in place to monitor the quality of the service.

People and relatives told us that they knew the manager and that they were able to approach her with their concerns.

Good



Hyde Close Flats

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 over three days on 20 March 2015, 25 March 2015 and 27 April 2015. These were unannounced. Following concerns about the way medicines were managed the pharmacist inspector visited on 27 April 2015.

The inspection team consisted of the lead inspector, bank inspector, specialist advisor in learning disabilities and a pharmacist inspector.

Prior to the inspection we gather and reviewed information we held about the service, this included notifications received by the service and other information of concern, including safeguarding notifications. The provider

submitted a PIR on 27 March 2015 within the deadline requested. This is a form that ask the provider to give some key information about the service, what the service does well and improvements they plan to make.

We observed care to help us understand the experiences of people who could not talk with us. We contacted 15 relatives and managed to talk to five. We also spoke with staff, including the registered manager, senior staff and support workers. We contacted a number of healthcare professionals and managed to speak with one. We reviewed care records and risk assessments for eight people using the service. This included support plans in relation to specific care of pressure ulcers and special dietary requirements. We reviewed staff training records and personnel files for four staff.

People who used the service had complex needs, therefore they were unable to tell us their views about the quality of the service. Relatives told us they were happy with the care provided to their relatives at Hyde Close. We also spoke with the local authority quality team who told us that they had visited the service in March 2015, after our inspection.

Is the service safe?

Our findings

Relatives told us that they felt their relative was safe living at the home. One relative commented, “100 percent,” to the question of whether they felt their relative was safe living at the home. Another relative said, “very safe.” A healthcare professional told us, “I’ve never had a concern.”

At our last inspection in May 2014 we found medicines were not managed safely because the service was not following current and relevant medicines guidance. We found issues with how medicines were stored, used and recorded. We found staff administering medicines had received medicines training, however we judged that this training was not adequate because of the issues with medicines that we found. Medicines audits were not effective as the issues we noted had not been identified prior to our inspection. Therefore we were not assured that safe and effective systems were in place to ensure that people consistently received their medicine safely and prescribed.

We found that some improvements had been made. There was a robust system in place to order supplies of medicines, as we saw that all prescribed medicines were available. All medicines were stored securely in individual cabinets in people’s rooms. Controlled drugs were stored securely. There was better control of topical medicines, such as creams, as these were stored safely, were in date, and staff now made a record when they applied these creams. Protocols were in place for medicines prescribed on a “when needed” or “PRN” basis, so that staff had sufficient instructions to administer these medicines correctly. Stock balance sheets were now in place for these medicines, so that the use of these medicines could be monitored and audited. We counted a sample of medicines in stock on each of the three units, and checked these against medicines records, and there were no discrepancies, providing assurance that people were receiving their medicines as prescribed. Medicines administration records were clear and up to date, except for the records for two of the 15 people at the service. The medicines administration records for these two people did not contain an accurate and up to date list of these people’s medicines,

We found three currently prescribed medicines in these people’s medicines cupboards which did not appear on their current medicines administration records. These medicines administration records were updated during our inspection.

We saw that the provider’s auditing system for medicines was now more thorough and we saw evidence that a comprehensive and detailed audit had been carried out by the provider in December 2014. A number of areas of medicines management had been identified as being inadequate or requiring improvement during this audit. After this audit, the manager had sought advice from a pharmacist, who carried out an audit in March 2015 to assist the service in making improvements with medicines management. The provider’s follow-up audit in April 2015 identified that some aspects of medicines management still required improvement.

One of the outstanding issues related to training for staff on the administration of injections. We noted that care staff were administering an injection daily to someone living at the service. The care staff administering this injection were not nurses. When we asked for evidence of the training care staff had received to be able to administer this injection safely, the manager told us that all staff who administered this injection had received training, but this was several years ago, and there was no recorded evidence of the training. The manager is aware of this and has started making enquiries for staff to complete refresher training. This includes involvement from the local authority quality team. However in the meantime, staff were continuing to carry out administration of a medicine which required specialised training without recent training to evidence that they were competent to do this safely.

The provider had a plan in place to address this, and other outstanding issues with medicines. They supplied us with a copy of their action plan on 29 April 2015. We will monitor progress with their action plan to ensure that the outstanding issues with medicines are addressed promptly.

People were protected from the risk of acquiring an infection. Since our inspection in May 2014, we saw that the home was clean and tidy and free from offensive odours. There were weekly cleaning schedules which provided staff with guidance on the areas to be cleaned. This was signed

Is the service safe?

by the staff member responsible for cleaning the communal areas in each unit and people's rooms. We saw that people were encouraged to take part in cleaning their rooms.

There were hand washing facilities available in communal areas, including each of the units and the laundry room. We saw in two communal bathrooms that this included the provision of disposable gloves in various sizes and plastic aprons kept in a holder which was mounted to the wall for easy access. There were hand sanitizers and paper towels available for people and staff to wash and dry their hands. The provider had employed a contract cleaner to clean the communal areas, including the windows. We spoke with the cleaner during our visit who told us that they attended the home three times a week to carry out cleaning tasks to the communal hallway, stairway and laundry area. During our inspection we saw that colour coded mops and buckets were used to reduce the risk of cross infection when cleaning the various parts of home.

All the relatives we spoke with told us that they felt the environment was clean. Comments included, "Very clean, always neat and tidy," and "Place is so much cleaner." Another relative told us that the environment was, "better since the new manager took over, there have been so much improvement."

We saw that the service had made a number of improvements to the environment of the home since our inspection in May 2014. For example, the garden area had been cleared of all rubbish and unwanted items and new fencing erected. Essential maintenance had been carried out to communal areas. This included renewal of the lino in the communal bathroom in one flat. We saw that the communal kitchen and lounge in each flat, were clean and tidy. In two units people showed us their rooms, which we noted was clean and tidy. The manager told us of their plans to have an admin space to allow staff to see the reception area.

We found people had risk assessments, which had been updated. Appropriate risk assessments were in place for people with regards to their degree of sensory impairment. For example, there was a risk assessment for a person with who had a tendency to walk into walls and doors or to be knocked over by other people living in the care home. They were also at risk of trips and falls. We saw a reviewed risk assessment, dated February 2015, for a person at risk of choking and a risk assessment, also dated February 2015,

for a person who enjoyed swimming in the community swimming pool. We saw another person who had a risk of pressure ulcers had a detailed risk assessment plan to minimise the risk of them developing a pressure sore. However, we noted that risk assessments had not been carried out for two people who were prone to self-harm. Therefore this put people at risk of receiving care that was inappropriate and did not meet their needs. The manager told us that this was an area for improvement which was on their list of areas to be addressed by the service.

Each person had an emergency evacuation plan with a risk assessment which gave instructions for staff to follow when assisting the person in the event of a fire. Staff told us that there had been weekly fire alarm tests. A full evacuation fire drill had been held every three months where people living at the home and staff were checked off. However, we found seven out of the eight care records reviewed did not have hospital passports. Therefore, this put people at risk of not receiving the appropriate care and treatment in the event of an emergency or hospital admission.

These were breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from the possible risk of abuse because staff demonstrated a good understanding of how to safeguard people living at the home. Staff and records confirmed that staff had received safeguarding training. Staff were able to tell us the signs and types of abuse they would look for that would indicate that people living at the home maybe subject to abuse and the actions they would take. This included reporting in the first instance to the manager and if not satisfied with actions taken by the provider they would contact the relevant authorities, including the local authority safeguarding team, police and CQC.

We observed how care was delivered to people in three of the four units at the home. We saw that on the day of our visit there were sufficient staff on duty to meet people's needs. There were sufficient staff on duty to assist people with eating and engaging in activities outside the service. For example we saw that staff supported two people to go out into the community to visit the local coffee shop.

Is the service safe?

We observed the senior assisting staff in one of the units. We noted in one unit that people were supported by two support workers and an agency staff member. In another unit we saw that staffing levels in the afternoon consist of four staff members, including a senior support worker, a support worker and two agency workers. The manager told us that agency staff used regularly attended the service and knew people well. This was confirmed by staff. We were told by the manager that four people living at the home required one-to-one support and assistance with personal care. Staff told us that staffing levels would normally consist of three support workers per unit. Each staff member was allocated to care for people who required one-to-one or two-to-one care. The manager told us that staffing levels were based on people's care needs and activities planned where two members of staff were required to accompany people in the community. We observed staff worked together to support people in their communal and planned activities.

Staff told us that each flat maintained a record of incidents and accidents which were kept on people's files. However in two of the four units staff informed us that there had not been any incidents for some time. We saw incident forms that were blank. There was no centralised system for recording incidents and we were unable to identify any learning which may have taken place following an incident.

We looked at personnel files of four staff. We saw that staff had been subject to the necessary checks to ensure they were safe to work with the people living at Hyde Close, including a criminal records check, proof of identity and address and verifying references from previous employers. The service is supported by a central human resources team based at the provider's head offices.

We recommend that the service seek advice and guidance from a reputable source, about the management of and learning from incidents.

Is the service effective?

Our findings

Relatives told us that their relative was given choice and their likes and dislikes were taken into account. One relative told us, “They [staff] feed them [people using the service] pretty well.” Relatives also told us that the service involved them when their relative had a medical appointment. However, two of the five relatives we spoke with said that the service did not always inform them when their relative had a medical appointment.

Staff had received supervision and said they felt supported by their manager. This included practice supervision where staff had been observed to assess their interactions with the people they cared for. However, the supervision planner for 2014 showed that seven of the 24 staff had not received supervision. Therefore staff may not have been supported. Staff confirmed that they had completed an induction prior to commencing work. We saw some evidence of this and yearly performance review in the staff files reviewed. The registered manager told us that yearly appraisals are due to start in April 2015.

Staff commented positively on the improvements since our last inspection in May 2014 and since the new manager started in October 2014. Comments included, “Nothing is too much trouble, I find her [the manager] very supportive and easy to get on with.” Other comments included, “there is more communication and staff come together,” and “for me to adapt easily, this is because the support I got”. We saw that there was a supervision planner for seniors and managers located on the office wall.

We spoke with seven staff, including three agency staff and the manager. Although the manager and some staff had a good understanding and knowledge about the Mental Capacity Act 2005 (MCA), we found most staff did not have an understanding about the implications of the MCA and DoLS for the people living at the service. One member of staff said they had last received training in 2010. All the staff we spoke with expressed a need for refresher training in the MCA and DoLS. We saw from the training matrix that 27 of the 39 staff had last received MCA training between 2008 and 2012. The manager told us that this had been identified as a gap in training and would be seeking further training in this area.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager provided us with a staff training matrix. This showed that staff had completed training in areas such as emergency first aid, exploring talking and listening hands, positive interactions, dysphagia awareness, equality and diversity. Staff had worked with the provider’s Multi-Sensory Improvement Practice Advice (MSI) to support them to maximise people’s ability to make their own decisions. This involved shadowing staff and providing feedback on their interactions with people. This helped staff to improve their communication with people and provide support them according to their individual needs.

The manager told us that four of the 15 DoLS applications made to the respective local authority had been authorised. This was confirmed by records seen on the day of our inspection. We saw letters dated January 2015 on people’s files from the respective local authorities confirming that DoLS authorisations were in place and their expiry date. The manager told us that standard DoLS applications had been made for all the people living at the home and some were still awaiting authorisation from the relevant local authority. We noted that mental capacity assessments were in place where DoLS had been authorised. We saw that doors were kept locked to prevent people from leaving. Three of the five relatives told us that DoLS was explained to them by the local authority, the other relatives said they did not know what this meant and that this had not been explained to them. Therefore they did not understand the impact this had on the restrictions in place at the home. However, the provider had not informed CQC of DoLS authorisations as they are required to do as a condition of their registration. Following our visit on 25 March 2015 the provider submitted DoLS notifications where these had been authorised.

We observed staff interaction with people throughout the first day of our visit. We found staff interacted well with each person and assisted them according to their needs. Staff were patient, supportive and attentive and were readily available to assist people. We saw that people who required assistance to eat were supported appropriately.

Is the service effective?

Staff were able to communicate with each person using sign language that was unique to the person. They had a good knowledge of people's care needs and their preferences.

People were offered two hot meals a day and the menu demonstrated choices had been given each day. We noted each flat had its own planned monthly menu based on people's choices. The staff had good knowledge of people's appetite and meal regime, their favourite meals and their likes and dislikes. Members of staff said people had been encouraged to drink plenty. We saw this on the day of our visit.

We observed bowls of fresh fruit in the dining area in one unit and observed staff offering and serving drinks to people throughout the day. We observed a member of staff preparing lunch in one unit. As all the people had sight and hearing impairment staff assisted them at mealtimes ensuring they had the correct utensils to use, and that the food was of the right texture for those who had problems swallowing.

We noted mealtime was unhurried and people were able to eat at their own pace. People's facial expressions showed they had enjoyed their meals.

People had access to healthcare services. We saw evidence of people being referred to their own doctor, dentist,

chiropodist and to the speech and language (SALT) therapy team. The visits had been documented in the person's daily record form. We saw evidence of a recent referral to the speech and language therapist for a person who suffered from dysphagia. Following the visit, staff were required to use an Eating, Drinking and Rumination (focused attention on the symptoms of distress, and on its possible causes and consequences) Monitoring Chart to record the times of meals, snacks and drinks for a month. This was being done at the time of our inspection. A follow up appointment was scheduled and a review would be made by the SALT. We spoke with a healthcare professional who told us that they had been kept up to date with appointments following an injury. Although health care appointments had been documented, the outcomes of these were not always updated in people's health action plan. The manager told us that although this work had started, further improvements were required to reorganise people's care files. This was recorded in the service action plan updated on 31 March 2015 which shows this work is due to be completed in June 2015.

We recommend that the service considers the Department of Health guidance on the use of 'Health Action Plans.'

Is the service caring?

Our findings

Relatives told us that staff were kind, caring and patient. One relative commented that staff were all, "Very caring." Another relative said "certain staff" were caring. Four out of the five relatives told us that they had attended review meetings and said they were involved in the care of their relative. A healthcare professional commented that staff were "very accommodating".

People were treated with dignity and respect. Staff were interactive, polite and communicated with people in a respectful manner. We observed staff were courteous and asked for permission before providing support to people and used communication methods such as signing through touch that was unique to the person they were supporting. We observed staff constantly with people they cared for in the lounge or dining room and as they walked about with them. We noted staff were respectful and attentive to people in a positive way and responded to people's individual needs appropriately. Staff gave us examples of how they ensured people's privacy and dignity were maintained. For example, in one unit we observed one person who was on the floor very agitated and was banging his head on his hands repeatedly. The staff member responded in a calm and relaxed manner by placing a cushion on the top of the person's hands to reduce the impact of them hurting themselves. This demonstrated a good caring approach by staff who, throughout their interactions with the person, maintained their safety and dignity.

We reviewed care records for people using the service. We found that people had a person centred care plan (PCP) which had recently been reviewed. These contained information on people's likes and dislikes. However, we found files contained information which was out of date,

this made it difficult to know what was current and the forms used were not always consistent. For example in one unit guidelines to staff was referred to by staff as a care plan, whereby in another unit these were referred to as PCP. The manager told us that they had been working on everyone having an up to date PCP and these had been completed for seven of the 15 people living at the service, where these had been completed relatives had been invited to be part of the review. This was confirmed by relatives who told us that they had been invited to be involved in the review of their relative's care.

Staff we spoke with understood people's needs and were able to tell us. Staff communicated with people according to their individual needs. We saw from people's facial expressions and body language that they were content, happy and well cared for.

People had regular contact with their relatives and some people returned to the family home for weekend and monthly visits. They were able to visit their relative anytime.

During our visit we observed a member of staff supporting a person to prepare for a religious ceremony before the evening meal. The member of staff explained this took place once a week as requested by the person and their family. This was reflected in the person's care plan and showed that staff were sensitive to people's cultural and religious needs.

However, people did not have access to an independent advocacy service. Therefore, where people did not have a relative or representative they would not have been given the option to have someone to act on their behalf. The manager told us that previous discussions with the local advocacy service had not led to advocates being found and that further discussions would take place in April 2015.

Is the service responsive?

Our findings

Relatives told us they thought their relative had enough activities. Relatives told us that they were asked for their input in to the planning of their relatives care, this included providing staff with a personal history of their relative's past. This allowed staff to better support people to meet their needs.

People had been encouraged to participate in indoor and outdoor activities according to their wishes and preferences. Daily activities included walks in the local parks and visits to the shops. On the day of the inspection we saw that two people in one unit were individually taken out by staff for walks and shopping after breakfast and before lunchtime.

Staff encouraged people to be independent and participate in household tasks. We observed a member of staff assisting a person to do their laundry; another person was assisted to make a drink. One member of staff said, "The residents are encouraged to get involved in a daily routine and to gain daily living skills. Those who are able to make a cup of tea are encouraged to do so."

We observed staff assisting people in one unit who required constant support for their own safety. We saw that people were being assisted in stimulating and sensory activities of their choice and by using objects of reference. For example we observed a member of staff giving a leg and foot massage to one person before their evening meal. The member of staff said the person enjoyed being massaged. We saw each person having walking exercises in the garden, each time accompanied by a member of staff. We saw that staff took people out before lunch to the local park and they all had a takeaway meal for lunch.

Each person had a key worker, who supported the person in all aspects of their care. The manager told us that PCPs were updated every six months or sooner if required. The key worker also reviewed the person's care needs every month.

People's individual needs were met by the service. PCPs reflected a range of people's individual needs, for example, various aspects of their health, how they communicated, and their morning and evening routines. The plans for the routines referred to people's preferences, for example, how they liked pillows on their bed and lighting arrangement at night. In one person's care files we saw there was section on 'Eating and Drinking' which included an action plan for staff to follow to ensure the person received appropriate care and assistance during mealtimes. As the person was deaf and blind, staff had been instructed to use an object of reference (an apron) to inform the person that it was mealtime. The action plan detailed the person's meal and drink preferences and the food texture and type of utensils to be used. Staff were instructed on how to assist and communicate with the person during mealtimes.

PCPs covered communication and the use of touch for people who were deaf and blind. It included an action plan for staff to follow entitled 'Guidelines for using touch' pertaining to each individual. Each action plan was detailed and included instructions on how to communicate with the person and on how to engage the person in favourite activities involving stimulation of their senses such as head and neck massage and swimming.

The manager showed us the daily record form that staff filled in for each person at the end of their shift. We were told by staff that work was in progress to revise the format and improve the daily report content.

The notice board contained information about 'how to make a complaint.' This included a complaints line for people using the service and helpline for staff, which included voice and text recognition. Most relatives we spoke with told us that they had no reason to complain, but if they had concerns they would address this with the manager, knowing it would be acted on. Relatives told us that they had been sent recent information on 'how to make a complaint.' One relative told us that the staff were, "Very kind and good to residents and anyone who visits."

Is the service well-led?

Our findings

Relatives told us that they knew who the manager was and felt able to approach her with any concerns. One relative talked about the improvements made to the service, “on the whole everything seems to have improved so much more since the new manager took over.” Another relative said if they had anything concerning they would “call the manager”. One healthcare professional told us that they had the manager’s email address to contact her if there were any concerns, and that the manager had been supportive.

Staff we spoke with, including agency staff, spoke positively about the new management team. One member of staff said, “The service has improved under the new manager and the two home managers.” Other comments from staff included, “Staff are working together and team working has improved, not just within a flat but in all the flats, staff are more unified and team working has improved,” and “She knows her policies, procedures but also those who use the service”.

Relatives told us the service had recently sent them a questionnaire to complete. This asked their views about the care provided to their relative and staff at the home. The manager told us that the provider had sent out a recent ‘people and relative questionnaire’ to seek people’s views on the service. Relatives we spoke with confirmed that they had completed a recent questionnaire. Records seen also confirmed that these had been sent out.

Systems were in place to ensure that people received quality care. We saw that the service had acted on most actions detailed in their action plan. For example, we saw that monthly health and safety audits had been carried out on the building to ensure that maintenance issues had been addressed and a system in place for reporting and following up on outstanding maintenance matters. Various maintenance repairs had been completed and a new cleaning rota introduced. Other audits included medicines, including a pharmacy audit, and infection control. The manager told us that they had yet to complete a premises risk assessment. The manager was aware that further improvements were required to ensure that all records relating to people using the service were up to date and had included this in their action plan and PIR submission.

Following our visit on the 25 March 2015 the manager provided an up to date action plan dated 31 March 2015. This showed that majority of actions had been completed and the actions still in progress, such as areas relating to the way records were kept which indicates that this would be completed by June 2015. We saw that an unannounced visit had taken place in February 2015 from the provider policy and quality compliance manager who was also visiting on the first day of our inspection. This had made some recommendations to improve the environment, including creating a sensory room.

We noted that the provider had contacted the local authority following our visit on 25 March 2015 and was working with the team to improve the quality of the service. This included training in the MCA and DoLS and ensuring that hospital passports were in place. This was confirmed by the local authority.

We saw that the notice board contained words of appreciation from relatives and visitors to the service. We saw that the service had recently introduced a comments book which was placed in the main hallway at the entrance to the building. We observed that the manager operated an open door policy where staff and visitors could approach the manager with any concerns they may have about the quality of care.

Staff knew about whistle blowing and understood what to do and the external authorities to approach should they not be happy with the outcome of their concerns.

Regular team meetings were held with support staff, seniors and the manager. We saw minutes of a staff team meeting held in February 2015 which made reference to the last CQC report and covered areas for action, including care plans, health action plans, DoLS and infection control. The manager told us that staff had been given a memo to remind them of the actions to following to ensure that the environment is kept clean and infection control practices are adhered to. Also, a reminder of medicines management procedures, including the outcome of a recent spot check. We saw that these were also displayed on the notice board.

The manager told us of some of the changes planned for the service. This included the introduction of a new entrance system for one unit where the unit had been kept locked due to one person’s behaviour that challenged the

Is the service well-led?

service. This would allow people to have their own fob to access the unit and encourage them to be more independent. Plans were also in place to replace the garden furniture in summer 2015.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not ensured that appropriate information was shared or transferred to other persons, working with such other persons, people using the service and other appropriate persons to ensure the health, safety and welfare of people.</p> <p>Regulation 12 (2)(a)(i)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered persons had not ensured that staff received training as is necessary to enable them to carry out the duties they are employed to perform.</p> <p>Regulation 18(2)(a).</p>