

Cambian Asperger Syndrome Services Limited

Cambian Asperger

Syndrome Services Limited

- 18 Kings Park Road

Inspection report

18 Kings Park Road
Boscombe
Bournemouth
Dorset
BH7 7AE

Tel: 01202729911
Website: www.cambiagroup.com

Date of inspection visit:
17 August 2016
18 August 2016
19 August 2016

Date of publication:
28 September 2016

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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 17 August and was unannounced. The inspection continued on 18 August and 19 August 2016 and was again unannounced. It was carried out by a single inspector.

Kings Park Road is a care home registered to provide accommodation and personal care for up to nine people diagnosed with autistic spectrum disorders. There was one ensuite bedroom on the ground floor and eight additional bedrooms split across the first and second floor with a single toilet and two shower rooms. People shared a communal dining and living area with a kitchen and laundry room. There was a back yard area which led from the kitchen.

The service was not always well led. Staff, people and relatives told us that they sometimes found the registered manager hard to locate. We found that the registered manager had only attended two staff meetings during the past twelve months and that professional boundaries between management and staff were not always set or clear which did not demonstrate good leadership.

Staff were not aware of an on call protocol and did not always feel fully supported by management during and post incidents involving people who displayed aggressive behaviour towards property and threatening behaviour towards staff. This did not show good management or promote a positive culture.

Quality monitoring did not include incident recording which meant that opportunities for staff to receive debriefs with management did not always take place. This also meant that sometimes not all the information required on incident records was completed.

People were not supported to go food shopping at local supermarkets which restricted them from learning key daily living skills for example, cooking and budgeting. Cambian were using an online food supplier. People and staff fed back that they wanted to access the supermarket and felt that it was important to them. Cambian listened to this and reverted back to supermarket shopping before we had completed day three of the inspection.

People were not always supported with cooking or preparation of meals in their home. People were supported to choose meals through house meetings. The training record showed that staff had attended food hygiene training.

The majority of staff treated people in a dignified manner. However, one staff member was heard being disrespectful to a person. Staff had a good understanding of people's likes, dislikes, interests and communication needs. Information was available in various easy read and pictorial formats. This meant that people were supported by staff who knew them well.

People, relatives and staff told us that the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and had received safeguarding training.

Kings Park Road had comprehensive risk management systems in place. There was a signing in and out book for people which referenced risk assessments relevant to the activity taking place.

Care files were in place which detailed the care and support people needed to remain safe whilst having control and making choices about how they chose to live their lives. Each person had an individual risk assessment in place which linked to their behaviour support plans. These ensured risks to people were managed and that people were protected.

Medicines were managed safely, securely stored in people's homes, correctly recorded and only administered by staff that were trained to give medicines. Medicine Administration Records reviewed showed no gaps. This told us that people were receiving their medicines.

Staff had a good knowledge of people's support needs and received regular mandatory training as well as training specific to their roles for example, autism, positive behaviour support and incident report writing.

Staff told us they received regular supervisions which were carried out by management. We reviewed records which confirmed this. A staff member told us, "I receive regular supervisions and find them useful".

Staff were aware of the Mental Capacity Act and training records showed that they had received training in this. People on a day to day basis had capacity to make decisions however at times when people were displaying behaviour which challenged the service management felt that capacity should maybe be assessed. The nominated individual was working with the registered manager on this to ensure that people were not at risk of decisions being made which may not be in their best interest.

People were supported to access healthcare appointments as and when required and staff followed professionals advice when supporting people with ongoing care needs. An advocate visited the service on a regular basis.

People told us that staff were caring. We observed mainly positive interactions between staff and people. This showed us that people felt comfortable with staff supporting them.

People had their care and support needs assessed before using the service and care packages reflected needs identified in these. Outcomes were set by people and outcome focused reviews took place. These evidenced that people were actively supported to work towards their outcome areas. We saw that these were reviewed annually by the service with people, families and health professionals when available.

People, staff and relatives were encouraged to feedback. Systems in place included house meetings, one to one time away from the home with their keyworker and annual quality surveys. We found that feedback from people was listened to and improvements made in response. This told us that the service listened to people's experiences and concerns.

There was a system in place for recording complaints which captured the detail and evidenced steps taken to address them. We saw that there were no outstanding complaints. This demonstrated that the service was open to people's comments and acted promptly when concerns were raised.

Staff had a good understanding of their roles and responsibilities. Information was shared with staff so that they had a good understanding of what was expected from them.

The service understood its reporting responsibilities to CQC and other regulatory bodies and provided

information in a timely way.

Quality monitoring visits and audits were completed by the management team. These included environment, medicines and safeguarding. There were also spot checks carried out by the management and additional audits completed by other registered managers from the other local Cambian services. This showed that there were good monitoring systems in place to ensure safe quality care and support was provided to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. There were sufficient staff available to meet people's assessed care and support needs.

People were at a reduced risk of harm because staff had completed safeguarding training and were able to tell us how they would recognise and report abuse.

People were at a reduced risk of harm because risk assessments and emergency plans were in place and up to date.

People were at a reduced risk of harm because medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines.

Is the service effective?

Good ●

The service was effective. Staff received training to give them the skills to carry out their roles.

Staff were supported and given opportunities for additional training and personal development.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

People were supported to access health care services as and when required.

Is the service caring?

Good ●

The service was mainly caring. People were not always supported to take responsibility for their living environment or cooking.

The majority of staff treated people in a dignified manner. However, one staff member was heard being disrespectful to a person.

Staff had a good understanding of the people they supported and often enabled them to make decisions about how they liked to live their lives.

People were supported by staff who knew them well and spent time with them.

People were supported by staff who respected their privacy and dignity.

People were supported by staff that used person centred approaches to deliver the care and support they provided.

Is the service responsive?

Good ●

The service was responsive. People were supported by staff that recognised and responded to their changing needs and behaviour.

People were supported to access the wider community.

A complaints procedure was in place. People and their families were aware of the complaints procedure and felt able to raise concerns with staff and management.

People's feedback was used to make improvements to the service that benefited people.

Is the service well-led?

Requires Improvement ●

The service was not always well led. The registered manager was not always present at the home and had only attended two staff meetings during the past 12 months. This meant that some staff felt unsupported by the manager and did not demonstrate good leadership.

Regular quality audits were carried out to make sure the service was safe however this did not include checks relating to incident analysis and incident debriefs. This meant that sometimes people and staff did not feel fully supported by the management once incidents had occurred.

Professional boundaries were not fully established. Some staff felt that the management favoured certain staff and people. This did not promote an open and inclusive culture.

Staff did not feel supported by senior on call management following an incident the night before our inspection and were not aware of any protocol. This did not demonstrate good management.

People, staff and relative told us the management were nice and that there was an open door policy when they were present in

the office.

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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.

The inspection took place on 17 August and was unannounced. The inspection continued on 18 August and 19 August 2016 and was again unannounced. It was carried out by a single inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people who use the service and two relatives. We met with the assistant team manager, nominated individual, director of care and the college principal. We discussed the service with five staff. We walked around the building observing the safety and suitability of the environment and observing staff interactions with people and practice. We used these general observations to help us understand people's experience of living in the home.

We reviewed four people's care files, incident reports, medicines, policies, risk assessments, quality audits and the complaints log. We looked at two staff files, the recruitment process, staff meeting notes, house

meeting notes, training, supervision and appraisal records.

Is the service safe?

Our findings

People told us they felt safe at Kings Park Road. One person said, "The house is in a good location and I feel safe". Another person told us, "I feel safe here and can come and go as I please".

A relative told us, "My family member is safe and likes it at Kings Park Road". A staff member said, "The service is safe. There are strict policies in place which are in line with government guidance. We assess people's safety and people are able to access the community". Another staff member told us, "I would say it is safe here, we all understand our roles and responsibilities which is to keep people safe. We follow policies and guidance to help us do that. If it's not safe we report it".

Staff were able to tell us how they would recognise if someone was being abused. For example, they told us that they would look for changes in behaviour, unexplained marks or money not adding up. Staff told us they would raise concerns with senior staff or management. Staff were aware of external agencies they could contact if they had concerns including the local authority safeguarding team and the Care Quality Commission. Staff told us that they had received safeguarding training and that it was regularly updated. We looked at the training records which confirmed this. There was a comprehensive local safeguarding policy in place which was up to date.

Kings Park Road had comprehensive risk management systems in place. There was a signing in and out book for people. This was completed when people left and returned to the home during the day. It recorded the date and times people left, their destination, contact number and their estimated time of return whilst also recording their actual time of return. The record also referenced risk assessments which were relevant to the activity. Risk assessments covered a variety of activities for example, independent travel, unsupervised activities, use of staff cars, lone working and internet usage. We noted that the assessments identified hazards, people exposed to risk, safety measures to follow, resources and a risk rating. For example, for independent travel on a bus or a train those exposed were identified as people, public and staff. Hazards included stranger danger, challenging behaviour, damage to public property, getting lost and unexpected delays. Safety measures included assessment of the route, suitable clothing and footwear, ability to ask for directions and read timetables. Resources listed included mobile phones, contact numbers and refreshments if necessary. Each person had been assessed by staff and judgements made as to whether people could participate in the associated tasks safely and competently. This showed us that risks to people and the service were managed appropriately so that people were protected and their freedom was respected.

We observed one person leaving the home to attend a voluntary job he had recently started. We checked the signing in and out book. This had been completed and captured the relevant information whilst linking risk assessments relating to independent travel and unsupervised activities. This demonstrated a safe approach to minimising risk and harm to people. It also showed us that the system was up-to-date and used appropriately.

There was a business continuity plan in place which covered various scenarios from fire to accidents and

dealing with media to missing persons. There was clear step by step guidance for staff to follow and contact details. This meant that staff had the information they needed to keep people and themselves safe should an emergency situation take place.

There were suitable numbers of staff to meet people's individual care and support needs. People's individual needs were assessed during the admission process and support hours provided to people according to their assessed needs. A person said, "There are enough staff here". A staff member told us, "There is enough staff here, we have a full team and manage our time well". Another staff member said, "Overall it is well staffed here". The assistant team manager said that they split the staff into two teams of four. We were told that the registered manager works mainly Monday to Friday however is flexible in her working and occasionally supported at evenings and weekends. The assistant team manager worked Sunday to Thursday this ensured that there was always a manager on shift and available to staff and people. We were told that the manager splits their time across two locations. We reviewed the rota and saw that it reflected the staff ratio we were told. We identified that at the time of inspection a pregnant staff member was counted as a number on the rota which could potentially put her at risk. We discussed this with the nominated individual and assistant team manager who told us that they would review this and make sure that the staff member's risk assessment reflects that an additional staff member was on duty whilst this staff member was on shift.

Recruitment was carried out safely. The staff files we reviewed had identification photos, details about recruitment which included application forms, employment history, job offers and contracts. There was a system which included evaluation through interviews and references from previous employment. This included checks from the Disclosure and Barring service (DBS) to ensure staff were safe to work with vulnerable adults.

Medicines were managed safely. Medicines were securely stored and only given by staff that was trained to give medicines. A staff member said, "I received medicine training before I could administer medicines. My manager completed a competency assessment too". Medicines were signed as given on the Medicine Administration Records (MAR) and were absent from their pharmacy packaging which indicated they had been given as prescribed. Medication audits took place by management. These audits looked at storage, stock and gaps in recording or missed doses.

Is the service effective?

Our findings

The service was using an online food ordering system which delivers bulk food orders to the home. We were told that people were not involved in the decision to use the system. Staff and people said they were told that people were no longer able to access the supermarket, there was often a lot of wastage and that additional storage was needed to keep the stock. A person told us, "We have been told that we need to use this new online company to order food because supermarket shopping is illegal for care homes. It really doesn't work here". Another person said, "I used to really like going to the supermarket, it was like an activity. It also helped me with learning budgeting and life skills. I feel the new system is depriving me of my independence. Without this activity some of us get restless". Another person told us, "I can cook a fried egg and pasta but want to learn to cook meals like curry and rice, sweet and sour chicken. It is hard to do this with the online system and would be easier to get ingredients from a supermarket". Another person told us, "We sometimes get too much of one thing and not enough of another. Supermarket shopping allowed a lot more choice and gave us more independence". We discussed this with staff who agreed with the comments made by people. The assistant team manager showed us an email from the/a buyer for the organisation stating that supermarket food is intended for personal consumption and not commercial use meaning it is against food standards and regulations. We explained that Kings Park Road was a home for people in the community and not a commercial setting which meant that this legislation would not impact on residential services and that this was restricting people from learning key daily living skills. For example, menu planning, budgeting and cooking. On the second day of the inspection the director of care showed us an email from the chief executive stating that Cambian now recognised this system was restricting people from gaining independent living skills and that they will revert back to supermarket shopping in their residential services. This demonstrated a positive response to feedback.

Staff were knowledgeable of people's needs and received regular training which related to their roles and responsibilities. We reviewed the training record which showed that staff had received training in topics such as safeguarding, fire safety, incident report writing and first aid. We saw that staff had also received training in topics which were specific to the people they were supporting such as managing actual and potential aggression (MAPA), positive behaviour support and autism. A relative told us, "Staff seem competent in their role". A staff member told us, "I really enjoy the training I attend. The information we learn is really good and helps us in our roles. I recently did positive attitudes which was useful". We were told that sometimes training days fall on staff days off which can on occasions mean that they work seven days in a row. We discussed this with the assistant team manager who said that they will look into this.

New starters completed a new staff induction programme which involved training and shadow working followed by competency tests. We saw that most relevant staff were working towards or had completed the care certificate or common induction standards. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training or experience. There was a staff member who had extended probation and taken nearly a year to complete their care certificate. We found that their conduct, performance and behaviour were under review. Staff and people fed back that the staff member was at times unprofessional and did not always work in the best interest of people they supported. This did not demonstrate that all staff had the knowledge and skills they needed to carry out their role. We

discussed this with the deputy manager and looked at their probation review meetings. We were told that management were working hard to support this person. Following the inspection we were sent a performance action plan and decision that the staff member would no longer be working for Cambian. This demonstrated that the service were on top of performance managing their staff. We found that no one had come to any harm as a result of this staff members actions.

The assistant team manager told us staff received three supervisions and one appraisal a year. We reviewed records which mostly reflected this. We found that the assistant team manager currently supervised most of the support staff at Kings Park Road as the registered manager was currently managing two services. The nominated individual and director of care said that they were looking at the structure and recognised that this was a high demand on the deputy manager. A staff member told us, "I receive supervisions these are ok. Sometimes they feel more like a process but that's ok".

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.

Staff were aware of the Mental Capacity Act and worked within the principles of this. We noted that people had signed their care plans and other additional consent forms for example photographs and media. This demonstrated that consent to care had been sought from people.

The nominated individual explained that people who lived at Kings Park Road all had capacity and were fully involved in the planning of their care which meant that to date no capacity assessments or best interest decisions had needed to be completed. However, we were told that there was question at times as to whether people had full capacity at the times they were presenting extreme behaviour which challenged the service. The registered manager was currently looking into this with a view to create and complete assessments. This showed us that the service was always looking to improve current systems and bring new ways of working into the home which would have a positive impact on the people living there.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under MCA. The application procedures for this in care homes and hospital are called the Deprivation of Liberty Safeguards (DoLS). At the time of inspection no one from the home was subject to DoLS.

We did however see that visual information was available to people with regards to nutrition and a menu showed that there was a variety of healthy food available. We reviewed house meeting notes which evidenced that people were involved in menu planning. We also noted that people had fed back in these meeting that they were not happy with the new online ordering system.

People were supported to access health care services and that there was a therapy team established within Cambian which included psychiatric assistants and a psychologist. We reviewed records and saw that people had recently been supported to see GP's and dentists. A staff member told us, "People are supported to health appointments which includes seeing specialists. One person is visiting the psychiatrist next month and another has an operation coming up which we will support them with".

People who needed an independent representative to speak on their behalf had access to an advocacy service. We noted that there was information and contact details for this service and that an advocate

regularly visited the home to talk to people.

Is the service caring?

Our findings

We observed on several occasions that staff were cleaning communal areas and cooking meals for people. We did not observe people being asked if they wanted to participate or be supported to take part. We asked a person if they had been asked if they wanted to take part in making bacon sandwiches. They told us that they hadn't but would have liked to. We asked another person if they took part in cooking, they said that staff mainly do the cooking but sometimes they can do some. We asked the person if they would like to do more and we were told that they would like to learn how to cook meals themselves. This did not demonstrate empowerment, active involvement or promote people's choices and independence within their own living environment.

We discussed this with a staff member who had worked at the home for a number of years. They told us that people used to be encouraged and actively supported to take part in daily living tasks within the home. For example cleaning communal areas, preparing and cooking meals however this had stopped. This meant that people had started to become dependent on staff to do tasks for them. We discussed this with the nominated individual and director of care who told us they will discuss this with the registered manager.

People, relatives and staff all told us that Kings Park Road was a caring service. A person said, "Most staff are brilliant and it's a nice environment. Staff are supportive and seem to genuinely want to help us". Another person told us, "I get on well with my keyworker; they are nice, friendly and very approachable". A relative told us, "Staff are approachable and caring to my family member. There is a nice atmosphere in the home and their key worker is good". Another person said, "When I am anxious I know I can and have talked to staff. This helps me a lot".

A staff member told us, "I like to think I am caring. I want to see people succeed. I am always approachable and here for the people we support". Another staff member said, "I'm caring. I'm honest and can listen. I work with people to do what they want to do". We observed staff on several occasions having positive interactions with people and heard laughter at times which told us people felt relaxed and comfortable around the majority of staff". We did however observe one staff member communicate inappropriately to a person about how they looked in their passport photo. People had also raised concerns that this staff member had spoken inappropriately to them at times. We discussed this with the nominated individual and director of care who had also witnessed the staff member being disrespectful. An action plan was in place which indicated that the management had taken appropriate steps under the company HR policies and procedures and reviewed the staff member's performance to ensure an improved service for the people was provided.

We saw that people were supported to attend their annual reviews and were encouraged to complete a pre review questionnaire. This was used to gain views and opinions from the people with regards to the care and support they have received. We read through the last meeting notes for one person and saw that they attended and reflected their comments and feedback throughout. Care and behaviour plans were then reviewed in light of decisions and progress discussed at the meeting. A person told us, "I review and update my care and behaviour plans with staff. I then sign it". This evidenced that people were actively involved in

the planning and review of their own care and support.

We spoke to staff and asked them how they promote choice and support people to make their own decisions. One staff member told us that a person asked for their support to go shopping for a new shirt. The staff explained how they went with the person and gave them the information they needed to make the decisions. For example, a long or short sleeved one and colour options. We were then told that they had purchased it and were happy with their choice. Another staff member told us, "We ask people what they want to do and where possible support them to achieve it. Yesterday I offered a person the opportunity to go out which they accepted. We always ask people and provide them with information to make decisions. One person wants to join a club so we are searching options on line with them". This demonstrated that staff readily seek views and options from people and provide them with information to enable them to make their own decisions.

We were told that families and friends were able to visit people in their home. People were also supported to spend time with their own family. We noted that some people had recently visited family and that others were still with family members. Staff had a good knowledge of family and friends that were important to people and these were identified in the persons care files.

People's privacy and dignity was respected by staff. People had locks on their doors and held their own keys. Communal toilets and bathrooms had locks on them. People's individual records were kept securely in locked cabinets within the staff office to ensure sensitive information was kept confidential. A staff member said, "I always respect people's privacy and dignity. I treat them like I would want to be treated myself". Another staff member told us, "I never enter rooms without people's permission. I knock on doors. I always listen to people with empathy when they are upset and never dismiss them".

Is the service responsive?

Our findings

Kings Park Road was responsive to people's changing care and support needs. We noted that one person had a skin condition and that staff had supported them to the local doctors who had written a prescription. We were told that it had been picked up this morning and that records had been updated. We reviewed these and saw that they reflected this change.

Each person had an individual risk assessment which reflected guidance to staff from their behaviour support plans. These plans ensured that staff had the information required to respond appropriately to behaviours presented by people which may challenge the service. Behaviour plans identified proactive strategies for example, how to prevent behaviours from occurring as well as active and reactive strategies which detailed what staff must do when behaviours start and how to support people to manage this. Following behavioural outbursts there was also information reflecting relapse prevention approaches which told staff how to prevent it from reoccurring. We found that these plans were comprehensive and effective. Staff told us that they found them very useful when responding to people in certain circumstances. A person told us, "I review my behaviour support plan with the therapy team and say how staff can support me when I am upset or angry". This demonstrated how people received personalised care which was responsive to their needs.

People's likes, dislikes, interests and hobbies were captured and recorded in their care files. Activities were available to people for example, on day two of the inspection there was a local air show taking place. People were given the option to attend this which some did. We noted that one person had been supported to volunteer on a stand. This opportunity met his social needs and was something the person had a real interest in. We reviewed an activities file which had information about local attraction and events taking place over the summer. We noted that a list of activities had been drawn up from a student meeting which included go karting and a trip to a theme park. A trip to a theme park had been arranged for the following week which most people were excited about. One person told us, "Go karting is being arranged which I really want to do. I may go to the theme park". We noted that on the people's notice board there was an activity list which included Friday firework displays and a music festival. We observed a staff member asking a person if they wanted to go to a local tea shop. Exercise was identified as a need in this person care file and we noted that the staff member had encouraged the person to walk which showed a positive responsive approach to meeting their needs.

We were told that one person had a volunteering job which they enjoyed. We observed this person leaving the service to start this work. The assistant team manager told us that they support people to find and maintain jobs.

There was an effective comprehensive admissions process in place for people who were thinking about living at Kings Park Road. The process was led by the transition manager and covered a three month period where daily reports were completed and a three month review took place. New people's placement plans covered people's individual needs, their levels of independence and the support people required. We found that people were fully involved in these and advocates were arranged as and when appropriate. Findings

during the period enabled the service to reflect their care, support and staffing needs in care packages which were then discussed with the person's social worker and taken to a commissioning panel.

A person said, "We have opportunities to feedback both face to face and in house meetings". A staff member mentioned that they have one to one time with people which involved off site activities such as pub trips, shopping, visits to the beach and coffee shops. A staff member told us, "House meetings take place every two weeks and people find these useful. Changes are made in response to people's feedback for example, there was a shower issue which came up and was reported to maintenance. Another example was when the house rules were reviewed". We looked at the house meeting notes and found that these two areas had been recorded. We checked the shower and found that this had been fixed. We then reviewed the house expectations and found that they reflected what people had agreed in the meeting notes. This demonstrated that people were listened to and that the service learnt from people's feedback and experiences.

People, staff and relatives were all able to tell us who they would go to if they had a complaint or concern. We noted that there was information available to people regarding the complaints procedure which included contact details. For example, we saw that there were leaflets which were titled, 'is everything all right? If not, read this leaflet. These gave people the information, a space to write down their concern/s and a free post envelope to return it to a key contact for Cambian. This demonstrated an open culture where people were supported and encouraged to raise concerns and/or complaints should they have any.

We found that the service had a complaints record which captured the complaint and logged steps taken to address them. We noted that there were no outstanding complaints. We saw that there was also a bully log which recorded people's concerns. We found that one person had said that they felt picked on by another person. A meeting had been arranged and the person had agreed to stop. The concern had been recorded as now being resolved.

The service gave people and staff the opportunity to feedback using an annual quality questionnaire tool. Feedback from these were collated, analysed and fed into the homes annual development plan. The plan detailed actions and timescales. This showed that people and staff were involved in the development of Kings Park Road.

Is the service well-led?

Our findings

The service has a registered manager in place. 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.

The registered manager was on annual leave so the nominated individual was present in their absence. A Nominated Individual has the responsibility for supervising the way that regulated activities are managed within an organisation.

Kings Park Road was not always well led. People, staff and relatives fed back that they found the registered manager hard to locate at times as they were running two houses. A person said, "My key worker is often used to staff the other home. I have fed this back to the registered manager but nothing has been done really". A staff member told us, "The registered manager is sometimes hard to pin down as they run two homes". Another staff member said, "I don't often see the registered manager. I think them being more visible would demonstrate better management". A relative told us, "The registered manager is approachable but not always available". We reviewed the staff meetings file and saw that the registered manager had only attended two meetings during the past 12 months. One of these was in September 2015 and the other was in February 2016. This did not demonstrate good management or leadership. We discussed this feedback and findings with the nominated individual who told us that they will review the management structure with the director of care.

We reviewed incident report records and saw that staff debriefs did not always take place following situations when people had displayed behaviours which challenged staff and the service. The assistant team manager told us that sometimes informal debriefs may take place but aren't always recorded. We were told that the night manager uploaded incident records onto the online system but the registered manager did not quality check these to ensure forms were fully completed and that appropriate actions had been followed through. This showed us that quality monitoring systems did not include incident recording. The nominated individual told us that they would ensure management checks included these in future.

There had been an incident the night before our inspection which involved a person who had displayed physical aggression towards property and threatening behaviour towards the two staff on duty one of whom was pregnant. The staff told us that they had called another service for support however they were unable to attend. The staff then called the senior on call manager and left a voicemail. The senior manager called back and decided not to attend but said that they may call in the next day. A staff member involved told us, "I felt unsupported yesterday by management and haven't received a debrief yet". The other staff also told us that they had felt unsupported and not received a debrief nor had the person. We asked if the on call manager had visited the service or been in contact. We were told that they had not. Staff told us that there was no senior management on call protocol in place. The nominated individual and director of care were unaware of this either. We asked the principal who told us that there was a protocol in place and gave us a copy. The protocol listed types of behaviour and when senior management involvement was necessary however it did

not determine what action/s should be taken or the responsibility the on call manager has in any situation. The principal told us that on call managers did not always attend services as they did not want to undermine staff. We felt that this situation was an exceptional circumstance as one staff member was pregnant. This did not promote a positive culture or demonstrate good management or leadership. We discussed it with the nominated individual and director of care who told us they would follow up last night's incident with the on call manager. We were also told that the protocol would be reviewed and reissued to services and on call managers so that staff were fully aware of it and managers understand their responsibilities.

Professional boundaries between management and staff were not always set or clear. Some staff felt the manager had closer relationships with some staff than others. Staff told us that the management team were sometimes approachable but issues raised with them were not necessarily acted upon. A person told us, "My key worker often has to cover shifts at the other home. I have addressed this with the registered manager but I felt it was brushed aside". Another person said, "A staff member said something inappropriate to me, I approached the registered manager about it but I felt it was dismissed as they said the staff member would not have done what I said". A staff member told us, "The registered manager is very friendly with certain staff and seems to have favourite people. I think they should be more impartial". We were told that the registered manager used to socialise with staff members but had been picked up on this by their manager. We discussed staff and people's concerns with the nominated individual who told us they will meet and discuss this further with the registered manager on their return.

Cambian had a people charter which detailed what people can expect from staff working with them. We observed staff working towards the charter throughout our inspection. For example providing people with complete and accurate information and supporting people to interact with others. Staff told us that the management team worked care shifts with people. People and relatives told us that the management team were friendly and that there was an open door policy. We observed the assistant team manager having discussions with people and that people appeared relaxed in their company. This demonstrated an open and inclusive culture which was empowering to people.

This service completed a number of quality audits which were comprehensive and covered a variety of areas such as premises, safeguarding, medicines and a daily controlled drugs audit. In addition to these registered managers from the different local services take it in turns to audit each others services. During the inspection a registered manager from another service had arrived to complete an audit at Kings Park Road. These audits gave an opportunity for an impartial review of systems and practice to take place and offered people and staff the opportunity to feedback to someone from outside of the home. This showed us that there were effective quality monitoring processes in place.

The nominated individual added that in September a new registered manager's audit will be introduced to services which will be more comprehensive and reflect the CQC's fundamental standards and key lines of enquiry. They said that this audit will also include the incident recording checks.

The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.