

J C Care Limited

Woodhouse Hall

Inspection report

14 Woodhouse Lane
East Ardsley
Wakefield
WF3 2JS
Tel: 01924 870601
Website: www.craegmoor.co.uk

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



Overall summary

This inspection took place on 8 December 2015 and was unannounced. At the last inspection in November 2013 we found the provider was meeting the regulations we looked at.

Woodhouse Hall provides care for up to 19 people who have a learning disability. At the time of the inspection, the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 service was divided into three distinct areas, and the inspection highlighted that people had a different experience which depended on where they lived within the service. Some people were happy with the service and we saw that they were comfortable in their surroundings. Others experienced a lack of consistency in

Summary of findings

how their care was delivered. Care plans were not followed, activity planners were not implemented and menus were not in place so we could not establish whether people received a nutritional and varied diet.

There were not enough, experienced staff to keep people safe and meet their needs. Some people received funding for one to one staff support but they did not always receive this.

Systems were not in place to ensure staff were appropriately trained and supervised.

The provider's system to monitor and assess the quality of service provision was not effective. Actions that had been identified to improve the service were not always implemented. There was a lack of management and leadership and staff did not feel supported.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.

- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

There was a lack of consistency in how risk was managed. People were not protected against the risks associated with the unsafe management of medicines.

People were not supported by enough competent and skilled staff.

Staff had received training to help them understand how to safeguard people from abuse and safeguarding procedures were followed.

Inadequate



Is the service effective?

The service was not always effective.

Staff were not always appropriately trained and supported which puts people at risk of being cared for by staff who do not have the right skills and knowledge.

The service met the requirements of the Deprivation of Liberty Safeguards.

Menus were not followed and meals were not well planned. Nutrition and variation of food was not monitored.

Requires improvement



Is the service caring?

The service was not always caring.

People were happy with the care they received and were complimentary about the staff who supported them.

The care people received varied and this depending on which part of the service they lived.

Some staff were observed to be caring but others were observed to show a lack of interest in the people they were supporting.

Requires improvement



Is the service responsive?

The service was not always responsive.

People's care and support needs were set out in a plan but these were not always followed or fundamental to care delivery.

Some people enjoyed person centred activities whereas others did not.

People told us they knew how to raise concerns.

Requires improvement



Is the service well-led?

The service was not well led.

Inadequate



Summary of findings

Management arrangements were not effective.

The systems in place to monitor the quality of service provision were not effective.

Actions to improve the service were not always followed up.

Woodhouse Hall

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 8 December 2015 and was unannounced. There were 15 people living at the home when we visited. Two adult social care inspectors and an expert-by-experience visited. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, 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 also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our visit we spoke with eight people who lived at Woodhouse Hall, an advocate, six members of staff and two members of the management team, one of whom was the registered manager. We observed how people were being cared for. We looked at areas of the home including some people's bedrooms and communal rooms. We spent time looking at documents and records that related to people's care and the management of the home. We looked at five people's care plans.

Is the service safe?

Our findings

We looked at the staffing arrangements and found there were not enough competent and skilled staff to meet people's needs and keep people safe. We asked a member of the management team to look at four weeks staffing rotas but they were unable to locate rotas for week commencing 23 and 30 November 2015. There was a note on the two rotas we were shown, which stated some people had funding for one to one staff support. However, we found that everyone was not receiving the allocated staffing time that had been agreed. One person was allocated eight hours every Saturday and Sunday but it was evident from their daily records for November 2015 they had not received this. We asked a member of the management team about the allocated hours and they could not explain why the person had not received their one to one support.

On the day we visited there was only one experienced member of staff on each unit. Other workers, which included a senior support worker, were all new starters. A member of staff from another service was supporting a person with complex needs to Leeds city centre using public transport. They knew very little about the person and had not read their care plan. They did not know the telephone number of the home if they needed to make contact and could not tell us how they would support the person if they decided they wanted to go the toilet. When asked they said, "Not sure all I know is that I am not allowed to leave her on her own." A senior care worker was undertaking their first shift as a team leader but did not fully understand their responsibilities. They had not completed their induction training or received supervision, could not administer medication and did not know understand the role of CQC. They did not know where or whether there were any personal emergency evacuation plans (PEEPs). They were not familiar with the staff handbook, or policies related to staff and the people in the home.

A visiting professional told us they felt staffing in one of the areas had improved lately and staff were usually helpful and knowledgeable although they sometimes had to consult people's notes.

We spoke with five staff all of whom had concerns about the staff levels and its impact on them and the people who used the service. One member of staff said, "Most of the

time they are short staffed." Another member of staff told us they were "shocked at the level of sickness here." They said, "Two weeks ago there were only three staff because of sickness." They told us the work was demanding and stressful and they were moved around a lot. They felt unsupported looking after people with such complex needs. We concluded that the provider did not have a systematic approach to determine the number of staff and range of skills required in order to meet the needs and circumstances of people using the service. This was in breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

We looked at how people's medicines were managed and found staff did not handle medicines safely and people did not always receive their medicines as prescribed. We looked at four people's medicines, storage and records around management of medicines. People did not have care plans to guide staff on the administration of medicine to ensure this met their needs and preferences. One person had a shortfall with one of their medicines and two boxes of the same medicine were opened but there was no stock balance. There were no records of any stock control or temperature monitoring. Another person was prescribed a pain killer but we could not establish that the stock levels were correct because staff had not counted the balance of stock carried forward. There was some monitoring of storage temperatures for this person's medicines but it was not done consistently.

NICE (National Institute for Health and Care Excellence) social care guideline for managing medicines in care homes provides recommendations for good practice on the systems and processes for managing medicines. It states competency of staff administering medicines should be assessed annually. We asked to look at the competency assessments for staff who administered medicines but found several had not had their competency assessed within the recommended timescales. We checked eight staff files. Three had competency assessments that had been completed in the last 12 months. One had an assessment completed in 2013 and four had no competency assessments. We asked a member of the management team about the assessments and they told us they could not locate any other record to show the members of staff had their competency assessed. We

Is the service safe?

concluded the registered person was not managing medicines safely. This was in breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Although we found medicines were not being managed safely we saw good practice when staff administered medicines. They checked medicines and signed the Medicine Administration Record (MAR) appropriately. Each person had a lockable cupboard attached to a wall in their bedroom. The keys, MAR and personal records were kept in the offices. Staff only administered medication after they had completed medication training.

People who used the service told us they felt safe. We asked people who they would speak to if they were worried about their safety. They told us they would speak to staff. One person said, "I would report it." Another person said, "Go to staff." One person told us they had reported concerns to staff and after they did that the problem had stopped.

The provider had safeguarding policies and procedures to help staff understand what they needed to know and do about safeguarding in a range of circumstances. The provider also had a whistleblowing policy. Whistleblowing is when a worker reports suspected wrongdoing at work. Staff we spoke with told us they had completed safeguarding training. The training record we reviewed stated that 95% of staff had completed this training. The provider sent us additional information that showed the 5% (two members of staff) that had not done the training had been assigned to complete this on line.

Before the inspection we reviewed the information the provider sent to us which included notifications of abuse or allegations of abuse. These showed that the provider had followed their safeguarding procedures and referred any safeguarding concerns to the local authority and notified CQC.

We looked at the recruitment process and found recruitment practices were safe. Newly recruited staff we spoke with described an effective and safe system. The provider had introduced a new recruitment process which was partly processed by the human resource services. We looked at the old and new recruitment process and found appropriate checks were carried out prior to employment

which included previous employment, identification, Disclosure and Barring Service (DBS) and right to work. The DBS is a national agency that holds information about criminal records.

We looked around the service which was divided into three distinct areas; one area had seven self-contained flats and provided a service to females. Another area had two self-contained flats and another had nine en-suite rooms. Each area had enclosed gardens, communal areas, and all had been recently refurbished and upgraded to a high specification. We reviewed maintenance records and certificates, such as electrical wiring, gas safety, and fire alarm and emergency lighting which showed servicing and testing was completed by external agencies within the recommended timescales. We also saw a 'work request log' which showed repairs were dealt with promptly. One entry regarding a faulty door magnet was recorded at the beginning of November 2015 as 'still not done' but the registered manager told us this had since been completed.

When we looked around the service, it looked generally clean. Some bathrooms and toilets did not have soap or paper towels, and waste bins were open topped and did not have disposable linings. Staff did not have hand sanitisers although we were told they had been delivered but not distributed. Staff wore their own clothing and we saw some kept disposable gloves in their pockets. We noted one mop was used for all areas and a cleaning bucket was stored in an office. One person's bed had been made by staff but it had dried faeces that was clearly visible on the duvet cover. When we brought this to the attention of a member of staff they removed it. We then saw the duvet also had dried faeces which was clearly visible. The member of staff confirmed the duvet cover was put on by a member of staff. The service had no domestic support and whilst some people were supported to clean their room and launder their own clothing and bedding others relied on support workers. In one area people engaged in domestic duties but in another area staff were responsible for cleaning the communal areas. When we discussed the domestic arrangements with a member of the management team we were told they had thought about using ancillary staff and would discuss this with the registered manager and provider.

Staff told us that the mattress in the staff sleep over room was "disgusting". When we checked we found it was a heavily soiled smelling mattress in a small room where

Is the service safe?

people were working. The provider contacted us after the inspection and told us a new mattress had been ordered. We concluded the registered person was assessing the risk of, and preventing, the spread of infection. This was in breach of Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment

We looked at the home's fire risk assessment which stated that staff should attend drills 'minimum of annually'. However, when we looked the fire drill records the last one was recorded in June 2015 but did not include names of those who attended. We brought the lack of fire drills to the

attention of a member of the management team who said they would ensure drills were arranged, and appropriate records were maintained. Care files contained risk assessments for health and support, including personal emergency evacuation plans (PEEPs), however, one person's PEEPs did not reflect the actual support the person required, and another person who had moved into the service over four weeks before the inspection did not have any risk assessments. A member of the management team said risk assessments would be reviewed to make sure they were in place and accurate.

Is the service effective?

Our findings

Training data shared with us showed staff had completed a range of training sessions, which included crisis management, basic life support, food safety for food handlers, infection control, moving and handling, Proact SCIP (which is a 'whole approach' to working with adults with a learning disability and follows the positive behaviour support model), introduction to learning disabilities, introduction to Asperger's syndrome, introduction to autism, confidentiality and data protection and equality act. The data indicated that out of the 20 courses listed over 90% staff had completed 15 of the courses, 85% had completed three courses, 57% had completed basic life support and nearly 43% had completed Proact SCIP.

Three newly appointed staff told us they had commenced their induction and completed some but not all of the required e-learning. They said they were expected to undertake the learning in their own time. They had not completed the essential practical aspects of their training such as fire evaluation or moving and handling. They had not completed Proact SCIP or had instruction on diversion or behaviour management but were expected to deal with behaviours that challenge. Staff told us they had received a five minute practical demonstration on restraint, which was focused on children rather than adults.

Some staff said they had received supervision others said they had not. Supervision is where staff attend regular, structured meetings with a supervisor to discuss their performance and are supported to do their job well to improve outcomes for people who use services. We looked at nine staff files and found that some staff had not received regular supervision. For example, three members of staff had received three sessions in 2015; three had only received one session; and one had received five sessions. We concluded that staff were not receiving appropriate training and support as was necessary to enable them perform their job safely and appropriately. This was in breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

In the PIR the provider told us how they planned to improve the service and make it more effective They said, 'To support all staff in completing and looking at the new Care Standards certificate within the next three months

and allow staff to be able to develop their knowledge on what is required from the standards.' The 'Care Certificate' is an identified set of standards that health and social care workers adhere to in their daily working life.

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)).

A member of the management team told us, at the time of the inspection 15 DoLS authorisations were in place. We looked at relevant documentation and found where people did not have the capacity to make decisions about different aspects of their care and support this was assessed and recorded. Dates that DoLS authorisations expired were clearly recorded.

Staff told us people could make decisions about their care and support. Some staff were familiar with the MCA framework and understood why and who had DoLS authorisations in place. Others were unsure and said they did not understand MCA or DoLS. Training data stated 87.5% of staff had completed the training. We saw that staff meeting minutes from 6 November 2015 stated that they were arranging for an advocate to visit the service and talk to staff about MCA.

We saw people being offered regular drinks throughout the day but we did not see that everyone had snacks. Staff gave us different information when we asked about the arrangements for snacks. A member of the management team told us they would ensure all staff were clear that everyone could have snacks.

We asked to look at menus from one area and were told they could not locate menus for the three weeks before the inspection. We were given a pictorial menu for the week of the inspection. On the day of the inspection people should have been served cheesy nachos with pulled pork for lunch and mushroom stroganoff with tagliatelle for dinner.

Is the service effective?

People were served ham sandwiches and soup for lunch and sausage, potato wedges and beans for dinner. A member of the management team told us they did not maintain records of meals served so could not show what had been offered in the previous month. Individual food records were sometimes maintained but these were not completed consistently.

In another area we saw the menu was planned in advance. People sat with staff every Sunday and agreed the following week's meals, and then shopped for provisions on a Monday. We were told people had at least one of their favourite meals within the week. People told us they could choose to cook a meal for everyone with help from a member of staff. People could help themselves to snacks and drinks throughout the day from the communal kitchen.

We were told there were no special diets and we saw no evidence of weights being undertaken. However, we saw one person's care plan stated that they ate Halal food.

Another person had capacity to decide their diet and was assessed as having a weight problem but there was no information to show how they were being supported to maintain a healthy balanced diet. We concluded that the provider did not have arrangements in place to ensure people's nutritional needs were being met. This was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Meeting nutritional and hydration needs.

People told us they received good support with their health needs and visited health professionals when needed. In the PIR the provider told us, 'Staff will support and attend any health care appointments with people and will allow individuals whom are deemed to have capacity to opt out of having staff support to promote privacy and dignity.' People's care records showed people had attended appointments with GP and other health professionals.

Is the service caring?

Our findings

People we spoke with provided positive feedback about the care they received. They were complimentary about the staff that supported them. Comments included, “It’s a nice place to live, staff are friendly”, “I like living here”, “They are very nice here”, “They are alright”. We asked people which areas of their support did staff provide well. Comments included, “They listen to me”, “Caring is the best thing”, “They do really well, fantastic, no issues”, “They are really good in supporting me”, “They doing really, really well all the staff”.

We asked people if the staff were kind, polite and understanding in their approach. People told us they were. One person said, “Yeah, they are kind.” We asked people if staff respected their privacy and dignity when providing care. People told us they did. One person said, “Yes, they draw the curtains when I have a shower.” Another person said, “Staff knock on my door before entering my room.”

The service was divided into three areas and we found the experience for people living in two of these areas was very different. Nine people lived in one area and shared the communal areas of the house such as shower room, kitchen, dining area, lounge and small conservatory. They had their own bedroom with en-suite bathroom. We were shown around this area by a person who lived there, however, most of the communal areas were empty and although furnished to a high specification it lacked a homely and aesthetic appeal. Throughout the day there was little evidence of structured activity and staff involvement with people preferring to use the corridor rather than the lounge. Staff interaction with people was very limited. We observed a member of staff painting a person’s nails but there was very little conversation with the person. At lunch, five people were in the dining room. One member of staff stayed for a brief time but there was very little interaction from staff. Later in the day we observed a member of staff chatting to two people in the dining room whilst playing a card game with another person. This interaction was positive and gave people a different experience from what we observed earlier in the day.

There was a locked information board with pictorial information such as which staff were on duty and the weather. This had not been updated for two days. We went on a Tuesday but the board stated it was Sunday. There

was a countdown to Christmas, and one person kept pointing at the information and checking how many ‘sleeps to go’ but this was not up to date. There was information about the weather which was also inaccurate.

In contrast there were four women who lived in self-contained flats. The communal facilities such as lounge, kitchen, laundry, dining area, and toilet facilities were well used. This was a different type of environment and people had chosen activities and had their day planned, and were supported by staff who were actively involved throughout the day. People returned from shopping and excitedly showed their purchases to support staff, and then got comfortable in relaxing clothes before settling down with drinks to watch a video as a group. We observed lots of positive interactions. For example, staff were helping one person to prepare for a difficult meeting. Staff were sensitive, reassuring, encouraging and listened to the person. The support offered was extremely good and the person responded positively throughout the discussion.

The conservatory although well-furnished was cold as the heating had been turned off and remained off all day. People were happy to show us their accommodation which had a well-equipped small kitchen for their personal use and storage of their supplies. There was a larger office open when occupied by the homes administrator.

In the PIR the provider outlined what they did to ensure the service was caring and told us about the training they provided. They said, ‘The staff team are supported through ‘Foundation for growth’ in ensuring their approach is person centred towards the individuals at site and that they treat people with dignity and respect. Staff are aware of local policies in Privacy, Dignity and Choice, Confidentiality, Autonomy and independence these are all accessible through our intranet site. Service users also have their own en-suite to maintain privacy and dignity and within the flats service users are able to develop their everyday living skills within the privacy of their own individual flats. Although the flats are designed to allow people to develop their skills there is also a communal area for social interaction. The service celebrates special events within the service and will place countdowns to events within the service to alleviate anxieties within the main structure of Woodhouse Hall.

Is the service caring?

Family involvement is supported within the service and Woodhouse Hall support families/friends/boyfriends of individuals to develop meaningful and positive relationships’.

Is the service responsive?

Our findings

People's care and support needs were, in the main, set out in a plan that described what staff needed to do to provide person centred care. However, we found the plans were not always followed so were not fundamental to care delivery. We looked at five people's care records. The care plans were well structured and the risks were assessed in most of the plans. Some support staff had signed to say they had read and understood the plans, however, not all staff who were supporting people had signed the plans. There was no evidence that some new members of staff had read and understood how to deliver the care planned.

Care files contained useful indications of how people feel and act on good days and bad days and health action plans. Some people had a one page profile, which outlined the key areas that were important to the person. One person who had been at the service for more than four weeks had an empty personal support plan and incomplete care plan. Everyone had allocated members of staff, known as a keyworker, who undertook monthly reviews.

People had weekly planners that identified person centred activities; however, we found these were not always followed. One person's planner had varied activities every evening and weekend, which including going to the pub, having a makeover, going into 'town', baking, arts and crafts, and shopping. We looked at the person's daily records for November 2015 and found the activity planner was not implemented, and the person was offered very little stimulation. There was one evening activity recorded for the whole month, and very little evidence of activity on a weekend. A member of the management team looked at the planner and the daily records and acknowledged there was no resemblance between what should be offered and what was offered. We concluded the provider had not done everything reasonably practicable to make sure people received care to meet their needs and reflect their preferences. This was in breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person centred care

Although we identified care plans were not followed for some people living at Woodhouse Hall, it was evident for

others, care plans were fundamental and people were empowered and included in the care planning process. People who lived in one area of the home were encouraged to plan their choice of activities throughout the week. They were supported to shop and travel independently, or with staff support where required. Some had transport passes and visited their family or friends. One person had a pet and was being helped to care for it, and enjoyed attending cookery lessons in a local market. Some people had 'scrap books' which contained photographs of activities people had previously been involved in. The books we reviewed showed people enjoying a range of activities.

People told us they knew how to complain. Two people talked to us about their experience and said when they had raised concerns they had been resolved. One person said they had complained about staff shortage and more staff had been employed recently. Another person told us they had complained and it was resolved to their satisfaction.

We saw a copy of the policy on complaints provided in an appropriate pictorial format. We also saw a copy of the complaints process checklist that was followed in the event of a complaint. We looked at the complaints record and reviewed a complaint response from August 2015. The concerns raised covered a range of issues relating to care provision. The response covered some of the concerns raised but did not address key areas. For example, an issue was raised about the 'high turnover of staff' but the response only stated they 'were continually striving to improve staffing'. We did not see any evidence to show the concerns were shared with staff or there had been any real learning.

The provider told us about complaints and compliments in their PIR they had received. They said they had received two compliments from other professionals who had identified positive outcomes and professionals. They said, 'The service has had two complaints raised and the companies complaints procedure was adhered to and followed. They said one complaint was investigated by the service and reported and fed back to all involved within the complaint. Complaints are also discussed within the 'Your Voice' meetings in an easy read format and are also included in 'keyworker meetings' for people whom have the capacity to understand within the meetings.'

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a general manager. We talked to staff about the management arrangements and most raised concerns and felt they were not effective. Staff felt there was a lack of presence from management although they were contactable by telephone. Staff said they did not always have the confidence to report concerns and did not feel well supported. One member of staff told us about a recent incident which they felt had not been well managed. We looked into the incident and found the concerns had not been thoroughly investigated.

Staff we spoke with said they did not always feel listened to. They told us they had reported a badly stained mattress in the staff sleep over room but this had not been actioned. A member of the management team told us there had been approval for a new mattress but it had not been ordered. Staff felt that the workload and inflexible staff rostering contributed to a high turnover and staff retention problem. Staff said they had few opportunities to talk about the service or help drive improvement. We looked at staff meeting minutes and saw these had been held in May, July, September and November 2015. The meetings were held for the different areas of the service. We reviewed three sets of minutes, which showed a range of topics were discussed including quality and safety, however, there was a low attendance which ranged from two to five staff.

We looked at a range of audits and quality assurance records. These had been regularly completed but they showed a lack of management involvement. Most were completed by senior care workers and there was no evidence to show these had been checked by members of the management team. We saw audits identified areas to follow up but this did not always happen. A medication audit was completed in October 2015 and identified that some staff were 'due competency tests' but in the November 2015 medication audit, there was no reference to competency tests being due and a Y was ticked to indicate these were in place. We found medication competency assessments had not been completed

consistently. A monthly safety audit completed in October 2015 stated that fire drills were due and this was again highlighted in November 2015. We found fire drills had not been completed in line with the provider's fire risk assessment.

The provider completed service reviews which involved a senior member of staff visiting the service, checking systems and processes and writing a report of the findings. We looked at the last report which was from a service review completed in October 2015. This identified some good areas of practice and identified areas where action was required. They had identified safeguarding information was available, training statistics exceeded the compliance target of 92%, and the environment was generally clean and tidy. Staff were observed to have good relationships with people who used the service, and people seemed happy and relaxed. They also identified action was required in relation to support plans/risk assessments, staffing, staff supervision, quality assurance and records. It was evident the service review had highlighted action points; however, it was evident that little progress had been made because similar issues were identified at the CQC inspection which was carried out several weeks after the service review. At the inspection we identified there was a lack of gathering, recording and evaluating information about the quality and safety of the service and concluded the registered person's systems and processes were not operated effectively. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

People could express their views about the service which included attending 'Your Voice' meetings. We looked at meeting minutes which had been held in May, August and November 2015. People had checked what had happened at the last meeting and what had had been done to action points they agreed. We saw they discussed the service and put forward ideas of how it could improve. For example, they had talked about household chores and agreed to introduce a chores rota. At the follow up meeting they discussed this and said the new arrangements worked well.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The registered person had not done everything reasonably practicable to make sure people received care to meet their needs.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person did not have systems for the proper and safe management of medicines.

The registered person was not assessing the risk of, and preventing, the spread of infection

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs

The registered person did not have arrangements in place to ensure people's nutritional needs were being met.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not have systems that were effective to assess, monitor and improve the quality and safety of services.

The enforcement action we took:

We have served a warning notice and the provider was told they must become compliant with the Regulation by 1 March 2016.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person did not have a systematic approach to determine the number of staff and range of skills required in order to meet the needs and circumstances of people using the service.

Staff did not receive appropriate support and training to enable them to carry out their duties they are employed to perform.

The enforcement action we took:

We have served a warning notice and the provider was told they must become compliant with the Regulation by 1 March 2016.