Mrs Susan Kay Hardman

Luke's Place

Inspection report

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Tel: 01582458201

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Requires Improvement**
Is the service effective?	**Inadequate**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Inadequate**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

We carried out an unannounced inspection at Luke's Place on 11 April 2016.

This service provides accommodation and personal care for up to 4 people with learning disabilities, physical disabilities or mental health conditions. Following our inspection in November 2016, the Care Quality Commission (CQC) placed a condition on the provider to restrict new admissions to this service. At the time of this inspection there were three people living at the service.

A registered manager was not required by law at this location because the registered provider was an individual rather than an organisation and previously managed the service themselves. However, to support improvements to the service, the provider recently employed a manager to oversee the running of the service. At the time of the inspection, the manager was not registered with CQC but had submitted their application to do so. Registered managers, like registered providers, 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 our last inspection on 17 November 2015, the service was in breach of Regulations 9, 10, 11, 12, 13, 16, 17, 18, 19 and 20a of the Health and Social Care Act (Regulated Activities) Regulations 2014 and Regulation 18 of the Care Quality Commission (Registration) Regulation 2009. The service received an overall quality rating of inadequate, and was placed into Special Measures.

We carried out this inspection to check on the improvements made since the last inspection.

During this inspection we found that although some improvements were in progress and more were planned, some of the concerns identified at the previous inspection had not been addressed. We identified continued breaches of Regulations 9, 11, 16, 17, and 18, of the Health and Social Care Act (Regulated Activities) Regulations 2014. As a result, the service is still rated as inadequate and remains in special measures. You can see what action we told the provider to take at the back of the full version of the report.

There were sufficient numbers of staff on duty although some staff had not received effective training to ensure they had the skills to support people. Staff did not demonstrate an understanding of, or meet, the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards.

Staff recruitment processes were safe.

Risk assessments were in place in relation to people's basic care needs but were lacking in relation to their behavioural needs.

People had enough to eat and drink and had access to health care services as appropriate, although advice from health care professionals was not always followed consistently.

Staff had positive interactions with people and treated them with kindness. People's dignity was mostly upheld.

People and their representatives were not always supported to make decisions and were not sufficiently involved in assessing their needs and planning their care.

There was a complaints policy which was also available in an easy to read format although some staff were not aware of this. Relatives were aware of the complaints process but some were not comfortable to raise complaints due to the way complaints had been received by the provider in the past. Complaints were not recorded appropriately.

There was a lot of work still to be done in order to build up the trust of people and their families so that they would be comfortable in sharing their views and be confident that those views would be listened to.

The manager and the provider were developing systems to assess and monitor the quality of the service and some aspects of these were in place at the time of the inspection, whilst others were under development.

The manager had an action plan to address the improvements required at the service, but had only been in post for five weeks at the time of the inspection. Although work had started and positive steps had been taken, changes were not yet embedded in the culture of the service.

Special measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'.

The service will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff demonstrated an understanding of processes to safeguard people from harm and concerns were reported to the local authority appropriately.

Staff recruitment practices were safe.

Individual risk assessments were completed for basic areas of risk and some activities. Risks relating to people's behavioural needs were not assessed adequately which led to confusion for the staff team about what support people required.

Medicines were administered and stored safely.

Is the service effective?

Inadequate

The service was not effective.

Work was in progress to ensure staff received ongoing and up to date training but some training that had been completed was not effective.

Staff did not have sufficient understanding of The Mental Capacity Act 2005 and associated Deprivation of Liberties Safeguards. Some staff did not have a good understanding of the need to obtain people's consent to care before it was delivered.

People had enough to eat and drink.

People received support to access health care services if they were unwell. However, advice from health care professionals was not always appropriately sought or consistently followed to ensure as far as possible people remained in good health.

Is the service caring?

Requires Improvement

The service was not always caring.

Staff engaged appropriately with people, demonstrating kindness and compassion.

People were mostly supported with dignity and their privacy was mostly upheld. However, there were occasions when this was not the case.

People and their representatives were not sufficiently involved in making decisions about their care.

People were not consistently supported to participate and maximise their independence and control over their own lives.

Is the service responsive?

Inadequate

The service was not responsive.

People and their representatives were not involved in assessing their needs and planning their care.

People's individual needs were not always met and some information in care plans was reported by relatives to be inaccurate.

The manager and staff were taking steps to improve the provision of activities but more work was needed to ensure that people's individual interests and hobbies were identified and addressed.

People and their representatives were aware of how to make a complaint but did not all feel that complaints would be appropriately acted upon. Although a complaints logging system had been developed, it was not being used to log all complaints received by the service.

Is the service well-led?

Inadequate

The service was not well led.

The new manager was not registered with the Care Quality Commission but had submitted their application to do so.

There were significant shortfalls in the management of the service which impacted on people and relatives. The experience of relatives still reflected that significant changes had not been made to the service as their views were not sought, listened to or acted on.

Some work had been completed to organise administrative records but care records were still disorganised and in some cases held incorrect information.

The manager was in the process of developing systems for assessing and monitoring the quality of the service they provided. Some aspects of the system were in place at the time of the inspection but it was too soon to know if it was effective. There were continuing breaches of five regulations.

Luke's Place

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 inspection took place on 11 April 2015 and was unannounced. Two inspectors carried out this inspection.

Before the inspection we received information from the provider that, since our last inspection, a number of improvements to the service were in progress and an independent manager had been appointed to oversee the service while the provider undertook a qualification to develop their management skills. We contacted two health and social care professionals who had contact with the service to seek their views. We also reviewed information we held about the service. This included information we had received from the local authority and the provider since the last inspection, including any action plans and notifications of incidents. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with two of the people who used the service but due to their complex needs they were not able to tell us in detail about their experience so we used observations to help us understand. We also spoke with the provider, the new manager, the administrator and three care staff. We reviewed the care records of all of the people that used the service. We checked medication administration processes, staff training and recruitment records and we reviewed evidence to demonstrate how the provider assessed and monitored the quality of the service provided.

After the inspection visit we spoke with two relatives of people who use the service by telephone.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in November 2015 we found that the provider had not reported incidents of concern to the Care Quality Commission (CQC or the commission) or to the local authority as required by law. Staff did not have a good understanding of their responsibility to protect people from abuse and information about protecting people from harm was not made readily available to them. We found that people were being unlawfully deprived of their liberty and that there was a lack of appropriate guidance for staff which resulted in them using threats of restricting people's liberty as a way of managing their behaviour. Although assessments of risks in relation to people's care needs were in place, these lacked sufficient detail to enable staff to minimise harm as effectively as possible. Some environmental risk assessments, such as those relating to the risk of legionnaires disease were not in place. The provider did not follow a robust recruitment process. We looked at the recruitment documentation for seven members of staff and found missing or delayed information in five of them.

At this inspection we found that some improvements had been made. The manager had appropriately notified the local authority of a safeguarding incident which had taken place at the service. Staff we spoke with had an adequate understanding of safeguarding issues and understood the need to report any concerns to their manager. We saw information relating to keeping people safe from abuse was on display along with information for staff about whistle blowing. Whistle blowing is a way in which staff can raise concerns within their work place.

We found that the manager recorded and responded to accidents and incidents appropriately. We saw that one recent incident had been recorded correctly and that appropriate action was taken to investigate the matter. As a result of the incident, risk assessments had been updated and training was arranged for staff which demonstrated that the service learnt from incidents to make improvements to the care they provided to people.

On the day of the inspection there were sufficient staff on duty to keep people safe. A staff member said, "Sometimes people call in sick but there's always staff here and there's enough to get by. Other days it seems like there's loads of people here." However, a family member said this was not always the case and that, "At weekends, they are often very low on staff." We looked at rotas which indicated that enough staff were deployed to have a minimum of 1:1 support, with management support in addition to this. The manager confirmed that, where possible, additional staff were deployed to support outings and activities. Staff absences or vacancies were covered by the regular staff picking up extra shifts to ensure that people were supported by staff who were familiar with their needs.

Since the last inspection only one new member of staff had been recruited. We checked this staff member's recruitment record and found that all the correct checks and processes had been carried out. This included references from previous employers, proof of their identity, confirmation of the right to work in this country and a Disclosure and Barring Service (DBS) report. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. The staff member confirmed that, "They would only let me start once the satisfactory DBS had been received." The manager told us that she had commenced

work to follow up references and checks for staff already in post for whom there had previously been missing information.

Individual risk assessments were in place in relation to people's basic care needs, such as mobility and personal care. These assessments identified the risks and had simple control measures in place to support staff to care for people safely. There were some risk assessments in place for specific activities. For example, one person had an assessment in place to support them to go swimming safely. However, there was a lack of risk assessing around some people's behavioural needs and as a result, when asked, staff gave conflicting answers around whether or not people presented behaviour that may have a negative impact on themselves or others. One staff member said, "Nobody shows that kind of behaviour here, but if they did I would call 999." Another staff member said, "Yes I've seen them show behaviour - we usually take [person] out and calm them down to keep other people safe." A third staff member said, "If they're kicking off then we try and separate them." This demonstrated there was a risk that people might receive inconsistent support in relation to their behavioural needs because staff did not have clear direction. The manager told us that, as part of reviewing people's care needs, she would be updating individual risk assessments.

Risk Assessments in relation to the environment had been completed. An external company had completed an assessment of the risk of legionnaire's disease and had identified a number of actions the provider was required to take. The administrator confirmed that these actions had all been completed and a further assessment had been carried out. At the time of the inspection they were waiting for the certificate to be sent. Regular checks on fire safety equipment were carried out and safety tests on portable electrical appliances had been completed.

One person told us that staff were, "Good, they're okay." However, relatives told us they were not yet confident that the care provided to their family members was always as safe as they would like. This depended on the skills and knowledge of the individual staff on duty, and relatives all said they did not feel that much had changed since the last inspection.

People's medicines were administered safely. People were assessed to establish if they were able to manage their own medicines although, because no one was doing this, staff administered them. We observed staff administer medicines and this was done safely and with sensitivity. Regular audits of medicines and medicine administration systems and processes were carried out by the manager or the provider. A recent audit had also been completed by an external pharmacist, who did not identify concerns. Staff who administered medicines had received training to ensure they understood and were competent to do so. The manager was in the process of training all staff to administer medicines so that the service was not dependent on just one or two senior staff being available to do this as had previously been the case.

Inadequate

Is the service effective?

Our findings

At the inspection in November 2015 people and their relatives told us that support from staff varied and that some staff were more skilled than others. We found that some training was out of date or, in some instances, was not effective. This resulted in some staff not having the skills and knowledge they needed to care for people effectively. Supervision was not organised in a way that supported staff regularly. We also found that the provider and staff were not working in accordance with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff had insufficient understanding of MCA and DoLS and how it related to their work.

At this inspection, the manager told us about the training that had been provided and the plans she had to continue to address the shortfall in staff skills and knowledge. However, at the time of the inspection sufficient improvements had not been made in all necessary areas yet.

Due to the complex needs of the people who used the service, they were not able to tell us about whether or not staff supported them effectively. All of the relatives we spoke with said that support from staff continued to vary and that little had changed since the last inspection from their point of view. Some staff were seen as good, but others were perceived as less experienced and knowledgeable about how to meet people's needs.

At the time of this inspection, the new manager had only been in post for five weeks and was still going through the process of assessing staff skills and identifying their training and development needs. Prior to the new manager's arrival the provider had arranged training for staff in a number of key areas and some staff had completed, or were in the process of completing, the Care Certificate. One member of staff had completed a train the trainer course for the care certificate so that they would be able to support colleagues through their learning.

Staff had mixed views about the training they had completed. One member of staff said, "Training was useful, I did my care certificate and we learnt how to use the van and move people. I've been doing this before so I know what I'm doing but that sort of training is important." However, another member of staff said, "I can't really remember a lot of my training; it's all on the computer."

We saw from records and the manager confirmed that work was underway to provide more training for staff in relation to key aspects of their work, and that some of this training had been arranged to take place face to face rather than relying solely on e –learning. However, some training that had been provided was not effective and staff, despite completing the training, were not able to demonstrate an understanding of some aspects of their work.

One family member expressed concern that staff were not trained to meet their family member's specific safe moving and handling requirements. Although the provider had told them training had been provided by experts in moving and handling, they did not feel that this was the same as staff receiving specialist training in their family members high risk needs. The manager told us that they had completed observations of staff

supporting this person with safe movement and was satisfied that their practice was safe. However, we did not see evidence that there had been recent input by a physiotherapist or other specialist professional to ensure that training took into account the very specific needs of this person.

We spoke with the manager about one person's use of a specific communication aid. This aid, if used appropriately, could support the person to communicate their needs more effectively than relying on verbal communication alone. We did not see the person using the aid during our inspection. The manager told us that staff asked the person if they wished to use it every day, but they only used it occasionally out of choice. The manager told us that the person's verbal communication was improving without the use of the aid. We spoke with the person's relative, who told us that staff perceived that their family member's speech had improved. However, they thought it was more likely that it was staff's understanding of the person that had improved as they got to know them. The purpose of the aid was to support, rather than replace verbal communication and without it the person was not able to communicate as fully as they would be by using it. The relative pointed out that their family member was likely to opt out of using the aid if staff did not know how to support them with it meaningfully. We found no evidence to show that staff were trained effectively to support the person to use this equipment. Neither did we find evidence to indicate that any advice had been sought from a speech and language therapist about whether or not its use would be beneficial to the person.

Formal supervision and annual appraisals had not been completed regularly with staff since the last inspection, but the new manager was able to demonstrate the plans they had put in place to address this as a priority.

These issues were a continued breach of 18 of the Health and Social Care Act (regulated activities) Regulations 2014.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service was in the process of assessing whether people were being deprived of their liberty (DoLS) under the Mental Capacity Act and were making applications where it was felt to be appropriate.

We found that staff had all received training in the MCA and DoLS but they continued to have insufficient understanding of this legislation. One staff member said, "That's to keep people safe." Another member of staff said, "I have heard of it before, it's about making choices. DoLs means we can't stop them from doing anything and we can keep an eye on them all the time." A third member of staff said, "Deprivation of Liberty is giving them a choice of whether they want to go out or not." This demonstrated that staff understanding of this legislation and how it related to their work was not sufficient.The manager confirmed they would be offering additional training and guidance to staff about MCA and DoLS.

We were not confident that people were routinely asked for their consent by staff. We found that some staff were not able to explain how they obtained people's consent before providing care to them. A staff member said, "We would tell them what we're doing." Another member of staff did not understand the term

"consent".

There was little evidence of how consent had been considered in care plans, although we did see that the family members of one person had signed some parts of their relative's plan. One family member we spoke with said that, although they had recently received a copy of their relative's care plan, they had not been consulted previously about the contents. Their involvement had started at the point where they were asked to sign their agreement to the contents of the plan. However, when they stated that they could not agree to the plan because there were inaccuracies in it, they told us they were informed that the plan was to be put into practice regardless. The family member told us that their relative had previously been assessed to have capacity for making day to day decisions about their own care. However, there was no evidence that they had been approached to give consent to the plan themselves. The manager told us that she was aware there had not been adequate consultation with people or their friends and family in relation to care planning. She had plans to address this which was evidenced by her discussions with us and our review of her action plan for improvements to the service.

These issues were a continued breach of regulation 11 of the Health and Social Care Act (regulated activities) Regulations 2014.

People had enough to eat and drink and we saw that food and drink was freely available to people whenever they wanted it. We looked at people's meal records which confirmed that they had a balanced and appropriate diet and some choice over what they ate. We did not see evidence that people's likes and dislikes were fully identified, although the food on offer during our inspection was of a good quality, and people appeared to enjoy it. However, family members told us that the quality of food still varied according to which staff were on duty because some staff were more confident to cook than others. We saw that people were supported to eat where necessary and that a support plan devised by a dietitian for one person was being followed.

We saw from records that people had been supported to seek medical support if they were unwell and that referrals to health care professionals had been made when it was believed to be appropriate. However, we found little evidence to show that recent input from healthcare professionals had been sought to ensure that people were supported appropriately with their ongoing health care needs in all instances. We also found that records were not consistently kept to demonstrate that staff were following the advice given by health care professionals. For example, a physiotherapist had put in place an exercise programme for one person. It was not possible to ascertain whether or not this person was supported to follow this programme because records were not kept and staff gave inconsistent responses when asked about this. We spoke to the manager about this and they put a recording system in place before we completed the inspection.

Requires Improvement

Is the service caring?

Our findings

At the inspection in November 2015 we found that staff did not engage appropriately with people and spoke to people in a childlike manner which did not demonstrate respect or uphold their dignity. We found that, although staff attempted to offer choices to people, this was done in such a way as to confuse people or they were ignored. People were not supported to be as independent as possible and staff missed opportunities to encourage people to complete tasks for themselves.

At this inspection, we observed more engagement between staff and the people they supported. There was a warm and friendly atmosphere, and people and staff shared good humoured exchanges with each other. Staff spoke about people with affection and appeared to be enthusiastic about working with the people who lived at the service. One staff member said, "We treat people like we'd want to be treated. I like being here and being around these residents because they're like my family now." A second member of staff said, "I really like [person], they make me laugh a lot and we've developed a bit of a bond over time I'd say, I would miss them if I ever went."

The language staff used when talking with and about people was mostly appropriate, and one member of staff told us, "There's a better atmosphere here now and I think that people are well cared for and looked after. We know that we can't talk down to them or treat them like children because they are adults and deserve to be treated with the same respect as anybody." However, we observed one occasion during which a member of staff spoke to a person in quite a stern tone, saying, "You have to be nice. You have to be nice." The language staff used when talking with and about people was mostly appropriate, although one member of staff used the term, "kicking off" to describe behaviour which may have a negative impact on others. This term does not demonstrate respect for the possible emotional state of a person displaying this type of behaviour.

We saw that staff were offering guidance to one person about personal space and what was seen as appropriate and inappropriate touching. However, at times the degree of physical affection initiated by staff to people provided a mixed message about this and could lead to people being confused about what was considered to be appropriate behaviour.

A family member expressed continuing concern that their relative was losing their skills because they were not encouraged to participate or maximise their independence. They felt there had not been any significant improvement with regard to this. They said, "They still do everything for [name]. They don't realise [name's] capabilities." On the day of the inspection we observed a member of staff encouraged one person to take part in a household activity but opportunities were still missed to routinely involve people in the day to day running of the home.

A member of staff said, "I always treat people with dignity. I close the curtains, close their doors and knock before I go in their rooms." We saw that people were mostly supported with personal care in a manner which upheld their privacy and dignity. Support was offered in a discrete manner and personal care was provided behind a closed door. However, we observed one occasion when this was not the case. During the

afternoon, one person received personal care in their room. During their support the staff member left the person's room, still wearing gloves and left the person's door wide open whilst they attended to another matter. This did not uphold their dignity or respect their privacy.

People were supported to maintain relationships with people that were important to them. Staff told us that people's friends and relatives were able to visit at any time and that people were supported to go to their family home for visits if this was what they wished to do. Relatives confirmed this, but also commented that there had been occasions where they or other family members had not felt welcome, particularly following raising any concerns about the service. One relative described this as feeling, "Like they think I'm a nuisance." We were told by family members and staff that they had some longstanding opposing views about some aspects of people's care and both parties felt they were supporting the individual's view. However, people had not been supported to access advocacy services to enable them to have independent support to express their own views and preferences.

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Inadequate

Is the service responsive?

Our findings

At our inspection in November 2015 we found care plans lacked personalisation or any evidence of involvement from people and their family members. We also found that care plans had not been reviewed to take account of changes in people's needs or wishes. The plans contained information about people's health needs but lacked vital information relating to the signs staff should look for to indicate a decline in the person's condition. There was a lack of clear guidance on how to support a person to manage behaviour that could have a negative impact on themselves or others. Activities were not consistently planned or delivered in a manner which reflected people's interests and hobbies and relatives reported that people spent a lot of time with little to do that was meaningful or enjoyable. Complaints were not received or managed appropriately.

At this inspection, although we found that care plans had been reviewed and some improvements had been made, there was still little evidence to demonstrate that people or their relatives had been involved in the process. Relatives did, however, confirm they had now seen a copy of their family member's plan. One family member told us they had not been consulted about the contents of the care plan prior to its implementation. They had refused to sign it due to several inaccuracies being identified. For example, their family member was reported to have a specific medical condition which, to the relative's knowledge, they had never been diagnosed with. This could have led to inappropriate care being received by the person or inaccurate information being passed to other professionals involved in the person's care.

The updated care plans contained improved information about people's needs and some background information detailing how they liked care to be provided. However, there was very little evidence that people had been meaningfully involved in the plans or that any consideration had been given to supporting people to understand the contents of their plans. For example, there were no pictures or easy read formats used to support understanding. Care Plans were very much based on people's basic care needs, but did not demonstrate that any consideration of people's aspirations and personal goals had been made.

One person's care plan had been updated to include guidance to staff on how to support them to manage their behaviour, although this was basic and required refinement. We saw no evidence that input from external healthcare providers had been received to ensure that this guidance was appropriate to the person's needs.

The manager had identified that meaningful activities was an area which required significant improvement and was putting in place plans to address this. Each person now had an activity plan. This included regular timetabled activities as well as space for staff to record ad hoc and spontaneous activities that people participated in over the course of each week. Each person was being supported to build up a book of photographs of activities they had participated in. An activities board was on display in the hallway but, on the day of the inspection, it contained no information about activities.

On the day of the inspection, we saw that staff were working with people to plan some of the activities for the coming week. We also saw that people were doing some colouring in. However, we found that, although

activities appeared to be taking place, they lacked creativity and there was no evidence to demonstrate how the activities offered on the day of the inspection were based on the individual interests of the people participating. Family members said they did not feel that there had been a significant improvement in the provision of interesting activities for their family members and reported that people still spent a lot of time with nothing meaningful to do. The manager told us that people had been participating in more activities for the last few weeks. For example, they went on a trip to Duxford, they made Easter decorations and mother's day cakes. A relative said they had seen the cakes being cooked by the provider rather than their family member. However, people had been involved in mixing and decorating the cakes.

These issues were a continued breach of regulation 9 of the Health and Social Care Act (regulated activities) Regulations 2014.

An updated complaints policy was in place and an easy read copy was on a notice board in the service. However, it was unclear whether people had been supported to read and understand it as not all staff were aware that it existed. A system to log complaints had been developed but no complaints had been recorded on it. The administrator told us, "That's because we don't get many complaints." However, during the inspection we were told about a number of issues raised by a relative by email which should have been logged as complaints even if not formally identified as such by the relative. The new complaints policy stated clearly that, "All complaints, no matter how small, must be investigated." However, the understanding of what constituted a complaint was lacking. Some relatives expressed continuing concerns about the consequences of complaining because previously the provider had taken complaints personally and become upset.

This was a continued breach of Regulation 16 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Inadequate

Is the service well-led?

Our findings

At our inspection in November 2015 we found that the provider did not have a sufficient understanding of their role and legal responsibilities in relation to both leading the service and monitoring the quality of care. Improvements required from the previous inspection in June 2015 had not been made. Systems were not in place to monitor the quality of the service, policies had not been recently updated and staff did not receive support to do their job well. Record keeping was haphazard and the office was disorganised which meant the provider was unable to find some of the documentation required at the inspection. We found that the provider had failed to display their rating following the last inspection as required by law and also failed to notify us of significant events in the service, also required by law.

At this inspection we found that, although some improvements had been made to the leadership of the service, many of the changes were still in planning or the early stages of implementation so were not yet fully embedded in the culture of the service. The provider had made the decision to employ a manager to lead the service, who was in the process of registering with the Care Quality Commission (CQC). We noted that the manager had only been employed on a temporary one year contract while the provider embarked on a management training course to develop her leadership skills and her knowledge of managing a care service.

People's relatives were very much in support of the decision for a manager to be appointed. However, they were not confident that significant improvements to the service had been made since the new manager took up post. All of the relatives we spoke with reported that they did not feel very much had changed yet, but acknowledged that it was only a very short time the manager had been working at the service. Trust in the leadership of the service had been significantly eroded due to the previous poor management of their family member's care. As a result, family members were keen to see real evidence of change rather than promises of change to come. Each relative we spoke with said they felt questions they had asked had not been properly answered by the manager, other than a promise that each issue identified was "In progress". Relatives were not yet confident that their views would be more actively listened to, or that it would be recognised they had a valuable contribution to make in supporting staff to understand the needs of their family members. All agreed that it was too early to know whether or not positive changes made would be sustained in the longer term. Health and social care professionals who work with the service were optimistic about the appointment of the new manager and told us that they felt the service was now moving in the right direction. All were positive about the improvements made so far but agreed that there was still significant progress to be made.

The manager had put a feedback system in place which meant that, in future, people's views, and the views of their relatives would be sought on a regular basis. They were in the process of launching monthly key worker sessions and regular residents meetings to enable people's views to be sought and listened to. They were also developing a plan for regular relatives meetings.

However, relatives told us that they did not always feel comfortable to share their views about the service because of how the provider had previously reacted when they did so. For this reason, they were not

comfortable to share with us specific examples of issues relating to their family members because the small size of the service meant they were easily identifiable, and they did not want the provider to become upset with them or their family member. This confirmed to us that there was still significant work to be done to develop an open culture within the home, where people's views were used constructively to drive improvements to the quality of the service.

Although a safeguarding incident at the service was reported to the local authority appropriately, it was not reported to the Care Quality Commission until the manager was prompted by us to do so. The manager told us they had intended to inform us upon the conclusion of the incident rather than as soon as possible after the incident occurred as is required. Once prompted by us, the manager sent the notification, although did not use the correct form for notifying us of safeguarding incidents. We discussed this with the manager who confirmed that the correct forms will be used in future.

Although the manager had commenced work to organise records within the service, further work was required in this area. Care records were still disorganised and it was unclear for staff where they should look for or record information. We found that people had four different files each, some of which appeared to overlap in purpose such as the Hertfordshire county issued purple health folder and an internal health folder. We were told that staff maintained daily records for each person in A4 diaries. However, when we asked staff for these diaries, they were unfamiliar with them and unable to tell us where they were. As a result, information about people's care needs was confused, and in some instances, entries in different files contradicted each other. The manager was aware of this and told us that she planned to address this as a priority.

Since the inspection in November 2015, despite the appointment of the manager, the provider remains in breach of regulations and has not demonstrated that they have undertaken timely and effective governance to rectify this position.

These issues were a continued breach of Regulation 17 of The Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

The new manager had been in post for five weeks and had spent this initial period observing care practice, identifying the skills set of each member of staff through supervision and appraisal, and organising records. They had put together an action plan which identified areas for improvement similar to those identified in the last inspection. They had also started to develop essential systems and processes, such as tools to monitor the quality of care, recording complaints, and monitoring supervision. She told us that her next priority was to review care planning and risk assessments, and to ensure that consultation with people and their families (where appropriate) was central to this process.

The manager was working hard to raise standards in the home and developing staff understanding of their role and responsibilities. They had developed documents outlining the main responsibilities of each level of staff to support them to understand the management expectations at work. The manager demonstrated that they were confident in their leadership role and took appropriate action to hold staff to account if their performance was not to the standard expected. The manager recognised the importance of staff taking responsibility for making improvements to the service, and with the provider, had identified specific areas of the service delivery for staff members to take a lead in, such as activities and training. Regular staff meetings were to be held to support staff development and involvement in making improvements to the service.

From our discussions with the manager and observation of practice we found that they were taking steps to promote a person centred culture within the service. They were clear in their expectations of staff in relation

to their approach towards people and told us that they had raised concerns with individual staff where they felt this was necessary.

Staff told us that they felt the new manager was having a positive impact on the service. One member of staff said, "I used to enjoy working here when I started but it became very difficult after the inspections and things were bad. Now we've got a new manager and there's been a big change." Another member of staff said, "We're doing more activities now and we're more able to talk if something isn't right or we're not happy about something. (Manger's name) listens to us. I'm more confident working here now." A third member of staff said, "There's a lot more paperwork now but things have improved a lot. I feel more confident going to the manager now."

The manager was taking steps to put systems in place to monitor the quality of the service, and some aspects of this were in operation, such as medicines audits but others such as infection control were still under development. The manager was in discussion with the provider about the introduction of a provider visit audit to enable the provider to regularly assess the overall quality of the service. However, the system was not fully operational and it was too early to tell whether or not it was effective.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People' were not involved in planning their care and their preferences were not identified .They were not sufficiently supported to make decisions about their care and their individual needs were not always met. Regulation 9 (1), (2) and (3) (a-g)

The enforcement action we took:

We have issued a warning notice to tell the provider they must take action to meet the required standards and by when these improvements must be completed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person did ensure that staff undertood or acted in accordance with the Mental Capacity Act 2005 and the associated Deprivation of Liberties Safeguards.. Staff did not ask people for their consent before providing care

The enforcement action we took:

We have issued a warning notice to tell the provider they must take action to meet the required standards and by when these improvements must be completed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider did not identify receive, record or handle or act on complaints appropriately, Regulation 16 (1) and(2)

The enforcement action we took:

We have issued a warning notice to tell the provider they must take action to meet the required standards and by when these improvements must be completed.

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to monitor the quality of the service, and did not actively seek the views of people and their relatives to make improvements to the service. Regulation 17 (1), (2), (a),(b),(e) and (f)

The enforcement action we took:

We have issued a warning notice to tell the provider they must take action to meet the required standards and by when these improvements must be completed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not all suitably skilled, competent or experienced to carry out their duties. Regulation 18 (1) and(2)

The enforcement action we took:

We have issued a warning notice to tell the provider they must take action to meet the required standards and by when these improvements must be completed.