

Scope

Roman House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

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 the 16 and 17 of January 2018 and was unannounced.

Roman House is a service which provides residential care for up to 26 adults with a range of needs including younger and older adults with mild to moderate learning disabilities. Care is provided to people who also live with additional health conditions such as diabetes, epilepsy, sensory loss and cerebral palsy. Roman House comprises two four bedroomed bungalows and a larger building which has additional accommodation with communal areas such as sensory room, dining room and lounge area. The bungalows and the main building have gardens to enable people to enjoy the outside space. The home is in a residential area of Basingstoke. At the time of the inspection 18 people were using the service.

Roman House had a registered manager in place. 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.

Roman House was last inspected in August 2017 and was rated inadequate in safe with an overall rating of requires improvement. We found breaches of five regulations of the Health and Social Care Act 2008 (Regulated activities). Regulations 2014 related to dignity and respect, the need for consent, safe care and treatment and good governance and staffing. Following the last inspection, we asked the provider to complete an action plan to show what they would do to become compliant with the regulations. We received the action plan on 18th October 2017. The provider stated that they would meet the relevant legal requirements by 31st December 2017.

At this inspection we found that the provider had met the requirements for dignity and respect, and the need for consent. There were however three continued breaches of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 in safe care and treatment, good governance and staffing.

The provider had not always ensured that effective systems were in place to assess and monitor the quality of the service provided and ensure appropriate action was taken to improve the quality and safety of the care people received. The provider's service improvement plan and quality assurance audits had identified a number of required improvements however several actions identified since the last inspection had not been met by the proposed deadlines.

People's care plans and risk assessments were not regularly reviewed to ensure that the information was updated. The provider had not taken appropriate action to ensure that risks to the health and safety of people receiving care had been appropriately documented. Clear guidance was not available to support staff in managing people's health conditions and the related risks.

The provider had not maintained an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided

There were not appropriate arrangements for the safe storage and administration of medicines and the provider had failed to document each person's allergies on their medicines administration records. Charts were not available for staff to record the application of creams to people's skin. This presented a risk that people could suffer harm from receiving the medicines or creams they were allergic to.

Some improvements had been made to ensure that safe and effective control measures were in place to prevent the risk of people acquiring an infection, however we found that people were still at risk as the outside bin area was dirty and clinical waste bins had not been kept locked.

The provider had ensured that they were consistently deploying the numbers of staff to meet people's personal care needs. People received care from staff who were not always given the right training and support. Records had not been fully updated for staff appraisals at the time of inspection. The provider had not ensured that staff received the required induction, training and support required to enable them to provide person centred care which met people's individual needs and preferences.

People who lived at the home said that they felt safe. Staff showed a good understanding of safeguarding procedures and actions to take to protect people from the risk of avoidable harm or abuse. However people's safety was not always fully promoted as full and explicit guidance as to how to manage certain health risks had not been provided for staff to support some people.

The registered manager aimed to develop a person centred, inclusive and empowering culture in the home but the large number of actions from the service improvement plan meant that they were not able to fully engage in this. The registered manager had begun to use some methods to seek feedback on the quality of the service from people, relatives and the public. There was however a lack of evidence to show that the information had been used to drive service improvements.

Most people told us that they felt able to express their views and opinions. There was however a lack of consistent methods for gathering the views of people living in the home. People told us that they knew how to complain, however, there was no record of how people's complaints were used to drive service improvements.

Staff sought consent to care and treatment whilst supporting people. The provider had complied with the requirements of the Mental Capacity Act 2005.

We observed people living in the home being treated with dignity and respect. Most people felt that they received care from staff who were kind and compassionate. We observed staff talking to people in a friendly

and personable manner during the inspection.

People were supported to eat and drink enough to maintain a balanced diet. Staff supported people's individual food and drink preferences.

People received support from healthcare professionals in order to help them lead healthier lives. There was evidence in people's care plans that they had received visits from professionals such as district nurses, although this was not seen consistently in all people's records. .

The building had been adapted to meet the needs of people living in the home. Some repairs were outstanding. The registered manager had arranged for these to be completed.

The service worked in partnership with other agencies such as social services.

At this inspection we found three continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of the full version of this report.

At this inspection we rated the home as requires improvement. This was the second consecutive requires improvement rating.

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 always safe.

Risk assessments that related to people's health and safety did not always ensure that all risks were effectively and competently assessed. Action had not always been taken to reduce risks to ensure the safety of people.

Medicines were not managed safely

People were safeguarded from the risk of abuse. Staff displayed good understanding of how to safeguard people from avoidable harm.

People were supported by adequate numbers of staff to meet their basic personal care needs.

People were not always protected by the control and prevention of the spread of infection.

Robust staff recruitment processes were in place to ensure staff underwent thorough checks before commencing work.

Requires Improvement



Is the service effective?

The service was not always effective.

People's needs and choices were assessed and documented but there was a lack of evidence to show that people were involved in planning their own healthcare.

People were not always supported by staff who had the right training, skills and knowledge. Training and supervision was not up to date for all staff.

People were supported to access support from healthcare professionals to lead healthier lives. However this was not consistent for all people.

People were supported to maintain a healthy diet. Dietary intake was effectively monitored for those at risk of malnutrition.

Requires Improvement



The premises had been adapted to meet the needs of the people living there.

Staff gained consent before commencing care for people.

Is the service caring?

Good ●

The service was caring

People were treated with kindness and compassion by staff who approached them in a sensitive manner.

People were treated with respect and their privacy and dignity was maintained.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's needs had been appropriately assessed but there was insufficient evidence to show that these had been reviewed at regular intervals.

People were encouraged to express their opinions about the care they received but methods for doing this were not consistent.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider had not ensured that quality assurance systems were effective. Actions identified in the service improvement plan had not been completed by the proposed deadlines.

People who used the service, staff and relatives were not always effectively engaged. The provider had not developed consistent methods for gaining feedback about the service.

The registered manager aimed to promote an empowering, person centred and inclusive culture however this was still a work in progress.

Roman House

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 the 16 and 17 of January 2018 and was unannounced. The inspection was conducted by two inspectors, a pharmacist inspector, a specialist advisor and an Expert by Experience. The specialist advisor's area of expertise was the care of people living with a physical or learning disability. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion they had experience of supporting people with a learning or physical disability. The Expert by Experience spoke with people using the service.

Before our inspection we looked at previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also reviewed the Provider Information Return (PIR) which was completed prior to the inspection. A PIR is a form which asks the provider to give some key information about the service, what the service does well, and what improvements they plan to make. We also spoke with the allocated social worker about their observations from visits completed shortly before this inspection.

During the inspection we spoke with four people, six members of staff, the registered manager, the area manager and the provider's director of services. We reviewed records relating to seven people's care and support such as their care plans and risk assessments, as well as three of the same people's daily records of care and five medicine administration records. We also looked at five staff recruitment files, staff training records, three staff supervision and appraisal records and staff rotas from 11 of December 2017 to the 14 January 2018. We also reviewed policies and procedures relating to the running of the service, maintenance records, accident forms, quality assurance audits and the provider's service improvement plan.

Some of the people living in the home were unable to tell us about their experiences. We observed staff interactions with people during three meal times as well as observing interactions between people and staff in public areas of the home to gain an understanding of people's experiences. After the inspection we were sent additional information by the provider including records of cleaning schedules and easy read documents for people living with sensory impairments.



Our findings

At our last inspection in August 2017 we found that the provider had not taken appropriate action to ensure that risks to the health and safety of people receiving care had been appropriately documented providing staff with the guidance to manage people's health conditions. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider did not always ensure appropriate guidance was in place for staff to safely manage risks associated with people's health and medical conditions. Risk assessments had been completed for people and were included in their care plans. These included behavioural support plans, moving and handling risk assessments and medicines risk assessments. Not all people's risk assessments had been reviewed as required. We also found that guidance was not available to support staff in managing the risk of choking for three people with swallowing difficulties. The registered manager told us that staff were trained in the management of choking risks in their first aid training. However we found that the guidance in one person's care plan was not specific enough about suitable foods for the person and a referral to the speech and language therapist for assessment had not been completed. The registered manager completed this referral during the inspection. Staff told us that they would have benefitted from more specific instructions. One staff member told us "Some of the care plans could be more detailed." The lack of guidance for staff in relation to people's risks exposed them to a risk of unsafe or ineffective care.

The failure to ensure risks relating to the safety and welfare of people using the service were assessed and managed was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in August 2017 we found that the provider had not always ensured that medicines were stored, managed and administered in accordance with best practice following prescriber's guidance. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the storage of medicines had been moved from people's individual rooms to a central location. Although medicines were stored securely in locked treatment room or a locked cupboard, we did see two tablets left in a communal area unattended awaiting disposal. This meant that people were exposed to the risks of taking medicine that was not prescribed for them.

Medicines were not managed safely, this put people at risk of receiving medicines that may not be safe or

effective. Medicine fridge temperature records could not provide assurance that medicines were kept within the range specified by the manufacturers. On the day of inspection, the temperatures were outside the recommended range for medicines storage. No action had been taken to ensure that advice was obtained from a pharmacist as to the continued safety and effectiveness of the medicines.

Staff used medicines administration records (MARs) to record when medicines had been administered. The 14 MARs we reviewed were fully completed. Staff used an audit to identify any gaps on MARs which were highlighted and investigated. Although handwritten MARs had clear dosing instructions and were dated and signed, good practice had not been followed as they were not double-checked to confirm their accuracy. This meant should the first staff member have made an error this would not be identified, thereby placing the person at risk. People's medicines allergies were not always recorded and care staff applied creams and other external preparations, but did not record their application. This showed that the pharmacy audits were not effective in fully identifying omissions in these medicines records. This placed people at risk of suffering harm such as allergic reaction to a medication as allergies were not fully recorded. There was also a risk that people's skin integrity would not be maintained as there was no record of creams applied.

Staff had additional guidance for some medicines prescribed to be taken as PRN 'when required'. However some PRN medicines lacked the detailed guidance required as instructed by the provider's medicines policy and some were missing from records on the day of inspection. This put people at risk from receiving medicines inappropriately.

At this inspection we saw that some people were receiving medicines mixed with food or drink to make them more palatable. This was being done at their request, but staff had not checked with a pharmacist to make sure this was safe and that the medicines would continue to be effective. Following the inspection the provider consulted a pharmacist for advice about this to ensure that medicines were being administered safely when given with food.

Medicines audits were completed monthly and there was evidence to show that action plans been followed up. However these audits had been ineffective as they had not identified the shortfalls we found in medicines administration and provision.

The failure to ensure the proper and safe management of medicines was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection the registered manager had updated the medicines policy to include guidance on covert medicines, self-administration, controlled drugs and medicines to be taken as PRN (as required). Records showed that staff were trained and competent to undertake the tasks asked of them. There were suitable arrangements to report medicine errors and incidents. Staff recorded opening dates of creams, eye drops and liquid medicines to ensure these were discarded within the required time range, and were safe to use. There were suitable arrangements for storing and recording medicines that required extra security. There was a system in place for ordering and the disposal of medicines and records had been completed appropriately.

At the last inspection in August 2017 we found the provider had not ensured that suitable numbers of staff were deployed in order to be able to meet people's care needs in a timely fashion and to ensure one to one care was delivered where required. This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had taken sufficient action to meet the requirement of this part of the regulation as they were consistently working within staffing ratios that ensured people's basic needs were met.

Since the last inspection staffing numbers had been increased. The home's service improvement plan identified minimum numbers of staff required to ensure people's needs were met. This included eight staff members on the early shift, eight on the late shift, one person to act as an activities co-ordinator and one person to work on the kitchen shift to prepare meals. Staff rotas showed that the home was consistently working with the minimum numbers of staff required on weekdays. During weekends agency staff were used to cover staff shortages. On occasions where agency staff were unavailable an on call member of staff would provide additional support. The registered manager told us the same agency staff were used wherever possible to try to maintain continuity for people being cared for. At the time of the inspection there were fourteen staff vacancies.

People had mixed opinions about staffing numbers. Some felt there were not enough staff. One person told us, "Sometimes there isn't enough staff to take me out". Another person said, "It's not that easy to go out. If there were more people I'd manage to go". One person told us, "Yes there's enough staff, they look after me."

People were not always protected from the risk of infection. We observed that the clinical waste and household waste bins in the outside area were unlocked. The bin area was dirty and untidy which posed a potential risk of infection. After the inspection the registered manager provided evidence that the bin area had been cleaned and all bins had been locked. Appropriate procedures were in place for cleaning soiled laundry such as the use of separate bags. An infection control audit tool had been completed and improvements had been identified but a clean up of the bin area had not been identified as an action in the most recent audit.

The home had an infection control policy in place. Personal protective equipment was used by staff and disposed of correctly. The home did not have a housekeeper in post at the time of the inspection. The recruitment of a housekeeper was identified as an action on the service improvement plan. This meant that staff completed regular cleaning tasks as well as giving care and preparing meals for people. Since the last inspection the service improvement manager had been appointed as acting lead for infection control.

People we spoke with said that they felt safe in the home. One person told us that the staff were "very good". Staff we spoke with had good knowledge of safeguarding and were able to identify different forms of abuse. Safeguarding training was delivered by a senior member of staff. Staff were also supported by the provider's national safeguarding team who were available to give additional guidance and support as needed. The home's safeguarding policy was accessible to staff and included guidance on raising concerns and reporting medicines errors. The registered manager and team leaders were the designated safeguarding advisors for the home.

There were systems in place for recording incidents. The registered manager maintained an electronic record of concerns such as safeguarding incidents and recorded any actions for staff to take to prevent further incidents occurring. Incidents were also discussed during team meetings to help staff reflect on preventative measures to protect people. Accident forms were completed by staff promptly before being recorded electronically.

There were robust recruitment arrangements in place for staff. Staff files contained evidence of employment, references and a Disclosure and Barring Service check (DBS). The DBS helps employers to make safer recruitment decisions by ensuring that only staff suitable to work in a care setting are employed. We found that some staff files showed gaps in employment history. On request the provider produced written evidence that these checks had been completed during the inspection. Since the last inspection the registered manager had implemented an induction checklist and orientation process for agency staff. They

had also requested a one page profile for agency staff which included personal details and evidence of a DBS. People told us that they were involved in making decisions about staff recruitment. One person said, "I like interviewing new staff with [the registered manager]".



Our findings

At the last inspection we identified that the provider had not ensured people received care from suitably skilled and knowledgeable staff. At this inspection we found that people received care and support from staff who had not always received the appropriate guidance and support. The provider had not ensured that staff received the induction, training and support required to enable them to provide person centred care which met people's individual needs and preferences. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The provider was aware of this and had identified staff training needs as an action within the service improvement plan. However, there were a number of staff who had not completed all of their mandatory training or updates. The overall compliancy rate for staff achieving the provider's mandatory training was 54%.

Some staff had received training on how to support people with specific needs. The provider had identified staff training needs such as epilepsy management and diabetes care. Diabetes care was out of date for 34 out of 40 staff members and epilepsy management training had not been either completed or refreshed for 36 out of 40 staff members. Three people living in the home were identified as being at risk of choking due to a swallowing difficulty called dysphagia. Staff training records showed that 8 out of 40 members of staff were trained in dysphagia care. The registered manager stated that staff had been supported by the speech and language therapy team as a means of developing their skills and awareness in this area, but formal training had not been put in place for all staff. This meant that people were at risk of receiving care that was unsafe or ineffective as not all staff were suitably trained to protect them from this risk.

Records showed that appraisals had been completed for some staff but we were informed by the registered manager that supervision records were not available for newly recruited staff. Although the provider told us that staff had received supervision they were unable to evidence the most recent supervision records for staff as these had not been updated on the electronic system. This was confirmed as an outstanding action in the service improvement plan. We were not assured that staff had received meaningful and periodic supervision that supported them in their role.

The failure to ensure staff received adequate training and supervision in their role was a continuing breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in August 2017 we found that the provider had not complied with the requirements of

the Mental Capacity Act (2005) The 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 are called the Deprivation of Liberty Safeguards (DoLS).

At this inspection we found that the registered manager had made the appropriate DoLS applications. DoLS applications were recorded in people's care plans; these had not all been approved. The registered manager told us this was due to the backlog of applications being processed by the local authority. The registered manager told us that they had made links with the local advocacy service to support this process. The provider maintained a record of the DoLS applications which were due to be approved. Care plans also contained records of best interest decisions made on behalf of people for consent to treatments and to share information with health professionals. Several of these did not contain evidence of the relevant people having been involved in the decision making process. On request the provider was able to produce written evidence of the professionals who had taken part in the best interest meetings.

When questioned staff were able to demonstrate that they understood how to apply the principles of the MCA in their daily practice. One staff member told us, "I give them options. One day they might have issues and other days they may not. I take each day as it comes". Staff displayed a sufficient understanding of supporting people according to their daily needs. Some staff in the home had not been trained in the MCA. The provider had identified this in the service improvement plan and had booked outstanding training for those staff yet to complete it.

Within care plans there was evidence that people's needs had been assessed, however these assessments had not always been reviewed, for example, monthly keyworker reviews were included in each care plan but some of these had not been updated. We could not be assured that care and support was being delivered as per people's needs and choice as reviews had not taken place. People had not been involved in planning their own health care as there were no health action plans in people's care plans. A health action plan is a document which contains information about a person's health needs. It is written in an easy read format so that people who have a learning need can be involved in making decisions about their health. The registered manager told us that these had not yet been completed for each person. Hospital passports were contained within some people's care plans but there were several people's care plans which did not contain these. Hospital passports include personal details about people and their healthcare needs. Information should be regularly updated so that the document can be used by people to take to hospital or healthcare appointments to explain to healthcare professionals how they liked to be looked after.

Care plans did not consistently contain all of the information required to enable staff to support people appropriately. This information is of particular relevance when new staff are employed to aid them in providing people with a consistent and appropriate response. Specific guidance was not always provided to staff about how to manage people's individual health conditions. One person's care plan contained information about how to manage their percutaneous endoscopic gastrostomy, which is a tube passed through a person's stomach as way of providing nutrition and medicines if they are unable to take these orally. In the person's care plan it was stated that the PEG site should be inspected and cleaned daily but there was no guidance of how this should be managed or undertaken and there was no record of this having been completed. This exposed the person to a risk of their care being neglected or unsafe.

In other people's care plans there was some specific information and guidance for staff to manage people's

health conditions. For example in one person's diabetes care plan information on recognising signs of hypoglycaemia and hyperglycaemia or low or high blood glucose levels, as well as evidence of blood glucose monitoring and insulin administration was in place.



Our findings

At the last inspection the provider had not ensured staff took appropriate action to ensure people were treated with dignity and respect at all times. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had made improvements to meet the requirements of this regulation.

Most people told us that staff were caring and kind. One person told us, "Yes staff are nice. They make me cup of coffee when I ask." Another person told us staff were, "Wonderful". This view was not held by everyone. One person told us, "Sometimes it depends on what mood they're in. If they're in a bad mood I move away". Staff we observed during the inspection displayed caring and respectful interactions with the people they supported. Several people required 1-1 support from staff and we observed this support was given to people during the inspection.

During a lunchtime session we observed a staff member supporting two people. They used positive language when offering them meal choices, as well as open body language and direct eye contact. Other staff members were gathered at a table, sharing their breaks with people. Staff were observed eating and talking with people, discussing people's holiday plans. A massage therapist offered treatments to people who consented. There was a generally calm atmosphere as staff held respectful, reciprocal conversations with people. This was beneficial to people as it promoted a calm and sociable atmosphere and encouraged interaction between people staff. From the conversations staff held with people it was clear that they knew them well. They displayed an understanding of their preferences and interests and encouraged them to engage with staff and each other.

People were supported to express their views. The registered manager told us that people felt comfortable talking to staff. They told us, "They will always come and talk to us if they have an issue, a lot of the time they will happily talk to us." Staff demonstrated that they knew the people they cared for well and used a range of methods to support people to communicate. One staff member said, "I always ask them what they would like to do, what time they'd like to do it, how they would like their personal care. I give them the choice". Staff spoke kindly to people, using appropriate language which they could understand. Staff also used aids such as pictures to help people communicate if they were not able to do so verbally. One staff member told us, "I always ask them what they want, they have picture books, they can point to pizza or shower". Another staff member told us, "I always ask them what they would like to do, what time they'd like to do it, and how they would like their personal care. I give them the choice." This showed that staff understood the importance of providing individualised care to people.

Information was also included in people's care plans about their preferred methods of communication. This helped staff to understand and support different communication methods to help people express their needs and views. The registered manager told us about their plans to seek the opinions of people living in the home around privacy, dignity and independence by holding a 'dignity tea'.

People told us that they felt they were treated with respect and that their dignity was maintained by staff. One person said, "The ladies treat me with respect, I can have a laugh with them." Another person told us that staff ensured their privacy and dignity was respected during personal care "The blinds are shut and the door is shut when they undress me". During the inspection we observed staff maintaining people's privacy and dignity, ensuring that doors were closed when people received personal care or massage treatments. Staff we spoke with demonstrated good knowledge of the principles of privacy, dignity and independence. One staff member told us they maintained privacy and dignity by "Keeping doors closed, making sure you cover them up when you get them changed. One of the ladies only likes to have lady carers."

At the time of the inspection 4 out of 40 of staff had received training in privacy and dignity. The registered manager had identified this as an action on the service improvement plan and had booked training for staff.



Our findings

Most people told us that they received care which was responsive to their needs. One person told us that they were able to engage in their preferred activities. They said they liked to, "Go out shopping, Christmas shopping". Another person said that they were involved in their care. They told us, "We manage together."

Care plans contained personalised information about people's needs personalities, life histories, preferences and relationships. Some of this information was included in the care plan as 'Getting to know me' booklets and 'important relationships'. There was however a lack of evidence to show that people were included in regular reviews of their care and support needs. Not all people's care plans had been regularly reviewed to ensure that the information was updated.

A keyworker system had been devised to help people developed trusting, respectful relationships with staff members they knew well, in order to support people to identify and express their needs. Although there was evidence in some people's care plans that keyworkers had reviewed some care plans, several people's care plans showed that keyworker reviews had not taken place for several months. This demonstrated that the keyworker system was not effective.

Staff were aware of the importance of supporting people's spiritual and cultural needs. One staff member said, "We support certain cultural or religious needs. [The person] likes to attend church. It's [the person's] birthday this Sunday, I've arranged for [them] to go to church, arrange something for them, something they believe or are interested in." People's care plans contained information about their cultural and spiritual needs. People were supported to access activities in the local community. The provider used a mini bus to take people on trips. Local taxi services were also used to help people access activities. Information about people's interests and preferences was contained within their care plans. This supported staff to plan activities people were interested in.

People knew how to complain. One person told us, "If I have a concern I can ask them to do something about it." Another person told us, "I'd go to [the registered manager] straight away if I had a complaint." The provider's complaints policy was available in an easy read format on the resident's notice board in the home. Following the inspection the provider sent us a number of easy read documents which provided people with information. These included policies on helping people stay safe and on preventing pressure ulcers. This demonstrated that the provider met the accessible information standard (2016). The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all

providers to ensure people with a disability or sensory loss can access and understand information they are given.

Systems were in place for recording and addressing people's complaints. Records showed that people's complaints were responded to. We saw evidence that a complaint made by a person in the home since the last inspection had been fully investigated and that they had received information about the outcome in an easy read format which they could understand. Feedback was provided to the person making the complaint and the provider had looked at ways of improving communication with the person as a way of addressing the complaint. There were no records available to show how complaints had been used to develop service improvements.

The provider had put arrangements in place to ensure that people received individualised care at the end of their lives. There was a designated lead for end of life care who ensured that people's preferences and choices were communicated, acted upon and kept under review. The end of life care lead obtained support from healthcare professionals such as district nurses to support people's needs. They held sensitive conversations with people about how they would like to be cared for. Best interest meetings involving relatives were held to make decisions about end of life care where people lacked capacity to do so for themselves.

End of life care plans were written in easy read formats which people could understand. The plans reflected the views of the person. The provider sent us two examples of these after the inspection. This demonstrated that people were actively involved in making decisions about the care they received at the end of their lives.



Our findings

At our last inspection in August 2017 we found the provider had not always ensured that effective systems were always in place and operated effectively to assess, monitor the quality of the service provided and ensure appropriate action was taken to improve the quality and safety of the care people received. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had not taken sufficient actions to meet the requirements of this regulation.

The provider monitored the quality of service provision by completing monthly compliance auditing tools. These monitored areas such as health and safety, infection control and moving and handling. Information was collated to identify trends which would trigger alerts for the quality assurance team. This helped identify if additional support was required from senior managers. Action plans were then completed with dates for review. The most recent health and safety audit showed that the service had a compliancy rate of 66%. A review date for completed actions had been set for March 2018. Following a recent external fire safety audit by the local fire service the registered manager had implemented a horizontal evacuation plan to ensure safe evacuation procedures were in place. However, audits were not effective as they had failed to identify a number of shortfalls we found at this inspection in relation to safe care and treatment, staffing and good governance. Some of these shortfalls had been repeated from the last inspection of the service; this did not demonstrate that the provider used an effective quality assurance system to monitor and improve service quality and provision.

The registered manager was supported by a team leader as well as the provider's quality assurance team, area manager and director of services. A service improvement plan had been devised to address the breaches identified at the last inspection as well as additional improvements required to improve quality and safety. The registered manager held overall responsibility for daily operational aspects of the plan such as staff recruitment. At the time of the inspection weekly meetings were being held to review any unmet actions. A substantial number of improvements had been identified as being required. Several of these had not been actioned at the time of inspection. These included recruitment of a housekeeper, mandatory training for all staff, a review of the rota system, a new induction for all staff and completion of reviews of people's care plans. The service could not evidence that all of the outstanding actions from the service improvement plan had been met by the proposed deadlines. This meant there were areas where the quality and safety of the service were compromised.

We asked the provider to produce evidence of how they engaged people who lived in the home to be

involved in decisions about the support they received as well as changes to the home. The provider told us that they used a number of methods to seek feedback from people such as monthly resident's meetings. The last recorded minutes were from August 2017. Any minutes for meetings beyond this date were not available at the time of inspection. The registered manager told us that a new survey was being devised to seek feedback from people living in the home. We were not assured that the provider had been using feedback from people to drive improvements to the quality of care.

People we spoke with gave us mixed views about being involved in making decisions about the service and living in the home. One person told us, "We're not involved in what we'd like to see being done in the service. They do it behind closed doors or when we're not around. We're not asked what needs doing that's important to us." Another person told us, "I'm always happy". One person told us, "They make it homely for us." Another person said, "It's ok most of the time, sometimes staff tell us what's happening in the main house. We have meetings once a month." The registered manager told us that they planned to redesign customer satisfaction surveys in order to gather specific feedback on the quality of the service. At the time of the inspection these were not available.

The provider told us they had recognised that additional work was needed to increase people's engagement with activities and decisions made about the service such as displaying the weekly leisure activities available to people. For example there was a notice board in the communal area which the registered manager told us would be used to display an activities list for people living in the home however this had not been completed at the time of the inspection. There was no evidence that an activities schedule had been produced for people.

The registered manager aimed to promote a person centred and inclusive culture within the home, The manager had worked at the home previously as a member of staff and knew the people who lived in the home well. During the inspection we observed the manager engaging in friendly conversations with people. The registered manager had planned to engage people in making decisions about the home. We found however that as described in the paragraphs above progress had not been made to ensure that the service was person centred, inclusive and that people's views and experiences were used to shape and improve the service in a timely way.

There was not an effective system to monitor the quality of peoples' care records and ensure the service held current and accurate records about people. Records did not always contain enough information about people to protect them from the risk of unsafe care. Risk assessments were not always up to date, placing people at risk of not having all their needs met in a consistent and safe way. There was also a failure to identify recording errors and omissions in the care records and to analyse concerns. For example two people's choking risks assessments had not been signed and dated. This was corrected by the provider during the inspection. When reviewing care related records we found that staff were not always recording people's allergies; this had not been identified by the registered manager. The absence of a robust governance system to ensure records were analysed and completed accurately by staff exposed people to risks of unsafe or inappropriate care or treatment.

The failure to provide good governance to ensure the safety and quality of service provision was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted some people were asked for their opinions on changes they would like to see in the home such as a menu board in the dining room. Staff had taken action to follow this up and a menu board had been provided. This had happened following the last recorded resident's meeting August 2017. However, as described above people were not consistently asked for feedback.

The registered manager also told us that feedback surveys would be sent to staff and to relatives of people to gain their views on the service. These however had not yet been produced at the time of the inspection. Staff we spoke with told us that they were asked to give feedback about the service. One person told us, "We do have monthly meetings discussing anyone's concerns. The option is there if we'd like to have a conversation with [the registered manager]." Evidence of staff meeting minutes showed that staff were engaged in discussion about improvements and developments.

The provider had worked in partnership with agencies such as social services to drive service improvements. Before the inspection we spoke with the allocated social worker who had been completing regular visits to the home to review the improvement process. They informed us that staff had cooperated well with social services and had maintained open and transparent communication with them. However, as there were still unmet actions within the home partnership working had not proved effective in driving service improvements.

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. We found that the registered manager had made appropriate notifications.

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The failure to ensure risks relating to the safety and welfare of people using the service were assessed and managed was a continued breach of Regulation 12(1)(2)(b).</p> <p>The failures to ensure the proper and safe management of medicines was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The failure to provide good governance to ensure the safety and quality of service provision was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The failure to ensure staff received adequate training and supervision in their role was a</p>

continuing breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.