

Nexus Programme Limited

The Hall

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 Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during the inspection. The Hall also oversees a small supported living service but plans to register this separately from the residential service were underway at the time of inspection. Although registered to provide personal care none of those people currently in supported living required the regulated activity at this time, this was therefore not looked at during the inspection.

The Hall provides support to up to 10 people who may have a learning disability or autistic spectrum disorder. At the time of the inspection eight people were living at the service.

The Hall was last inspected on the 31 March and 1 April 2016 and rated requires improvement as a result of six breaches of regulation. We found shortfalls in the checks made during staff recruitment, night time staffing levels, staff training, medicine management, care plan personalisation, inadequate health and safety checks and tests of equipment and inadequate mitigation of known risks for one person. The provider had also failed to notify the Care Quality Commission of authorisations approved by a supervisory body and systems for monitoring quality and safety were not always effective. Following that inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe, Effective, Caring, Responsive and Well-Led to at least good.

At this inspection we noted that clear improvements had been made in most areas with three breaches fully addressed and two others with clear improvements made but more needed to ensure the right level of criminal record checks are made for all staff to ensure they are suitable to work with both adults and children, and the implementation of an appropriate induction programme for new staff and the annual appraisal of staff performance. A system of quality monitoring and assurance remains under developed and lacks a mechanism for gathering the views of relatives and health and social care professionals to help inform improvements and developments. A new breach in respect of the induction of new staff without care qualifications and the lack of staff appraisal has been issued.

The provider is actively involved in the running of the service and a registered manager is in place for the day to day running of the service. A registered manager is a person who has registered with CQC to manage the agency. 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 agency is run.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Although this was a challenging behaviour unit staff supported people who were unsettled and expressing behaviours in a calm assured manner, the atmosphere in the service was therefore relaxed. Whilst people were not seen to seek out each other's company, they were comfortable in the presence of others and enjoyed approaching or engaging with staff. People said they were happy living in the service; they liked their rooms, and the activities they did and liked the staff that supported them. A health professional told us staff knew and understood people's needs well, staff were knowledgeable about the people they supported they spoke about them respectfully and affectionately. Relatives said on the whole they were satisfied with the care their family members received and they felt able to share their views with staff when they had concerns.

The premises have been redecorated; equipment serviced and weekly and monthly health and safety checks and tests are undertaken. Staff undertook cleaning tasks and enabled people to live in a clean environment. There were enough staff available to support people and this was kept under review. Staff received an appropriate range of training to inform their knowledge and understanding, they felt there was good communication and team work, they felt supported and able to express their views and be listened to.

People had opportunities to express their views and concerns on a one to one basis with staff weekly and through weekly house meetings, they understood the complaints process and used this effectively. Staff were provided with additional support through individual supervisory meetings with the registered manager and also staff meetings. The registered manager and staff used handovers, communication books, and circulated written information to ensure effective communication about people's needs and any changes. Staff were trained to recognise and respond to abuse and were aware of their responsibilities to keep people safe from harm.

The facility existed for people to move through the service to less supported accommodation in a timescale that best meets their needs, there were opportunities for skills development and increased independence. Known risks were well managed, behaviour management strategies were developed with health professionals and these were having a direct impact on the reduction of behaviours for some people. People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice

People were supported to keep healthy, and staff were proactive in supporting people to access health professionals. Changes in health needs were incorporated into care plans to ensure staff understood changed support needs. There were clear processes in place for the management of medicines. People were provided with access to drinks when they wanted them, healthy eating was promoted but people's choices were respected.

A holistic process was used for the assessment of new people referred to the service to ensure their identified needs could be met. Transitional visits and stays were arranged as part of this and consideration was given to the views of existing people and staff. Care plans were developed from this and people had input into these via weekly meetings with key workers; relative's views about their family members care and support were also sought through reviews and other contacts.

There was ongoing maintenance and investment in upgrading to improve the physical appearance of the premises and make this a more pleasant environment to live in

People were supported to do the things that interested them and to have a visible presence in their local community, they had individual activity plans. They attended a day centre in the community where a range of activities could be offered to them; Learning opportunities and support to seek educational courses and

employment if this was appropriate were also available.

We made a recommendation about staff training

We made a recommendation about staff recruitment

This is the second consecutive time the service has been rated Requires Improvement. There was one continued and one new 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 the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work there.

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 safe

Improvements had been made to the recruitment procedure but further improvement was needed. There were enough staff on duty to support people's care and support needs in house and in the community.

Medicines were managed appropriately. Staff were trained to identify and respond to the abuse of people they supported and to raise concerns with others when necessary.

Risk assessments were in place to mitigate known environmental and individual risks. Incidents and accidents were analysed and lessons learned. The premises was well maintained.

Requires Improvement ●

Is the service effective?

The service was not consistently effective

New unqualified care staff were not adequately inducted into their role initially to the required standard to provide them with the basic knowledge they needed to work unsupervised. A system of annual appraisal of staff was not being implemented.

A programme of training was in place to provide staff with the overall knowledge and skills they needed. Staff felt supported and had opportunities to meet with their manager on a regular basis.

Peoples health needs were supported appropriately and they ate a varied diet and were encouraged to eat healthily.

People were supported to make choices and decisions for themselves and staff were working within the principles of the MCA.

Requires Improvement ●

Is the service caring?

The service was Caring

Staff showed respect for people's privacy, dignity and

Good ●

confidentiality, they spoke to people in an affectionate and engaging way and sought their consent to daily activities and tasks.

Visitors were made welcome and staff were supportive of people maintaining and developing relationships.

Staff knew people well and understood how they communicated their needs, staff recognised when people's needs were changing.

People were supported to live full lives and to maximise their potential for independence.

Is the service responsive?

Good ●

The service was responsive

New people received a comprehensive assessment of their needs to ensure these could be met. There were good support arrangements in place for people moving to the service or moving from the service to ensure they felt safe and supported.

People's care plans were personalised to reflect their needs and preferences and provided guidance to inform staff support.

People understood how to use the complaints procedure and used this effectively.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led

Quality assurance systems were weak, not proactive and failed to provide assurance to the provider and registered manager that quality and support were being maintained. The views of relatives and other professionals were not surveyed to inform and develop the service.

Staff found the management team approachable, and there was good communication and team work, staff felt safe to express opinions and views at staff meetings, and felt listened to.

The provider notified the Care Quality Commission appropriately of notifiable events. A development plan was in place for further premises improvements.

The Hall

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 was an unannounced inspection and took place on the 6 & 8 February 2018. The inspection was carried out by two inspectors.

Before our inspection we reviewed information we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met and spoke with six of the eight people living at the service. We also observed interactions between staff and people, to help us understand the experience of people who could not talk with us.

We inspected the environment, including the communal lounge and dining area, the laundry, bathrooms, medicines storage and three bedrooms. We spoke with four support staff, two members of the maintenance team, the registered manager, care manager, human resources manager and a director of the company.

We looked at a variety of documents including two people's support plans in full and two others for specific information, we also looked at risk assessments, daily records of care and support, three staff recruitment files, training records, medicine administration records and quality assurance information. We asked the provider to send us some more information in regard to staff recruitment and other professionals who have contact with the service which they have done.

Before the inspection we contacted four care managers and commissioners, the community nurse service and the safeguarding lead for feedback about the service, after the inspection we contacted a further three

care managers and spoke with two relatives.

Is the service safe?

Our findings

People told us there were enough staff at all times of the day to support them. They commented, "Always staff around to talk to; I am feeling happier, I like my room." They liked staff and did not feel there were any restrictions placed on them. People were involved in fire drills and were able to tell us where they would evacuate to keep safe. A health professional that visited weekly said people were very challenging but staff seemed to cope really well with this. Parents spoken with felt their family member had made progress and the level of incidents of behaviour had reduced.

At the last inspection on 31 March & 1 April 2016 we identified that some staff files viewed were incomplete with missing references, gaps in employment histories, a missing photograph and personal identity information. One staff file lacked a Disclosure and Barring service check (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. We asked the provider to take action to make improvements to ensure new staff were recruited to the required standard. We checked four new staff records and those of two longer serving staff. All but one contained the required information.

The service was registered to admit children between the ages of 13-18 years who would usually be school leavers, one staff file had a completed DBS that did not include the required protection of children Act (POCA) List a check of those people barred from working with children. We discussed with the registered manager that all staff DBS should be checked to ensure they all had the correct level of DBS prior to any decision to admit a child. Whilst no children were currently in residence or under consideration for admission, there was a potential risk of children being supported by staff that had not had this check completed and may be unsuitable.

We recommend that the provider review current recruitment guidance in regard to: the level of DBS checks required for staff working with people under the age of 18 years, and how they should record and handle positive DBS checks of staff and take action to update their practice accordingly, to protect people supported and also protect the rights and confidentiality of applicants.

All staff files of longer serving staff had now been reviewed to identify any gaps in information, progress was slow but ongoing to bring these all up to the same standard and this remains an area for improvement.

At the last inspection on 31 March & 1 April 2016 we identified that there were insufficient night staff, as a result people were required to go to bed at a specific time on weekdays and later at weekends. At that time people had signed a community living agreement agreeing with these arrangements. We asked the provider to take action to make improvements and this action had been completed. At this inspection we confirmed that there was no longer a community living agreement in place and people could go to bed when they wanted to. Staff were not rushed and were on hand to support if a person became distressed or anxious. Staff were allocated to work with individuals at the start of the shift for the duration and this was recorded on the handover sheet.

Staffing levels were 15 staff employed plus the registered manager. There were currently two fulltime vacancies. Rotas confirmed that with eight people in residence there were always five staff including a senior on duty between 8am to 8pm, this could reduce to 4 staff 8pm to 10pm dependent on how settled the house was. Staffing levels took into account the one to one hours allocated to individual people to ensure these could be accommodated. At night there were 2 wake night staff and 1 sleep in. A senior was also on call every day/night. Use of agency staff was rare.

At the last inspection on 31 March & 1 April 2016 we identified some risks that had not been adequately assessed in relation to one person which because of their behaviour could have put them directly at risk. We asked the provider to take action to address these shortfalls and these were completed. General environmental risk assessments to highlight risks to people and staff were in place with guidelines for reducing such risks and avoiding potential hazards. Individualised risk assessments had been developed. These recorded appropriate risk reduction measures to guide and inform staff and ensure people were not placed in situations where their behaviour might escalate. Staff took a least restrictive approach so people assessed as able to leave the service independently did so as long as they retained contact with the service at agreed intervals.

We identified at this inspection that there were several people who had lived independently but returned to the service when things had gone wrong, they were independent and required less direct support from staff who took a least restrictive approach with them. Staff undertaking health and safety checks had taken a less rigorous approach to checking their bedrooms to respect their preferences not to have staff in their rooms. As a consequence we identified several areas of potential risk in their rooms that had been missed; we brought to the registered manager's attention. In one room the person had brought in a multi socket for all their electrical equipment which can pose a risk, they had also done some damage to their bedroom door and the fire strip around it which forms part of the fire precautions around the bedroom door, another person had acquired a small amount of over the counter cold medicine that they may have purchased or been given when out, their bedroom for which they were responsible for keeping clean and tidy was grubby and some furniture items were in need of repair. Risk assessments were put in place immediately in respect of these previously unidentified risks and repairs and removal of some items undertaken. We have identified the provider's processes to identify and mitigate risks of this nature as an area in need of improvement.

At the last inspection on 31 March & 1 April 2016 we identified that the premises at that time had not been well maintained and there were some risks to people's health and safety as important checks and tests of the fire system had not been routinely undertaken. We asked the provider to take action to make improvements and this action had been completed. At this inspection we noted that the premises had undergone a programme of redecoration in communal areas, bathrooms had been upgraded although the finish in some could be improved which we pointed out at inspection. Servicing of equipment had been undertaken and weekly and monthly tests and visual checks were being maintained to ensure this was in working order. Staff undertook fire drills.

A maintenance plan was in place for further planned improvements. The home was clean in most areas but it was agreed staff would benefit from the added support of a cleaner to help with communal areas enabling staff to concentrate on supporting people with bedroom cleans. Recruitment for a cleaning post was set up during the inspection. Staff were trained in infection control and understood the importance of maintaining good infection control. They had access to protective clothing and cleaning equipment. Gloves were used for personal care support, separation of soiled and normal clothing and bedding was managed appropriately with red bags and separate washing and drying facilities for these types of laundry.

At the previous inspection in 2016 we identified that medicines were not being managed safely. We asked

the provider to take action to make improvements and this action had been completed. No one in the service self-administered with the exception of one person who used an asthma pump which they understood how to use appropriately. Several people were identified to move to less supported accommodation so they would be receiving support to develop skills around managing their medicines. Senior staff only administered medicines; they received annual training and competency assessment for this. Support staff were also given medicines awareness training. One senior staff member had the lead responsibility for ordering medicines and undertaking monthly medicine audits. Medicines were booked in appropriately and a returns book showed medicines that were no longer used, declined or refused were returned. Storage was clean and tidy and temperature records were maintained. Each person had a photograph with their diagnosis and allergies information next to their medicine administration sheet this helped to ensure the right medicine was administered to the right person.

A review of as and when required (PRN) medicines had ensured that these were only provided for pain relief; clear individual guidance was in place for its administration. Hand written changes on Medicine Administration Records (MARS) were signed by two staff and usually dated, we found one omission. Creams were kept separate from other oral medicines to avoid any cross contamination. MAR records were completed well with only one signature omission, checks made showed these medicines had been administered but not signed for. The registered manager said she would implement checks of MAR completion at every shift change to reduce the likelihood of missed signatures. Some PRN medicines were not consistently dated upon opening which is good practice to ensure shelf life was not exceeded and also to aid audit processes and this is an area for improvement.

Staff had been trained to recognise and report abuse, in discussion staff showed they understood their responsibilities to protect people and were able to give examples of where they had previously done so through whistleblowing or raising alerts in other settings when they had become aware of abuse. Policies and procedures were in place to guide staff and feedback from the safeguarding team indicated that the service was raising concerns appropriately. A copy of incident reports were forwarded to respective care managers so they were kept informed of behaviour incidents. Staff felt confident of raising issues of concern with the management team who they thought would act on their concerns. Staff said they would feel confident in raising issues through the whistleblowing process if necessary, but understood that should their concerns not be addressed they could refer matters to outside agencies and were able to name them. Staff were aware of places where people were not welcome to go in the local area and would ensure they did not place them in the position of where they might be the subject of negative experiences.

People could sometimes experience behaviour that challenged themselves and others, causing damage to the environment and risks of harm to staff and other people. Staff were trained to de-escalate these situations, using techniques such as distraction or diversion; minimal approved holds were used if situations required it to protect the person or others from their behaviour. Behaviour plans were in place to guide and inform staff how to manage situations and only approved holds could be used that were agreed as part of the guidance. At the time of the inspection staff were dealing with a particularly difficult situation and were competent in identifying signs of increasing risk to others and helped to keep them safe in an unpredictable and evolving situation. Staff felt they were given the right skills and knowledge to handle incidents like this and felt supported by the management team. Staff were mindful that some behaviours might stem from issues of sexuality and, where this was identified, staff sought the input of health professionals to help understand and direct people away from socially unacceptable displays of behaviour when in the community that impact on where they can go and when.

Accidents to people were rare but incidents between people and as a result of behaviours were regular events for some people, although incidences were decreasing. There was learning from incidents that

ensured risk was reassessed, for example arrangements for taking people out in the same vehicle were revised to minimise potential triggers to behaviour.

Is the service effective?

Our findings

Staff said they felt well supported and that there was a good sense of teamwork. They thought they received a good level of training but felt they should have diabetes training. Staff said they received supervision and attended staff meetings. Staff showed concern for people's wellbeing and enabled them to access healthcare support. A health professional told us that they visited the service several times each week and thought staff knew people's health needs well and were organised around this.

At the previous inspection in 2016 we identified that some staff training had lapsed and although staff were receiving induction into their role workbooks were not always completed. We asked the provider to take action to make improvements but only some of this action had been completed.

New staff said they completed a full day of initial induction which was an orientation and introduction to understand the routines of the service they spent time in a supernumerary capacity for two weeks shadowing more experienced staff. This enabled them to gain an understanding of how to support people in accordance with their needs and preferences. They spent time reading care plans, risk assessments and guidance and familiarising themselves with policies and procedures to help understand how to support people appropriately.

There was no evidence however, that the registered manager was assessing the skills knowledge and competency of new staff to ensure they were suited to their role or needed additional training and support. It is an expectation that providers provide an induction to new staff that enables them to complete the range of learning and skills comparable to the nationally recognised Care Certificate standards. This makes sure new staff are supported, skilled and assessed as competent to carry out their roles before they work unsupervised. The provider was in negotiation with a training organisation to provide the necessary online training for staff to complete the expected standard of induction but this was still to be confirmed and implemented.

Previously staff received appraisal but this inspection found only two staff had received an appraisal in the last 12 months, no appraisal schedule was planned to address this. The provider's appraisal policy states that all staff should receive an annual appraisal.

Whilst there have been clear improvements in the general training of staff the provider has failed to ensure that new staff received an appropriate induction and assessment of their competency to undertake their new role; the system for the routine annual appraisal of staff development and training had also not been adhered to in line with the organisations own appraisal policy. This is a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All staff spoken with said that they felt well supported and received regular supervision. A review of staff records showed supervision frequencies had lapsed so staff were on average receiving only three supervisions per year rather than the four which the supervision policy stated. The registered manager however, stated supervisions were initially undertaken by senior support staff but as frequencies were

lapsing they had now taken back this responsibility and would be personally ensuring staff received the four supervisions annually.

Currently staff were provided with a mix of face to face and on line training in a range of mandatory and specialist areas. The registered manager monitored staff training and the need for updates. A person supported by the service had developed Diabetes post admission to the service, primary support around this was provided by community nurses. Staff had been provided with individual guidance in regard to how to recognise signs and symptoms of deterioration as a result of the diabetes; in conversation staff knew the steps to take when this happened. They were keen however to be provided with Diabetes training to raise their own awareness and understanding. The registered manager was unable to confirm at this time whether this was to be included in a programme of online training being arranged by the provider.

We recommend that the provider consider the current guidance in regard to staff training for specific conditions and take action to update practice accordingly.

The provider was supportive of staff development with eight staff including the registered manager holding nationally recognised care qualifications NVQ at level 3 and above. Other newer staff indicated they were being put forward for this training by the registered manager.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Previously we identified that the service had failed to notify the Care Quality Commission of standard authorisations made by the supervisory body. We asked the provider to make improvements and this had been completed. 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. Authorisations were being reviewed and people subject to DoLS received visits from Independent Mental Capacity advocates (IMCA).

Staff were trained in MCA and DoLS and understood that people had capacity to make their own decisions but sometimes they might need others to help them make a decision in their best interest. People's capacity to make decisions around aspects of their care and support needs was recorded in their care plans, best interest meetings were called when needed to discuss particular decisions and people were consulted about aspects of their care and support plans through weekly one to one meetings. On an everyday basis staff sought peoples consent and supported them to make informed decisions and choices in regard to their daily living. Due to the likelihood of unpredictable behaviour close circuit television (CCTV) was in use in communal areas and corridors, people were informed about this on admission and this was included in DoLS applications. People knew the CCTV was there and at times referred staff to the CCTV footage if they felt an incident had occurred that they wanted staff to be aware of.

Menus were displayed in the kitchen. These showed people had a varied diet. Staff encouraged a healthy diet and people also ate out. People had input in choosing the meals each week. Four people were involved in the cooking and the preparation of the main meals and got their own breakfast and lunch. Previously special diets (low fat) had been catered for but currently no one required this. Staff took advice from

dieticians and health professionals to inform their support for people around their nutrition. Breakfast was cereals and toast and sometimes people chose to have a cooked breakfast as a brunch. Lunch was a light meal such as something on toast or sandwiches. People chose what they wanted by telling staff or going to the cupboard and picking an item with staff. People chose where to have their meals although staff said they encouraged people to eat the evening meal together in the kitchen/diner. Jugs of cold drinks and a full fruit bowl was available in the kitchen. People went to the fridge and helped themselves to food and drink. People said they liked the food and no one was identified as being at risk of poor nutrition or hydration. People were weighed monthly to monitor their weight. Records showed staff had taken appropriate action to involve dieticians and specialists in respect of understanding one person's significant weight gain and continued to monitor this. Staff advised that no one required any special equipment or support with eating and drinking.

People's records, communication books and daily records showed staff were proactive in responding to any arising health issue. Everyone was registered with a GP. People were provided with access to routine dental, optician and chiropody appointments. Appointments with specialists were arranged via the GP, an independent psychiatrist provided support to the service and undertook assessment of people's behaviour and medicines to ensure these were kept under review to meet changing needs. Hospital passports had been developed to ensure the right information was provided to hospital staff regarding each person's needs should they need to be admitted. Staff showed concern for people's health and wellbeing. At inspection a staff member used flashcards and an awareness of one person's body language to identify toothache and arrange a dental appointment. Another person experiencing a period of unpredictable and challenging behaviour was supported to access a GP appointment and given further support to seek hospital treatment.

Is the service caring?

Our findings

People said they liked the staff they were supported by. Parents said that despite occasional blips on the whole they were satisfied with the care their family member received and thought staff knew people's needs well. "Staff really love him but he's very selective about which staff he will work with" and "staff are very caring". Another said "He's always happy to go back when he visits, and when I visit him he tells me when he thinks I should leave and does not show he doesn't want me to leave." A Health professional said they thought staff "knew their clients really well."

At inspection staff had time to spend with people. There was a relaxed atmosphere despite staff at times dealing with behaviour that was challenging. When people were unsettled staff interpreted behaviour well and intervened to de-escalate. Staff spoke to people respectfully, and in an easy manner asking them about their day, or joking with them, giving them opportunities to make choices and everyday decisions for themselves.

When not out at activities people moved around the service freely entering the kitchen and making drinks and lunch with staff support if they needed this. People who smoked understood this needed to be undertaken in the garden area and a smoking shelter was there for their use, there were no time restrictions on this and one person told us that they came down during the night at times.

A summer house was provided as an additional space people could go to and was used for private visits if family or professionals came to see them. People were asked in consideration of neighbours whose houses were close to the summer house to not play computer games or films loudly after a certain time.

People had treats that they purchased and were kept in the office due to the likelihood some people would eat the treats all in one go, people could ask for these when they wanted them. People were able to take food up to their rooms, although everyone was encouraged to eat the main evening meal together for socialisation. House meeting minutes recorded people being asked to return cutlery plates and cups to the kitchen when it was running short of these items.

Most people were able to vocalise their needs and had the capacity to understand verbal information provided to them by staff; staff said this was the best way to impart information and enabled them to answer questions people might have. One person was nonverbal; their keyworker (a keyworker is a named member of staff who takes a lead role in communicating with the person and the staff team) had undertaken a speech and language training course and was developing a bespoke communication system for them. This used a combination of flash cards and awareness of simple body language the person used such as pointing to make their needs known. How people communicated their needs and preferences was recorded in their care plans to guide staff.

People were supported by staff to maintain their personal relationships and staff understood the people who were important to them and who understood their life and background cultural history, and personal preferences. Relatives who visited were made welcome and some people were supported to undertake

visits home for short stays. People looked forward to receiving regular weekly phone calls with relatives. They were supported to build new relationships from their contacts in the community, and if this led to a person staying at a friend's, protocols were in place to ensure the person remained in contact with the service every day.

Advocacy information was displayed in the service. When issues were identified that people needed help to make important decisions or choices about, advocates were requested. One person currently used an advocate for help with making decisions around contact with some people in their life. People that were subject to DoLS authorisations also had Independent Mental Capacity Advocates allocated to ensure the requirements of the authorisation were being adhered to.

People had their own rooms, these were furnished to a level that was individual for each person and reflected their level of tolerance to things in their bedroom, most had furnishings of their choice and their rooms were personalised with things that interested them or hobbies.

Staff were respectful to people and understood their background histories and whether there were any cultural or religious needs they needed to be supported with. Staff respected people's privacy and confidentiality, they knocked on people's doors, respected people's private time in their bedrooms and were mindful of confidentiality when discussing matters relating to people they were supporting.

The service used an assessment tool for those people who were identified as being able to start working towards greater independence in a less supported environment, this involved the person highlighting what they felt they needed support with and took account of key worker views and other people to arrive at a plan for skills development. People were supported to develop their independence skills in keeping with their capacity to learn new things. They helped with household tasks such as cleaning their rooms and bringing their laundry to be washed. People were encouraged to choose their own breakfast cereals and lunch options. Where able, people made drinks and snacks and meals for themselves with staff support where needed. Most people had opportunities to cook but four people undertook this on a regular basis for themselves and for the household.

When the service was unable to continue supporting someone with their needs they supported people through the transition process by liaising with new placements, providing relevant documentation and enabling a smooth transition for the person where possible. This had occurred in the last twelve months and the service had been complimented for the support they had given to effect the transition. The service had identified that the current placement did not meet the needs of one person at the service as communal living only exacerbated anxious behaviour. The suggestion of a bespoke single person service had been discussed with the parent and the care manager and there was support for this. This proposal was now with the funding authority to make a final decision.

Staff were mindful of the need to ensure people of different cultural and religious backgrounds should be supported to maintain these where possible but their decision took account of people's capacity, evidence of preferences and interest in pursuing cultural and religious practices rather than imposing them. No one in the service showed interest in attending religious services at this time.

Is the service responsive?

Our findings

Parents told us that they were fully involved in reviews of their family member and contributed to care plan information. People said they had activities to occupy them inside and outside the service "I like to play my guitar, I have games and books, I go out with staff and do cooking and hoovering." People told us who they would go to if they were concerned or unhappy about anything. Relatives also said they would go to specific people within the organisation if they had concerns they wished to raise, but usually any minor issues were dealt with immediately.

At the previous inspection we identified that people's care plans lacked sufficient detail and guidance to make them person centred and provide staff with the information they needed to meet people's needs and preferences. We asked the provider to take action to make improvements and this had been completed. Since the last inspection the new registered manager had revised and rewritten every person's care plan and these were now personalised to meet individual identified needs and preferences. Each person was allocated a designated key worker who met with them weekly and involved them in discussions about their care and support and whether changes were needed.

At the beginning of each area of identified need and support, the views of the person, their family or compliance with the plan was recorded. Where relatives were involved they were asked to contribute their views at reviews about aspects of the person's support and this was added into the care plan. One relative thought local authority reviews were overly delayed and we have discussed this issue with the registered manager as to how they could progress this. People met with their key workers on a weekly basis, these meetings gave people an opportunity to speak about their support and for key workers to reflect on the person's support plan and whether any changes needed to be made. These reports were viewed by the registered manager who assessed whether the care plan needed adjustment as a result of feedback from the person or the key worker. Each care plan was supported by a raft of individualised guidance for staff and person specific risk assessments to minimise the likelihood of risks occurring to the person concerned and others.

New people to the service received a comprehensive holistic assessment of need. Additional documentation from the placing authority and previous placement professionals was sought to inform decision making. New people were offered a transition to the service commencing with an initial visit and further overnight and weekend stays; the frequency and number of these would be guided by the person themselves and their own ability to adjust to the new setting. Consideration of how people in the service reacted to the person or felt about the person and the views of staff also informed the final decision whether to admit. The majority of people were English speaking as their first language, but staff had explored access to other languages for individual people when trying to build a system of person specific communication.

People had weekly activity planners that detailed their preferred activities when out in the community. When at home some people had access to game consoles on which they liked to play games in their bedrooms or in the summer house; some had hand held tablets which they could also use for games entertainment. One person was observed with their key worker completing a large puzzle and also playing a

game on a hand held tablet. Some people had televisions in their rooms or in communal areas where they could watch films. Others liked to use the summer house where there was a games console and television. One person showed us the film they were going to watch in the summerhouse and invited us to watch with them because they were excited about it.

Some people were assessed as able to go out independently and used public transport. Other people were reliant on staff to support them to outside activities and several vehicles were provided to enable this to happen. In response to a decline in appropriate activity opportunities in the community the provider had established a day centre called 'the Hub'. This provided people with opportunities to do bowling, cooking, horse-riding, and swimming, bike riding, golf, and group walks. People were allocated days when the activities they enjoyed were available. At the Hub they were supported to learn new skills. Where they had shown an interest in achieving educational goals or employment, support was available to help them search for this; one person was being helped into employment at the time of inspection. Staff said that where people began to show a disinterest in an activity this was monitored and then discussed with them with an alternative activity sought to replace it.

The complaints procedure was in a standard written format with an easier read version. The standard one needed some amendment to include information about other agencies that could be contacted as part of the complaints process such as the local authority or the local government ombudsman; the Registered Manager agreed to make these changes. People in the service were unable to read and their levels of capacity varied widely. Staff found that talking to people and telling them about the complaints procedure and how to use it worked best. People were also given opportunities to complain or express concerns at weekly one to one meetings with keyworkers or weekly house meetings. People knew their rights in this area and made use of the complaints procedure.

For those people unable to vocalise their concerns it would be a case of staff recognizing through behaviour that something was not right and then working with the person to ascertain what was wrong. There had been 8 complaints in the last 12 months all from people living at the service; all of a minor nature and mainly about some of the frustrations of living in a group setting and other people annoying them. All the complaints had been investigated and the complainant given feedback as to the outcome of their complaint. A record of complaints and the investigation and outcome was maintained. Compliments were also recorded and the service had received two since the last inspection both from care managers. One commented on the partnership working together to support one person and thanked everyone for their hard work. The other stated how the staff had 'done brilliantly' and wished all providers were so 'knowledgeable and understanding'.

This is a young household with the oldest person being thirty; the intention is that many will move on to less supported living, so discussion of end of life wishes and preferences was a sensitive area that the registered manager had not yet discussed with people or their relatives. The registered manager recognised she needed to speak with people and their families about this to ensure where people had clear wishes and preferences these could be recorded, or where they had indicated this was not something they wished to discuss at this time this could also be recorded and kept under review. This is an area for improvement.

Is the service well-led?

Our findings

At the previous inspection we had identified that the systems for assessing and monitoring the quality and safety of the service provided were not always effective because we had found shortfalls and breaches in a number of areas such as staff recruitment, training, safety checks, risk management, medicines and care plans. We asked the provider to take action to make improvements. Improvements had been made in all areas with some fully addressed. However improvements we had asked the provider to make to recruitment processes and to training had only covered the areas we had highlighted and not been fully embedded across all aspects of recruitment and training, new shortfalls had therefore emerged not covered by the improvements made.

Current checks and audits carried out by staff were not effective in giving the provider and registered manager a clear oversight of the service; or alert them to tasks that were completed poorly or not at all. For example the induction of staff new to care was not being conducted in line with the required standards to meet the regulation; no system was in place for the annual appraisal of staff although this was clearly cited in the appraisal policy for the service. Monthly health and safety audits of the premises, particularly people's bedrooms, lacked sufficient detail to guide staff in the checks they made and what they should be looking for. Monthly audits undertaken by an external assessor monitored service quality, they highlighted shortfalls to the provider and registered manager for them to take action. Actions were taken following each audit. However, systems in place within the home such as health and safety, medicine, and infection control audits were not sufficiently robust or frequent. Improvements made therefore were not being sustained and this needed review.

Policies and procedures governing how the service was to operate were in place and were provided by an external organisation these were reviewed and updates were supplied when they occurred. The registered manager ensured all updated policies were relevant to the people and staff in the service and made adjustments where needed to make them service specific and that they reflected the service and its routines appropriately. Staff were asked to read and sign that they had read relevant policy and procedure or care plan and risk information; however, some read and signed sheets showed only a small number of staff had done this. The lack of a robust quality assurance process to undertake random document checks meant this was not being picked up by the registered manager to assure them that this was a signature omission only.

A system to gather feedback from people using the service, their relatives and health and social care professionals in contact with the service was not in place to help inform improvement and development of the service.

The provider had not ensured that the systems for assessing and monitoring the quality and safety of the service provided were effective and this is a continued breach of Regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In addition to the registered manager, a director of the company, a care manager and the human resources manager are also based at the Hall. There is always management support available in the week and all of

the management team have a visible presence within the service. Staff said they felt well supported and that there were always members of the management team available or on call out of hours. The registered manager was well supported through peer support from other registered managers within the organisation and from the interest and involvement of the provider.

Handover sheets ensured staff knew what they were doing and what activities and appointments were scheduled for the day. Time was allocated for staff handovers, staff preferred a verbal handover. Staff said they felt well informed and able to challenge things and express their views, they thought there was a very open culture within the service. Staff meetings were held twice per year. Staff felt this was sufficient as they felt able to raise issues at other times if needed because of the open door policy of the registered manager and other senior management staff. Staff were confident that they would feel able to raise issues; one said they thought staff communication with each other was very good and supportive telling us, "Other staff take any critical comments well and there is no animosity."

Some relatives had developed a good relationship with the service and had regular contact with their family member and the service staff. Other relatives had less involvement but were interested in what was happening. There was no system in place to seek the feedback of relatives or that of other health and social care professionals to inform service development. A development plan for the service was in place but this was primarily a works schedule of environmental improvements that the provider and registered manager had agreed they would like to make.

All services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of events that happen, such as a serious accident, so CQC can check that appropriate action was taken to protect people from harm. The registered manager notified CQC and the local authority in a timely manner including any deprivation of Liberty authorisations that were approved. All incidents were also notified and discussed with relevant care managers to determine if they warranted further investigation.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception and on their website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure that there was an effective and comprehensive assessment and monitoring system embedded in the service to ensure the quality of care and support people received was maintained or establish a system to enable feedback from relatives and other stakeholders to inform service improvements. This is a continued breach of Regulation 17.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider has failed to ensure that new staff received an appropriate induction and assessment of their competency to undertake their role. A system for the routine annual appraisal of staff development and training has not been implemented. This is a breach of Regulation 18</p>