

St Andrew's Healthcare

Winslow

Inspection report

401 Bestwood Road
Bestwood Village
Nottingham
Nottinghamshire
NG6 8SS

Tel: 01159794621

Website: www.standrewshealthcare.co.uk

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected the service on 1 August 2018. The inspection was unannounced and was the provider's first inspection since it was registered.

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.

Winslow is a nursing home and accommodates up to six people with a learning disability and or autism and mental health needs. People had their own individual apartments and received high levels of staff support. On the day of our inspection, six people were living at the service.

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." Registering the Right Support CQC policy.

A registered manager was in place but they were not based at the service and were not available at this inspection. On the day of our inspection a new manager was in place who was due to take over as 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.

Staffing levels were sufficient but concerns were identified in the staff skill mix. Agency staff were frequently used to cover staff shortfalls whilst new permanent staff were recruited, but this could have been better planned for. Safe staff recruitment practices were followed.

There were insufficient systems and processes in place to ensure the management of medicines and infection control measures, were effectively and safely monitored and managed.

Adult safeguarding policies and procedure were in place and followed to protect people. Risks associated with people's needs, including the environment had been assessed and planned for. People had complex mental health needs and positive behavioural support plans were used, to provide staff with guidance of how to manage behaviours safely and effectively.

Accidents and incidents were recorded, monitored and analysed to ensure people received safe support and if lessons could be learnt to reduce further risks.

People had received an assessment of their needs that also considered their protected characteristics under

the Equality Act, to ensure they did not experience any form of discrimination. People were involved in agreeing the plan of visits to the service before they moved to the service permanently. This is known as a transition plan.

Staff received an induction and ongoing training relevant to people's needs and support, to enable them to provide effective care and treatment.

People received sufficient to eat and drink, they were involved in menu planning and staff encouraged health eating and independence was promoted.

People's physical and mental health needs were assessed, planned for and monitored. Staff worked effectively with external health care professionals to support people with good health outcomes.

People lived in an environment that met their individual needs and preferences. They had opportunities to spend time with others in communal areas if they choose.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff were aware of the principles of the Mental Capacity Act 2005.

People were supported by a core staff team, who were caring, compassionate and who knew their needs, preferences and what was important to them. Staff respected people's privacy and dignity, encouraged people with choice making, and promoted independence. Independent advocacy support was provided. People who used the service were involved in their care and treatment as fully as possible. Relatives and external professionals were involved in meetings to discuss and agree how care and support was provided.

People's diverse needs, routines, preferences and what was important to them had been assessed and support plans provided staff with detailed information of how to support people. Staff had a person centred approach in how they supported people and social inclusion was promoted. Plans were being developed to support people with individual goals and aspirations.

People who used the service, relatives, staff and external professionals were positive about how the service met individual needs. There was an open and inclusive, person centred approach with a clear vision and plan of how the service was to further develop. The systems and processes in place that monitored quality and safety, needed to be further developed within the service.

During this inspection we found one breach of the Care Quality Commission ((Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

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 staff skill mix was not always effectively managed. Safe staff recruitment practices were followed.

Some shortfalls were identified in the management of medicines and how infection control measures were monitored.

Risks associated with people's needs were effectively assessed, planned for and monitored. Safeguarding procedures were in place and followed.

Safety checks were completed for the internal and external environment.

Accidents and incidents were recorded, monitored and analysed of how improvements could be made to people's safety.

Requires Improvement 

Is the service effective?

The service was effective.

People were supported by staff that received an appropriate induction and ongoing training and support.

People received choices of what to eat and drink, independence was promoted and healthy eating encouraged.

Staff worked effectively with external health care professionals to support people with good health outcomes.

People lived in an environment that met their needs and safety.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

□

Good 

Is the service caring?

The service was caring.

Good 

Staff were kind and caring and had a person centred approach in how they supported people.

People were involved as fully as possible in their care and treatment and were supported by an independent visiting advocacy service.

People's privacy and dignity were respected by staff and independence was promoted.

Is the service responsive?

The service was responsive.

Staff had information and guidance about people's diverse needs. People were supported with activities and community opportunities.

People had access to the provider's complaint procedure.

Is the service well-led?

Good ●

Is the service well-led?

The service was not consistently well-led.

Some shortfalls were identified with the internal systems and processes.

People, relatives, staff and external professionals were positive about the service provided.

Requires Improvement ●

Winslow

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on the 1 August 2018 and was unannounced. The inspection team consisted of two inspectors.

The provider had not been requested to complete a Provider Information Return (PIR). 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. However, during the inspection, the management team were given the opportunity to inform us about any information relating to the service they wanted to share. To help us plan the inspection we reviewed information we had received about the service and contacted commissioners who had a contract with the service for their feedback.

During the inspection, we spoke with four people who used the service to gain their views about the service they received, and two visiting relatives. We spoke with two senior managers; the provider's transforming care director and head of community, we also spoke with the home manager, an agency nurse, three permanent support workers and three agency support workers.

We looked at the care records of three people who used the service. We checked that the care they received matched the information in their records. We also looked at a range of information to consider how the service ensured the quality of the service; these included the management of medicines, staff training records, staff recruitment and support, audits and checks on the safety of the environment, policies and procedures, complaints and meeting records.

After the inspection, we contacted external professionals for their views about the service and received feedback from a specialist learning disability community nurse, a clinical nurse specialist and programme manager, for transforming care partnership for learning disabilities and autism. We also contacted a further relative for their feedback.

Is the service safe?

Our findings

There were sufficient staff available to meet people's need, but concerns were identified in the staff skill mix and competency. There was a significant amount of agency staff used to cover staff shortfalls. For example, on the day of our inspection, a person who required constant supervision by three staff and another person who needed two staff, were supported by agency staff. Whilst most of the agency staff spoken with had worked at the service before, they told us there were some limitations of the support they provided. For example, they were unable to support people to access the community without a permanent member of staff. A person who used the service confirmed this to be correct as did permanent staff. The frequent use of agency staff impacted on consistency and continuity in care. People had complex mental health needs, which required a staff team that knew them well in managing their needs safely and effectively.

The management team told us due to two people recently being admitted to the service with high support needs, additional staff were required. Whilst we were told new permanent staff were being recruited, the appointment of these staff should have been planned for in advance of new admissions to the service. The management team acknowledged they should have managed staffing more effectively, but said they had learnt from this and would consider staffing with future admissions.

People were supported by staff who had been through the required recruitment checks as to their suitability to provide safe care and support. These included references, criminal record checks and employment history. Staff also confirmed they commenced employment after checks had been completed.

Shortfalls were identified in the systems and processes of medicines management. For example, the nurse told us team leaders completed weekly stock check of medicines. We completed a sample of stock checks and found these to be correct. Temperatures were taken on stored medicines to ensure these were in safe limits. However, there were no other audits or checks completed to ensure medicines were managed effectively and safely. The management team told us this was an oversight and told us they would address this immediately.

Information to support staff of how people preferred to take their medicines were available, including the guidance of medicines prescribed to be taken 'as and when required'. A person told us about their medicines and were aware of what they took and why. They confirmed they received their medicines at regular times.

Shortfalls were identified in the checks and oversight of how infection control was managed, including the cleanliness of the service. A staff member told us whilst cleaning was completed daily the documentation to confirm this was lacking. For example, there was no daily cleaning schedules completed to confirm what cleaning tasks had been completed. Whilst this meant there was a lack of oversight and accountability of infection control practice, the service was found to be clean and we saw staff completing cleaning tasks.

People who used the service told us they felt safe living at Winslow. A person said, "I feel safe here, the staff support me." Relatives told us they were confident their relation was safe.

Staff were aware of their role and responsibility to protect people from avoidable harm including discrimination. A staff member said, "We support people to remain safe and any safeguarding concerns are reported and acted upon." Staff told us they had received training to support them in keeping people safe and training records confirmed this. The provider had safeguarding policies and procedures in place to guide practice. People had access to safeguarding information that informed them how to report any concerns. This meant there were systems and process in place to safeguard people from abuse.

The registered provider had policies and procedures such as whistleblowing to support staff to raise any concerns confidentially. A 'whistle-blower' is a staff member who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff were aware of these procedures and told us they would not hesitate to use them to report any concerns.

Risks associated with people's needs were safely and effectively managed. A person told us how they were supported to manage known risks. This person said, "I have staff with me at all times to keep me safe. I know I need this support to help me." Relatives were confident staff were aware of people's individual risks and that these were managed well by staff. A relative said, "We have been involved in discussions and decisions and other healthcare professionals are involved."

Staff were knowledgeable about risks associated with people's needs and spoke confidently about how they supported people to remain safe, but equally respecting their choice and control. Risk assessments had been completed and were reviewed regularly and updated when required. A staff member said, "Due to people's complex needs they require close supervision but we provide this sensitively and discreetly." Our observations of staff engagement with people confirmed what we were told. Another staff member said, "We give people choices and promote their independence as fully as possible, whilst managing any risks." We saw how staff offered people choices of activities and respected their wishes. For example, a person requested to go shopping in the afternoon with a particular staff member and this was arranged.

Where people had been assessed as requiring support to manage any behaviours, this had been planned for. Positive behavioural support plans provided staff with clear and detailed information of how to support people safely using best practice guidance. Staff had received accredited physical intervention training, but were clear that this was only used as a last resort to manage any behaviours that posed a risk to the person or others. A staff member said, "The use of physical intervention is very rare, we use distraction techniques that works well."

We saw how staff responded to a person's increased anxiety. Whilst they listened to the person's concern's, they effectively avoided any escalation in behaviour by using a calm approach. This had a positive impact on the person who soon relaxed.

Individual plans were in place to support people in the event of an emergency requiring people to be safely evacuated from the service. For example, in the event of a fire. Safety checks were completed on the internal and external environment and premises. This included fire, health and safety and the protection from legionella. This is bacteria that can be found in the water supply and can cause illness.

The provider had systems and processes in place to record, monitor and analyse incidents. All incidents were reviewed by senior managers at a monthly quality and safety meeting to consider and agree any actions. The staff team worked positively with both internal and external health and social care professionals, to effectively and safely manage people's needs to gain positive outcomes for people. For example, there were regular multi-disciplinary meetings to review people's needs, including behavioural incidents, and changes were made to risk assessments or support plans if required.

Is the service effective?

Our findings

Prior to moving to the service people had an assessment of their needs completed. This was a multi-disciplinary approach to maximise the best outcome for the individual and was based on best practice guidance and current legislation. Assessments of people's needs included protected characteristics under the Equality Act, and these were considered in people's support plans. For example, people's needs in relation to their age, gender, race, religion and disability were identified and planned for. A person told us how their religious and spiritual faith was important to them and this included daily prayer. Another person had a food preference associated to their cultural identity and this was known and understood by staff. Relatives confirmed they were involved in the assessment of their relations' needs before moving to the service.

A person told us about their transition plan before moving to the service permanently. This consisted of a series of planned visits from staff to where the person previously resided, and included the person visiting Winslow for day and overnight stays. This meant people transferred to Winslow in a planned and structured way and with the support from both internal and external health and social care professionals.

People were supported by staff who had an induction, ongoing training and opportunities to discuss and review their work and development needs. People were positive about the staff that supported them. A person said, "I like the staff, they make sure I'm happy and support me with what I want to do." Relatives told us they found the permanent staff were knowledgeable about their relations needs, but were concerned agency staff were less confident and competent. We shared this information with the management team to address.

The training plan confirmed staff were up to date with their training and that they received refresher training in a variety of topics to keep their knowledge up to date. The provider also ensured agency staff were equally competent and up to date with their training. Training included equality and diversity and human rights, basic life support and self-harm and suicide. Staff were positive about the training and support they received. A staff member said, "Training is either face to face or e-learning (computer), refresher training is yearly, it's important to keep on top of it because laws and practice change." Another staff member said, "We have monthly supervision meetings and an annual appraisal. Any concerns are discussed and training needs, we talk about things that will enhance me but the service too."

Staff also received an induction on commencement of their employment. This included an introduction to the service and shadowing experienced staff. Staff were also required to complete the care certificate. The care certificate is a set of standards that sets out the knowledge, skills and behaviours expected from staff within a care environment.

People received support with their nutrition and hydration needs. People told us they were involved in choosing their meals. Some people told us they received support from staff with food shopping, meal preparation and cooking, whilst others relied on staff to do this for them.

Staff told us how they encouraged healthy eating. A staff member said, "Whilst we promote choices, we also encourage healthy eating. We look for foods with low sugar and one person uses a portion control plate to support with food intake." This was discussed and agreed with the person as a method to support them to manage their food intake.

People's nutritional and support needs associated with eating and drinking had been assessed and planned for. Where required, food and fluids were monitored and people's weights checked, to enable any significant fluctuations to be acted upon such as contacting the GP.

Health actions plans and 'NHS Hospital Passports', were used to record and share important information with external professionals about a person's health and social care needs in their ongoing care. From reviewing a sample of these records, we found some were detailed and up to date, but others lacked information. This meant if these documents were used to share information in the event of a hospital admission, others could not rely on the information being sufficiently detailed and reflective of the person's needs. We informed the management team of these inconsistencies and they agreed to have these documents reviewed.

People's physical and mental health needs were assessed and monitored. People told us they were supported by staff to attend health appointments such as the GP, dentist and optician and records confirmed this. People were also supported to access specialist health services this included external health care teams such as the intensive community assessment and treatment team. The provider had their own internal occupational therapist and psychologist that visited the service one day a week to provide staff with support and guidance to achieve good outcomes for people. An example of this was how a person was assessed for equipment to support them with independence with showering.

Each person who used the service had their own separate ground floor apartment with an outdoor storage shed and private decking area. Fixtures and fittings had been assessed for safety due to some behaviours that people could present with. People also had access to a communal activity room, office and shared garden and driveway. This meant people had the freedom and choice to either spend their time with their support staff or to access communal spaces and interact with other people with their support staff. People told us they had been involved in the choosing of furnishings and decoration of their apartments. All areas of the service had been fitted with an electronic light mood system, this could be independently programmed to alter the light settings to meet the specific needs of people. The head of community told us how this had benefited people in relaxation and mood. This meant people's living environment met their individual needs and preferences.

The MCA provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospital are called the Deprivation of Liberty Safeguards (DoLS). We checked to see if the principles of MCA and DoLS were being met.

Staff were aware of the principles of the MCA and DoLS. They told us how they encouraged and supported people as far as possible to make choices. Staff were aware of the decision making process for important decisions that were made on behalf of people who lacked capacity to make certain decisions. We saw examples of assessments and best interest decisions in areas such as medicines, finances and safety. These assessments and decisions involved relatives, independent mental capacity advocates (IMCA) and clinicians

involved in the person's care and treatment. An IMCA is a legal safeguard for people who lack mental capacity to make specific important decisions.

Where people had a DoLS authorisation in place this was in the person's care records to inform staff. Some people had conditions as part of their authorisation and we saw these were being met as required and regularly reviewed by staff with the person's external psychiatrist. This meant people could be assured where they lacked mental capacity to make specific decisions, their rights were protected because the MCA and DoLS were adhered to.

Is the service caring?

Our findings

People were supported by staff that treated them with kindness, respect and compassion. People were positive about the staff that supported them. A person said, "I like the staff, I get on well with them." Relatives were confident their relations were cared for by staff who had a kind and caring approach.

Staff were positive about their role. A staff member said, "We work well as a team to make sure we provide the best care we can, staff really care about people and want the best for them." Staff showed a good awareness of people's needs and spoke about people in an affectionate, positive and caring manner. This demonstrated staff had developed a positive relationship with people and wanted the best for them.

We saw how staff offered people choices and acted upon people's requests. For example, a person wanted to go to the shops and they were supported with this. Later in the day they were seen playing games in the garden with their support staff. Another person chose to remain in their apartment and staff respected this. A staff member told us how too much encouragement to do an activity could lead to an increase in the person's anxiety. Another person refused to engage with staff and a staff member said that this was respected, but their allocated staff member would regularly go back and try and engage with the person again. This demonstrated how staff understood people's individual needs, routines and what was important to them.

We found the nurse in charge was effective in managing the staff team, they directed staff to ensure people's needs were met in accordance with their agreed plans of care and support. They used good communication when conversing with people, and their calm and reactive approach had a positive impact on people.

People told us how they were involved in their care and treatment. A person said, "Staff go through my support plans with me, I then sign them to say I agree with them." Relatives told us they had been involved in the development of their relations' support plan and felt their relation was involved and consulted as fully as possible.

We saw people's support plans were reviewed at three monthly intervals or sooner if changes to a person's needs occurred. Support plans were informed by people's preferences and wishes in how they wanted to be supported. We also saw examples of how people had signed their support plans as a method to confirm their involvement and agreement with their care and treatment.

People were supported by an independent advocate who visited the service weekly. This was a local UK based charity. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. This meant the provider ensured people were effectively supported to be involved as fully as possible in their care and treatment.

People who used the service required close staff supervision, this was either a staffing level of one, two or three staff. We saw people received this support, staff provided positive and meaningful engagement with people and from people's responses, were relaxed in the company of staff. A staff member said, "People

have intensive support due to their needs, the support we provide is tailored to people's individual needs, choices and routines." Whilst people required close supervision and monitoring, staff were seen to be sensitive and discreet, ensuring people had their personal space respected.

People told us staff treated them with dignity and respect. A person told us they felt staff listened to them and respected their choices. Another person told us how staff knocked on their door and waited to be invited into their apartment. When we were introduced to people who used the service, a staff member knocked on people's doors and waited for a response. They asked permission to enter people's apartments and respected people's wishes. This demonstrated respect of people's privacy and dignity.

People told us how staff supported and encouraged them with developing their independence. A person said, "I do domestic jobs like cooking and cleaning my apartment with the help of staff." Staff confirmed they supported people to be involved and to take ownership as fully as possible in developing independence. A staff member said, "Some people are more independent than others, we promote people to do as much as they can and try and develop new skills."

Information about people's individual needs was protected under the general data protection regulation. This is a new law that has strict rules of how people's information is managed. Information was held electronically and on paper, and people had access to their information if they wanted to. This meant people's confidential information was managed appropriately.

People had family and friends to visit without any restrictions. On the day of our inspection a person was visited by their relatives, who confirmed they could visit their relation without giving notice.

Is the service responsive?

Our findings

People had a range of support plans that provided staff with guidance on how to meet their needs. People were positive about how the staff supported them. A person said, "I like the staff they listen to me and support me in what I want to do."

Staff told us they felt they had sufficiently detailed information and guidance to support people's individual needs, preferences and routines. People confirmed they felt staff knew them well and what was important to them.

To support staff to understand and raise awareness of people's needs, routines and history, a document referred to as 'All about me' provided staff with this important information. This supported staff to have a good understanding of what was important to people and enabled them to have a person-centred approach in the delivery of care and treatment. A staff member said, "Every person is different and we recognise and respect this."

Information about people's physical, mental health and welfare needs were not consistently detailed. Where information was more limited such as how a person's mental health diagnosis impacted on them, we discussed this with the management team. They agreed to review people's support plans and make amendments where required.

Social stories were used at times as a method to support people to understand their needs. These are short descriptions of a situation, event or activity, which include specific information about what to expect in that situation and why. The example we saw was about diabetes, the information supported the person to understand more about their condition and what they needed to consider to remain well. This person told us they were a diabetic and what this meant for them.

People's communication needs had been assessed and support plans provided staff with guidance of people's preferred methods of communication. People's support plans were provided in an easy read format, this supportive and inclusive approach enabled people to be able to understand what was recorded about them. Key documents such as the complaints procedure, were available in an easy read format to support people's communication needs. This meant the provider was meeting the Accessible Information Standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss.

People told us of their interests and hobbies and how they were supported by staff to access the community. A person said, "I like to go to car boot sales, fishing, to the shops and watch my favourite football team." Another person told us how the day before our visit they had been shopping with staff to purchase a new sofa. A third person told us of a weekly evening social club they attended, which they enjoyed and gave them opportunities to make new friends. Records confirmed people had been supported with these activities.

On the day of our inspection we saw how people were engaged in different activities and were given opportunities to choose the activities they wished to do. We also saw how a person had a garden trampoline available to them, football and basketball nets were in the garden and bicycles were available for people to use. The garden had a BBQ and outdoor seating and an activity room provided people the opportunity to socialise with others if they wished, a television was available and games including arts and crafts. This meant people had a range of activities internally and externally available to them.

Staff confirmed they supported people with activities of their choice. People had weekly activity plans that reflected had they liked to spend their time. A staff member said, "The weekly planners are flexible, they provide some structure, but people can choose alternative activities if they wish." Another staff member told us that the availability of a vehicle could impact on community activities and having sufficient permanent staff on shift. The management team told us a new vehicle for the service was on order and the current recruitment of permanent staff, would improve community opportunities for people.

The management team told us how they had started to use recognised tools such as the recovery star approach. This is designed to support people with their mental health and recovery. Whilst this approach was being introduced and too early at the time of our inspection to measure it's success, there was a commitment by staff to support people to achieve future goals and aspirations. For some people this was about developing their independence. A person told us what was important to them and what their future long-term plans were and felt confident they would be supported with these. The management team saw this as an important part of people's rehabilitation and recovery. This was a supportive and empowering approach in people achieving positive outcomes.

People told us they felt confident to raise any concerns with the staff. Relatives told us they felt able to raise any concerns or complaints. A relative gave an example of a concern they were able to discuss with the staff and told us as a result improvements had been made.

Improvements were required in how complaints were managed. The complaints log showed a complaint had been received, but it was not clearly documented that the complaint had been investigated and concluded. The management team told us what action had been taken and provided additional written confirmation, to show the complaint had been responded to. The management team told us they would ensure improvements were made in documentation for any future complaints they investigated.

At the time of our inspection no person was receiving end of life care and treatment, we were therefore unable to report on end of life care. The management team told us they were aware that they needed to consult people about their end of life wishes and that they would do this when reviewing people's care and treatment with them.

Is the service well-led?

Our findings

The registered manager and registered provider had not met their registration regulatory requirements of notifying CQC of certain information. Our records showed no statutory notifications had been received which meant we were unable to monitor the service effectively. During our inspection we identified a safeguarding incident, one DoLS authorisations and police incidents all of which were notifiable incidents, had not been reported as required.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Whilst there were systems and processes in place to monitor quality and safety of the service, information to confirm how these worked and if they were up to date was difficult to confirm. This was because some information was held centrally at the provider's office. Internal audits and checks had not always been kept up to date or were not in place, such as checks on medicines and infection control. However, there was a reporting structure used to enable senior managers to have oversight of the service.

Staff received opportunities to meet as a staff team but these meetings were infrequent. For example, the meeting records showed the last two meetings were in November 2017 and February 2018. These records provided limited information of discussions, decisions and actions agreed. It was therefore not clear how staff were involved and informed about improvements to the service.

In addition to staff meetings, a regular forum with the executive team provided key messages, updates on plans for upcoming work and projects, and an opportunity to answer questions from staff. Two forums had been held at the service during 2018. This demonstrated that staff received opportunities to be involved and informed about improvements to the service.

The provider's policies and procedures were found to be out of date, whilst there was a list of linked documents staff were required to read, these were not present on site. This meant this information was not easily to hand for staff. The management team told us they were aware of this and policies were being updated.

The provider's quality assurance audit was not effective. The provider did not use the data from quality assurance surveys because it was not specific to the service.

Prior to Winslow being registered as a care home, it was registered as a hospital. The current registered manager was not based at the service, prior to the new manager that had recently commenced, the service had been managed by the current head of community. These circumstances had some impact on the effectiveness of the monitoring systems and processes used. The management team acknowledged these shortfalls. The management team were well experienced in working with and managing services for people with high complex needs. They told us how this was the provider's first registered care home and were clear, committed and enthusiastic in achieving positive outcomes for people. They told us the appointment of the new registered manager, and improved senior management support would be positive in making and

sustaining improvements.

People who used the service and relatives were positive about the care and treatment provided and how the service was managed. A person said, "I like living here, the staff are good they listen and help me." A relative said, "I know [relation] is safe and well cared for, the communication is good, I have no concerns."

Staff were positive about working for the provider. A staff member said, "The organisation is good to work for." Staff were also confident in the leadership of the service, they were positive about the new manager, they acknowledged that the service was still developing which they were positive about. We found staff were clear about their roles and responsibilities, there was a clear staff reporting structure for accountability. Staff communication systems were in place for information about people's needs to be exchanged.

The provider was meeting their registration responsibilities in respect of 'Registering the right support' that expects providers to ensure their service is focussed on person centred care and developed in line with national policy. There was a clear vision and set of values that the staff worked to and a plan to continually drive forward improvements to the service. The management told us the aim of the service was to provide where possible, a time limited placement for people for as long as they required it. People would then be enabled and supported by community health and social care professionals to move to supported living placements when they were ready and able to do so.

The management team had developed positive relationships and partnerships with external health and social care professionals. This was in relation to individuals who used the service and in how the service developed. The management team told us how they encouraged and welcomed others to be a "Critical friend." This meant the provider had a commitment in being creative and proactive in how the service improved.

Positive comments received from external professionals included, "The provider is happy to accept feedback and recommendation from a range of commissioning, health and social care partners, in order to improve and develop the service." An additional comment included, "I think the service's strengths are their ability to support an extremely complex and challenging client group. They appear to have an extremely resilient and dedicated core staff team, who clearly have service-users' rights and best-interests at heart." External professionals also commented on the need for permanent staff to be appointed and felt internal communications systems could be improved upon, to include direct care staff to be involved in decision making.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	The registered provider had failed to submit statutory notifications to inform CQC of notifiable incidents.