

## Woodham Enterprises Limited

# Woodham House Newlands

### Inspection report

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### Ratings

#### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Inadequate



Is the service well-led?

Inadequate



### Overall summary

This unannounced inspection took place on 19 and 20 November 2015. Woodham House Newlands provides accommodation, care and support for up to nine people living in the community with mental health needs and forensic histories. At the time of our inspection there were nine people living at the service.

At our last inspection on 7 and 8 August 2014, we found several breaches of legal requirements. The provider had not protected all service users against the risks associated with the unsafe management of medicines, adequate steps were not taken to ensure the welfare and

safety of people and some people's needs for stimulation were not met as planned. Notifiable incidents were not notified to Care Quality Commission. (CQC). The provider sent us an action plan telling how they would address these issues and when they would complete the action needed to remedy these concerns.

A registered manager was in post. A registered manager is a person who has registered with Care Quality Commission to manage the service. Like registered

# Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had not adequately assessed, monitored or managed risks at all times to ensure safety of people who use the services. The provider's policy for 'zero tolerance' towards substance misuse was not followed. The provider did not have robust system to analyse accidents and incidents in order to reduce reoccurrence. Sufficient numbers of staff were not on duty at all times to meet people's needs and some staff worked long hours without a break.

Two staff members were working at the service without the registered manager confirming their identity, recruitment checks and qualifications. Following our inspection we sent a letter to the provider to show us evidence of these staff recruitment checks. We have received the requested documents from the provider within the stipulated time in our letter. The service followed safe recruitment practices.

People were not supported at all times to access relevant health care services they required when they need to. The service did not consistently refer to key professionals about untoward occurrences, incidents and concerns. There was no record to show in the supervision records what staff had said or what their line manager had said in the supervision meeting, and if any improvement plans proposed to monitor their learning and development.

People had access to a varied menu and an alternative choice of food was offered when someone did not like the day's menu.

People told us staff were caring and treated them with respect. However, people's identified needs and preferences were not met at all times. People were not always involved in making decisions about their care and treatment,

People's needs were assessed, but care and treatment was not planned and delivered in line with their assessed needs. Care plans were not person centred and did not provide adequate guidance for staff to meet individual needs.

Although people's complaints were responded to and addressed, the complaints policy and procedure did not provide accurate information for people and required improvement.

The service had not carried out audits to monitor the quality of the service in relation to people's risk assessments and management, incidents and accidents, care plans, Random Urine Drug Screening Test Results and their follow up actions, staffing, involvement of people and staff, health and safety of people's rooms and therapeutic room. Some of the service records were not accurate, complete and contemporaneous.

Appropriate arrangements were in place for the safe management of medicines. The provider had notified CQC all notifiable incidents.

We found six breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. We are currently considering the action to take in relation to some of the more serious breaches and will report on this when it is completed. You can see what action we took for other breaches at the back of the full version of this report.

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

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to consider the process of preventing the provider from operating this service. This may lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement and there is still a rating of

# Summary of findings

inadequate for any key question or overall, we may take action to prevent the provider from operating this service. This may lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12

months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

The service did not adequately assess, monitor or manage risks to ensure the safety of people. The provider's policy for 'zero tolerance' towards substance misuse was not followed. The service did not have an effective system to manage accidents and incidents. Sufficient numbers of staff were not available to keep people safe and meet their needs.

People were supported to take their medicines safely. There were appropriate safeguarding procedures in place and staff had a clear understanding of these procedures. Although the registered manager was not aware of two staff members' recruitment checks, the provider had followed safe recruitment practices.

**Inadequate**



### Is the service effective?

Some aspects of this service were not effective.

People were not supported to access the relevant health care services they required when they need to.

Staff completed trainings identified by the provider. However, none of the staff had received specialist training in substance misuse and this required improvement. The service did not consistently refer to key professionals about untoward occurrences, incidents and accidents. Staff supervisions were not effective and required improvement. Staff were aware of the requirements of the Mental Capacity Act 2005. People were supported to have enough to eat and drink.

**Requires improvement**



### Is the service caring?

Some aspects of the service were not caring.

People who use the service were not always involved in making decisions about their care and treatment.

People told us staff respected their dignity and need for privacy and they were treated with kindness and respect. However, the communal area impacted on people by providing a lack of privacy and meant that confidential discussions may be able to be heard and confidential information kept unsecured and this required improvement.

**Requires improvement**



### Is the service responsive?

The service was not responsive.

**Inadequate**



# Summary of findings

People's care plans were not person centred and did not reflect their current needs with adequate guidance for staff. Care and treatment was not delivered in line with the individual's assessed needs. People's identified needs and preferences were not met at all times.

The service complaints procedure was not accurate and this required improvement. The service responded to and addressed people's concerns.

## Is the service well-led?

The service was not well-led.

The service records including residents meeting minutes, staff meeting minutes, key worker monthly reports and provider's compliance visit reports were not always accurate, complete and contemporaneous.

There were no effective systems and process to ensure the service was assessed and monitored at all times and in response to the changing needs of people who use the service.

We did see some areas of good practice; the provider did weekly audits to check the administration of medicine was being recorded correctly. The service had notified reportable incidents to CQC as required by law.

**Inadequate**



# Woodham House Newlands

## 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 checked 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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

This inspection took place on 19 and 20 November 2015 and was unannounced. The inspection team comprised of two inspectors, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care.

During the inspection we looked at nine people's care records, eight staff records, quality assurance records, accidents and incidents records, staff and residents meeting minutes and the home's policies and procedures. We spoke with five people using the service; we spoke with two external health care professionals. We also spoke with the Registered Manager and two members of staff.

# Is the service safe?

## Our findings

People told us they felt safe using the service. One person told us, “The staff are good and look after me; they help me with my medicine.” We observed people interacting with staff in the communal areas. People appeared comfortable with staff and approached them without hesitation. However we identified concerns in relation to safety.

Risks to people were not adequately assessed, monitored or managed. Seven of the nine people’s care records we looked at showed people had complex needs. However there was no guidance available to staff to support them in assessing risk levels of people using the service. There were risk management plans in place but they did not contain detailed information to ensure staff were able to support people and minimise risks in a safe and consistent manner.

For example, a person was readmitted to the service in September 2015. Their risk assessments had not been reviewed since May 2014 and risk management plans had not been updated to respond to changing needs and risks. For a second person there was no current risk assessment on the file. The manager was alerted to this and was able to produce a risk management plan addressing risk in relation to their medicines. However a previous risk assessment stated that the person was at high risk of harmful behaviours. There was no current assessment of these risks or risk management plan.

Conflicting information was available in risk assessments. For example, one person’s risk assessment stated that there was no risk of a particular behaviour, however the risk management plan stated that females should only enter the person’s room in pairs and a possible relapse indicator for this person was identified as ‘disinhibited behaviour’. There was lack of a clear assessment of this risk or detail to help establish the nature of how risks may present. Another person was identified as at risk of self-harming and their support plan stated there should be opportunities through one to one sessions to speak to staff. However, there was no risk management plan and guidance for staff detailing what action to take if the person presented with this risk. Another person’s risk assessment records showed evidence of risk of substance abuse as well as other risk behaviours. However, there was lack of detail in the risk management plans to ensure staff could support this person and minimise risks in a safe and consistent manner.

The provider had not followed their own policy of ‘zero tolerance’ towards substance misuse. We saw Random Urine Drug Screen Test Results (RUDSTR) and found frequent examples of positive results for cannabis use and the use of class A substances. The registered manager and a member of staff on duty were not able to tell us how they enforced a ‘zero tolerance policy.’ This meant that the service was not able adequately manage people when they continued substance abuse on the premises.

For example, on 03 March 2015, a RUDSTR for a person showed positive for non-prescribed substances; the service had emailed the person’s Community Psychiatric Nurse (CPN), but there was no follow-up action taken. Also, for the same person on 10 March 2015, the RUDSTR showed positive test results and no follow up action was taken. There were other examples of people testing positive for non-prescribed substances but no action being taken by the provider in terms of treatment offered or involvement of other professionals.

On our first day of inspection there was a strong smell of illegal substances present in the downstairs and hallway and staff office. When the registered manager and staff were alerted, they told us they were aware that substances may be being used on the premises but that there was nothing that they could do about it and the person refused to undergo a screening test, and there was nothing more they can do.

There was no guidance given to staff when people were caught smoking drugs, tested positive for using non-prescribed substances or refused for Random Urine Drug Screen Test about what follow up actions staff should take to minimise the risk of reoccurrences.

The service did not have an effective system to manage accidents and incidents and try to reduce reoccurrence. We saw accidents and incidents were recorded in a A4 ring bound notebook, this book was disorganised containing some loose and stapled reports of incidents. The registered manager told us staff used their discretion regarding what to record in the incident book. For example, the use of non-prescribed substances for one person may be considered ‘normal’ behaviour, but for another person would be considered untoward and would require an incident report to be completed.

We saw incidents recorded in daily care records had not been entered into the incident book. The incident records

## Is the service safe?

did not include what action staff had taken to respond and minimise future risks and records of who was notified of the incident, such as a relative, social and healthcare professionals so that people could be supported. For example, in a person's care record it was stated that the person had been "very challenging in the month of August 2015, they were hostile to staff, making false allegations so as to have their way." This incident was not recorded in the incident book and no follow up action taken if any was recorded. On 10 October 2015, another person's care record stated that incidents of threats to staff. We saw there was no entry in the accident and incident book and no action was taken following this incident.

These issues were a breach under Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are currently considering the action to take in relation to this breach and will report on this when it is complete.

Sufficient numbers of staff were not available at all times to meet people's needs. There were two staff on duty at all times. The registered manager was rostered as a member of staff on some days and was not in addition to the two staff the provider had determined necessary to meet people's needs. The complex needs of people using this service were significant and risk management plans referred to the use of one to one time between staff and people using the service to reduce tension and deescalate situations. However the staffing levels did not provide this opportunity. If a staff member needed to leave the premises for any reason then one staff was working alone to try and meet people's needs and monitor risk. These situations were neither risk assessed nor a management plan was in place to provide guidance for staff. There were times when a female member of staff was left without a colleague during our two days of the inspection. The registered manager had told us they had not carried out any dependency assessments to determine staffing levels required for early, late and night shifts.

The staff rota showed that most of the staff worked on two shifts without a break. For example, we saw on two days of inspection, one staff member and the registered manager were working from 08.00 am to 10.10pm with no other staff to provide cover on these two shifts. One member of staff told us they were scheduled to work from Friday 10.00pm on to Monday 8.10am and this person was rostered to work

waking nights. When we asked the registered manager why staff were working more than 24 hours without a break, the registered manager told us "I agree, it is not appropriate for staff to work 24 hours and 48 hours without a break."

These issues were a breach under Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager sent us an action plan to say how they would review staff levels and complete recruitment by 30 December 2015. However, we were not able to assess these actions as they were not completed at the time of our inspection.

At our inspection on 7 & 8 August 2014, we found that the registered person had not made adequate arrangements to manage medicines safely. The provider sent us an action plan telling us how they would address these issues and when they would complete the action needed to remedy these concerns. At this inspection we checked to see if these actions had been completed.

At this inspection, we found appropriate arrangements were in place for obtaining medicines. Staff told us how medicines were obtained and we saw that supplies were available to enable patients to have their medicines when they needed them. We checked the medicines for all of the nine residents and saw no medicines were out of stock. Medicines were stored securely. The room temperature was being recorded daily. There were no medicines which needed to be stored in a refrigerator.

Medicines were administered safely. We looked at the medicine administration records for all nine people who used the service. We saw appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed people were getting their medicines when they needed them, there were no gaps on the administration records and any reasons for not giving people their medicines were recorded. We saw the provider did weekly audits to check the administration of medicines was being recorded correctly and there were clear records of all medicines received and disposed of by the home.

The provider had a new medicines management policy dated 20 September 2015. This made clear to staff the process to follow to ensure medicines were administered safely to people. However there was no protocol to follow when people went home on weekend leave although we

## Is the service safe?

were told that one person went on weekend leave each week and their medicines were put in a dosette box by care staff. When inspected there were no people prescribed controlled drugs and no one was having their medicines administered covertly.

Staff knew what to do if safeguarding concerns were raised. It was clear from the discussions we had with staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to the registered manager. Registered manager and staff knew about the provider's whistle-blowing procedures and they had access to contact details for the local authority's safeguarding team. Records confirmed all staff and registered manager had received safeguarding training. Safeguarding policies and procedures were available to staff with records kept of alerts to monitor their progress.

Two staff members were working at the service, on late and night shifts on most of the days from 01 June 2015 to 19 November 2015, without the registered manager confirming their identity, recruitment checks and qualifications. Following our inspection we sent a letter to

the provider to show us evidence of these staff recruitment checks. We received the requested documents from the provider within the stipulated time in our letter. The service followed appropriate recruitment practices to keep people safe. Staff files we looked at included employment references, criminal records checks and proof of identification. Staff we spoke with told us that pre-employment checks including references and criminal record checks were carried out before they started work. This practice ensured staff were suitable to work with people using the service.

There were arrangements to deal with emergencies. Staff knew what to do in response to an emergency situation. They had received first aid training so they could support people safely. There were suitable arrangements to respond to a fire and manage safe evacuation of people in such an event. For example, fire drills, fire equipment checks and emergency lighting checks were carried out regularly. There was a business contingency plan for emergencies which included the contact numbers for emergency services and gave advice for staff about what to do in a range of possible emergency situations.

# Is the service effective?

## Our findings

People were not supported at all times to access the relevant health care services they required when they needed to. We saw from care records that there was input from Community Psychiatric Nurse (CPN), Social Workers and Psychiatrists and their visits were recorded. However, the provider did not consistently make referrals to relevant health care professionals about untoward occurrences, incidents and concerns when people's needs changed. For example, a person who needed 'comply with treatment' as part of their placement had not attended scheduled appointments with specialist outpatient services and had been discharged because of repeated missed appointments. They refused to co-operate with other assessments and there were concerns about their behaviour. The service had not referred these issues to appropriate professionals for support.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are currently considering the action to take in relation to this breach and will report on this when it is complete.

The office was screened from the lounge by a large set of double doors. These doors were kept open throughout the two day visit. This impacted on people by providing a lack of privacy and meant that confidential discussions may be able to be heard and confidential information kept unsecured.

The 'Therapeutic room' for residents was in a shed in the rear garden of the service, which had a pool table in poor condition, there was no heating in the therapeutic room and no other facilities provided other than a pool table and was very poorly maintained.

This was a breach under Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were not supported through effective formal supervision and this required improvement. Staff supervision records showed that they had supervision once every two months. These supervision records had only tick boxes to indicate good, average and poor for various aspects, such as learning and development, health and safety, personnel issues, duties and responsibilities, quality assurance, communication, and service delivery. For all aspects of supervision, all staff supervision records were

ticked as good. However, there was no record to show in the supervision records what staff had said or what their line manager had said in the supervision meeting, and if any improvement plans proposed to monitor their learning and development.

Most of the staff were supported through their annual appraisals but one of the six staff and the registered manager's appraisal was not in their files. The registered manager told us they had carried out all the appraisals in December 2014 and the records were sent to head office.

Following the feedback from the inspection, the registered manager had sent us an action plan about how they plan to have effective supervision meeting with staff and how they planned to monitor staff performance and development in the future.

People received support from staff that had been appropriately trained. People told us they were satisfied with the way staff looked after them. Staff knew people well and understood their individual needs. Staff told us they were up to date with their mandatory training. This included training on safeguarding adults, mental capacity, health and safety, learning disability awareness, behaviour that challenges, first aid and administration of medicines. Records confirmed staff training was up to date. Staff told us they felt training programmes were useful and enabled them deliver the care and support people needed. Staff told us they felt able to approach their line manager at any time for support. However, none of the staff had received specialist training in substance misuse and this required improvement.

All people were considered to have mental capacity to make all decisions for them. The service had processes in place to assess and consider people's capacity and rights to make decisions about their care and treatment where appropriate and to establish their best interests in line with the Mental Capacity Act 2005 (MCA 2005). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff understood the importance of gaining people's consent before they supported them. The provider was aware of the changes in

## Is the service effective?

Deprivation of Liberty Safeguards (DoLS) following the Supreme Court ruling to ensure the appropriate assessments were undertaken so that people who used the service were not unlawfully restricted. The service had recognised that DoLS applications were not required because people would be free to leave Woodham House and they did not require continuous supervision by staff.

People were supported to have sufficient to eat and drink. People had access to a varied menu and an alternative choice of food was offered. People told us they were happy

with the food provided. For example, one person told us they choose what they wanted to eat for their lunch and could have something different to what was being displayed on the menu board if they did not want it. Staff told us the food menu was discussed in the resident's forum meetings and decided. We carried out observations at evening meal time and saw people were offered choices of food. Staff interacted positively with people; the atmosphere was relaxed and not rushed.

# Is the service caring?

## Our findings

People who use the service were not always involved in making decisions about their care and treatment. There were policies and procedures in place to ensure people were involved in the care planning process. However care plans we looked at did not show that all people were involved in the development of their care plans and that they were in agreement with the contents of the care plan.

A person's risk assessment was signed by the registered manager and had 'declined' recorded to next to this 'person's sign.' When asked how this could be signed declined as it was an electronic print out taken on 19 November 2015, and were told by the registered manager that they remembered that this person declined to sign when it was drawn up in May 2015.

This was a further breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are currently considering the action to take in relation to this breach and will report on this when it is complete.

People told us the staff were caring and treated them with respect. One person said "I am happy living in the home and staff were ok, staff let me get on and do my own thing." Another person told us "Staff are nice, they treat me well." During the two days of inspection we observed staff were responding to people in a caring manner. Each person looked appropriately dressed and clean.

We observed staff treated people with respect and kindness. Staff were heard explaining tasks, and giving encouragement to people to participate in cooking activity. Staff used enabling and positive language when talking with people. Staff told us they enjoyed working with people they cared for.

People's spiritual and cultural needs were identified and they were supported. For example, one person told us they went to church on most Sundays.

People were supported to maintain their independence. Care records showed that some people were encouraged by staff to promote their independence. For example, maintaining their personal hygiene and, participating in daily household chores including washing and laundry.

Staff respected people's privacy and dignity although at times the lack of privacy in the communal area impacted on people because confidential discussions may be able to be heard and confidential information was kept unsecured and this required improvement. Training records showed that staff had received training in maintaining people's privacy and dignity. Staff described how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, they did this by ensuring people's room doors were knocked and consent obtained before entering their rooms. People spoke positively about the support staff provided and felt they had developed good working relations with people they care for. There were policies and procedures in place to help guide and remind staff about people's privacy, dignity and ensure that their human rights were respected.

# Is the service responsive?

## Our findings

At our inspection on 7 & 8 August 2014, we found that the provider had not taken adequate steps to ensure the people's needs for stimulation were met as some people's planned activities often did not happen. The provider sent us an action plan telling us how they would address these issues and when they would complete the action needed to remedy these concerns. At this inspection we checked to see if these actions had been completed.

At this inspection, we found people's needs were assessed and care and treatment was not planned and delivered in line with their individual needs. The care plans did not contain sufficient guidance to enable staff to meet people's individual needs and in some cases they were incomplete and out of date. The care plans provided minimal information about person's upbringing, and information about their medical history was also brief. There was little information on each person's life and social history, their interests, physical health likes and dislikes guiding staff. The care plans did not include the level of support people needed, and what they were able to manage on their own.

For example, one person had identified physical health needs; however, they were no care plans for these identified needs. This person's care plan stated various activities including IT group indoor games, walking group, gardening group and assertiveness group to be actioned. However, the service had not carried out these planned activities. This person told us "I don't do any groups in the house."

Another person's care plan stated this person would benefit from attending the in-house work with offenders group conducted by the in-house social worker. However, the service had not actioned this plan. The service had not supported this person to seek counselling at the local rehabilitation project as planned or promoted their social involvement and rehabilitation through in-house therapeutic sessions including gardening, IT and confidence building therapies as planned.

For three other people counselling and one to one sessions were not offered as planned to address concerns about harmful behaviour.

People's needs and preferences were not met at all times. Although people's care plans had identified people's needs

and preferences there were no details about how these preferences would be met. For example, one person's care plan stated they had some unfulfilled ambitions in their life and the service would support them in fulfilling those but no details were provided about how this would be done. Another person's care plan identified the need for them to start a course at college to study and staff to encourage them to register for a course with adult learning centre and a local gym. There was no further information regarding how these needs and preferences were going to be addressed or met.

The monthly resident's meetings were not effective. The registered manager told us people were encouraged to be involved in the service through their monthly residents meetings. We saw resident's monthly meeting records from June 2015 to October 2015 showed that meetings were held every month and chaired by one of the person using the service. We found from the monthly meetings records that people did not have an opportunity to express their views and were not encouraged to participate in making decisions about their care and treatment. For example none of the meeting minutes showed that people were listened to and their views were acted upon.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are currently considering the action to take in relation to this breach and will report on this when it is complete.

The registered manager told us about how they planned to consult people, staff and professionals and develop up to date care plan to reflect each individual's current needs and show how they would be actioned. However, we were unable to assess the impact of these actions as they were not completed at the time of our inspection.

People were not given accurate information about complaints process. The complaints process displayed on the notice board of the services did not provide accurate information and this required improvement. The complaints process stated that all complaints will be responded to by the registered manager within seven days and should a complainant be dissatisfied they should contact Care Quality Commission "The Regulation Inspector will investigate the matter further and you will be told the result within four weeks." Failing this they should

## Is the service responsive?

contact the local council and health ombudsman. This meant that people did not get correct information about the complaints process as CQC do not investigate individual complaints.

People's concerns were responded to and addressed. The complaints records showed two recorded complaints since

2010. The last complaint recorded was on 10 January 2014 when a neighbour complained about people playing loud music and it was addressed. People we spoke with told us they would speak to staff if they were not happy with the services and staff listened to them.

# Is the service well-led?

## Our findings

One person told us “It is a good place to live, the manager is laid back, you can push the boundaries and they still stay calm.” However we found the service was not well-led.

Accurate records of people’s care were not maintained. For example, there were conflicting records available of people’s screening tests for non-prescribed substances.

There was no risk assessment for one person in their file and when we asked for a copy of this document the manager printed a copy from his computer. However, the registered manager’s computer could not be accessed by staff and therefore staff would not be aware of the steps to take in order to manage risks.

Records of key worker monthly summary reports were not accurate. These reports were available to record significant incidents, occurrences and any change of needs or risk during the previous month. However, we looked at the completed monthly summary report for each person, their contents remained the same and these records did not reflect any change of needs or risks and what actions were taken by the service during the month. For example, people testing positive for non-prescribed substances, what action being taken by the provider in terms of treatment offered or involvement of other professionals were not recorded in the monthly reports.

Systems to monitor the quality of the service were not effective. The registered manager told us the provider undertook monthly unannounced compliance visit to the service, and on every visit they spent 30 minutes to one hour at the service. These checks covered aspects such as home environment, health and safety, residents, food, records, staff and Care Quality Commission (CQC). The reports of these monthly unannounced visits were identical other than the change of date other than to record in April and May that CQC notifications had been made. The provider’s audits had not found concerns we identified in the areas of risk assessments and management, incidents and accidents, person centred care, Random Urine Drug Screening Tests Results and their follow up, staffing, involvement of people and staff and the health and safety of premises including individual bedrooms. Records of

these checks were not accurate. We also, found the provider’s September 2015 report was signed only by the registered manager next to provider’s name and none of these reports were signed by the provider.

There was a registered manager in post. Staff described the leadership at the service positively Staff told us they felt supported in their roles and were confident in asking for help as and when required. However, although the registered manager had knowledge of all the people who used the service, he did not ensure staff were kept updated about any changes to people’s care needs through robust risk management plans, care plans and staff meetings. We found the provider’s policy on ‘zero tolerance’ of substance misuse was not adhered to.

Staff monthly meetings were not effectively recorded. The registered manager told us staff meetings were held every month. We looked at the minutes for the period from June 2015 to October 2015, which showed the registered manager chaired all the meetings and covered aspects such as appreciation, punctuality, handover, labelling of foods, diary and incident communication with colleagues. However, there was no record of what any member of staff had said in the meeting and if any of their views were taken into consideration and acted upon.

The service’s quality assurance systems were not effective. The service had not carried out audits of people’s risk assessments and management plans, Incidents and accidents, care plans, Random Urine Drug Screening Tests Results and their follow-up, staffing, involvement of people and staff, health and safety of the premises. The issues we identified at inspection had not been identified by the provider during these monthly audits. This meant that there were no effective systems and process to ensure the quality of the service was assessed and monitored at all times and in response to the changing needs of people who use the service.

The registered manager completed a monthly health and safety check list. The August, September and October 2015 health and safety checklist showed no concerns were identified and the provider had found the service to be ‘good’. However, there were no checks carried out for people’s bedroom and therapeutic room.

This was a breach under Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service well-led?

There were some areas of good practice in relation to assessing and monitor the quality of service people received. For example, we saw the provider did weekly audits to check the administration of medicines was being recorded correctly and there were clear records of all medicines received and disposed of by the home.

At our inspection on 7 & 8 August 2014, we found that the provider had not notified incidents to the Care Quality Commission (CQC) as they were required to do. The

provider sent us an action plan telling us how they would address these issues and when they would complete the action needed to remedy these concerns. At this inspection we checked to see if these actions had been completed.

At this inspection, we found that action had been taken to ensure that all the reportable incidents had been notified to CQC. For example, since the previous inspection in August 2014, there were three incidents involving people about their health and safety and all three incidents had been notified to CQC.

This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**Sufficient numbers of staff were not there on duty at all times to meet people's needs.**

### Regulated activity

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

**The provider did not take adequate steps to ensure all bedrooms and therapeutic room were clean and properly maintained.**

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying out the regulated activity.</p> <p>The provider did not have a system in place to maintain 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.</p>

### The enforcement action we took:

We issued a warning notice to the provider requiring them to be compliant with Regulation 17 (1) (2) (a) (b) (c ) and (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 by 05 February 2016.