

Optalis Limited

5 Winston Court

Inspection report

5 Winston Court
Halifax Road
Maidenhead
Berkshire
SL6 5HU

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Tel: 01628418804
Website: www.optalis.org

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

What life was like for people using this service:

- Since our last inspection, the service had improved in several key areas.
- People received safe, compassionate and good quality care.
- Risks from the building and equipment were better managed.
- People were protected against abuse, neglect and discrimination. Staff ensured people's safety and acted when necessary to prevent any harm.
- Staff knew people well. They had developed good relationships with people. People clearly enjoyed the presence and attention from the staff.
- People were assisted to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems at the service supported this practice. People had an active say in how the service was operated and managed.
- People's care was personalised to their individual needs.
- The provider had improved processes in place to measure, document, assess and evaluate the quality of care.
- The service met the characteristics for a rating of "good" in all key questions.
- More information about our inspection findings is in the full report.

Rating at last inspection:

- At our last inspection, the service was rated "requires improvement".

About the service:

- The service provides accommodation and personal care to adults with learning disabilities or autism spectrum disorder. The care home accommodates eight people in one adapted building.
- At the time of our inspection, eight people used the service.

Why we inspected:

- All services rated "requires improvement" are re-inspected within one year of our previously published inspection report.
- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor the service to ensure that people received safe, high quality care. Further inspections will be planned for future dates.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our findings below.

Good ●

5 Winston Court

Detailed findings

Background to this inspection

The inspection:

- We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team:

- Our inspection was completed by two adult social care inspectors.

Service and service type:

- 5 Winston Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides accommodation and personal care to adults with learning disabilities or autism spectrum disorder. The care home accommodates eight people in one adapted building.
- The care service has been developed and designed in line with the values that underpin the "Registering the Right Support" and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.
- The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection, a manager was registered with us.

Notice of inspection:

- Our inspection was unannounced.
- The inspection site visit was completed on 1 November 2018

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We checked records held by Companies House, the Food Standards Agency and the Information Commissioner's Office (ICO).
- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with the provider's head of regulated services, deputy manager, a deputy manager from another location, a health and safety consultant and the provider's quality lead. We also spoke with three care workers.
- We spoke with four people who used the service and two relatives.
- The registered manager was absent during our inspection site visit.
- We reviewed two people's care records, medicines administration records and other records about the management of the service.
- After our inspection, we asked the provider to send us further documents and we received and reviewed this information. This evidence was included as part of our inspection.

Is the service safe?

Our findings

People were safe and protected from avoidable harm.

At our last inspection on 22 September 2017, this key question was rated "requires improvement". This was because we found evidence that medicines were not always managed correctly, a system to determine safe staffing deployment was not in place and risks from the building and premises were not always adequately mitigated. At this inspection, we found the service had taken steps to improve the safety of people's care. Therefore, the rating for this key question has increased to "good".

Assessing risk, safety monitoring and management:

- Improvements were made to the management of risks to people from the building and equipment. Better record keeping had ensured that statutory checks were completed and action plans formulated when there were deficiencies.
- The health and safety consultant showed us records which proved the risks associated with the building were mitigated. Records included the fire risk assessment, Legionella risk assessment and prevention plan, lifting equipment checks and monitoring of window restrictors.
- Our observation of the building and grounds showed no apparent risks, except for a heater in one room which put people at risk of burns. This was promptly removed by the care workers.
- Measures were in place to ensure correct food handling and hygiene. Knives in the kitchen were locked away. First aid kits were available for incidents and accidents.

Using medicines safely:

- The management of medicines had improved to ensure people were protected from risks and safe from harm.
- There was improved scrutiny of medicines management by the provider's quality lead and annual audits from the community pharmacist. Where improvements were required, these were listed in an action plan and progress monitored to ensure changes were implemented.
- Staff showed us they had a good knowledge of the need for safe administration of medication. We saw they had received appropriate training. This included theoretical and practical training, and competency checks.
- Medicines were correctly ordered, stored, administered, recorded and disposed of. We checked people's medicines administration records (MARs) and found medicines were given and there were no missing signatures.
- Two care workers administered medicines together. They cross-checked each other's practice to detect any errors or omissions.
- People had protocols in place for 'as required' medicines which clearly stated the dosage, indication and how frequently the drug could be provided.
- There were 'homely remedies' such as over-the-counter paracetamol. These were satisfactorily managed and the running balance of stock was recorded.

Recruitment and staffing levels:

- The service had introduced a suitable system that provided a basis for safe staffing deployment.

- The use of agency staff continued and was not suitably offset by any new workers commencing employment at the service. The head of regulated services explained the difficulties in recruiting new staff, and the strategies they used to find suitable candidates.
- The rostered staff levels were met by the service. Where necessary permanent staff completed additional shifts or agency staff were used. We had previously advised the provider about allowing permanent staff sufficient time off, and planning training and annual leave.
- A new deputy manager had commenced since our last inspection. This had provided further support to the registered manager, who was responsible for two care home locations.
- People received care when they needed it. Although staff were busy at certain times, we did not observe any instances where people had to wait for support.
- We recommend that the provider reviews their strategy for filling permanent care worker posts.

Systems and processes:

- We observed that people had call bells in their rooms. Staff told us that people also had regular safety checks via direct observation.
- Staff we spoke with told us they had undertaken training in safeguarding adults. A care worker told us they, "...understand what safeguarding means...preventing abuse."
- Staff were able to discuss types of possible abuse. A care worker told us that "institutional abuse" could occur if a service offered, "One set of interventions...one-size fits all" rather than a person-centred approach.
- Staff we spoke with were aware of their responsibility to report and record concerns about people's welfare. Senior staff would decide on further actions, such as contacting the GP.
- A care worker told us, when we asked about whistleblowing, "We have to report if something is not right or safe." In the event of a concern such as an incident the care worker would, "Ask what happened [and] get a second member of staff as a witness." They would complete a "body map, and contact sheet" (daily notes of care). The care worker told us they would inform, "The shift leader...the manager has to know."
- Care documentation included risk assessments which helped protect people from abuse. For example, there for risk assessments for management of people's money. Regular checks of personal finances were conducted by senior staff, to check for any discrepancies.

Preventing and controlling infection:

- People were protected against infections.
- Staff were trained in infection prevention and control and had access to personal protective equipment like disposable gloves and aprons. Bins were pedal-operated, and this prevented the risk of cross infection by touching the lid.
- Staff received information and competency checks for effective hand hygiene. Hand washing posters were in suitable locations within the premises.
- The service did not have a designated member of staff responsible to act as a 'champion' or 'lead' for infection control. We spoke to the head of regulated services about this. They were receptive of our feedback and provided reassurance they would plan to ensure this happened.

Learning lessons when things go wrong:

- The provider had an accident and incident policy, which we reviewed. This clearly set out the requirements for reporting people's incidents, as well as staff or relative accidents.
- We reviewed incident and accident reporting for 2018. One person had a seizure. Observations recorded about the incident stated, "Staff acted in accordance with company policy and procedure. Staff remained calm, caring and professional throughout the incident along with giving plenty of reassurance...." This showed care workers reacted well when things went wrong.
- There was a consultation with the GP over the phone who gave "no further action" as the instruction. However, there was no information about what medical intervention took place in the managerial review

section of the incident. The service failed to keep a good record of events that occurred after the seizure.

- Although the provider's own form requires scanning and e-mailing to the head office, it was not clear whether incidents were being sent.
- We are currently making further enquiries into a serious injury that occurred earlier in 2018. The purpose of our inspection was not to gather evidence about that specific incident.

Is the service effective?

Our findings

People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best available evidence.

At our last inspection on 22 September 2017, this key question was rated "requires improvement". This was because we found evidence that staff were not always satisfactorily supported to ensure they had the necessary knowledge, experience and skills to carry out their roles. At this inspection, we found the service had taken steps to improve the safety of people's care. Therefore, the rating for this key question has increased to "good".

Staff skills, knowledge and experience:

- The service had made improvements to the support staff received to ensure they were fit to carry out their roles.
- Staff had completed mandatory training and updates including safeguarding, moving and handling, fire safety and infection control. Some training such as moving and handling was delivered practically. Training updates were now completed regularly.
- A care worker told us that they were up to date with their training. They said most training was "face to face", but some training was now online. Another care worker told us that safeguarding and first aid training were delivered by a trainer from the local authority. They added that a pharmacist provided medicines training and that, "All staff have in-house, person specific moving and handling training." The care worker told us they were due to participate in a one day moving and handling training session later in the month.
- Agency carer workers' training was arranged via their employer. An agency care worker told us that they had completed the Care Certificate (which is an agreed set of fifteen standards that set out the knowledge, skills and behaviours expected of specific job roles in health and social care). They told us, "I completed my induction" when they started work at the service.
- Staff had completed or were in the process of completing further relevant qualifications in adult social care.
- Care workers told us that they had supervisions with the deputy manager or registered manager every three months. A care worker, who had a one to one meeting with the registered manager said, "I find her entirely supportive."
- Another care worker told us that they had a supervision session with the registered manager "every quarter". They said their annual appraisal was booked later in the month. The care worker told us that they felt supported and that senior staff were approachable.

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

- People had lived at the service for a long period of time. Their likes, preferences and dislikes were all known and observed by the staff.
- People's preferences were well-recorded within the care documentation. Information included favourite foods and drinks, what the person liked to wear and activities and recreational involvement.

Eating, drinking and a balanced diet:

- People were involved in a meeting each Sunday to discuss food shopping and menu planning. A carer told us, "We do food planning with the service users [people who used the service]."
- Staff told us that people had individual choices, for example of breakfasts. A care worker also gave examples of individual preferences for main meals that considered cultural heritage and preferences. For instance, a person from an Asian culture enjoyed curry and rice. Another person who had lived in Africa enjoyed foods from that continent.
- We saw that a person went out for lunch with a care worker. The person chose where they wanted to eat.
- A care worker showed us that a person was on a fluid intake chart and that they, "Aimed for two litres a day". The staff member explained this was important to reduce the risk of urinary tract infections.
- A person had previously been assessed by a speech and language therapist (SALT), who had advised a blended diet and thickened fluids. The person received an appropriate diet.
- At the time of our inspection, no one had any special dietary requirements. One person's blood glucose level was monitored because the GP suspected a diagnosis of diabetes.
- There was plenty of fresh fruit and vegetables in stock, and included in the menu. People liked snack foods like crisps, occasional takeaway meals and going out to local cafes and restaurants.

Healthcare support:

- A range of professionals from primary and hospital health services were involved in assessing, planning, implementing and evaluating people's care and treatment. This was clear from the record of appointments we saw in health action plans.
- Health appointments included those with specialist nurses, for example for people with Parkinson's disease.
- We saw evidence of the involvement of the community learning disability team in meeting people's needs.
- We saw that professionals involved in assessing and meeting people's needs included GPs, dietitians and speech and language therapists (SALT). This ensured people could lead, as far as reasonably possible, healthy lifestyles.

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. We checked whether the service was working within the principles of the MCA.

- Staff had a good understanding of consent. Throughout the day, we observed that staff offered choices to people and asked their permission for various tasks.
- Staff told us they had completed training on the MCA and DoLS. Staff had a good knowledge of the principles of both. When we asked about the MCA, a care worker told us that, "I can go through the five [principles]." They told us "I would assume that everyone has capacity."
- A care worker told us they observed a mental capacity assessment for a person. The care worker told us, "The person also had a DoLS assessment." The assessment process established that the person required an advocate, and one was appointed.
- Another care worker told us that, "Everyone has got mental capacity unless determined otherwise." The care worker told us that a person had a relative registered with lasting power of attorney (LPA) for property and affairs and for health and welfare. The staff member understood that the relative could legally make decisions on behalf of the person.
- We saw two copies of the provider's consent form which addressed three areas of consent: to photography, to care delivered by a person of a different gender, and consent to the sharing of information. However,

these forms were blank and unsigned by the person or their legal representative. In both cases, we did see completed consent forms for money management. In one case, there was a form regarding living at the service but this did not refer to personal care.

- We pointed out the incomplete consent forms to the provider, who assured us this would be rectified.

Adaptation the service, design, decoration to meet people's needs:

- The premises was suitable for the people who used the service.
- People's rooms were nicely decorated, personalised and contained objects and things that were relevant to them.
- Communal spaces contained appropriate decoration and furnishings.
- Bathrooms and toilets were specially adapted to ensure people who used the service could be as independent as possible.

Is the service caring?

Our findings

The service involved people in their care and treated them with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported:

- People continued to receive care from staff that were kind and thoughtful.
- There were photographs of staff in the reception area showing who was working for the day. There were photographs of the people who used the service as well. One person told us she was happy and she was going to the Maidenhead Town Hall to "get her money out" with her care worker.
- Throughout the day, we saw that people were relaxed and comfortable. They clearly knew staff well and had confidence in the support they received.
- People did not always express their views verbally, but through gesture and physical touch. A person sought reassurance by seeking physical contact with staff. Some people used Makaton, a system of communication used by some people with learning disabilities, which accompanies speech with hand signs. Staff we saw that used Makaton were proficient in communicating with people, and used this when appropriate.
- We spoke with two relatives whose views on care were very positive. A relative told us, "They're lovely here. All the staff are good. I know she [the person] loves it. Staff have always been wonderful, so good. [The person] doesn't tell you things...we can tell she's in pain when she holds herself differently. [Staff are] very good...they take that much notice."
- Another relative told us, a person had been unwell but, "[The person] got 'over it', thanks to the staff's care." They said, "I know [the person is] happy here." The relative told us that some staff were from an agency. They commented, "Even those [staff] are very nice. It's all good...absolutely thumbs up!"
- We observed that people had a good relationship with the staff. A care worker told us, "I just love the 'guys' [people] who live here. That's what really motivates me to come in [to work]."
- Another care worker told us that, "The care here is good." They added, "Otherwise, I wouldn't want to be here."

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

- Staff told us they supported people to make decisions about their care and knew when people needed help and support from their relatives. Where necessary, they sought advocates to help support decision-making for people.
- Our observations found people had some control of their care. Although some people required more support than others, staff clearly allowed them to be involved as far as they possibly could.
- People's independence was promoted and maintained. Where people's independence had deteriorated, staff did not take over on behalf of the person. We saw staff assisted people only when necessary and provided gentle encouragement.
- Health and social care professionals were regularly involved in assisting to ensure people's independence. One person's ability to mobilise had declined leading up to our inspection. Although the method of assisting the person to move about had changed, staff still talked to the person to tell them when, how and why they were being moved.
- People were consulted and asked their opinions. Staff took people's everyday feedback and choices into

account when they provided support and planned the day.

Respecting and promoting people's privacy, dignity and independence:

- Staff we spoke with showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against.
- People's right to privacy and confidentiality was respected. Documents were locked away and computers were password-protected, to prevent unauthorised access to personal information.
- People were addressed by their preferred names. They were well-groomed and appropriately dressed. Personal care took place behind closed doors and staff knocked and asked before they entered.

Is the service responsive?

Our findings

People received personalised care that responded to their needs.

The provision of accessible information:

All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements.

- The care documentation clearly showed that the service identified and recorded communication impairments, and steps were implemented to ensure information was provided to people in a way they could understand it. Care documentation explained what communication aids, such as Makaton, people required as part of their daily lives.
- The service had improved the accessibility of information to people using pictures, symbols and easy-read text. For example, complaints posters used smiles and frowns to demonstrate how a person could say they were happy or unhappy.
- In the ground floor hallway, the noticeboards contained a lot of overlapping leaflets and printouts which could lead to confusion for people looking at the information. We asked the provider to review the content of the noticeboards.

Personalised care:

- People received personalised care.
- People's rooms were decorated in accordance with their preferences and likes.
- Care documentation was stored in two volumes: the person-centred support plan and the health action plan. It was clear that care plans had been updated extensively in the weeks immediately preceding our inspection.
- We also saw that a care plan was audited in August 2018 with improvements noted and actioned.
- We reviewed two care plans. These included care plans that used standardised templates, for example the medication and nutrition plan, communication and mobility. We also noted care plans designed to meet specific individual needs, for example on epilepsy and "panic attacks and anxiety". The care plan for anxiety identified potential triggers for behaviour that challenged and strategies for supporting the person. The care plan also stated other professionals that may be involved in reviews, for example the community team for people with learning disabilities.
- We also saw two health action plan folders. These contained records of appointments with health professionals for people. "Health passports" provided essential and other important information on the person's needs. They would be used by healthcare professionals, for example if the person was admitted to hospital.

Social life and recreation:

- People led an active social life.
- People had illustrated activity "diaries". We observed that people had access to a variety of activities,

including sessions at the local day service and attendance at social clubs and other events.

- Staff supported people to follow their interests. A person had a short seaside break with a care worker. Another person could watch their favourite football team play at Reading.
- A care worker ran an art group for people. A person showed us their art work, including work on the theme of Halloween, as there had been a party on the evening prior to our inspection. The person also showed us photographs of holidays, which included photos taken on the beach at Brighton.
- We observed staff taking people out to the community for their activities during the day.

Improving care quality in response to complaints or concerns:

- There was an appropriate complaints management system in place.
- We saw that the service had an accessible complaints sign. This was in easy-read format. However, the policy "How to complain or tell us what you think about social care" was kept in the office, which was not an accessible location for people, relatives or other stakeholders. We discussed the issue of people's access to the policy with senior staff.
- We reviewed service feedback forms from three people and two relatives. This was largely positive. Feedback was about care for four people. In one case, we saw the person's feedback and their relative's feedback.
- An example of the feedback said a person liked staff, "Because of the talking and chatting." The person also said that they liked that "it's busy" at the service. The person's relative stated that the person, "...seems very happy. The staff are professional, polite and extremely helpful. They listen, action any concerns and I find it a great environment for [the person]."
- Another person said they were, "...bored in the house and [they] want to go out more." We observed that the person went out at least twice on the day with staff, including for lunch.

End of life care and support:

- No one received end of life care at the time of our inspection.
- The service had commenced asking and recording people's end of life preferences.
- We read an end of life care plan for a person. It included the person's wishes which were stated clearly with specific detail and a date for review.
- In another end of life care plan, we saw that, while it contained crucial information on the person's wishes, there was some conflicting information. The plan said, "[The person] would like to remain at [the home] for as long as possible." The plan stated the person had capacity to understand the concept of death and dying, but also the person did not comprehend end of life measures. We pointed this out to the staff who explained they would make amendments to the care plan so that it was accurate and clear to understand.

Is the service well-led?

Our findings

Leadership and management assured person-centred, high quality care and a fair and open culture.

At our last inspection on 21 September 2017, there was a breach of Regulation 17 of the Health and Social Care Act (2008) Regulated Activities Regulations 2014. This was because we found evidence that there was not a good governance system in place. The key question was therefore rated "requires improvement". After our inspection, we requested and received an action plan from the provider, setting out what steps would be taken to achieve a rating of at least "good". At this inspection, we found the service had taken steps to ensure good governance and the monitoring of care quality. Therefore, the rating for this key question has increased to "good". Further work was underway by staff, the registered manager and the provider to ensure full implementation of suitable mechanisms to measure people's safety and the quality of the care.

Plan to promote person-centred, high-quality care and good outcomes for people:

- The service and provider had implemented some improved quality assurance processes since our last inspection.

- The action plan we received following our last inspection set out a variety of systems and checks the provider proposed to put in place to ensure good governance.

We spoke with the provider's head of regulated services, who advised which strategies were in place or were still to be implemented.

- They told us that not all the systems which were in the original plan were implemented. This was because the provider had decided, on assessing risks and effectiveness of the proposed systems, that better alternatives were available.

- The head of regulated services provided an up-to-date list of the quality processes already in place at the time of our inspection.

- The provider's quality lead told us part of the quality assurance process was to, "Lead staff to improve practice and to recognise 'pockets' of good staff practice."

- Our previous inspection ratings were displayed in the service and on the provider's website.

- The registered manager had correctly followed the duty of candour requirements for a serious injury that occurred. This regulation requires safety incidents are managed transparently, apologies are provided and that 'relevant persons' are informed of all the facts in the matter.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- There was a clear organisational structure. The registered manager worked across two locations, but was supported by the deputy manager at 5 Winston Court. The deputy manager was experienced, knowledgeable and approachable. He showed a genuine commitment to his role and could provide detailed information about people who used the service and the staff.

- Staff roles were clearly set out in their job descriptions.

- The provider had increased their vigilance and support to the service to drive improvements. A deputy manager from another of the provider's locations had spent extensive time assisting staff to implement new care documentation. The care documentation was very thorough and detailed. We provided this feedback

to the staff team after our inspection.

- Changes in the provider's organisational structure meant more senior leaders were available to assist with managerial, HR and governance matters. The provider's team had increased their presence in the service to support changes.
- The registered manager had regular performance reviews with the provider's head of regulated services.

Engaging and involving people using the service, the public and staff:

- There was a positive workplace culture at the service. Staff worked well together, and there was a shared spirit of providing a good quality service to people.
- There were regular staff meetings. We saw the minutes and that staff could speak about people's care, operational issues, HR matters or any other business.
- Regular feedback was sought from people who used the service and their relatives or advocates. This was used to inform the provider how well the service operated.

Continuous learning and improving care:

- The staff explained and demonstrated systems and processes put in place since our last inspection.
- The steps taken meant that risks to people and others were actively assessed, monitored and mitigated,
- There was an electronic health and safety compliance matrix managed by the consultant. This captured compliance with certificates for the building and equipment under the provider's control. There was a clear list of risk assessments required and the date they were completed on or were due. Oversight of the process extended to provider-level, where all registered locations were monitored and flagged as overdue on a dashboard.
- A health and safety audit completed in September 2018 covered the building and equipment, concerns with the premises, staircases and handrails. The result showed four failed responses. In addition, the landlord had not followed through on the actions arising from the fire risk assessment. The health and safety consultant had a clear plan to follow these issues up. They were planning to raise them at different forums, including with the landlord and the local authority.
- The service's infection control audit from October 2018 assessed building and equipment cleanliness, cross contamination, personal protective equipment usage, chemical safety and kitchen hygiene. There were 15 actions required in the actions from the audit, for example a soap dispenser not present in one bathroom. Actions were assigned to responsible staff. The actions, in an electronic system, could only be signed off when complete. When an action passed the remedial planned date, the electronic system highlighted it as overdue. This would trigger another quality check by the provider.
- Two audits were completed by the quality lead since our last inspection. These covered all care and governance processes associated with the service, and gave a score based on the findings at each visit. We noted an improvement over time against the provider's own criteria for well-led care. In the first audit completed in June 2018, the score was 65%, and there were 22 recommendations. In September 2018, the service achieved a score of 83% compliance in the second audit. In the second audit there were only five actions. This was a significant increase in compliance and decrease in the number of remedial actions required.
- The provider's policies and procedures were being progressively updated.

Working in partnership with others:

- The service had a good reputation in the local community. They had connected with other organisations that could benefit people who used the service.
- The service worked with other local health and social care professionals, community and voluntary organisations and the town's day centre.
- There were good connections with social workers, commissioners and the community team for people with learning disabilities.

- The provider's head of regulated services was aware of our document, "Registering the Right Support". They were aware that the principles applied not only to newly registered services, but also existing registered locations.