Alphonsus Services Limited

Kathleen House

Inspection report

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West Midlands
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Tel: 0138470187

Date of inspection visit:
04 May 2017
08 May 2017

Date of publication:
21 June 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 04 May and 08 May 2017 and was unannounced. Kathleen House is registered to provide accommodation with personal care to 15 people. The service has three bungalows and five people can be accommodated in each bungalow. The service provides permanent placements for people and a respite service. At the time of our inspection nine people were living at the service permanently and three people were using the service for respite.

The service currently provides a respite service to approximately 60 people that live in the community. People visit the home for a short stay, enabling relatives and carers to have a break from their caring role. People who use the service have a range of needs which include learning disabilities, physical disabilities, autistic spectrum disorder and dementia.

There was a registered manager in post and she was present during our inspection. 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 and associated Regulations about how the service is run.

At our last inspection in March 2016 we found the provider was meeting the regulations of the Health and Social Care Act 2008. However we found improvements were needed in the following areas. Recruitment procedures were not robust, and records had not been updated where people's needs had changed and where restrictions were in place for people to keep them safe. Staff were not following recommendations made by healthcare professionals, and plans were not in place for staff to complete refresher training. We also found that people's dignity was not always promoted. The registered manager had not informed us about notifiable incidents and audits were not effective. At this inspection we found that improvements had been made in most of these areas although some further improvements were still required in others.

Staff did not always follow the procedures in place to ensure risks to people were reduced. People were supported by staff that had undergone recruitment checks to ensure they were safe to work. Staff understood how to report concerns on abuse to keep people safe. Medicines were given in a safe way.

Staff had access to training and supervision to support them in their role. Staff understood the importance of seeking consent in line with the Mental Capacity Act 2005. People were supported to have enough to eat and drink and had been supported to access healthcare support when required.

People were supported by staff who were kind and treated people with dignity. People and their representatives were supported to be involved in their care. People were supported to maintain relationships with people important to them. People had support from advocacy services where required.

People felt supported by staff who knew them well and were given opportunity to take part in activities that were meaningful to them. People and their representatives knew how to make a complaint if needed.

Some records required updating following changes to people's needs. Some records needed to be completed so there was consistent guidance for staff when supporting people with their medicines and when using equipment. Staff felt supported by the management team. Audits were now completed consistently by the management team to monitor the service provided. Systems were in place to enable people and their representatives to provide feedback on their experiences of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Procedures to manage risks to people were not always followed.

People were supported by staff that had been trained to recognise and report concerns of harm and potential abuse.

People received their medicines when they needed them.

Is the service effective?

Good

The service was effective.

People were supported by staff that had the skills and knowledge to meet their needs.

Staff obtained people's consent before providing support.

People had access to sufficient food and drink, and support from staff to monitor their healthcare needs.

Is the service caring?

Good

The service was caring.

Relatives described staff as respectful and caring.

People's privacy and dignity was respected and promoted.

People were supported to maintain relationships with their family and friends.

Is the service responsive?

Good

The service was responsive.

Staff where knowledgeable about people's needs and preferences.

People were supported by staff to do the things they enjoyed.

Systems were in place to respond to any concerns that were raised.

Is the service well-led?

Requires Improvement

The service was not always well led.

Some records were not always accurate and up to date.

Relatives thought the service was managed well.

Staff felt supported and understood their roles and responsibilities.

Kathleen House

Detailed findings

Background to this inspection

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

This inspection took place on 04 May and 08 May 2017 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was completed and returned so we were able to take the information into account when we planned our inspection. We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We also contacted the local authority who monitor and commission services, for information they held about the service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

Not all of the people using the service were able to fully share their experiences with us due to their complex needs. We spoke with nine people and observed how people were supported to understand their experiences of using this service. We also spoke with six representatives for people, six staff, a senior, and the registered manager. We also received written feedback from two healthcare professionals that we contacted before our inspection. We looked at the care records for five people. We looked at the way people's medicines were managed for five people; three staff recruitment files, and staff training records. We also looked at records that related to the management and quality assurance of the service, such as complaints, and various audits.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we found that improvements were required. Staff were not clear about how to move people safely and risk assessments had not been updated to guide staff on the procedures to follow. At this inspection we found that staff had the knowledge about what equipment to use when supporting people. One staff member said, "[Person's name] has been reassessed and we have been advised on what type of sling and which hoist to use when we transfer them". We saw a plan was in place to guide staff on the procedure to follow; this was completed by an Occupational Therapist (O.T). Despite this we found staff were sometimes using a sling that the O.T had stated should not be used. The staff were able to provide the reasons for this. The registered manager advised us that they had requested for the O.T. to reassess the type of sling to be used and discuss the staff concerns with them. This showed the registered manager was taking the appropriate actions to ensure staff would have the appropriate professional guidance to transfer this person safely.

We were notified before our inspection about an incident that had occurred where a bedrail had been fitted to a person's bed to prevent them from banging the wall and hurting themselves, this resulted in the person suffering a minor injury. We found this bedrail had been fitted without the authorisation of the registered manager and risk assessments were not completed to ensure they were safe for this use. We also found that staff hadn't had the specific training to ensure they were competent to fit this equipment. We were told by the registered manager staff had followed the manufacturer's instructions. This incident was reported to the appropriate safeguarding agencies and was currently being investigated. This bedrail had been removed and the person had a bed which safely met their needs.

At our last inspection we found that improvements were required to ensure staff were recruited safely as the recruitment practices did not ensure all of the required information was obtained. At this inspection, we spoke with a newly recruited staff member who confirmed that reference checks and Disclosure and Barring Service (DBS) had been undertaken before they had started work. The DBS check would show if potential new staff member had a criminal record or had been barred from working with adults. A staff member told us, "All of my checks were done before I could start work". We reviewed three staff files and saw that all of the required checks had been undertaken before staff started work.

Representatives we spoke with told us they thought staff managed risks well and monitored people's needs as required. One representative said, "I have no concerns, I think the staff move [person] safely and from my observations they know how to use the equipment to support them". Staff were aware of risks associated with supporting people and the action they should take to reduce these. For example, staff told us how they monitored people's skin when there was a potential risk of pressure sores. We saw this included people using appropriate pressure relieving cushions and mattresses.

Some people that used the service could at times demonstrate behaviours that may present challenges to staff. Staff had a good knowledge of how to recognise when people's anxiety increased and the strategies needed to divert and reassure people during these times. We saw staff used these techniques when a person became anxious and they provided reassurance and diverted the person's attention. A staff member told us,

"We have recently completed new training about supporting certain people and the techniques we should use, it was very good and informative". This showed staff were able to respond appropriately to people's anxieties.

We saw that people lived in a safe environment and risks to their safety were monitored. Environmental risk assessments were undertaken and where risks had been identified these were addressed. Staff we spoke with told us of the procedures they would follow in an emergency situation and the actions they would take.

We asked a person if they felt safe and they said, "Yes I am safe here, the staff ensure the doors are locked at night and keep us safe". Another person told us, "If I was worried about anything I would approach the staff in private they would help me". Representatives that we spoke with told us they thought people were safe and they did not have any concerns. One representative said, "I have no concerns about the safety of [person's name]. If I had any concerns I would raise these immediately and I would know if something was wrong. But I have not seen anything that concerns me". Another representative told us, "We'd be able to tell if there was anything wrong, in fact (person) always says, 'Am I coming back' As he loves it so much". We saw that people appeared relaxed and comfortable in staff member's presence.

Staff were knowledgeable about the different forms of abuse and the action to take if they had any concerns about people's safety. Staff told us they had received safeguarding training and the records we reviewed confirmed this. One staff member said, "I would report any concerns straight away to the senior or manager and if necessary to CQC, or the local authority". A review of our records showed we had been informed of safeguarding incidents that had been raised. We checked people's finances and found that the money held in safekeeping was accurate with the records in place.

People told us they thought they were supported by sufficient staff. One person said, "Yes I think there is enough staff, we could always do with more then we might go out more". Representatives we spoke with did not share any concerns about the staffing levels provided. One representative said, "There always seems to be enough on duty, I have no issues about this and I think [person's name] receives support when they need it and is not made to wait as far as I have observed". We saw people received support in a timely manner and did not have to wait for this. The provider used the staff available in the other two bungalows when cover was needed to supervise people when they needed personal care. A staff member told us, "Generally there is enough staff but sometimes on busy days when we are booking in and out people who have stayed for respite and have food deliveries we could do with more support". The registered manager demonstrated how she monitored the staffing levels to ensure these met the needs of the people that used the service.

Representatives we spoke with confirmed that people received their medicines as required. One representative told us, "As far as I am aware [person's name] is given their medicines when they need them".

Medicine administration records (MARs) showed that people received their medicines as required. We found some gaps in the MARs where a person's testing strips and a prescribed cream had not been signed out, this was raised with the registered manager. Where people had medicines on 'as required' basis, staff had the knowledge as to recognise when people may need this medicine. We sampled medicines stock records for three people and found these were accurate, showing people were given their medicines. Daily checks were undertaken to check that medicines had been administered. Where medication errors had occurred the registered manager had investigated these and taken action to address staff performance issues where necessary. Staff confirmed they had received medicines training and had been observed to ensure their competency to administer medicines safely. We saw a person receiving their medicines and the staff explained what they were doing and administered their medicines safely.

Good

Is the service effective?

Our findings

At our last inspection we found the service was not fully working in accordance with the principles of the Mental Capacity act 2005. At this inspection we found that improvements had been made.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We saw that where people were being deprived of their liberty, applications had been submitted to the appropriate supervisory body.

Although some of the staff were not familiar with the terminologies of the MCA and DoLS we found staff knew they should not restrict people in any way and they should ensure people consented to their care and support. Staff were aware that applications for people that used the service had been submitted and they had some understanding about the reasons for this. We observed staff asking people's consent before providing support and waiting for their responses. We also saw staff providing people with choices where possible. One person told us. "The staff talk to me before they help me and make sure I am okay with it. They never force me to do anything. If I said no I think they would listen". A representative we spoke with told us, "The staff do ask for consent before providing support, they would never force someone to do something". A staff member told us, "I always ask people if it is okay for me to support them and I explain what task I would be supporting them with. If people are unable to agree verbally I observe the person's facial gestures and body language as an indication they are happy for me to continue with the support".

We saw some people had restrictions in place for their safety. For example, a strap on their wheelchair to ensure they did not fall forward. We saw the reasons for these were recorded in people's care records. Where people were unable to consent to medical interventions we saw that best interests meetings were taking place with professionals and representatives. In response to a recent incident the registered manager had taken action and reminded all staff to ensure they consulted her before installing any equipment which may restrict people's freedom of movement. This was to ensure the required assessments and best interests meetings could be completed. We saw the registered manager had included MCA and DoLS as an ongoing agenda item for all staff team meetings and supervision sessions, to enable discussions to help staff better understand the MCA. Staff confirmed MCA training was now being provided and a programme was in place to ensure all staff completed this.

Representatives told us they had confidence staff had the skills and knowledge to support people. One representative said, "I think the staff know how to support [person] and have had the required training". Another representative told us, "[Person's] needs are quite high, staff have all had the training to look after [person] they are always smiling when I fetch them". Our observations showed us staff had the knowledge

and skills to meet people's needs in accordance with their preferences.

We saw new staff were provided with an induction which included completing the Care Certificate and other key training and shadowing experienced members of staff. The Care Certificate is a nationally recognised induction process which provides a set of fundamental standards for the induction of adult social care staff. A staff member told us, "I had an opportunity to shadow staff so that I could get to know people's routines and have an opportunity to meet them before providing support. I am also completing training for my role".

Staff confirmed they had received training to equip them with the skills for their role. One staff member said, "I have completed all key training for my role and I am currently attending refresher training. There is lots of training planned in the next few months. I did ask for some additional training in my supervision and this has been arranged for me which is good". We saw that some staff had recently completed training such as managing behaviours, moving people safely and oral health care. In the information the provider returned to us they said in the next year they wanted staff to complete training in relation to dysphagia and nutrition. A training programme was in place which included these areas and other key training where staff required updates.

People told us they liked the food provided. One person said, "Yes I get enough to eat and drink, my favourite food is cottage pie". Another person told us, "For lunch I had a sandwich I chose ham, I could have had something different, it was very nice". Representatives we spoke with told us people were provided with food they liked. One representative said, "As far as I am aware the staff provide food that [person] enjoys. Staff we spoke with told us a menu was in place which had been devised previously based on people's likes and dislikes. A staff member told us, "We offer choices based on the menus or we ask people what they would like. I think the menu will be reviewed soon and updated. We try and promote healthy eating, but we also take into account people's likes and preferences".

We saw staff had received training to ensure they had the skills and knowledge to support people with specific dietary requirements. For example supporting people with swallowing difficulties and people who received food and fluid through a tube. We saw that referrals had been made to the Speech and Language Therapist (SALT) service when concerns had been identified about someone being at risk of choking. We observed staff supporting people in accordance with the recommendations made by healthcare professionals and at a slow pace. Staff ensured people had finished swallowing their food before offering more. We saw that people were given choices for all the drinks and meals they had during our visit.

People told us they were supported to attend appointments to ensure their healthcare needs were met. Records we saw verified that people were supported with their healthcare when needed. One person said, "I see the dentist, and I have to go and get my eyes tested soon". Another person told us, "I go and see the doctor when I need to". A representative told us, "They took him to the doctors to get [person] checked out , they don't hesitate to take action". Staff we spoke with told us how they supported people with their routine medical check-ups and where required to specialist consultants. One staff member told us, "We have positive working relationships with the learning disability services at Ridgehill and we work with SALT and occupation therapists". Each person that lived at the service continued to have their own health action plan which detailed information about their healthcare needs. The registered manager advised that this document was currently being reviewed to make it easier to record information.

Good

Is the service caring?

Our findings

At our last inspection we found that improvements were required as people's dignity was not always maintained. At this inspection we observed staff supporting people in a dignified way throughout our visit.

One person told us "They (staff) knock the door they don't just walk straight in". Representatives told us people were supported in a respectful and dignified manner. One representative said, "The staff are respectful when they talk to [person's name] and they always take them to their bedroom, or to the bathroom if they need to support them with personal care". Staff could explain how they ensured people were treated with dignity and gave examples that included; respecting people's decisions and giving them choices. One staff member told us, "I always knock the door before entering someone's room and wait for them to reply". We saw staff speak with people in a respectful way, and promote their dignity. For example, we observed staff adjusting people's clothes when required and removing clothing protectors following meal times. Staff were able to tell us how they maintained people's dignity such as ensuring people were supported to choose suitable clothing to wear which reflected their age, and style.

People's individual preferences and choices were respected. A representative told us, "The staff ensure they use the cream which is best for [person] to ensure their skin is moisturised and they play their favourite music". We also heard a staff member discussing with a person how they would support them to buy certain clothes that they wanted to wear. A staff member told us, "I have done equality and diversity training and I think people should be able to live the way they want and have their rights respected".

People said staff were kind and caring to them. One person told us, "The staff are lovely". Another person said, "The staff are attentive and friendly". A representative told us, "The staff are good they know [person] well and they care for them well. The staff get on well with [person] and they have a good time when they visit the home". Another representative said, "You can tell they're dedicated, the physical care is very good". We saw that staff had established friendly relationships with people. People appeared relaxed in staff company and could be seen laughing and joking with staff.

People were supported to be involved in their care where this was possible and told us they were given choices. One person told us, "I can choose what I want to do". Another person said "I come and go as I please and staff support me when needed". We saw staff give people choices to enable them to make decisions about what they wanted to eat and activities they wanted to do. Staff we spoke with told us they promoted people's choices. One staff member told us, "I ask people their choice and involve them where possible in their daily lives. Even if people are not able to answer back I still ask them and give choices as some people make sounds to indicate their choice".

We saw staff speak to people respectfully using their preferred methods of communication. Staff were patient in explaining tasks to people and gave people time to process the information before making choices. We saw some people were able to communicate verbally and other people used sounds and objects of reference. Staff were responsive to people's communication needs which demonstrated they knew people well. Staff and the registered manager told us they were developing communication strategies

for people with speech and language professionals (SALT). This involved reviewing people's non -verbal communication and how aids could assist staff to communicate with people more effectively. A staff member told us, "It is very good and helping us to improve the way we communicate with people. They will have communication passports which are tailored to their needs".

People were supported to be as independent as possible. We saw people being encouraged to clean their room with staff support. Staff also told us people were supported to go shopping to buy food and then to cook themselves a meal. A staff member told us, "We try and get people to do as much for themselves as possible but this is dependent upon their mood and how they are feeling".

People told us they were supported by staff to maintain relationships that were important to them. One person told us, "The staff support me to visit my family on a regular basis". A representative told us. "I can go at any time, open access". We saw there were no restrictions on people visiting the home and people were supported by staff to also visit their family and friends.

People were supported to access the services of an advocate when this was required. We saw information was displayed to enable people to access this information if they were able to. The registered manager told us people had previously been referred to an advocate service to support them to make decisions about certain aspects of their life. An advocate is an independent person who supports people to make their own informed decisions.

Good

Is the service responsive?

Our findings

A person told us, "I am happy here and the way the staff support me". Another person said, "They are doing a good job". Representatives told us they thought people received support that met their needs. One representative said, "On the whole they meet [person's name] needs, in the way that want. I have no concerns about this". Another representative said, "[Person's name loves it so much, if I said do you want to live here, [person's name] would say yes please".

Representatives spoken with confirmed their involvement in the assessment and care planning process. A representative said, "Yes I was involved in the assessment when [person] started using the service and I attend all of the reviews that we have. I am consulted and kept informed about their well-being". Staff told us they received feedback about changes in people's care needs from their representatives before they visited for respite. A staff member said, "When family / representatives telephone to make a booking they usually tell us if there has been any changes, or we call them if we need to". A representative we spoke with confirmed this although we did not see any records to support this. We discussed this with the registered manager who advised us recording would be reviewed to reflect the information provided by representatives or relatives.

The registered manager confirmed that a review would be undertaken of the assessment process to ensure that the capability of any new people that wished to use the service would be taken into account. This would ensure that the needs of the people already living or using the service for respite would be considered.

Staff were knowledgeable about people's needs and routines and were able to tell us how people liked things done. A staff member told us, "People have their own ways and it's about getting to know these". A person told us, "The staff know me well, and I get the support I want and need". We saw that staff were responsive to people's needs, and saw many examples of this such as, a staff member held a person's hand when they were becoming anxious. We saw staff spending time and offering reassurance to a person who had recently had a family bereavement, and staff supported the person to express themselves. We also saw that a person was having a wipe board put on their bedroom wall to try and encourage them to look up and improve their posture.

People told us they were satisfied with the activities that were provided. One person told us, "I do lots of things that I enjoy such as gardening and I go out on trips and today I am baking". We saw the person baked scones with a staff member which they clearly enjoyed especially when their scones were cooked to perfection and the staff members scones failed. Representatives we spoke with told us people were supported to participate in hobbies and activities they enjoyed. A representative told us, "They take [person's name] out, they go all over the place, this week they have been to the cinema and Black Country museum". Another representative said, "Last year [person] went on holiday, it's the first time they had been on holiday and [person] loved it. We saw people were supported to engage in various activities and to go out during our inspection.

People told us they would raise any concerns they had. One person said, "I would go to staff and tell them in private". Representatives we spoke with all knew that a complaints procedure was in place. One representative said, "I have raised concerns before, so yes I know the procedure. The staff and manager are responsive and always look into any issues I have raised and dealt with them to my satisfaction". We reviewed the complaints records and the issues that had been raised since our last inspection. We saw that these had either been investigated or where in the process of being investigated. The registered manager told us about some of the learning that had taken place in relation to concerns that had been raised. This included staff performance issues being addressed, and procedures being reviewed.

Some of the people that lived in the home and used the home for respite may not be able to verbally express their concerns or report any complaints. Representatives we spoke with told us they would know if their family member was not happy. A representative said, "If [person] was not happy I would know from their expressions, and body language. I always look out for this and I would take action to find out what was making them unhappy". Staff we spoke with also said they 'would know' if someone was not happy. A staff member said, "We work closely with people so we would pick up changes in their moods and facial gestures".

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found improvements were required as the registered manager had not notified us about incidents that had occurred in the home. We also found that the audits completed in the home were not effective, repairs were not completed in a timely way and records were not in place to guide staff on how to support people when they became anxious and challenged staff. On this inspection we found that improvements had been made in most of these areas but these needed to embedded, and further developed. We found further improvements were still required in other areas.

A review of our records demonstrated that the registered manager had notified us about any incidents of concern and safeguarding alerts as required by law. We saw equipment was in good working order and staff told us that any maintenance issues were addressed in a timely way. Staff had attended training about how to support people who became anxious and new protocols to guide staff were being completed.

At our last inspection in March 2016 we rated the service as Requires Improvement. The provider was required to display this rating of their overall performance. This should be both on their website and a sign should be displayed conspicuously in a place which is accessible to people who live there. We saw that the rating was displayed on the provider's website, but when we arrived at the home we saw the rating was not displayed. We discussed this with the registered manager who took immediate action and displayed the rating in the home.

We saw regular audits were now undertaken to monitor the quality and safety of the service and these were completed by the registered manager, senior and provider. Where shortfalls were identified actions were recorded of how these should be addressed. We saw that these audits had identified some of the shortfalls we had found on this inspection. However we found the audits had not identified that equipment had been placed on a person's bed without authorisation, and records were not completed to demonstrate when these were fitted and for how long before an incident occurred. People's care records had not been updated to reflect all of the changes to their support needs. Risk assessments were not detailed and did not provide staff with specific instructions about how to use a lifting sling when transferring people. We also found not all of the people who were prescribed 'as required' medicines had protocols in place to guide staff in the signs and triggers which might indicate people needed their medicine. We found the medicines audits did not include a full check of all of the medicines on site to ensure any shortfalls could be found and addressed. A sample of the health and safety records demonstrated routines checks had been completed. However we found that the testing of electrical appliances was overdue. The registered manager advised that she had raised this with the provider and this work would be undertaken as soon as possible. We found that work was on-going to review the care records of those people that used the service for respite. The registered manager gave us assurances that action was being taken to review and update these records.

The deputy manager had left and had not been replaced and the registered manager was supported by two seniors who had some supernumerary time to complete management tasks but also worked on shift supporting people. This potentially had an impact on the delay in records being updated and the required improvements being made following our last inspection due to the lack of management time and support to

complete management tasks. We were advised that a new senior had been recruited and would commence employment when all of their checks had been completed.

The provider told us that routine checks were completed on the fire systems, and a sample of these records confirmed this. We saw that although emergency evacuation plans had been completed for people these were stored in their individual files and a copy for the people living at the service at that time was not available in a central file to make it easily accessible in the event of an emergency. We discussed this with the registered manager who confirmed this would be reviewed. We saw that accidents or incidents were monitored for any patterns or trends. This included any incidents of behaviours that may have occurred. The registered manager took action in response to these where necessary such as reviewing care records and completing referrals to healthcare professionals.

People told us they liked living in the home. One person said, "It's a nice place, a nice bungalow, it's a nice home, I'm happy here". Another person said, "Yes I like it here, the staff are good". Representatives we spoke with told us they were happy with the service provided. One representative said, "I wouldn't say a bad thing about Kathleen House or the staff". Another representative told us, "[Person's name] would be heartbroken if they couldn't go back".

We saw people were familiar with the registered manager who knew them well and was able to demonstrate she understood their needs. One person told us, "The manager is good she has helped me out", another person said, "I like the gaffer she is good". Representatives we spoke with said they thought the service was managed well. One representative said, "The manager is excellent", another representative told us, "The manager is lovely and approachable, and very responsive". The registered manager told us she tried to ensure she visited each bungalow on a daily basis in order to keep in touch with people's specific needs and to support and observe staff practices. Senior staff that we spoke with advised that as part of their role they monitored staff practices and ensured people's needs were met.

Staff that we spoke with said they felt supported by the management team. One staff member said, "The manager is approachable, and supportive". Another staff member said, "Yes I feel supported and there is someone I can ask for advice or guidance if I need to. I have regular supervision and discuss my role and any issues I have or training I would like to complete". We found that a programme for supervisions was in place. The registered manager advised that they were behind with completing appraisals but a plan was in place for these to be completed in the forthcoming months. Staff confirmed that regular meetings were held where they discussed the service and were able to raise any issues they had. We saw that handovers were undertaken following each shift to enable staff to share key information and communicate about how their shift had been and the well-being of people. Although these systems were in place staff advised that the communication in the home could be improved upon. For example, staff not being informed when people's needs change. This feedback was shared with the registered manager to explore possible solutions further with the staff team.

We found that systems were in place to obtain feedback from people and their representatives We looked at the results of the recent survey that had been undertaken this year and this showed that positive feedback had been received. Comments made included "I enjoy socialising with others at Kathleen House", and, "My personal care needs are fully met at Kathleen House". We saw that an action plan had been developed to address any suggested areas for improvements.

Staff we spoke with confirmed that a whistleblowing policy was in place and that they felt confident to use it and share any concerns. A staff member said, "Yes a policy is in place and I would raise anything I was concerned about to a senior, manager or to the manager". Whistleblowing is the process for raising

concerns about poor practice.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was completed and returned to us within the timescale we agreed.