

Foresight Residential Limited

Foresight Residential Limited - 14 Otley Road

Inspection report

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Date of inspection visit:
20 February 2017
27 March 2017

Date of publication:
12 May 2017

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 inspected 14 Otley Road on February 20 and 27 March 2017. Day one of the inspection was unannounced and following this visit we met with the provider to discuss our concerns. We told the registered provider we would be visiting on day two.

Situated over three floors, 14 Otley Road is registered to provide residential, personal and social care for 13 adults with learning disabilities who may have other sensory impairments and physical difficulties. At the time of our visit there were 12 people living at the service.

The home's previous registered manager had left in early 2017 and the registered provider's two other registered managers from nearby services were jointly applying to the Care Quality Commission to manage the service. 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. We met with one of the joint managers during the course of our inspection visits.

The registered provider did not always have systems and processes in place to assess, monitor and mitigate any risks relating to the health, safety and welfare of people who used the service.

The provider's fire risk assessment had not been reviewed since 2006. We had some concerns such as the regularity of fire drills outlined did not correspond with the registered provider's current regime. The management team told us they would ensure the fire risk assessment was appropriately reviewed as soon as possible.

We saw that risk assessments were in place which detailed some measures to keep people safe. However these required further development.

Following day one of our visit we asked the NHS infection prevention control team to visit because we found areas of concern. The provider has since submitted an action plan in response to issues found by the infection control team.

Staff members were not all aware of the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. We saw that assessments to check whether people had capacity to make their own decisions were not in place where required.

We found that records to evidence safe recruitment and selection procedures were in place. The registered provider did not ensure they recorded their decision to proceed with recruitment where one of the members of staff had been disciplined at their previous employment. We saw that the managers had produced an action plan to ensure appropriate records of checks were carried out in future to ensure staff members had

been assessed to work safely.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. The service did not have "as and when required" medicine protocols in place for people although this had been addressed by day two of our visit.

The registered provider needed to develop effective systems to monitor and improve the quality of the service provided. There was no robust audit programme in place to ensure the safe and effective management of the service.

Staff members had been trained and had the skills and knowledge to provide support to the people they cared for. We received feedback that staff felt there should be a review of night-time arrangements as staff sleeping over at the service were sometimes awoken by people using the service.

Staff told us the culture of the service needed to change to ensure people were supported and empowered to lead fulfilling lives and to ensure they were at the centre of the service being provided. Staff we spoke with were positive about the changes being made at the service to ensure people led an active community life.

Staff told us that they felt supported. By day two there was a programme of regular staff supervision and appraisal in place, which had not been in place on day one of our visit.

Support plans required work to ensure they captured all people's assessed needs. Where reviews of support were completed evidence that the person and their advocate were involved was not recorded. People's independence was encouraged and staff supported them to access activities within the community. The manager recognised that further improvement was required in this area to demonstrate people were supported to develop skills in activities of daily living.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff members were attentive, showed compassion, were patient and gave encouragement to people.

People's nutritional needs were met, with people being involved in shopping and decisions about meals. People who used the service told us that they got enough to eat and drink and that staff asked what people wanted. Staff told us that they monitored people's weight and nutrition and would contact the dietician if needed. However, staff did not complete nutritional assessment documentation using a recognised tool such as the Malnutrition Universal Screening Tool (MUST).

People were supported to maintain good health and had access to healthcare professionals and services. People told us that they were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

There were systems and processes in place to protect people from the risk of harm. Staff were aware of different types of abuse, what constituted poor practice and action to take if abuse was suspected.

The registered provider had a system in place for responding to people's concerns and complaints. People and relatives told us they knew how to complain and felt confident that staff would respond and take action to support them.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These

related to consent, and good governance. You can see what action we told the provider to take at the back of the full version of the 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?

People received their medicines safely.

The infection control team from the NHS found areas for improvement in relation to the cleanliness of the service.

We saw recruitment checks for staff members were carried out. Records to reflect safe recruitment decisions needed to improve.

Care plan risk assessments and the fire risk assessment required review.

Staff could explain indicators of abuse and the action they would take to ensure people's safety was maintained.

Requires Improvement 

Is the service effective?

The service was not always effective.

There were no assessments of people's capacity or applications to ensure people were not deprived of their liberty.

Staff had not always received supervision and support but this had now been actioned. Training had been completed or was scheduled.

People were supported to make choices in relation to their food and drink and to maintain good health.

Requires Improvement 

Is the service caring?

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service.

People were supported to maintain their independence and

Good 

skills.

Is the service responsive?

The service was not always responsive.

Support plans needed to be recorded in a consistent format to ensure people received support how they wanted it and guidance for staff was clear.

A complaints process was in place and people and relatives told us they felt confident raising concerns.

People had opportunities to take part in activities and we saw people were more actively involved in the local community as improvements were being made to the service.

Requires Improvement 

Is the service well-led?

The service was not always well led.

There was no registered manager in place at the service.

Quality assurance systems such as audits were not in place and so issues were not identified and addressed.

The registered provider had an action plan in place to address issues found on day one of our inspection and by the infection control team who visited on 2 March 2017.

Staff we spoke with told us the new joint managers were approachable and they felt able to raise issues and concerns.

Requires Improvement 

Foresight Residential Limited - 14 Otley Road

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.

We inspected the service on 20 February and 27 March 2017. Day one of the inspection was unannounced and we told the registered provider we would visit on day two. The inspection team consisted of an adult social care inspector on day one and two adult social care inspectors on day two.

Before the inspection we reviewed all of the information we held about the service. This included information we received from local authority safeguarding and statutory notifications made to us since the last inspection. Statutory notifications are certain changes, events and incidents affecting the service or the people who use it that registered providers must tell us about. We sought feedback from the commissioners of the service and Healthwatch prior to our visit. Healthwatch is an independent consumer champion who gathers and represents the views of the public about health and social care services in England.

At the time of our inspection visits there were 12 people who used the service. We spent time with eight people and one relative. Following the visits we spoke with two relatives on the telephone. We spent time in the communal areas and observed how staff interacted with people. Some people showed us their bedrooms.

During the visits and following the visits we spoke with the registered provider, one of the joint managers who were applying to be registered with the Care Quality Commission, the house deputy and four care workers. Throughout this report we have referred to the joint manager(s) as the manager.

During the inspection we reviewed a range of records. These included three people's care records, including

care planning documentation and medication records. We also looked at four staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

We asked people who used the service if they felt safe. Four people we spoke with told us they felt safe, comfortable and content. One person said, "Yes, I feel safe living here." One relative we spoke with told us, "A lot of staff seem to be leaving which is of concern but my relative is happy at Otley Road."

We looked at the arrangements that were in place to manage risk, so that people were protected and their freedom supported and respected. We looked at the care records relating to three people who used the service. Risk assessments were often out of date or not effectively reviewed. This meant staff did not have up to date information on which to support people to safely manage risk in their day to day lives. The registered provider shared an action plan with us where they stated they would review all care documentation including risk assessments to ensure they were robust and met people's needs.

The registered provider's fire risk assessment was dated 2006 and had been reviewed with a signature each year since then. We saw that the frequency of fire drills carried out did not correspond with the frequency outlined in the fire risk assessment. This meant there was a risk of people not being kept safe because the registered provider had not managed risks relating to the health, welfare and safety of people. Records showed that evacuation practices had been undertaken, including the people who used the service and staff. The most recent practice had taken place in September 2016. We discussed this with one of the managers at the time of our visit who stated they would seek advice and review the fire risk assessment.

We saw that personal emergency evacuation plans (PEEPS) were not in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. This meant people were at risk if a fire broke out because staff and people would not know how to evacuate each person safely.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. On our first visit to the service there was a haphazard recording system in place that meant accidents and incidents were not tracked for trends or to show appropriate actions had been taken. Following this we saw a new recording system had been set up to ensure accidents and incidents were monitored and staff had been trained in the completion of these systems.

The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

We looked at four staff files in relation to recruitment checks for staff. We saw for one staff member their previous employment disciplinary record had been highlighted on their reference. No records were made to evidence how the registered provider assessed the candidates suitably to work with vulnerable people.

Records held in relation to staff recruitment were not well organised.

The lack of systems and process in place to assess, monitor and mitigate any risks to the health, safety and welfare of people who used the service was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and skills to meet the needs of the people who used the service. We asked for a risk assessment to be completed to help understand the minimum safe levels of staff which the manager we met with said they would action. We also asked the manager to review the night care needs at the service as one person was waking sleep in staff on a regular basis and meant staff were not having a full night's rest for the following day. This created the risk that staff's ability to fulfil their role was impaired due to lack of rest and therefore people were at risk of receiving unsafe support. The registered provider has reviewed this since our visit and increased the amount of waking support at night.

On our first visit to we had some concerns over cleanliness. We asked the Infection Prevention and Control Team from the Clinical Commissioning Group to visit. They visited the service on 2 March 2017 and found areas for improvement. Staff had spent eight hours cleaning prior to our second visit. This had improved standards. The cleaner was employed for 20 hours and care staff undertook the rest of the cleaning. We were told by care staff that the large building was difficult to keep clean during their usual working hours.

We saw the plans for a refurbishment of some areas such as carpets and flooring. The maintenance man was focusing on the infection control action plan which the staff had put in place following the recent visit.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment.

We checked the medicine administration records (MARs) together with receipt records and these showed that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service. We confirmed with one of the managers that staff competency assessments had been renewed following our first visit to the service, as previous records we saw were not well recorded or maintained.

We asked what information was available to support staff handling medicines to be given 'as required'. We saw that written guidance was not kept to help make sure these medicines were given appropriately and in a consistent way. We saw this had been completed on the second visit to the service.

Arrangements were in place for the safe and secure storage of people's medicines. We saw that there was a system of regular checks of MARs and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

The registered provider had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. The staff we spoke with were aware of who to contact in order to make referrals or to obtain advice from at their local safeguarding authority. One of the managers we spoke with said abuse and safeguarding had been discussed with staff during recent supervision sessions and staff meetings. Staff we spoke with confirmed this to be the case.

Staff told us that they had received safeguarding training within the last three years. They said they felt confident in whistleblowing (telling someone) if they had any worries. One staff member told us, "I feel confident to raise concerns and I have had training in this."

The manager told us that the water temperatures of baths, showers and hand wash basins were taken and recorded on a weekly basis to make sure that they were within safe limits. We saw records that showed water temperatures were safe.

Is the service effective?

Our findings

People we spoke with during the inspection told us that staff provided good quality care and support. One person said, "I like living here and I get on well with all the staff."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the registered provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The joint manager told us that no-one at the service was currently subject to a DoLS authorisation. We discussed the appropriate test for assessing if someone was at risk of having their liberty deprived and the joint manager told us referrals were to be made immediately where appropriate. We saw from support plans that people did not have an appropriate assessment of their capacity in place which meant that they were at risk of being deprived of their liberty. We saw some people had signed consent to photographs and consent to share information but again we could not verify if an assessment as to whether the person had the capacity to do this had been undertaken. We saw that two senior care staff were booked on training in relation to DoLS and MCA and the joint manager told us, "I don't know what has happened previously with DoLS but all of the staff will need training."

This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff we spoke with told us they received mandatory training and other training specific to their role. This included: food hygiene, fire awareness, handling, medication administration, safeguarding and first aid. The joint manager explained how training in these subjects was considered 'mandatory' and was renewed on a three yearly basis. There was a training plan for 2017 which showed that the training updates due during 2017 were planned. We saw that staff had training in dementia, mental capacity and reporting and recording coming up in the next few months. One staff member told us, "Yes I have had enough support and I have recently finished my NVQ level 3. [Name] one of the managers is good and she is keen on training." Another staff member told us, "I saw an incident where a person had a seizure, staff were bang on, they knew what to do and were confident and reassured the person. You saw in the crisis how competent staff were. I was quite impressed and this gave me confidence for when I have my training."

Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision had taken place for all staff between day one of our visit and day two. Prior to this, supervision records were haphazard and we could not verify if staff had received an appraisal in 2016. Management changes had raised some anxiety within the staff team and relatives we spoke with. One of the managers told us on day one of our visit, "We have had a staff meeting recently and done supervisions, staff were very demotivated and unhappy."

Induction processes were now available to support newly recruited staff. This included reviewing the registered provider's policies and procedures and shadowing more experienced staff. One of the managers present on day two of our visit told us that induction packages were to be reviewed to link to the new Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

Staff told us that menus and food choices were discussed with people who used the service on a daily basis. We saw that people were provided with a varied selection of meals cooked in house by the chef.

People told us that they liked the food. One person said, "We can have whatever we want. It is always well cooked and tasty." Another person said, "It's nice and we talk about what we all like to eat."

We observed the lunchtime of people who used the service. We saw that people went into the kitchen area to choose what they wanted to eat. We saw that people had chosen sandwiches with different fillings as they were having their main meal at tea time.

We saw that staff monitored people's weight for losses and increases. We asked the staff what risk assessments or nutritional assessments had been used to identify specific risks with people's nutrition. Staff told us that they closely monitored people and would contact the dietician if needed. However, staff did not complete any nutritional assessment documentation. A discussion took place with the manager about the Malnutrition Universal Screening tool (MUST). MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. The manager told us that staff would undertake nutritional screening as a matter of priority.

People were supported to maintain good health and had access to healthcare professionals and services. We saw records to confirm that people had visited or had received visits from the GP, dentist, optician, chiropodist and dietician. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital visits. We saw a hospital passport in each person's support plan which was used to provide hospital staff with essential information about the person should they need to be taken to hospital. Staff told us a member of the staff team always escorted people to hospital in an emergency.

Is the service caring?

Our findings

People who used the service told us that they were very happy with the care, service and support provided. One person said, "They [staff] are caring and kind." Another person said, "I love living here, the staff are devoted." One relative we spoke with told us, "I have never had any concerns about the care." The manager told us, "I feel staff have people's best interests at heart, staff are good natured and their interactions are positive."

We saw that staff interacted well with people and provided them with encouragement. Staff treated people with dignity and respect and were attentive and showed compassion. We saw that staff took time to sit down and communicate with people in a way that people could understand.

The staff that we spoke with showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. Whilst we were in the home one person who used the service used sign language to speak to staff on numerous occasions. Each time staff were respectful to the person and provided them with the answers through signing that gave the person the reassurance that they required. This showed that staff were caring.

There was a relaxed atmosphere in the service and staff we spoke with told us they enjoyed supporting people. We saw that people had free movement around the service and could choose where to sit and spend their recreational time.

We saw that when one person who had been out for the day returned home they immediately went over to the deputy manager to give them a hug. The deputy manager responded whilst ensuring boundaries were maintained.

We saw that people were encouraged and supported with decision making throughout the day. People made decisions about how they wanted to spend their day and what they wanted to eat and drink. On our first visit some staff members told us that people were not always empowered. One staff member told us, "We are going upwards; we have changed a lot of things such as risk assessments so people can go in the kitchen. We are here to support their independence." We discussed institutional practice with another staff member and they told us they had not seen anything of detriment to people but felt staff could let people take more risks to be independent and look at the language they used in the records. The staff we spoke with were confident through positive role modelling this would improve. We saw people were being supported to make hot drinks independently in the kitchen.

Staff told us how they respected people's privacy. They said that where possible they encouraged people to be independent and make choices. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

Generally the environment supported people's privacy and dignity. All bedrooms doors were lockable and those people who wanted had a key. All bedrooms were personalised.

At the time of the inspection people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The manager present was aware of the process and action to take should an advocate be needed.

We looked at the arrangements in place to ensure equality and diversity and to support people in maintaining relationships. People who used the service told us they had been supported to maintain relationships that were important to them. For example, relatives we spoke with who lived some distance away told us they were kept informed and had regular contact with the service.

Is the service responsive?

Our findings

During our visit we reviewed the support plans of three people who used the service. The format of support plans was not consistently structured and we saw that there was lots of historical information in files that was not relevant to the person's current support needs or goals and aspirations. We saw that language was not always positive, for example, one staff member had written they would report someone's behaviour to the manager and that their privileges (going out for dinner) would be removed for their poor behaviour. Instructions for staff to follow in terms of positive behaviour support were also not robust. For example, it stated for one person that they were to be 'removed from the room to calm down'. This did not detail whether verbal prompts or physical intervention were to be used in this incident, which meant the person and staff were at risk of receiving inappropriate or unsafe support.

Information on people's specific needs was not always well recorded. For one person we saw they had diabetes and that they required a special diet. Whilst staff told us they supported this person to eat a healthy diet and knew they had diabetes, there was no specific information for staff to follow to recognise symptoms of diabetes and how best to support the person to manage their condition.

Most people had lived with the service or other services run by the registered provider for many years. We found assessments of people's needs were not in place or up to date. The support plans gave an insight into the individual's personality, preferences and choices and they contained historical information about the person and also their likes and dislikes. However, we did not see a process of an assessment followed by written ways of support to show how the service supported people to achieve their aims or goals.

This meant that systems and processes were not in place to assess, monitor and mitigate any risks relating to the health, safety and welfare of people who used the service.

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

On day two of our visit one of the joint managers, a deputy and senior care workers from across the registered provider's three services told us they would work together to develop a format for support plans. They told us they would implement a review to ensure support plans reflected a person centred approach that could measure how the registered provider was supporting people to achieve their goals and aims.

Staff and people told us that they were involved in activities and outings. One person said, "I like to go shopping." Another person said, "We went to the pub on Saturday for a drink." This person went on to tell us about their music collection and told us how they enjoyed a wide range of different music and how they had many CD's. On the first day of the inspection one of the people who used the service decided to go over to an arts and craft group that was run at a local day service. When they returned they told us how they had enjoyed their afternoon. We were told by several staff and the manager that structured activities had lapsed over the last few months but the service was now developing a community based programme to support people to attend meaningful activities of their choosing.

Staff members recorded people's activities in their daily notes. The outcome or experience for the person was therefore lost and it was difficult to assess the volume, quality and outcome of activities. We discussed how this could be recorded better and how people's involvement could be created. The manager stated they would incorporate this when designing the new care plan format.

Staff demonstrated they knew people well. They knew each person and their individual needs including what they did and didn't like. Staff spoke of person centred support. When asked for an example of person centred approach, a staff member said, "A person said I like going to the pub, so we got the bus and visited a local pub." Staff were responsive to the needs of people who used the service.

Staff also told us that people who used the service were always asked if they had any problems and reminded what to do if they were unhappy during resident's meetings. The records of residents meetings confirmed that people who used the service were asked their opinions and asked if they had any problems. We were told there had not been any formal complaints in the past 12 months. We saw the procedure was advertised on the notice board for everyone to see and use. People told us they knew how to raise concerns. One person told us, "Yes we talk about if we are happy at meetings."

Is the service well-led?

Our findings

We looked at the arrangements in place for the management and leadership of the service.

At the time of our inspection visit, the service did not have a registered manager in place. The previous registered manager who had worked there a number of years had left the service in December 2016. The registered provider's two other registered managers who managed sister services in the local area, had applied to jointly manage this service, sharing their time between all services. People who used the service told us they knew who the managers were and we observed interaction that was positive between one of the managers and people using the service during the course of our visits.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. On our first visit we found there was no audit system in place to check the quality of the service. Following this visit we met with the registered provider to share our concerns about systems and processes that were not in place such as a lack of audit, lack of accident and incident monitoring, a poorly maintained environment, lack of staff supervision and training, and a culture whereby a person centred approach was not wholly evident. This showed there was not a programme of quality assurance in place as these issues had not been identified by the registered provider.

On the first day of our visit we noticed the environment appeared poorly maintained and "scruffy" and we asked the local infection control team from the NHS to inspect the service. Their inspection found multiple issues in relation to the environment such as, "All toilet brushes were stained and dirty," and "Large amount of mould on the floor and the pipe under the hand wash basin". Their inspection also found that audits were not in place to check mattresses and that the managers should carry out weekly recorded checks on the standard of cleaning as this was not in place.

Following the visit of the local infection control team an action plan had been developed by the managers. We could see what had been signed off already and deadline dates were there to aim towards. It was noted that audits in relation to health and safety were planned to be implemented by the end of April 2017.

One of the joint managers explained there used to be an operations manager who audited the service, kept the managers up to date and supervised them but this person had left and not been replaced. One of the joint managers told us they had not received appraisal or supervision from the registered provider. Minutes of manager's meetings were not kept and therefore we could not see what has been discussed or evidence of the leadership from the registered provider. There were no records of provider visits to the service to check the quality of the care provided.

Accident and incident systems did not include a thorough record of the investigation; outcome and lessons learnt or include duty of candour information. The manager told us they had already collated previous forms and reviewed them. We explained the guidance for registered providers on meeting the regulations

about accidents and incidents to help them understand what was required to ensure the health and safety of people who used the service was assessed and mitigated against.

This was a breach of Regulation 17 (Good governance) HSCA 2008 (Regulated Activities) Regulations 2014.

Providers must notify CQC of all incidents that affect the health, safety and welfare of people who use services. We had not received notifications in 2015 or 2016 but we had received a notification from the manager in February 2017. We could not fully verify if notifications should have been received in 2015 or 2016 because on our first visit we found accident records were haphazard and not chronologically ordered. On our second visit the manager confirmed they had found all the accident records but they could not confirm if other notifiable events such as safeguarding alerts or issues which may stop a service should have been sent to CQC during 2015 and 2016. The manager told us they were aware that they need to make notifications of any future incidents.

Relatives we spoke with were concerned that the previous registered manager who had worked at the service for many years had left and one stated they had met with the current managers and had been, "Reasonably reassured". No relatives raised any concerns regarding their relatives living at the service. Staff and people who used the service told us that the managers were supportive and approachable. A staff member we spoke with said, "I feel able to discuss issues with [names] the managers."

Staff we spoke with said that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One of the joint managers told us, "It's about encouraging a culture shift for staff and people as they haven't always had choices."

Observations of interactions between the managers and staff showed they were open, inclusive and positive. We saw that they provided both support and encouragement to staff in their daily work. One of them told us, "We can see the care is good here but we know there is a lot to sort out and we have developed action plans to enable us to do that."

Staff told us the morale was improving and that they were kept informed about matters that affected the service. One staff member told us, "We are going upwards; we have changed a lot of things already. I want to promote teamwork and change people's attitudes." They told us that staff meetings took place regularly and that were encouraged to share their views. We saw records to confirm that this was the case. One senior care worker explained the changes were positive and there were lots of them. They stated they were working in a more person centred way and people were accessing the community more, being independent and an example of making their own coffee. The senior care worker told us they were trying to be positive and be a good role model. They told us, "We are generally moving in the right direction. There is so much to do but we want to get there."

We saw records to confirm that meetings for people who used the service were held in January and June 2016 and January 2017. Records confirmed that people were encouraged to share their views and opinions.

We asked the manager to carry out a check of the website for the ratings for all the registered provider's locations as current CQC performance ratings were not displayed. We asked that this request be communicated to the registered provider and this matter has now been resolved.

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 will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent People did not have assessments of their capacity or any application for a Deprivation of Liberty Safeguard if this was appropriate. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Lack of governance and quality assurance meant the service was not being checked for safety and quality of service. |