Counticare Limited

Richardson Court

Inspection report

Main Road, Sellindge, Kent, TN25 6JD
Tel: 01303814821
Website: www.caretech-uk.com

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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

Overall summary

This inspection took place on 19 August 2015 and was unannounced. The previous inspection was carried out in December 2013 and there were no concerns. Richardson Court is registered to provide accommodation and personal care for up to six people who have a learning disability or autistic spectrum disorder. Some people display behaviour which may challenge others.

At the time of the inspection six people were living at the home each having their own bedroom either on the ground or first floor, and some rooms had en-suite facilities. People had access to a large communal lounge, dining area, kitchen, laundry room and shared bathrooms. There is a well maintained, secure garden and outside area with chickens in a run and a polly tunnel for growing vegetables. There is off street parking within the grounds. People could move freely between the inside and outside areas of the home.

The service is run by a registered manager, who was present on the day of the inspection visit. 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.

Apart from one radiator, all other radiators around the service were unguarded posing a risk to the people who

Summary of findings

live there. The house was generally clean; however we found shortfalls in the maintenance of the equipment and refurbishment of the premises. This resulted in areas of the home being impossible to clean adequately by staff and safe infection control practices could not be met. Although systems for reporting maintenance concerns were in place follow up action had not been taken for prolonged periods of time. Some people had been left with broken equipment in their personal rooms and in communal areas.

Although quality assurance monitoring was in place to improve the outcomes people living at the service received, action was not always being taken to improve the areas identified as needing improvement. The views of people outside of the service such as relatives had been sought, however questionnaires were not clearly dated and action plans to improve on the comments made were not evident. The provider had failed to respond to areas of improvement that they had internally flagged as being in need to improve. This meant people would not benefit from receiving better care and support and be able to live in and environment which is safe and comfortable.

Staff told us they felt confident that they could speak to the management of the service if they required support and guidance. There were safe systems in place for the recruitment of new staff. New staff underwent a full induction and were asked to sign up to complete their level two or level three health and social care diploma at the start of their employment. Existing staff supported new recruits who shadowed them on shifts. Further training was offered to staff covering specialised areas such as autism awareness and Makaton. Staff were supported to carry out their duties effectively and were offered further support through one to one supervision, team meetings and could request further training in areas they felt they needed more knowledge and confidence in.

People had personalised care plans, risk assessments and guidance in place to help staff to support them in an individual way. We saw that staff members actively encouraged people to be fully involved and feel included in their environment. Where people required space to manage their behaviours this was respected and staff approached people in a kind a caring manner. Staff spoke about the people who lived at the home in a respectful way which demonstrated they cared about the people's welfare. We observed throughout our inspection people interacting positively with staff smiling and wishing to be involved in conversations.

People were offered a full time table of activities and were able to participate in educational and social activities of their choice. People were supported to pursue individual interests and hobbies such as horse riding or athletics club. Staff communicated with people in a way which showed understanding and knowledge of the person, communication aids were used around the home to help people to express themselves.

People were supported to make their own decisions and choices and these were respected by staff. Staff were aware of the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards (DOLs). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. We found that the registered manager had made DOLs applications for some people which had been granted, and was waiting for the remainder to be returned. The registered manager had notified the Care Quality Commission (CQC) of the applications which had been granted which is a statutory requirement.

People were encourage to eat and drink enough and were offered choices around their meals and hydration needs. We observed people being supported to have drinks on their request and be encouraged to choose what food they would like. Some people went out for a fish and chip lunch on the day of the inspection.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not consistently safe.

The home was kept generally clean but due to the lack of repair and maintenance to the environment effective cleaning was not possible.

Thorough staff recruitment procedures were followed in practice. Enough staff were employed to keep the people who live at the home safe.

Medicines were stored and administered safely.

Requires improvement

Is the service effective?
The service was not consistently effective.

People were being put at risk because some parts of the environment were not being well maintained.

Staff were effectively trained, supervised and supported in their roles.

The provider met the requirements of the Mental Capacity Act 2005.

People were promptly referred to healthcare professionals when there was a requirement to do so.

Requires improvement

Is the service caring?
The service was caring.

People were encouraged to express themselves in their own individual way

Staff supported people in a kind and respectful way demonstrating care and compassion.

People's privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive.

Peoples support was personalised to reflect their wishes. Care plans and risk assessments were reviewed and updated in a timely way.

Information was provided appropriately to people about how they could complain.

People were offered activities and educational experiences to suit their own preferences.

Good

Is the service well-led?
The service was not consistently well led

Requires improvement

Summary of findings

Systems were in place to monitor the quality of services delivered to people however, action to improve in these areas did not happen in a timely way.

The views sought from others through the quality assurance systems were either not available or not dated. It was not clear what action the service has taken to respond to these views to improve the service.

There was an open and positive culture which focused on people, the registered manager was approachable.

Richardson Court

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 (Regulated Activities) Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 19 August 2015 and was unannounced. The inspection was conducted by two inspectors.

Before our inspection we reviewed the information we held about the home, 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 considered the information which had been shared with us by other people who had contact with the service and we had received feedback from two health care professionals. We reviewed the provider information return (PIR) and used this information when planning and undertaking the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. The provider was also asked to send us some further information after the inspection, which they did in a timely manner.

We viewed all areas of the service. We observed communication between the people who used the service and the staff but were unable to receive verbal feedback from people because of their limited communication skills. We spoke with three members of staff as well as the registered manager.

During the inspection visit, we reviewed a variety of documents. These included two care plans, staffing rotas for four weeks, four staff recruitment files, medicine administration records, activities records, minutes from staff and resident meetings, audits, maintenance records, risk assessments and health and safety records.

Requires improvement

Is the service safe?

Our findings

People were not able to express their views clearly due to limited communication skills, but people felt secure with staff supporting them, and felt able to go where they liked and carry out their preferences. One person was sitting next to the registered manager on the sofa holding hands. The registered manager asked them if they were happy and this person responded in their own way which she understood. This person looked content and at ease in the registered manager's present.

Staff were unable to adequately keep the premises clean and free from infection. The sofa in the communal lounge was sticky to touch and parts of the surface were worn and coming away. We were told that staff were finding this increasingly difficult to keep clean and this maintenance issue had been reported in March 2015.

Around the toilet of the first bathroom there was a build-up of dirt and lime scale which we were told has been cleaned extensively without any effect. The second bathroom on the first floor had mildew and mould around the bath tub and surrounding the taps, which can harbour microorganisms and impact on people's health. The enamel was coming off the inside of the bath, there was staining around the toilet and the floor looked worn and shabby. The registered manager told us this bathroom is intensively cleaned but despite this the smell still remained and was ingrained into the floor. Some people who live in the service have problems with smell sensitivity which this bathroom would have a detrimental impact on. There had been a maintenance request on the 16 October 2014 for this bathroom to be updated which had not been actioned. There had been a request for a new non slip floor to be installed in the downstairs toilet. Currently the floor is tiled which poses a risk of people falling if the floor is wet. This request was made in February 2013 but no work had been carried out to meet this request.

Recruitment processes for staff were robust and included interview records with a written exercise for recruits to explain "Why they think it is important for a support worker to be a strong team player". There were also further sets of interview questions and answers recorded to show the service had explored the person's suitability for the role. Employment references had been checked and Disclosure and Barring Service (DBS) checks made. These checks identified if prospective staff had a criminal record or were barred from working with adults. Gaps in employment history had been satisfactory explored and files also included a recent photograph and identity checks.

The registered manager conducted interviews with applicants, and the rest of the recruitment process was completed by head office. The registered manager understood how to follow staff disciplinary procedures which ensured a harmonious working environment for the staff team and benefit the people who use the service.

There were sufficient numbers of staff on duty to meet the needs of people. There was a registered manager, deputy manager, one senior support worker, three grade 2 support workers, who could be in charge when the senior was not present, and ten support workers. Staff were responsible for cleaning and cooking as well as providing support to the people who live there. The registered manger said she is currently trying to recruit another wake night staff member. At the time of the inspection the manager was supporting people when needed, in preference to using agency staff. However, three new staff members had been recruited so this was unlikely to occur in the future.

No one living in the home required one to one support: there are three staff on throughout the day time and evening. At night time there was one wake night staff who worked between 9pm and 8am. Morning staff began their shift at 730am to allow for a handover from the night staff. Rotas are completed monthly. The registered manager was on call from Monday until Thursday and the locality manager was on call from Friday until Sunday. There was a newsletter in the office that told staff who was on call each week. Staff said they thought there were enough staff to meet the needs of people who live there and we observed that individual's needs were responded to quickly.

Staff training records showed 14 staff members had received safeguarding of vulnerable adults training (SOVA) either in 2014 or 2015. We spoke to one staff member who could demonstrate their understanding of how to report any suspected abuse. They were aware that there were policies to follow which were kept in the office which they could access. This member of staff knew how to whistle blow should they have any concerns and said that they felt confident the registered manager would respond to any issues raised. There was a copy of the Kent and Medway safeguarding protocols which was easily accessible for the staff. Staff received training in their initial induction as well

Requires improvement

Is the service safe?

as additional safeguarding training. The registered manager demonstrated a clear understanding of the procedure for reporting abuse to the local authority. There was an easy read document for people to refer to if they needed to report abuse or if they had complaints. These documents were located in the entrance hallway which is an accessible and communal part of the home. More detailed processes for reporting abuse were located in the office and available to staff.

Risk had been appropriately assessed and documented in a way which would be meaningful to the person. For example, one person had numerous risk assessments which incorporated the use of the Picture Exchange Communication System (PECS). PECS is an alternative way of communicating with people with autism spectrum disorder or for people who have various communicative, cognitive and physical impairments. Risk assessments were risk rated and described what may happen and what staff should do. Risk assessments included areas such as choking, drowning, falling and staying in bed and not eating. Risk assessments were kept current to reflect people's changing needs.

One person was at risk from malnutrition and advice had been provided from the NHS dieticians around this. This person would on occasion refuse to get up from their bed and present behaviour which may challenge others. Therefore, the guidelines stated that staff should make sure they still received sufficient food intake by providing their dinner in bed and providing them with high calorie treats. Daily notes were taken for people which were dated, timed and signed by staff. These showed that the protocol for the person not wishing to get out of bed had been followed by staff members and their wishes had been respected. Staff maintained the health and wellbeing of this person by offering meals to them in their room.

All people living at the home who were prescribed medicines needed support and could not self-administer their own medicine independently. The home adopted a monitored dosage system (MDS) for the storage and dispensing of medicines. Monitored dosage system (MDS) is a medication storage device designed to simplify the administration of solid oral dose medication. Apart from one person, medicines were stored in each individual's bedroom in their own locked medicine cupboard which staff held the keys to. Temperatures of medicine cupboards were taken twice a day and recorded to ensure that medicine were kept at the recommended temperature meaning they would be kept safely. Where people were prescribed occasional use medicine (PRN) there was clear guidance for staff to follow to recognise when people would require it. Staff signed individual medication administration record (MAR) to evidence the medicine had been taken. Within peoples care plans further guidance was in place to tell staff what medicine the person was prescribed, how they liked to take it, what the medicine was intended for and what side effects may result. There were daily, weekly and monthly audit checks of MARs to ensure medicine had not been omitted or incorrectly used. This system ensured that people received their medicine safely. Some staff were currently updating their medicine training. The registered manager ensured that a staff member who has the appropriate training was always rostered on shifts so medicines could be administered safely. The home had a clearly documented medicine policy in place and when people's behaviour changed due their medicine the service monitored this and acted promptly to seek advice from the GP or other professionals.

Requires improvement

Is the service effective?

Our findings

One staff member said, "The environment is awful. It does not look good for the people here, they deserve better." The house was generally clean; however, there were several areas around the home in need of maintenance and repair which had not been responded to in a timely way. Equipment was broken in some communal and personal areas. For example one person had a door missing from their wardrobe which we were told had been broken since January 2015. We saw a maintenance request had been made on 26 January 2015 but no action had been taken. In the kitchen two drawers were broken and missing and some of the panelling around the bottom of the kitchen units were broken. Some of the kitchen tiles had gaps in between them by the door which had not been grouted but painted over which would come off when cleaned. The worktop surface was scratched off in places which meant staff were unable to effectively clean and disinfect. Where standards of hygiene were not being fully maintained, people can be put at risk from cross infection.

We found areas of concern around the environment. Radiator covers were missing from all but one radiator leaving the people who use the service at risk from harm. The registered manager told us that a request for radiator covers had been made in January 2015 but had still not been actioned by the maintenance department. We were told that in the kitchen people will sometimes sit on the windowsill next to the radiator. We observed this to be the case and one person was sitting on a low windowsill in the kitchen with their legs hanging over the radiator. The radiator was not on as it was a warm day. Although we were informed there were thermostats on all radiators this could still pose a risk to people particularly in the winter months.

There was damp in the corridor by the laundry and staff storage room. There was some scuffed paint work and patches of unidentifiable stains on the walls. Although there was a maintenance folder with job sheets documented, numerous repairs had not been completed. The registered manager told us the maintenance person comes once a month and although some minor jobs are seen to, many are passed on. For example on the job sheet which was dated 13 May 2015 a cabinet was replaced on a wall and a door handle/plate was replaced on the date of the visit which was 5 June 2015. However, all other jobs on the job sheet were either referred to "painters", "contractor" or were stated to be a "two man job", no other action was evident.

Since January 2015 only minor jobs have been completed and most jobs are still outstanding. This meant that people who used the service were left with unsafe equipment and premises and robust infection control processes could not be met. An internal inspection completed by the organisations compliance manager stated in their report, "Flooring in first floor bathroom remains badly stained, is no longer possible to effectively clean and action is required to address this." This inspection was completed on 26 March 2015; a target date to improve the shortfalls identified was made for the 30 July 2015. At the time of our inspection the flooring in the first floor bathroom remained in a poor state. One person commented in their supervision that maintenance issues are very slow to resolve.

The lack of adequate safety and maintenance is a breach of Regulation 15 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People responded well to staff and we saw staff interacting in a way with people that demonstrated they understood their individual needs and had a good rapport with them. A relative had left a compliment which stated, "My relative always appears so happy when we see them. The home is clean and comfortable; my relative has a great bed/sitting room. Staff are always informative and welcoming and have good rapport with (relative)."

We observed people moving freely around the home and outside grounds. Some people were sitting on the lawn in the sunshine or walking around outside. The back door was open and staff told us it always was so that people could move freely around their home when they wanted. The registered manager said that the back door had previously been secured with a keypad. However, she had requested that this should be removed after risk assessing the potential dangers associated with doing so. This meant that people's right to freedom and choice was being observed. This had specific positive outcomes for one person who could access the garden voluntarily to de-escalate their own behaviour. There was a secure front gate at the end of the long driveway to keep people safe from crossing the road unsupported. The registered manager said that no restraint was used and all people have support with managing their behaviour. The guidance

Requires improvement

Is the service effective?

for managing people's behaviour was very detailed, one staff told us, "I have completed training in breakaway techniques but don't need to use it often, only on two people occasionally." The staff member described how they would apply the techniques they had been trained to use which posed less risk to the person and the staff member.

There had been seven deprivation of liberty safeguards (DOLs) applications. The Commission had been informed of the applications which had been granted, which meant that the service was complying with the legal requirements expected. The registered manager said they were still awaiting responses of the remaining applications made. The staff ensured that where people were unable to consent due to their capacity, consent to care and treatment was sought in line with legislation. We saw in one person's care file that decisions relating to managing their finances and the keypad on the front door had been documented and regard for the Mental Capacity Act had been considered.

Staff were appropriately trained to support people with their individual needs. New staff were taken through a four day induction programme to prepare them for working with people. Staff were required to sign up for their diploma level two or three in health and social care. The company provided all of the induction training through their own training company. Staff shadowed an experienced staff member for two days and the manager would be "on the floor" until the new staff member was competent to complete their role on their own. New staff did not complete personal care alone until they knew the person they are supporting well. One member of staff member told us, "When I started I had a senior that I shadowed for two days, I was given an induction pack to read and sign and had induction training with the companies training department. I'm doing my level three diploma, it's sometimes hard but I'm enjoying it."

Essential training was provided and staff were given the opportunity to request further specific training. One staff member said, "If I needed more training I would ask for it. I went to my supervisor and asked for more support so I was able to supervise others in my new role. I have now been booked onto people management training." Training included numerous mandatory and additional training such as alternative communication, Autism awareness, Makaton and British Sign Language. Staff had either completed their training, were in the process of completing it or had been booked on the necessary training. Each member of staff had an e-learning account and the registered manager checked these to see if staff had completed their essential training. The locality manager also checked the progress of staff and relayed this information to the registered manager who discussed this with the individual staff in their supervisions. A designated fire trainer visited staff in the home to conduct training in the theory of fire prevention.

Staff were offered supervision and appraisal time with either the registered manager or deputy manager. There was a list on the wall in the office of supervision and appraisal dates. Appraisals had been completed either in February or March 2015. One staff said, "We regularly have staff meetings with the whole staff team. I prefer supervision when we are able to talk one to one and say what we think. And she (the registered manager) listens."

People had access to food and drink when they wanted it. One staff member said, "The kitchen is always open and people have access to drinks at all times. People have risk assessments to make hot drinks. There's choice for people". We observed a staff member asking the person they was supporting if they would like a drink. The staff member then proceeded to lead the person to the drinks and ask them to choose between either an orange or a blackcurrant squash. We observed throughout the day other times where staff would respond promptly to the request of drinks from different people. The staff were seen to encourage people to go with them to help make their drinks. Staff demonstrated they understood people's likes and dislikes well.

There were menus in the kitchen which had regard for the cultural needs of the people who lived at the home. We saw people moving freely in-between the kitchen and other areas of the home. Staff told us that people had two choices per meal but if they did not want either an alternative would be offered. Some people had thickeners because of difficulties with swallowing and chewing. Staff told us people can choose their own breakfast and cereals were observed to be in clear containers so people could see what they contained. We asked people if they were involved with choosing their meals, one person went to the shopping list which was pinned to the fridge and pointed at it. Each person had their own cupboard and one person had their picture on the door so they could identify which one was theirs. The staff said that all people living at the

Requires improvement

Is the service effective?

home had their picture on their individual cupboard but these will routinely get ripped off. For people who put on weight easily due to their health needs, clear guidance was attached to their cupboard door so staff knew what food they should eat.

People were supported to maintain good health and have access to healthcare services. People were registered with their own GP. One staff member said, “If people are not feeling well most of their GPs are down the road and we can call the on call doctor. We usually can get an appointment. We can usually get chiropody appointments easily.” People had access to various outside professionals such as the opticians, neurology, chiropody, dentist, well man clinic and dieticians.

Good

Is the service caring?

Our findings

Staff had friendly and caring attitudes and approached people gently and respectfully. Although people were unable to tell us directly of their experiences we were able to observe a number of examples where staff showed a caring and compassionate attitude towards people. Staff took the time to listen and interact with people so that they received the care and support they needed. One staff member said, "I know the people who live here very well, you learn new things every day. I've got closer to one person more over the last few months. I love this job and the people; I have a good relationship with them." People were relaxed in the company of the staff, communication was unhurried and people were able to express themselves in their own individual ways.

Staff demonstrated good knowledge of the people who lived at Richardson Court. One person described each person's likes, dislikes and choices they could make. They interacted with one of the people whilst they talked and did so in an affectionate and inclusive way which the person responded to positively. Staff listened to and responded promptly to people's needs when they communicated a request such needing to use the toilet or wanting to have a drink. Staff encouraged people to engage in their surroundings. One person was asked if they would like to get a chair so they could join in our conversation. Whilst people joined in our conversations staff used signs and clear speech so they could understand what was being discussed. We observed people to be engaged and included by staff throughout our visit.

Staff responded appropriately to people when they became distressed and displayed various behaviours. One person began to shout and was given the space to express themselves while staff stayed close should they need any further support. Staff communicated with this person in a calm and caring tone to try and defuse the situation and help the person to de-escalate their behaviour which was successful.

Clear information was presented to people in a format that was suitable to their needs and staff communicated with people in an understanding and individual way according to what they preferred. Peoples care plans were person centred. One person had had their room repainted recently and this persons parents had been asked to help choose the colour of their room. They had chosen colours to be reminiscent of the beach which the person liked. People were encouraged to develop their own independent living skills.

The registered manager knocked on each bedroom door before entering and asked the person if it was okay if we entered their personal space. We observed one person pointing to the rota several times throughout the day. Staff responded to this person in the same way each time by taken them to the rota to look at who was on shift together. The person was reassured by this interaction and staff responded in a kind, patient way each time.

Good

Is the service responsive?

Our findings

People received support that was responsive to their individual needs. Staff told us, "There is a set activity plan, if people don't want to go we will change the activity. There's horse riding, walks, swimming, bowling, baking, cooking, it's their home so they help us clean. Some people go to athletics on a Friday." People were supported to attend a range of educational and occupational activities and staff supported people to undertake a choice of leisure activities within the home and in the community. On the day of our inspection we observed all people leave the home to do different of activities.

People were transported in the homes mini bus with staff escorts. On the day of our visit one person went to a day centre where he played football and golf. Some people went horse riding and some people went to Herne bay for a long walk and fish and chips. People routinely attended activities with people from the service located next door and were encouraged to socialise together. This helped people maintain relationships externally from the home. A weekly activity plan was on the wall in the communal hallway. Each person had their own individual schedule and PECs pictures were used to help communicate the information. Included on the plan were activities like sensory bath in the evening, pop in centre, cooking, trampolining, room cleaning, pub, gardening and shopping.

People were encouraged to engage with their surroundings and the service promoted inclusion. We observed a staff member ask one person if they would like to help check the oil tanks in the back garden with them. One person looks after the chickens which are kept in a run outside. Each morning they fed them and at night time put the chickens to bed. From the eggs collected this person was supported to make quiche for their family. Staff told us that people also helped grow vegetables in the Polly tunnel. People helped to take care of the outside grounds which they did during our visit. In one person's bedroom a communication board was in use. Staff told us that they had recently introduced this method of communication for this person and each morning staff helped the person complete their board using PEC pictures. The board included titles like "I feel" with various different pictorial emotions like happy, funny, okay, good. There was a morning schedule and evening schedule where the person would be encouraged to make choices about their day using the various pictures available. We saw that this person had photographs of clothing on their chest of drawers in their room to help them identify what was in each drawer.

One person had a holiday planned with their family and other people had a holiday booked for the New Forest. The registered manager said that people were encouraged to make their own choices and gave an example of how people can eat when they choose. One person had chosen to have porridge at eleven o`clock a few nights previously. People received care which was planned taking into account their preferences and what was important to them such as goals they wished to achieve: for one person this was swimming. Care plans were clearly detailed to help staff to support the person in the way that they liked. There were clear details of how people liked to be communicated with. For example, guidelines explained to staff how to understand the body language and facial expressions of the person to gage their mood.

Staff demonstrated that they understood people well and their conditions. One staff said, "We always encourage choice, we ask people if they want a bath or shower when they get up. With autism too much choice can be overwhelming so I would offer two choices and they would push away the one they didn't want." Routines were clearly documented and described how staff should support people in the morning and evening around particular tasks according to their needs. The plans encouraged independence and were personalised. For example, one person required routine and consistency so support had been broken down into hourly blocks. This helped staff to care for the person in a consistent manner.

Care files were personalised and easy to follow. The files included a photograph of the person, the name of their key worker and a one page summary detailing what health needs they may have and how they were managed. The summary also detailed important aspects of the person's life like how they should be supported to maintain their weight and how they would need support to access the community. Care files gave more in depth information relating to eating, personal emergency evacuation plans (PEEP), medication, epilepsy, communication passport, my keeping healthy plan and daily notes. The registered manager had improved the guidance for staff in recognising how a person may be feeling. The guidance document included a variety of photographs of the

Good

Is the service responsive?

individual showing different facial expressions and a description of what these expressions may mean was included to help staff to recognise how the person may be feeling. A hospital passport was completed for all people apart from one person. The registered manager agreed that this would be completed and we received confirmation of this in a timely way, after the inspection.

Staff had clear guidelines to refer to describing behaviours that people could present and how staff should try to de-escalate or redirect the behaviour. The guidelines said that if this person displayed physical aggression towards them or others then they should use the techniques they had been trained to use. This training helped staff identify and reduce conflict and risk and influence a safe and positive outcome in a difficult situation. Eleven staff members had been trained in the techniques for managing behaviour and three people had been booked on to attend this training. Behavioural observational charts had been completed for individuals describing the incident and how the staff member had responded. There were guidelines in place to tell how and when incidents of self-harming behaviour should be reported using the incident form and logging incidents with a safety advisory body the company contract services from. The manager completed reviews of monthly monitoring logs of self-injurious behaviour and used this information to look for patterns of concern.

There was a complaints and compliments policy which had been reviewed and updated in February 2015. The policy included an easy read version as well as information about how people can contact the ombudsman if they are not happy with how the service investigates their complaint or if they do not agree with the outcome. No complaints had been made or recorded. The easy read version was displayed in the entrance hall and relatives received a copy of the complaints policy when they were sent the quality assurance questionnaires to complete.

The registered managed had introduced resident meetings for the people who lived at Richardson Court the last resident meeting was in May 2015 and had been recorded. At these meetings people were asked to provide feedback about the service they are receiving. For example people were asked “is gardening fun?” one person signed in Makaton “yes please”, another person said “yes” and did a little dance and another made eye contact and smiled.

Requires improvement

Is the service well-led?

Our findings

The registered manager has been in post since January 2015 having been transferred from another home within the organisation. Staff said, “Since the new manager began in January I have noticed that I can go to her more. She knows I can be nervous and she helps me. The registered manager has made this place better. Care plans have improved, staff relationships are better, negative things are sorted out quickly. Service users relate well to the new manager. If we have a problem the manager will come onto the floor to help, she doesn’t hide away. She’s really nice.”

Systems were in place for quality checks which the registered manager, locality manager and compliance manager completed. Although audits were made there were significant shortfalls in action, particularly in relation to the environment. Maintenance of the property was not adequately being responded to in a timely way meaning some areas of the home were unsafe for the people. We were told that the provider did not respond as quickly to maintenance issues as they should and saw this was the case from the maintenance records kept and from the internal audits made by the compliance manager. Some questionnaires and surveys had been completed by relatives of the people who lived at the service, but they were not all dated so it was difficult to ascertain when they had been completed. We were unable to see any previous quality assurance surveys, and the registered manager said they may be kept at head office. We were unable to see if any action had been taken following the information obtained from previous surveys or see how the service had actively made improvements following the views from people outside of the home.

The provider has failed to monitor and mitigate risks relating to health, safety and welfare of people using the service and others. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered manager notified the Care Quality Commission of any significant events that affected people of the service. Analysis of incidents and accidents were completed regularly and other auditing of areas such as medicine were completed. The registered manager and deputy manager had recently updated peoples care plans to make them clearer and more person centred.

The registered manager had support from the locality manager who visited the home. She also contacted the registered managers form the other homes in the organisation for advice and support and they visited each other’s homes to share ideas. We found that people were able to talk to the registered manager freely throughout our visit and the registered manager had a good rapport with the people who lived there. We observed her throughout the day responding to people in a personal way. When a person wanted to hoover she went to ask a staff member to assist them straight away and when a person joined us in the office the registered manager made them feel included.

Staff understood their roles well and were allocated tasks to complete. They knew what their responsibilities were. One staff member said, “I’m clear in my roles and responsibilities which have now changed.” One staff member told us, “The manager is a good support; I could go to her for anything. The senior on duty run the shift but we all work together as a team”. The registered manager held team meetings most recently on the 25 June 2015 allowing the staff team to share ideas and discuss how they can improve the services they provide to people.

The registered manager said that she will routinely “work on the floor” with staff to allow her the opportunity to monitor what is happening. Whilst working on the floor she will informally monitor staff performance and following her observations may hold supervisions or performance management reviews for staff who may have areas in need of improvement. The registered manager has a level four NVQ and Registered Managers Award (RMA), she has recently signed up to do her level five diploma to continue to develop her skills and knowledge set.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate cleaning and maintenance. Regulation 15 (1) (a), (1) (e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider has failed to monitor and mitigate risks relating to health, safety and welfare of people using the service and others. Regulation 17 (2) (a)