

Dimensions (UK) Limited

Dimensions 11 Kilford Court

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Kilford Court is a care home without nursing. Kilford Court provides care for up to six adults living with a range of learning difficulties, mental health needs or living with autism. At the time of our inspection there were six people living at the home, some of whom also lived with physical disabilities. The service is in a residential area and has an accessible garden.

People's experience of using this service and what we found:

Some of the risks relating to people needs and the environment had not been effectively managed. Medicines were not being managed safely or in line with best practice frameworks. There were not always sufficient numbers of staff deployed to meet people's needs. The home was clean. There were systems in place to learn from when things go wrong.

The systems in place had not been fully effective at improving the quality and safety of the service. Overall staff told us they had confidence in the way the service was managed, and they were clear about their role and responsibilities. There were some systems in place to actively seek the engagement and involvement of people and staff in developing the service and driving improvements. The leadership team were transparent and collaborative and demonstrated a commitment to improve the service. The manager took on board the feedback from our inspection and took immediate action to resolve the shortfalls identified.

Staff, including agency staff, demonstrated a good understanding of the individual personalities of the people they supported and were able to talk about people's preferred routines. The support provided did not always empower people to have as much control and independence as possible. The service had taken steps to provide information to people in ways which they understood. Systems were in place to investigate and respond to complaints or concerns. End of life care plans were to be developed as part of the planned person-centred reviews of people's care and support.

Staff and management had worked collaboratively with a number of mental health professionals to better understand and improve the support being provided to effectively meet people's needs. There was evidence that capacity to consent to care and support was considered as part of the care planning process. However, this had not always been well documented. People continued to be supported to have enough to eat and drink and their dietary needs were met. The premises were suitable for people's needs, but many of the fixtures or fittings were tired or worn and would benefit from being updated or replaced. A suitable training programme was in place.

Overall, people were supported by staff who were kind and caring and whom understood how to protect their dignity. However, some of the interactions we saw were neutral and could have been more person centred.

Rating at last inspection

The last rating for this service was 'Good' (published 17 March 2017).

Why we inspected

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Dimensions 11 Kilford Court

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Kilford Court is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Whilst the service had a manager registered with the Care Quality Commission, they were no longer providing the day to day management of the service. A new manager had been appointed but had only been in post for three weeks when we inspected. Registered managers are, along with the provider, legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with two people who used the service and a further three peoples relatives or advocate. We spoke with the manager, assistant locality manager, and four support workers. We reviewed the care records of two people in detail, but also viewed specific information contained with a further three

peoples support plans. We also looked at the records for two staff that had been recruited since our last inspection and other records relating to the management of the service such as medicines administration records, audits and staff rotas.

Following the inspection, we received feedback from two health and social care professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated to 'Requires improvement'.

Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Some of the risks to people's health and wellbeing had not been adequately assessed and planned for.
- One person was living with epilepsy, but they did not have a support plan regarding this. They were prescribed a rescue medicine to be given if they experienced a seizure, but there was no protocol for this. When asked a staff member was unclear about when the rescue medicine should be used. The manager has acted to ensure this is now in place.
- One person when weighed in August 2019 was noted to have lost over 5kgs in weight since their weight was last checked in May 2019. No action had been taken in response or advice sought from a healthcare professional. The manager has now ensured that this has been done.
- One person had a susceptibility to their shoulder dislocating, but this was not mentioned in their moving and handling documentation.
- A risk assessment for one person had been developed in June 2019 and included a clear protocol for staff to follow should the person display certain harmful behaviours. When we inspected only four out of the ten staff had signed to say they had read this risk assessment.
- Other risks had been well managed for example, people had risk assessments in relation to choking, falls or the risk of experiencing abuse.
- To help manage the risks of people leaving the service without support, staff were using the Herbert Protocol. This is a risk management tool that collates vital information about the person at risk which can be passed to the police at the point the person is reported missing.
- Since our last inspection, staff had introduced the use of post falls protocols to monitor the persons wellbeing following a fall.
- Monthly health and safety audits took place and there were regular checks of the fire alarm and emergency lighting for example.
- People had personal emergency evacuation plans (PEEPS) which detailed the assistance they would require for safe evacuation of their home and a business continuity plan was in place.
- However, we found some areas where the safety of the premises, or of equipment within it, had been compromised. Substances that could be harmful to people were not stored securely. For example, screen wash and floor cleanser had been left out in the laundry which was accessible to people.
- The three first aid boxes we checked were poorly equipped and there was no system in place to check their contents periodically to ensure they were in date and ready to be used.
- Window restrictors were in place but were not tamper proof in line with guidance from the Health and

Safety Executive.

- A legionella risk assessment indicated that a number of control measures were required to be undertaken periodically to reduce the risks associated with this disease. The provider was unable to demonstrate that all these checks were being undertaken.
- A fire risk assessment had been undertaken in May 2018. A number of significant findings and recommendations had been made. The service was unable to provide assurances that these had been completed. We are still seeking clarification regarding this.

The above concerns demonstrated a failure to provide safe care and treatment which was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The staffing levels continued to be based upon people's assessed needs and the amount of funding provided by the commissioners of their care.
- Records showed that staffing levels were, at times, greater than the commissioned hours but there were also weeks when the hours provided fell below planned levels. This has been the case in four of the last eight weeks and was mostly due to staff vacancies, of which there were six, and sickness.
- To cover as many gaps in the rotas as possible, agency staff were used. The permanent staff told us that whilst the agency workers were competent, they were not as effective as having permanent staff. For example, one staff member said, "No [we don't have enough staff] agency come for short shifts only and can't drive or do audits".
- Records and feedback received during the inspection indicated that there had been times when there were insufficient numbers of staff available to meet people's needs and respond to unforeseen events. For example, on one occasion, staff had contacted 111 due to concerns about one person's health. Staff were advised to take the person to hospital but were unable to do so due to there being a lack of drivers and staff to facilitate this.
- A relative told us that a family member had been sent to A+E without a staff member to escort them due to a lack of staff. They were concerned about this as the person was non-verbal and would not have been able to express their needs to staff.
- We observed that on one occasion, the alarm used to alert staff that one person was mobilising was not answered for approximately five minutes as they were all busy supporting other people.
- Recruitment remained a priority for the manager and three new staff had recently been recruited. The same agency staff were used wherever possible to aid continuity of care.
- All of the required checks had been completed to ensure staff were suitable for their role. These included checking their references and completing checks with the Disclosure and Barring Service (DBS).

Using medicines safely

- Although we found no evidence that people had been harmed, the provider had not always ensured the proper and safe use of medicines in line with best practice frameworks and their policies and procedures.
- The provider required staff to undertake periodic stock checks of medicines. We found four occasions, where the medicines in stock did not correspond with the amount recorded on the stock check sheet.
- A count of one person's medicine, indicated that they had 2 more than expected. A check of their medicines administration record (MAR) showed a gap for the previous day. We could not be confident therefore that this person had received this medicine as prescribed.
- One person's medicines stock sheet stated that they had been administered four paracetamol during a specific period, but the MAR only showed that two had been administered. The manager is arranging for there to be a complete review of record keeping in relation to medicines management and a performance coach is providing a medicines workshop for all staff.

- One person was seen to be having their 8am medicines at 10.15am. They were due a second dose of the same medicine at 12pm. This meant there was insufficient time between their doses.
- The temperature of areas used for storing medicines was not consistently being monitored.
- One person's liquid medicine was not marked with the date it was opened. This is important to ensure that medicines are not used after their expiry or use by date.
- Person centred protocols were in place for the use of 'as required' or PRN medicines, but these were not always fully completed. For example, we saw two which did not include the maximum dose allowed within a 24-hour period.
- The reason why PRN medicines were given was not being recorded. This can be helpful in identifying whether there are any themes or trends requiring a referral to a healthcare professional.

Preventing and controlling infection

- Staff were not following safe food hygiene practices. We found two packs of sausages in the fridge that were two days out of date.
- A number of food items such as orange juice, cheese spread, and jars were open but had not been labelled with the date they were opened. This meant that staff could not be assured that the foods would be consumed before their expiry dates.
- Overall the home was clean and there were no odours. Protective clothing was available and used by staff when supporting people.

Learning lessons when things go wrong

- The service continued to have systems in place to report, investigate and learn from incidents and accidents. A team meeting had been used to reflect upon the cause of two medicines errors and to agree remedial actions to prevent this from happening again.
- The provider's behaviour consultant had undertaken a review of the large number of incidents involving a person using the service to see if there were additional remedial actions needed to help ensure their safety.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "It feels like I have security here". A relative told us, "I feel [Family member] is very safe".
- The provider had appropriate policies and procedures for reporting abuse.
- Staff had a positive attitude to reporting concerns and to acting to ensure people's safety. They were confident that the manager would act on any concerns raised.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The manager and staff displayed a commitment to protecting and respecting people's rights to make their own decisions, even if sometimes, these might be unwise.
- There was evidence that staff considered a person's ability to consent to their care as part of the care planning process. For example, people had decision making agreements which described how able they were to be involved in making decisions and who must make the final decision. These covered a range of areas such as medical treatment, activities, personal care and finances.
- However, whilst the provider had procedures in place for recording people's written consent to their support, this was not always being followed in practice as some consent forms had not been signed despite the person having capacity to do this.
- Where there was doubt about people's ability to make significant decisions about their care, mental capacity assessments had been undertaken, but some of those seen were not fully completed or did not cover all of the relevant areas. We discussed this with the manager who assured us these would be reviewed.
- Applications for DoLS had been submitted by the home and had either been authorised or were awaiting assessment.

Adapting service, design, decoration to meet people's needs

- In general, the premises continued to be of a suitable design and layout to meet people's needs. Each

person had a comfortable, single room which reflected their individual tastes and choices and there was a lounge, a large kitchen/ dining room and two shared bathrooms and one shower room.

- However, the environment was not decorated to a consistently good standard throughout.
- The kitchen units and carpet in the communal areas and in one person's room were tired and worn. Some particularly worn areas of the carpet which might present a trip risk were covered with hazard tape which was unsightly. The need to replace the carpet had been identified as far back as February 2019 but had still not been acted upon.
- One of the pair of curtains in the lounge was not hung straight. The curtain pole was not long enough and so did not cover the whole window.
- The garden was maintained but we also found discarded mattresses stored there which was again unsightly.
- There was no shelter for people wishing to smoke.
- The provider did not own the premises and some of the required repairs and improvements to the property were the responsibility of their landlord. We saw evidence that the manager remained in correspondence with the landlord regarding driving improvements to the property.

Staff support: induction, training, skills and experience

- New staff received a comprehensive induction into the organisation which including learning about the organisation's policies and procedures and the needs of the people they would be supporting. Agency staff had also received a suitable induction, for example, an agency worker told us, "I read all the support plans, was shown around and introduced to [People]."
- Staff completed a range of training which helped them to perform their role effectively. Records showed that this was generally up to date.
- Additional training relevant to people's needs had been undertaken. For example, staff had undertaken training on mental health and responding to self-harm.
- It was the providers policy that staff have supervision every quarter. Records did not indicate that this had always been achieved and staff had not had appraisals, but overall staff felt well supported. The manager told us this was would now be prioritised.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us the food was good and met their individual requirements. For example, one person said, "I have a special diet and have to watch what I eat... they understand this and have a list [of suitable foods] on the fridge".
- Where people did not like the meal provided, they were offered an alternative. For example, we saw one person was offered a pasta bake but indicated that they did not want this. They were instead offered a burger which they ate.
- Information about dietary risks and the need for modified diets was readily available. Staff were mindful of which people needed to be supervised when eating and were observed to be following care plan guidance in relation to this. For example, the need to cut food up into bite size pieces.
- However, staff did not provide a consistent response, when asked about how much thickener they added to drinks for one person and the consistency they were aiming to achieve. We have asked the manager to review this with staff to ensure they are clear and consistent with regards to this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they were receiving effective support. One person said, "I am getting the help I need".
- Records showed that over the last year, staff and management had worked collaboratively with a number of mental health professionals to better understand and improve the support being provided to effectively

meet people's needs. One social care professional told us, "They have tried hard to listen to things we have raised or suggested... they have been willing and open". Another social care professional complimented staff and management for being "Communicative". They told us they were "Very happy with the care" the people they represented received.

- The service had been complimented by relatives for facilitating, along with other professionals, a smooth transition for their family member into the service.
- There was evidence that staff supported people to visit healthcare professionals including well person and preventative checks such as dental and optician appointments.
- People had health action plans (HAP). A HAP holds information about an individual's health needs, the professionals who are involved to support those needs and hospital and other relevant appointments.
- During the inspection, staff responded promptly and appropriately when one person became unwell.
- However, records of healthcare appointments, were not always well organised or stored chronologically and it was therefore difficult to track changes to people's health and wellbeing and to allow staff to be confident that relevant actions had been taken in response to changes in people's needs such as weight loss.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- When people moved to the home, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support to be provided.
- Overall, the care plans seen were detailed, covered a wide range of areas and helped to ensure that staff understood the practical needs of the people they supported.
- Some people had positive behaviour support plans. These helped staff to understand why a person may feel anxious or upset and gave strategies and calming guidelines to help them support people and reduce the risk of behaviours escalating.
- Some care plans were noted to contain inaccuracies or omissions. For example, one person's support plan contained conflicting information about their sensory needs. Another person was living with a stoma, but there was no plan in place to support staff's skills and knowledge in this area. Other people had lived at the service for some time and their care plans did not fully reflect their current needs. The new manager is taking action to ensure all care plans are fully reviewed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Overall, people told us that they liked the staff and found them to be kind and caring. We saw friendly exchanges between staff and people. For example, we saw one person and a staff member fist bump and share some banter demonstrating their positive relationship. This person told us, "They [Staff] are kind and caring, they are really good".

- People were seen holding hands with staff with whom they appeared to be at ease. Staff talked to people in a friendly and calm manner were seen to provide reassurance to people when needed to reduce anxiety or promote their wellbeing.

- Relatives were positive about the caring approach of staff at Kilford Court. One relative said, "We are very pleased with [Person's] care, he seems very happy and has a new lease of life".

Two people did express some concerns to us about how a minority of staff treated them. For example, one person said, "There are a few younger staff I don't get on with so well, they don't seem to want to bother with me". This person agreed we could raise this with the manager who assured us they would explore this with the person and address any areas for improvement with staff.

Supporting people to express their views and be involved in making decisions about their care

- Staff were aware of the importance of involving people in decision making such as what they might like to eat or how they spent their time.

- Staff understood people's communication needs. Where people were not able to verbally communicate their choices or emotions staff were well informed about people's non-verbal communication methods, and these were clearly described in their support plans.

- Where people did not have close family or visitors we saw that staff continued to work with formal advocacy services to ensure that people had every opportunity to express their choices and wishes. Advocacy services help people to be involved in decisions about their lives, explore choices and options and speak out about issues that matter to them.

Respecting and promoting people's privacy, dignity and independence

- Peoples abilities to take part in every day chores such as preparing meals or other domestic tasks varied greatly. Some people were unable to do this, but staff were observed to support them in other ways to maintain their independence. For example, staff placed a spoon in one person's hand and guided this to their plate following which they were able to feed themselves. Another person was provided with an adapted bowl which supported them to eat independently.

- Staff overall were observed to speak with, and about, people in a respectful manner and people's care plans were written in a manner that was respectful of their individuality and personhood. However, on one occasion, we heard staff sharing with their colleagues as part of a handover that some people had 'kicked off' as they were not able to go out due to the service being short staffed. This was not a respectful or appropriate way to refer to people.
- Staff were respectful of people's personal spaces and knocked on doors before entering. They could describe how they maintained privacy and dignity when assisting people with a shower or bath.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

Requires improvement: This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- Support plans contained some specific, individual information, about the person. For example, people's care plans included a 'one-page profile' that described, 'How to support me well' and what a good and bad day might look like for the person. The profile also included information about the person's dreams for the future. The profiles listed the person's gifts and skills and the relationships that were important to them. This supported staff to understand and meet people's needs.
- Staff, including agency staff, demonstrated a good understanding of the individual personalities of the people they supported and were able to talk about people's preferred routines.
- Whilst we observed a number of positive interactions which were responsive to people's individual needs, we also saw some which were more neutral, by that we mean staff undertook a task, for example giving someone a drink, or helping a person to eat their meal but did not communicate with the person in a meaningful or person-centred way. We observed that staff spent a lot of time just following one person who required constant supervision to maintain their safety but missed opportunities to try and connect with them or to sometimes engage them in activities.
- The support provided did not always empower people to have as much control and independence as possible within their individual potential. The systems that had previously been in place to support this were no longer happening. For example, the weekly meetings during which meals and activities were planned were not currently taking place and the key worker system was not being operated.
- We observed that staff missed opportunities to engage the more able people in tasks such as making hot drinks or other domestic chores. Instead staff did this for them, meaning that people were not encouraged to discover, or use, their abilities, despite, for some people, this being part of their support plan. This had been noted as a concern at our last inspection too.
- People's daily care and support records were very basic and did not reflect that the support was focussed on helping them to achieve goals or live life to the full.
- Technology was available in the home to effectively support the safety and welfare of people. For example, alarm mats were in use to reduce the risk of falls for people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives gave us mixed feedback about whether they felt sufficiently involved in their family members care. One relative said they were "Kept in the loop", but another felt this was something that could improve. During our discussion with one person's representative it became apparent that they had not been informed

about a recent health concern relating to their family member.

- We continued to identify that more needed to be done to offer people a wider range of activities. Individualised weekly plans of activities were no longer in place. Whilst activities in the local community took place, these were on more of an ad hoc basis and, as and when drivers were available. Recent trips out included people being taken out for drives to local places of interest or to the shops or to have something to eat. The home had a pass to a local zoo and two people attended a day service each week. Within the home, people were offered hand massages or 'DVD time'.
- One person told us, "For me there are not enough activities, we have to wait for them [Staff] to have time, they need to work on getting more drivers.... I can't go out today, they are always short staffed". The daily records for two other people, showed limited evidence that they had been supported to carry out person centred activities or to get involved in hobbies or interests.
- The home had a sensory area in the lounge, but staff told us this was not well used. There were some games available and we did see staff making some limited use of these to engage with people.
- The manager felt that the provision of meaningful activities was an area which could be improved upon. To address this, the manager was seeking to embed the provider's support model, 'Activate', within the service. This model involved people setting challenging goals in eight key areas known to affect their quality of life, and then being supported to achieve these. To embed this, person centred planning meetings were shortly being arranged with people and their key representatives to determine the goals and how these might be achieved.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was evidence that the service had taken steps to provide information to people in a way in which they could understand ensuring that the Accessible Information Standard was being complied with. For example, easy read information was available regarding abuse and how people might report this, and documents were printed in a larger font.
- Staff continued to use a flashing light doorbell to use before entering one person's room who was hard of hearing. This person also used some Makaton (a form of sign language). We observed some staff using this to communicate with the person.

Improving care quality in response to complaints or concerns

- Complaints policies and procedures were in place and were available in easy read formats.
- One formal complaint had been made. Records showed that this had been investigated and remedial actions taken in response.
- All of the relatives we spoke with were confident that they could raise concerns with the manager and that these would be acted upon.

End of life care and support

- None of the people living at Kilford Court were receiving end of life care.
- To ensure that staff were prepared to support people at the end of life in line with their known wishes and preferences, end of life care plans were to be developed as part of the planned person-centred reviews of people's care and support.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Whilst there were systems in place to assess and monitor the quality and safety of the service, these were not being fully effective. They had not identified the concerns this inspection found.

For example, the provider had undertaken a quality audit at the service in May 2019 and assessed the service as meeting expectations in all areas. This would not be in keeping with our findings. Weekly medicines audits were taking place but had not identified the issues we found.

The provider had not ensured that the governance arrangements in place were being used effectively to monitor the safety and effectiveness of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

- The current manager had only been in post for three weeks when we inspected. They were clear about the requirements of their role and were developing their understanding of the areas where the service needed to improve and incorporating this into a service improvement plan.
- They were supported by an assistant locality manager who had been working at the service for many years and had a very good understanding of people's needs and a good relationship with staff.
- Overall staff told us they had confidence in the way the service was managed. Staff were clear about their role and responsibilities and a shift allocation process was in place which helped to ensure that all required tasks were covered each day.
- Some people and staff told us they would value the leadership team being more visible. For example, one person said, "You never see [manager or assistant locality manager] down here unless they are making their lunch". A staff member said, "They [leadership team] are mainly in the office, but we can go to them, they will step in if needed".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's core belief was that people with learning disabilities and living with autism should have the same rights and responsibilities as others. To achieve this, they had a clear set of values which included respect, partnership, courage, integrity and ambition. It was clear that the leadership team recognised and understood the importance of these values and of providing person-centred care and support.

- We saw some examples of these values in action and heard about the commitment of staff to learn more about and develop their skills and knowledge to provide a personalised response to supporting people with mental health problems.
- There continued to be evidence of staff working collaboratively to meet people's needs and there was some evidence that people's support focused on them living their life as any other citizen would. For example, people visited their local shops and used health care services. However, as described elsewhere in this report, there was also evidence that more could still be done to help people live a fulfilling life.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were some systems in place to actively seek the engagement and involvement of people and staff in developing the service and driving improvements.
- The provider undertook periodic surveys with people, relatives and staff. The outcome of these was analysed at a national level and resulted in the production of a 'Listen and Learn' document which described the action being taken in response to drive improvements.
- The previous registered manager had undertaken a recent survey with the staff at Kilford Court. The feedback was largely positive but some areas for improvement had been identified such as increasing the availability of fruit and vegetables and concerns about people not getting out enough. The current manager was unable to demonstrate how this feedback had been responded to.
- Staff meetings were held periodically during which staff could discuss matters affecting people using the service or staffing matters.
- The provider held forums which staff could attend to meet the senior executive team to discuss practice-based issues and to help understand the core strategy and direction of the organisation.
- Staff felt adequately supported and told us that morale and team work was usually good but could at times be affected by shifts being short staffed and the high use of agency staff.

Continuous learning and improving care

- There was a focus on continuous learning at all levels of the organisation. The provider had robust systems in place to review accidents and incidents and other safety events to learn from these and identify areas for improvement. Incidents could be reviewed by type to enable themes or trends to be identified. All incidents involving the use of physical restraint were all reviewed by the providers behavioural support team. Incidents which were of a safeguarding nature were reviewed at a regional safeguarding panel to ensure that lessons learnt were shared.
- The provider continued to issue 'Core Briefs' for staff with updates on changes to legislation, but also to ensure that staff were kept informed of the lessons learnt from incidents or accidents across the organisation.

Working in partnership with others

- Throughout the inspection, the leadership team were transparent and collaborative and demonstrated a commitment to improve the service. The manager took on board the feedback from our inspection and took immediate action to resolve the shortfalls identified.
- The leadership team and staff had worked effectively with a range of local mental health and learning disability professionals, and this was having a positive impact on people's care.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Some of the risks relating to people needs and the environment had not been adequately assessed or planned for. There had been a failure to provide safe care and treatment which was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The governance arrangements in place were not being used effectively to monitor the safety and effectiveness of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.</p>