

Optima Care Limited

Gate 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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 7 and 11 January 2016 and was unannounced.

The service is in the village of Eastry near to the main towns of Sandwich, Dover and Ramsgate. There were four people living at Gate House and one person who stayed for weekends. Each person had their own bedroom. The home is open plan in style with access to the garden at the front and back of the house. The house has one level and is set in the grounds with other houses owned by the company. The houses are separated by fencing and secure gates.

There was a registered manager at the service who supported both days of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager started working at the service in August 2015. He had identified lots of areas where improvements were needed and had written an action plan. An acting deputy manager had been supporting the manager and a new deputy manager had just started and was going to be based in Gate House.

At the time of the inspection the home provided an unpredictable and unsettled environment for people. There was an inconsistent approach to supporting people that sometimes put people's wellbeing at risk. There had been some changes in the service provided and some new people had moved into Gate House. People did not all get along and they had conflicting needs that made it difficult for staff to manage and support people effectively. The registered manager and deputies were trying to sort the service out, but were managing various situations that occurred in order to protect people, rather than being able to manage the service and prevent the situations from occurring in the first place. The registered manager and deputies had lots of ideas to improve the service and were working through the action plan, which meant that some of their ideas had not yet been implemented.

Risk assessments had been carried out for general areas of risk and were in people's care plan folders. These covered areas like slipping in the bath or needing support to go out due to a lack of understanding of road safety. Risk assessments for the current difficulties and needs were being assessed on an almost day to day basis, so they were not all recorded clearly in people's plans. In these circumstances, staff were reliant on senior staff and management to direct them to protect people.

Staff we spoke with knew about different types of abuse but not all of the staff had attended training in safeguarding people from harm and abuse. Recruitment checks on staff were not as thorough as they should be. Some staff did not have the right number of references and gaps in their employment history and this had not been followed up. Staff had not declared that they were healthy and fit for the role and

provided proof of their qualifications.

There were sufficient staff to meet people's basic care needs. People's unpredictable behaviours meant that at times a higher staffing level was needed. Recently the staff had been organised so that they supported people with individual activities to minimise the risk of behaviour that may harm others.

Staff attended basic training courses; subjects related to peoples' needs were limited. Staff had not had training in person centred planning, learning disability awareness and positive behaviour support. Staff had not had the opportunity for regular one to one meetings. The registered manager agreed that the training for staff could be improved and he would talk to the provider about this. Staff we spoke to were motivated, enthusiastic and willing to learn. There had been some recent staff meetings and staff said they felt supported by the new manager and deputies.

Staff respected peoples' privacy and dignity and, on the whole, were kind and caring. There had been significant changes in the service and staff were getting to know people. People were laughing with the staff when carrying out some of the activities. Some of the time staff responded well to people's ways of communicating but people's communication was not consistently supported. There were no communication systems in place despite involvement with speech and language therapists and communication aids being designed in the past for people. The home environment did not support communication, giving people some control. For example, there was nothing to show who was on duty that day, what the activity options were, what the meal choices were and what other opportunities were on offer.

People needed more support to manage their independence and have more control over their lifestyle. Each person had a care plan detailing their needs. Personal goals and aspirations had not been recorded so there were no plans to help people achieve their goals. There were no plans to support people to learn new skills and to develop existing skills like, learning more about money, cooking or how to do laundry. The registered manager was aware of this and wanted to improve this. Some care plans had not been reviewed so it was not clear if the support being given was effective.

People had their nutritional needs assessed and some people had specialist diets. Some of the support needed for this was complicated and the guidelines were confusing. Not all staff were confident with this and records were inconsistent or missing. Each person had a health action plan that gave staff details about the person's health needs. The staff worked closely with health professionals to maintain peoples' health and followed their advice. Medicines were stored safely and managed by the staff. The potential for people to take some control of their medicines had not been assessed.

The registered manager understood the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People were subject to constant supervision by staff and restrictions to their liberty, for example, some external doors were locked and access to the kitchen was restricted. DoLS authorisations had been agreed by each person's local authority and had been reviewed within the right timescales. Restrictions were being reviewed to make sure that they were the least restrictive option.

The house was generally clean and spacious but did not feel homely and was in poor repair. Work was planned for refurbishment. People had their own bedrooms that were personalised. Some people were choosing new furnishings and pictures. People usually chose to eat together in the main room dining area and looked like they enjoyed the food. There were two vehicles for people to use to get out and about in the local area and to access a variety of activities. Staff were finding out about people's interests and provided a variety of activities. These needed to be developed to make them more purposeful. People were supported to maintain relationships with people who were important to them.

The registered manager was in the process of moving offices and was based in one of the other homes in the grounds. A deputy manager had been employed and was based in Gate House. The deputy manager was reorganising the rooms so that they had a separate office to work from. Records had been moved and some were incomplete or missing.

There was a lack of records relating to checks and audits. Regular checks of the environment had been carried out but not acted on. There were no records of checks of the care plans, staff files, and other records. After the inspection the provider advised us that audits of these records had been carried out. We will check this at our next inspection. Peoples' and stakeholders, including staff's, views had not been gathered, analysed and acted on. After the inspection the provider told us that surveys had been sent out to relatives and carers in July 2015 and to staff in October 2015 and that feedback had been given to the service. Recently, some incidents and accidents had been analysed to look for any common patterns and trends but there was more work to be done with this to reduce further incidents. The registered manager agreed that this was an area for improvement.

There was a complaints procedure but it was not displayed. There were plans for an easy read format of the complaints procedure but this was not yet in place. The registered manager had notified the CQC of events that affected people or affected the smooth running of the service.

At this inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see details of the breaches and the action we have taken at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

There were enough staff to meet everyone's assessed needs but not all risks were assessed and managed to protect people from harm.

Recruitment checks were not thorough enough.

Staff knew about different types of abuse and who they could report any concerns to.

Medicines were stored safely and regularly checked. There were no plans to increase peoples' control and understanding of their medicines.

Requires Improvement ●

Is the service effective?

The service was not as effective as it could be.

People needed skilled support and not all the staff had all the training to provide this.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Restrictions to people's liberty was authorised and in their best interests.

People were supported to eat healthily but there was insufficient training and guidance regarding specialist nutrition.

People had the support they needed to remain healthy.

Requires Improvement ●

Is the service caring?

Staff were generally kind and caring.

There were no plans in place to increase peoples' independence; people were not supported to fully participate in the running of the service.

Requires Improvement ●

Peoples' dignity and privacy was respected.

The environment did not support communication.

Is the service responsive?

The service could be more responsive.

Some care plans had not been reviewed so it was unclear if the person was receiving the right support.

Activities were provided but did not always have a purpose. There were no plans to support peoples' goals and aspirations.

The complaints procedure was not displayed and was not produced in a format suitable to peoples' needs.

Requires Improvement ●

Is the service well-led?

The service was not yet well led.

The registered manager was experienced and qualified to manage the service. He had plans to improve the service which, he said, would be implemented over the next few months.

Peoples' and stakeholders, including staff, views had not been gathered and used to make improvements to the service.

Records were not always up to date and available.

Some audits and checks were carried out but there was no system for taking action when shortfalls were found.

Requires Improvement ●

Gate 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.

The inspection took place on 7 and 11 January 2016 and was carried out by two inspectors. The inspection was unannounced.

Before the inspection, we looked at the provider's Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with staff, the registered manager and deputy managers, and spent time with people living at Gate House. People were unable to tell us about their experiences directly, so we made observations and spoke with relatives, care managers and other professionals about people's care and support.

We sampled a variety of records including care plans, medicines records, audits, staff files, training records, risk assessments, accident reports and staff meeting minutes.

We last inspected Gate House 19 November 2013 when the service met the standards we checked.

Is the service safe?

Our findings

Some of the time people looked relaxed in the company of each other and the staff, but at times people were less relaxed. People and visitors expressed concern over people's safety due to other people's unpredictable behaviours when they were upset, anxious or emotional. There had been some incidents recently where people had been hurt or frightened.

Plans and risk assessments did not cover all aspects of people's needs. There were risk assessments and guidelines for staff to minimise risks for things like slipping in the bath or needing support to go out due to a lack of understanding of road safety. Risks from behaviour when people became upset and emotional were in the process of being assessed in response to changing needs and as staff got to know people. People had conflicting needs and staff were sometimes in a situation where they would support one person and it would affect another. These needs were being assessed by the deputy managers on an almost day to day basis.

When there had been incidents where people's behaviour had challenged others, the deputy managers had looked for patterns and trends. For example, if the incidents were occurring in the same place or at the same time of day. A pattern had been identified in one situation and a plan to minimise the risks of anxious behaviour had been put in place. Since the plan was in place the number of incidents where the person's behaviour had challenged others had decreased in this situation. Further work around understanding what people needed, identifying the risks and putting plans in place to minimise them and protect people was needed.

The provider had failed to protect people from harm caused by other people when they became upset, anxious and emotional. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were able to recognise signs through behaviours and body language, if people were upset or unhappy. Staff were getting to know people who had more recently moved in. Staff explained how they would recognise and report abuse. Most staff had received training on keeping people safe. They told us they were confident that any concerns they raised would be taken seriously and fully investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew how to take concerns to agencies outside of the service, if they felt they were not being dealt with properly. There was a policy and procedure that staff could refer to and the registered manager planned to simplify this by displaying an easy read flow chart of what to do if you suspected abuse.

Peoples' money was controlled by staff and was stored safely. Peoples' money was regularly checked and receipts were always obtained for any purchases. There were no plans to increase peoples' skills so that they could take more control of their money and finances. The registered manager agreed that this was an area for improvement.

There were sufficient staff to meet people's basic care needs. The staffing was organised so that people received the one to one support that they needed and paid for and this was increased to two staff for some people when out in the community. Not all the people in the home needed one to one support for their own needs but this level of support had become necessary at times to protect people from harm due to the behaviours of others. Recently the staff had been organised so that they supported people with individual activities to minimise the risk of behaviours.

Safe recruitment practices were not being followed; staff were not always checked thoroughly before they started working at the service. Staff files included application forms and records of interview and checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. However, one staff member had no written references on file and a second staff member only had one reference and a phone number on the application form that had not been followed up. Staff had not declared that they were fit and well and had not been asked to declare any health issues. There were gaps in employment history that had not been followed up and records of what had been done by the interviewer, for example, telephone references, had not been recorded.

The provider did not operate thorough recruitment checks to make sure that staff were of good character, healthy and fit to carry out their roles. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were safe medication administration systems in place and people received their medicines when required. Medicines were stored in a locked cabinet and administered by trained staff. The cabinet was not overstocked and medicines were stored at the correct temperatures. There were no plans in place to increase peoples' control of and knowledge about their medicines. The manager agreed that this was an area for improvement.

Medicines audits were carried out and were effective at picking up errors or areas for improvement. The deputy manager had checked medicines records and stocks in December 2015. Some areas for improvement had been identified including: the need for a medicines fridge, the policy for missing medicines needed updating and the need for guidance plans for medicines only taken when required (Medicines prescribed for specific situations, for example, paracetamol for a headache). The deputy manager was working on the guidance plans identified for some of the medicines.

People were kept safe from the risk of emergencies in the home. The fire systems were checked regularly. People were at risk from hazards such as falls, slips and trips as checks of the environment had not been carried out regularly. There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. Each person had a personal emergency evacuation plan so staff knew how to evacuate people safely.

Is the service effective?

Our findings

Staff did not always have the training they needed to meet people's individual needs and ensure their safety. Staff attended basic training including fire awareness, health and safety and food safety. Courses related to peoples' individual needs were limited. Staff had not been trained in person centred planning, positive behaviour support or learning disability awareness. The deputy manager had identified some of the training gaps and was organising courses.

There had been periods of time when staff had not had one to one supervision meetings and none of the staff had received an annual appraisal in the last year. It was important for staff to have the opportunity to air their views in private and to discuss training needs and interests, particularly as there had been so many changes in the service. These shortfalls had been identified by the deputy manager who had started to provide one to one supervision meetings for staff.

Staff did not receive appropriate support, training, supervision and appraisals necessary to enable them to carry out their roles. This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who needed special support with their diet and nutrition were not always sufficiently monitored and managed consistently. The guidelines for specialist diets were complicated and some staff were not confident about how and what to prepare. The information in different parts of the care plan and health plan was inconsistent. This also led to difficulties when eating out. Staff said they monitored people's weight to make sure they were not losing or gaining weight but the records could not be found and it was unclear how often this was done and when people's weight was last checked.

There was insufficient guidance, support for staff and checks to make sure people received the nutrition they needed to keep them healthy. This was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff supported people who could become anxious and exhibit behaviours which may challenge others but sometimes behaviours that could be prevented weren't. Staff explained how people preferred to be supported and the routines that they had established for themselves to feel some control over their environment. Staff showed how they enabled people to carry out these routines. People had various communication methods to make their needs known and there were sequences that people used to reassure themselves of the timing of things. Mealtimes were one of the times that had a sequence. Despite knowing this staff were not always able to make sure people felt reassured and confident. This was an area for improvement.

The times for meals were quite relaxed and organised around people's activities. Generally people sat together at a table in the main room and sometimes people ate out or when they got back from an activity. Staff said choices were offered at mealtimes. There was a menu but photos and pictures were not currently being used, so people were limited in how they were involved in menu planning as people needed support

to read the choices.

People were able to have snacks when they wanted. If they indicated that they wanted something to eat or drink staff were responsive, for example, a person walked towards the kitchen and staff followed asking if they wanted a drink and they both went into the kitchen together to make one. There was a key pad on the kitchen door so people were limited when they could be in the kitchen. There were no plans to increase peoples' skills in the kitchen and to support them to be more independent with making their own meals and snacks. Staff cooked the meals and people did not help with meal preparation. Staff talked about people helping make cakes and some snacks but this was not structured or recorded in their plan so it was a time filling activity rather than an opportunity for development.

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 Mental Capacity Act 2005. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). A number of people were subject to constant supervision and/or were being deprived of their liberty or were subject to imposed restrictions. The registered manager had made DoLS applications to the supervisory body. The deputy managers had considered the restrictions in the environment and had made some changes. People were able to go out into the garden freely and into their bedrooms. Some of the rooms were locked, for example the office. Further review was needed to make sure the least restrictive options were in place, for example, regarding the kitchen. This was an area for improvement.

The registered manager understood his responsibilities under the Mental Capacity Act 2005. He knew that capacity must be assumed unless a capacity assessment had been carried out which established a person lacked capacity. He knew only to make decisions for people in their best interest. He had organised 'best interest meetings' when people needed support to make decisions and invited people's friends and family.

People's care records showed relevant health and social care professionals were involved with people's care, including doctors, opticians, speech and language therapists and dieticians. People had support to attend appointments when required. People had a health action plan which described the support they needed to stay healthy. There was a healthcare passport prepared for if people went into hospital which gave important information for health care professionals who did not know them.

Is the service caring?

Our findings

We observed some good interactions between people and staff. Staff gave people focused attention and at times, responded to their communication and behaviours so that people smiled and laughed.

Staff talked about how people communicated. People who were unable to speak made noises, used facial expressions, objects, one or two Makaton (a sign language) signs and led staff to what they wanted. Speech and language therapists had been involved in the past and given direction but this had not been further developed. Communication aids that had been designed for people were no longer in use. The new deputy manager found a photo book belonging to one person in a cupboard and put it back in their room for them to use. The new deputy manager talked about communication systems and was passionate about this. They had also brought various examples of communication systems. Developing people's communication methods to enable them to be able to express themselves and be involved in the service was a priority for improvement.

The environment did not support communication. There was nothing to show people which staff member was supporting them that day, what the meal choices were and what activities were on offer. Information was not always provided to people in an accessible way that was meaningful to them. There had been significant changes to the service in the last six months and the home was unsettled. Some people had lived in the home for some time and staff knew them well but people had been affected by the changes so their needs had changed. The management team and staff were getting to know people's individual needs and how to manage them.

Staff talked about people in a person centred way but in practice the service was mostly task led. Staff were knowledgeable about things people found difficult and how changes in daily routines affected them but they were sometimes unable to prevent situations occurring that upset people. Staff support was in reaction to people's needs and behaviours rather than being able to effectively anticipate them. People were not always at the centre of the care they received because staff sometimes focused on the task and on the needs of people who were more demanding.

People were not all encouraged to be as independent as possible. There were no plans to support people to learn new skills. How much people participated in things like meal preparation depended on individual staff. Some staff said they made cakes with people and encouraged them to stir the mixture but this was not included in people's plans so there was no consistency. People were unable to go into the kitchen independently as there was a key pad lock on the door. The registered manager and deputy managers were working on people's care plans and planned to address developing people's independent living skills.

The home was spacious and people were able to spend time in their rooms if they preferred and their privacy was respected. People's bedrooms were suitable for their needs and were personalised or in the process of being decorated to their taste. Some people had been out shopping for new furnishings and pictures. Each person's individual dress styles and preferences were respected and supported by staff.

People were supported to keep in touch with their families and friends. Staff supported people to make visits to their loved ones. People could have visitors when they wanted at, at reasonable times.

Is the service responsive?

Our findings

Each person had a care and support plan containing information about their needs and preferences, for example, how people liked to have a bath or a shower and what support people needed to remain healthy. Staff were aware of most people's preferences and choices but sometimes these were limited due to other people's needs. It was difficult for staff to balance people's needs and sometimes one person's needs were met at the detriment of other's needs.

Some of the information to guide staff to give the right support was in different places and was not consistent because it had been updated in one place and not the other.

Reviews in care and support plans consisted of a sheet indicating that the plan remained the same. This was sufficient for some parts of the plan but reassessments were being made to adapt to people's changing needs and whilst getting to know new people. These were not all included in the care and support plans. It was hard for the staff to keep the records up to date to reflect the changes as they were so rapid.

There were no personal goal plans, aspirations had not been identified and recorded so people were not supported to achieve their personal goals. Some of the activities had a purpose, for example, one person went out shopping to choose things for their bedroom and came back looking very pleased with their purchases. Many activities provided were just filling time to keep people occupied and opportunities to develop people's skills and interests were missed.

People had limited opportunity to take risks and develop independent living skills. More assessment and planning was needed to see what people could do for themselves and develop skills and design activities that would give people useful skills and experiences. Activities where people participated and developed their skills gradually were not structured so that people consistently practiced a new skill. People were able to participate in some activities in the kitchen but they were protected from taking risks to further develop their independence. People were reliant on individual staff who made the effort to encourage people to do a part themselves rather than as part of an ongoing plan. People needed more support to manage their independence and have more control over their lifestyle. Activities were organised around people's preferences and with staff support that varied depending on the activity. For example, if people were going out into town or swimming they needed more staff with them than if they were at home doing a craft activity. The management team and staff had put thought into finding ways to support people to keep them occupied and safe. Some of the incidents that had occurred previously had reduced due to the plans that had been put in place. Despite this there were still times when people displayed behaviour that challenged others and this was an area for continued improvement.

There was a day activities service in the same grounds as the home that provided various group activities and people attended from other homes in the company so there were more people to meet. Staff explained that previously one person had not liked going but had recently tried it again and really liked it. When they suggested this option to the person they became excited, laughing and smiling and started to walk out of the door.

Staff demonstrated a commitment to supporting people to have a good time. They responded to people and encouraged the things they liked doing. The deputy managers were developing the guidance as fast as they could but there was still a lot to do before everyone was having the support they needed by the whole staff team.

Complaints and concerns were taken seriously and were recorded, investigated and responded to. Although there was a complaints system, it was managed inconsistently. When people raised complaints or concerns about the care they received the service did not always take their views on board fully or change their practice to improve. People were not supported to express their views, so they resorted to behaviours that made staff respond. The management team were aware of this and were working on improving the communication systems. The registered manager was organising meetings for people and an easy read complaints procedure. Visiting professionals and people outside the service told us that they were being listened to and there were some improvements since the new registered manager had been in post. The registered manager had given his personal contact details to some relatives so they could raise any concerns directly to him.

Staff told us people had a keyworker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and would spend time with them.

The service had good links with the local community. People regularly went for walks in the local area and went to the local shops and pub. Staff made sure that people were able to maintain relationships that mattered to them.

Is the service well-led?

Our findings

There had been changes to the service and periods of time with different managers. A new manager had been employed and registered with the Commission in December 2015.

The new registered manager had assessed the service provided and identified areas that needed improvement. A new deputy manager had been employed and was in their first week at the service at the time of the inspection. An acting deputy manager had been in the service for just over a month. The deputy manager and acting deputy manager had also identified areas for improvement. They had also been responding to safeguarding alerts due to people's behaviour that challenged and issues that had been identified by visiting professionals. Due to the number of issues in the service the management team were having to focus on protecting people's wellbeing, which meant that their management was reactive.

The culture of the service, that was observed over the two days of the inspection, was one that staff 'did for' people rather than with them. The opportunity to increase people's control of their lives by supporting them to do more for themselves and by supporting people to be more involved was limited. Staff did encourage and support people some of the time but this was unstructured and reliant on individual members of staff to initiate. The registered manager agreed that this was an area that needed to be improved.

The registered manager had not yet developed the staff team to have all the skills they needed to provide consistent support to people and be confident in their role. The deputy manager had recently initiated supervision meetings as they had stopped during the changes in the service.

Observations of staff practice were not included as part of the supervision process and supervision had not been carried out regularly. The culture and values of the staff team were not regularly assessed and there had been changes in the team. There had been team meetings in November and December for staff to discuss concerns and ideas. The new deputy manager would be taking on the role of developing the team and the culture in the service.

People had not been involved in improving the service. There was no record of attempts to seek people's views about the service. Communication aids that had previously been used were not in use, so this left people having to use any means they could to let their needs be known, for example, shouting, screaming and banging objects. People were clearly unhappy at times due to the level of behaviour and incidents that had occurred in recent months. We asked if surveys about the quality of the service were sent out to people's representatives and the registered manager said 'not yet.' The registered manager said he did not know if surveys had been sent out previously to people, their representatives and staff. The registered manager said he planned to ask people and their representatives about their views of the service and act on them to improve. After the inspection the provider told us that surveys had been sent out to relatives and carers in July 2015 and to staff in October 2015 and that feedback had been given to the service. We will check on improvements at the next inspection.

Some quality assurance systems were in place to monitor the quality of the service being delivered and the running of the service. The only part of this system that was up to date were the recent audits which

included checklists of the safety and general wear and tear of the building and the medicines audit. There was no record of action taken following audits. The external doorbell did not work so visitors were unable to let people know they were coming. This had not worked for some time but was just accepted. Visitors had to go to one of the other services to request access. One of the overall service audits carried out by a representative of the company had not been seen by the deputy managers until the day of the inspection, so there was no plan to address anything that had been picked up in this. Quality audits from commissioners of the service had been carried out and the registered manager and deputies were working on the action plan from these.

People benefited from staff who understood and were confident about using the whistleblowing procedure. Staff knew who to report any concerns to and were confident that the registered manager would take the necessary action.

The registered manager had notified CQC about most significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. People and staff had confidence that the registered manager would listen to their concerns and would deal with them appropriately. The registered manager was aware of their legal responsibilities and changes to legislation that had an impact on the service.

Most records were up to date and held securely to protect people's confidentiality. Some records could not be found like the weight charts. The deputy managers were sorting out the records and they had moved the rooms around to make a suitable office space. Some records were not up to date, including the training matrix and some of the care plan records. The deputy manager had been in touch with the head office to sort out the training. The registered manager said that he wanted staff to complete report writing training as he had noted that this was an area for improvement.

The provider had not ensured that the service provided was assessed, monitored and improved. The provider had not sought and acted on people's and stakeholders views to improve the service. The provider had not maintained accurate, up to date records in respect of persons employed and the management of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to protect people from harm caused by other people when they became upset, anxious and emotional.
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs There was insufficient guidance, support for staff and checks to make sure people received the nutrition they needed to keep them healthy.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that the service provided was assessed, monitored and improved. The provider had not sought and acted on people's and stakeholders views to improve the service. The provider had not maintained accurate, up to date records in respect of persons employed and the management of the service.
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not operate thorough

recruitment checks to make sure that staff were of good character, healthy and fit to carry out their roles.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff did not receive appropriate support, training, supervision and appraisals necessary to enable them to carry out their roles.