# Milewood Healthcare Ltd

# Glenthorne Court

## Inspection report

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| 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

This inspection took place on 26 July and 1 August 2016. Both days of inspection were unannounced which meant the registered provider and staff did not know that we would be attending.

Glenthorne Court is registered to provide support and accommodation for up to eight people living with a mental health condition and / or learning disability. The service is a house which has been adapted into eight individual flats over three floors with a small communal area on one floor. The service was located in a residential area of Norton within its own grounds and had on-site parking. The service was located close to local amenities and a short distance from local amenities.

At the time of inspection there were four people using the service who were supported by a deputy manager and five care staff.

The registered manager had been registered with the Commission since November 2015, however they were not based at the service. They told us they visited the service each week. 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.

During inspection we identified a number of risks to the safety of people and staff. These included risks to the security of the building, hazards to personal safety, rubbish and failure to carry out repairs needed to one person's flat in a timely manner. Water temperatures were noted to be outside of safe temperature limits. Staff had failed to report and act upon these risks. Health and safety audits had not highlighted any of these risks.

Care plans were in place however lacked the detail needed. Care plans were also in place where no care needs had been identified. Care plan reviews did not show if people had been involved in them or what they had said.

There were gaps in care records and records relating to the day running of the service. This meant information needed was not always available. These gaps had not been identified within quality assurance checks by the registered manager and registered provider.

Quality assurance processes required improvement. The concerns which we had identified during inspection had not been identified during quality assurance checks. No quality assurance checks had been carried out in relation to care plans or records.

No meetings for people had been carried out since the service opened. This meant we could not be sure if appropriate information was shared with people. Staff meetings were carried out each month, however minutes were not available for all meetings.

The registered manager had failed to notify the Commission about an incident at the service where contact with police was made. The deputy manager told us this was because of confusion about when notifications needed to be made.

Staff told us they enjoyed working at the service and felt supported by the deputy manager who was based at the service. A registered manager was in post, however not based at the service but staff felt able to approach them if needed. Staff told us the registered manager did visit the service.

The registered manager was responsible for providing information about safeguarding, accidents and incidents and outcomes of audits with the registered provider regularly.

No complaints had been made at the service, however everyone we spoke with told us they knew how to make a complaint and felt confident that this would be taken seriously.

People told us they received their medicines when they needed them. Some people were given assistance with their medicines and some people managed their own medicines. Records were in place to support this. Staff had received training in medicines; however no competency checks had been carried out.

Topical creams intended for use as 'homely remedies' did not contain dates of opening. We asked the deputy manager to take action to ensure that topical creams are only used by the same person and not for communal use. Also, 'As and when' medicine protocols were not in place for everyone who needed them.

Staff spoken to during inspection understood the procedures which they needed to follow to raise a safeguarding alert if they felt a person using the service was at risk of abuse. All staff told us they wouldn't hesitate to whistle blow [tell someone] if they needed to.

Risk assessments were in place for the day to day running of the service. People had risk assessments in place specific to their individual needs. Risk assessments had been reviewed, however had not always been signed by the people and staff involved in them.

Thorough recruitment procedures were in place and all appropriate documentation was in place to support this. Staff only started working at the service when they had obtained two check references and a disclosure and barring services check.

People and staff told us there were enough staff on duty to provide care and support. People told us staff were always available when they needed them.

Staff participated in mandatory training such as fire safety, infection prevention and control and health and safety. Some staff had also participated in person specific training such as autism, epilepsy and diabetes. Not all training was up to date for all staff; we asked the deputy manager to take action to address this.

Staff received regular supervision and told us they felt supported in their roles. We identified that pre-populated supervision records were in place which provided little evidence of the discussions which had taken place or the actions which had arisen.

Staff supported people to make healthy choices in their diet and assisted people to plan menus and shop for food. We found support was flexible to meet people's changing needs. Staff understood the action they needed to follow if people became at risk of dehydration or malnutrition.

People had regular involvement with the health and social care professionals in their care. The service maintained good links with these professionals.

No-one using the service was subject to a deprivation of liberties safeguard; however staff understood the procedure which they needed to follow if they suspected a person may not be able to make their own decisions.

People told us they were happy living at the service and felt cared for by staff. People told us staff were always there for them when they needed assistance.

People told us they were involved in making decisions about their own care, however this was not always clear from the care records.

Privacy and dignity was respected and maintained. People told us staff knocked on their doors and waited until they answered them. Staff told us they ensure identification badges were not visible when they went into the community with people to make sure their privacy was protected.

People were supported to access the local community and to keep in contact with the people important to them.

We found two breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment and records.  You can see what action we told the provider to take at the back of the full version 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?

**Requires Improvement**

The service was not always safe.

On the day of inspection there were risks to people because health and safety measures were not being followed.

Staff understood and had followed safeguarding procedures when needed.

Procedures were in place to manage medicines safely, however required improvement.

People were supported to take their medicines. Protocols for 'as and when' medicines contained limited information. Topical creams did not contain dates of opening which meant we did not know if they were safe for use.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

Records showed that staff had undertaken training; however some gaps were in place. Staff told us they felt supported and had access to regular supervision.

People told us they were supported with their nutrition and hydration. Staff support was flexible to meet people's changing needs.

There were some gaps in records relating to consent.

### Is the service caring?

**Good**

The service was caring.

People told us they were happy living at the service and felt supported by staff and felt confident that staff would be available to support them whenever they needed.

People told us they could choose how to spend their time. They told us they privacy, dignity and confidentiality was always

maintained.

Staff supported people to access the local community and maintain and develop relationships with people important to them.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive.

There were gaps in records looked at. No action had been taken to address these.

Care plans were in place but contained gaps in the information needed. Care plans were in place even where there were no identified needs.

No complaints had been made at the service. People told us they knew how to make a complaint if they needed to.

## Is the service well-led?

**Requires Improvement**

There was a positive culture at the service. Staff told us they enjoyed working at the service and felt supported by the management team.

Quality assurance procedures were in place, however they failed to identify the concerns we found with the safety of the building and with gaps in records.

There had been no meetings for people who used the service. Staff meetings had taken place each month, however not all minutes were available.

# Glenthorne Court

**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.

Glenthorne Court was registered with the Commission in November 2015 and this was the first inspection at the service. The service is based in a converted house with eight individual flats located in Norton which is close to local amenities and transport links. The service can accommodate eight people living with a mental health condition and / or learning disability.

One adult social care inspector carried out an unannounced inspection on 26 July and 1 August 2016. This meant the registered provider and staff did not know we would be attending on either days of our inspection.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service and also information received from the local authority who commissioned the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also spoke with the local authority about the service; no concerns were shared with us.

The registered provided completed a provider information return (PIR) when we asked them to. 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.

During this inspection we spoke with two people, the registered manager, deputy manager and three care staff.

We reviewed two care records in detail and two people's prescribed medicines. We looked at emergency evacuation records for all four people and staff handover records for two people.

We also reviewed the training records for all five staff, two staff induction, supervision and appraisal records and records relating to the day to day running of the service.

Requires Improvement

# Is the service safe?

## Our findings

On the first day of inspection we were able to enter the building without being detected. We found the external and internal entrance doors were open. We identified ourselves by entering the staff office and alerting staff on duty. When we entered the communal hallway a washing machine and boxes had been left partially blocking the hallway. We observed that staff left the office door open, we found bunches of keys in one of the cupboards within the office. From speaking with the registered manager later in the day, we were told that these keys were not related to the security of the building.

During the inspection it was evident that work was going on within some of the empty flats in the service. Within the communal stairway wood was being stored on the stairs. The loft hatch was missing and had loose wires hanging down. Areas of the carpet on the stairs and landing area had paint splashes and some areas of the carpet had started to turn up causing a trip hazard. There was bare unfinished plaster in some areas of the service.

We looked at weekly water temperatures which had been carried out between 2 July and 24 July 2016. The registered providers bathing policy stated that a safe water temperature was 43 degrees Celsius. We identified that water temperatures had been regularly recorded outside of safe temperature limits. For example, there were three occasions where hot water in the communal toilet had been recorded at 49 degrees Celsius which is above safe water temperatures and 11 occasions where water temperatures in people's flats had been recorded between 20 and 38 degrees Celsius which is below safe water temperatures. In each of the weeks in July 2016 where water temperatures had been checked, staff had failed to report these unsafe temperature checks to the registered manager. No water temperature checks had been carried out between 15 May 2016 and 2 July 2016. The deputy manager told us this was because they had been waiting for a delivery of thermometers.

We visited one person in flat with their permission, we found that the toilet seat was broken and the person was not able to use the seat. The person told us this had been the case for two weeks. We spoke to the deputy manager about this and they told us a toilet seat had been purchased and was stored on the premises. We asked the deputy manager to take immediate action to address this and this toilet seat was replaced whilst we were at the service. We also found that the person's bedroom lights were not working and had not worked since they moved into the service in March 2016. The person told us, "I told staff about the bulbs. On a night when I wake up it's dark and I bang into the doors [of furniture]." We asked the deputy manager why the lights were not working and they told us they were waiting for the electrician to supply specialist bulbs. Staff had not taken action to address the delay. When we looked at the light bulbs we found they could be purchased from local retailers.

We looked at the outside space for people to use. We found that bins were full and rubbish including uncovered food was strewn across the floor. The garden area was not accessible because wood, paving slabs, rubbish and a wheelbarrow had been stored there. We also found that an adjoining wall [not belonging to the registered provider] had shards of glass embedded into concrete on top of the wall. We could see that there was a potential risk of harm to people which increased further when there was

deterioration in their mental health. No action had been taken to address this risk and no risk assessments had been carried out.

On the second day of inspection, we found that the external door was locked and the washing machine and boxes in the communal hallway had been removed. Action had been taken to remove the wood from the stairs and rubbish from the outside areas removed. The toilet seat and light bulbs had been replaced in one person's flat. The remaining areas of concern identified above had been incorporated into an action plan. This meant that some risks remained.

All staff had undertaken health and safety training however failed to take action to appropriately assess and mitigate the risks to the health and safety of people using the service.

Up to date health and safety certificates for the day to day running of the service were in place. Risk assessments for the day to day running of the service had been carried out and included health and safety, hot surfaces, slips, trips and falls and the boiler room. Risk assessments were in place for people which included smoking, mental health, disengagement and drug and alcohol use. They were reviewed each month. Some of these risk assessments referred to a different service within the registered provider's portfolio. Some risk assessments had not been signed by the staff member completing them or the person they related to.

Personal emergency evacuation plans (PEEPs) were in place for each person using the service, however they had not always been signed or dated by the people they related to or by the staff who had completed them. PEEPS provide staff and emergency services with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. PEEPs included information about each person's understanding, if they were able to exit the building safely, communication needed and the procedure they needed to follow and any equipment needed.

The deputy manager told us that all staff were trained to dispense people's prescribed medicines. Training records had not been updated to confirm this, however two staff we spoke with confirmed they had undertaken training. At the time of inspection, no competency checks had been carried out which meant that we did not know if staff remained confident and competent to give people their medicines.

Staff told us that they prompted people to take their medicines and completed a medicine administration record (MAR) when people had taken them. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. We could see staff dispensed one person's 'as and when' (PRN) required medicine. The person told us, "The staff ask me to take my medicines, they have them ready for me. When I need my other (as and when) medicines, the staff usually recognise when I need them and offer them to me."

Staff took action to ensure people's medicines were delivered on time and checked to make sure the right quantities of the person's prescription had been received. We saw evidence to show that medicine administration records (MAR) had been updated once medicines had been received.

One person had a risk assessment in place to take their own medicines which had been fully completed when they moved into the service; however it had not been signed by the person it related to. This meant that we did not know if the person had been involved in the assessment or whether they agreed with the assessment.

We saw one person being assisted with their eye drops. We found this assistance was at the request of the

person. Staff had recorded a date of opening and date on which the eye drops needed to be discarded. These eye drops had been stored in the fridge. Fridge and room temperatures had been carried out but not every day as required. These temperature checks would have confirmed whether medicines had been stored at safe temperature levels.

Homely remedies were in use at the service and each person's GP had given their consent to these. We found that these included two topical creams which did not contain a date of opening. We could see that these topical creams had been used by the same person; however we could not be sure if they were intended for communal use. We spoke with the deputy manager about the risks to infection prevention and control for topical creams used as homely remedies. We asked the deputy manager to take action to ensure that topical creams are only used by the same person and not for communal use.

One person was prescribed an 'As and when' (PRN) medicine. A protocol was not in place however there were guidelines which stated when the medicines could be given. When we spoke with the deputy manager and they provided us with detail about the reasons why the medicine was in place, how they knew the person might need the medicine and what diversional techniques should be used before the medicine was given. We could see that the deputy manager displayed good knowledge and understanding of the person and we asked them to put a protocol in place to reflect this information.

Checks of controlled drugs were in place. These are drugs which are liable to misuse. We saw these drugs were given when needed.

Fridge and room temperatures for people's prescribed medicines had not been carried out every day. There were four days and four nights where fridge and room temperatures had been missed.

There was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people whether they felt safe living at the service. One person told us, "I feel safe living here." Another person told us, "Yes, I definitely feel safe." We could see that the service worked with people to keep them safe. Care records contained information about each person including a photograph and description in case people were reported as missing. A procedure was in place if people were late arriving at the service or if they failed to return.

Staff understood and had followed safeguarding procedures when needed to. Safeguarding alerts had been made when needed. Records showed what investigations had taken place and the outcome of each alert. Four out of six staff had participated in safeguarding training and the registered manager was in the process of arranging training for the two newest members of staff. All staff spoken to told us they wouldn't hesitate to discuss any safeguarding concerns with the registered manager.

Only one incident had taken place at the service since it opened. From speaking with staff and from looking at the incident records we could see that the staff had taken the action needed to reduce the risk of the same incident happening again.

People told us they could go out into the community whenever they wanted to, however staff kept in touch with them to make sure they were safe. One person told us, "I tell staff if I'm going out. They ring me at an agreed time to check that I'm OK."

Monthly fire drills had been carried out with staff and people who used the service. This meant that staff

could be sure that staff remained competent to deal with an emergency evacuation and people were confidence about the action they needed to take if they heard the fire alarm.

We looked at two staff recruitment records and found they had been fully completed. Records contained evidence of a completed application and interview questions. Gaps in employment history had been investigated. Staff only started work at the service once two checked references and a Disclosure and Barring Services (DBS) check had been obtained. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups.

People and staff told us there were enough staff on duty to provide support to people. People told us staff were available whenever they needed them. One staff member told us, "We have enough staff at the moment. People generally spend time in their own rooms." A dependency tool was not used; the registered manager calculated the staff needed based on the number of people using the service against their support needs. One member of staff worked from 09:00 to 21:00 and another member of staff worked from 21:00 to 09:00. The deputy manager was on duty at the service between 09:00 and 17:00. One staff member told us, "We have enough staff."

Some people at the service were prescribed controlled drugs. Controlled drugs are medicines liable for misuse. We found these had been stored securely. These are controlled under the Misuse of Drugs Legislation. We could see that records had been completed appropriately.

The communal areas of the building were clean and tidy. Staff told us they prompted people to clean their own flats and attend to laundry; they also supported people with a 'Deep clean' of their flats on a weekly basis. Cleaning records were in place which showed when staff prompted people, when they assisted people and when people declined this assistance

Requires Improvement

# Is the service effective?

## Our findings

All staff were subject to a three month probationary period which included a review of performance each month. This meant the registered provider could put any extra support in place if needed. All new staff participated in an induction programme which involved training, shadowing more experienced members of staff and becoming familiar with the policies and procedures of the service. During the induction, all staff were required to complete an action plan which identified their needs. The deputy manager told us, staff have written tasks to complete which includes writing a risk assessment for a person using the service and completing a medication scenario. These were designed to check the competency of staff and helped to highlight if staff needed further training.

Staff had undertaken mandatory training in fire safety, health and safety, food hygiene and infection control. We also found that staff had undertaken training specific to their roles which included the management of escalating behaviours and distraction techniques, stigmas, end of life care, diabetes, autism, epilepsy, safeguarding, the Mental Capacity Act and Deprivation of Liberties safeguards. We found that training for three out of the six staff was not up to date in some areas which included safeguarding, the Mental Capacity Act and Deprivation of Liberties safeguards; there was evidence of planned dates in place for some training but not for others. The deputy manager told us they would take action to deal with this straight away.

Supervision and appraisals are formal methods of support between staff and their supervisor to make sure any needs are identified. All staff had received supervisions each month which was in line with the registered provider's policy. We found that records had been pre-populated and were not always specific to individual staff. Records did not always contain any views from staff. Staff told us they were happy with the supervision provided. No appraisals had been carried out because the service had been open for less than one year.

Staff assisted with menu planning, shopping, food preparation and health and safety during cooking. The aim of the assistance was to increase people's independence and confidence. Staff told us if they felt someone was at risk of malnutrition or dehydration they would speak with the deputy manager to discuss whether a referral to a dietician was needed. One person told us, "Staff used to help me with cooking because I felt paranoid with the cooker. But I'm OK now." Staff told us that they supported people to become independent with providing themselves with a nutritious diet.

Some people were supported with a weekly menu plan which reflected their individual preferences and cultural and dietary requirements. Care plans contained pre-populated records about the types of diets people needed such as whether they were diabetic or required a soft diet. We could see these records were not relevant to people using the service because all were independent with cooking and eating food. We spoke with the deputy manager about this and asked whether they were needed.

From our discussions with people, observations during inspection and from looking at care records we could see that people were actively involved with health and social care professionals. There was evidence to show people saw their GP, community mental health team, dentist and social worker for example. People told us they could see these professionals when they needed to and staff would support them to make and

attend appointments.

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 (DoL'S). At the time of inspection no-one using the service was subject to any conditions on authorisations to deprive a person of their liberty. We could see training had been completed by some staff and action was being taken to ensure the remaining staff were up to date. From speaking with the registered manager and deputy manager we could see they understood the procedures which they needed to follow if they suspected a person may not have the capacity to make their own decisions.

At the time of inspection, two people were subject to community treatment orders (CTO), which is a section of the Mental Health Act 1983 (amended 2007). The person can only be subject to this section if they have previously been detained under a section three of the Mental Health Act. The CTO sets out conditions which the person must abide by whilst living in the community and include seeing their treating team and adhering to their care plans. However, should the person not follow them they can be recalled to hospital if their mental health deteriorates and they become unwell. Not all information needed was available in the records about the CTO or related conditions. It is important that staff hold this information as they need to know what conditions the person has meet. Also they need to regularly remind people of their right to make an appeal to the Mental Health Tribunal to ask that this section is discharged.

The deputy manager was knowledgeable about the CTOs and was able to detail the information set out within them. From people's care records we could see that the service kept in regular contact with the health professionals involved in the two people's care to ensure they remained supported and compliant with the conditions of the CTO.

One person had an advanced directive in place which detailed the action to be taken to deal with their behaviour when they experienced a deterioration in their mental health. Although this record related to this person, it had a different person's name recorded on it. There was information about the person's directives, risky behaviours which could be displayed and how to keep the person safe. This meant staff had the information needed to support the person to remain safe.

Consent records were in place for people to show that relevant information could be shared with their GP. Consent records were in place to show that staff had discussed people's care plans with them and they had agreed to them. However we found that consent forms had not always been signed by the people they related to. When we looked at people's care records, we found they did not always show if people were involved in their care and the decisions they had made.

Good

# Is the service caring?

## Our findings

People told us they were happy living at the service and felt supported by staff. One person told us, "Staff are caring, they will do anything for you. This was a good move for me. Nothing could be better." Another person told us, "My flat is nice, it's decent. They [staff] are a good bunch. The staff are caring. They are quality and sound. Always happy, looking out for me and everything I need." We could see that staff enjoyed working at the service. One staff member told us, "I love the thing. This is the service for me." The registered manager told us about a person who had experienced a difficult time which could have increased their risky behaviours and behaviours which can challenge. However staff had supported this person and kept communication going.

People told us staff were available to provide support to them if they needed it. One person told us, "I like having my own place [individual flat]. The staff don't bother you unless you need anything." Another person told us, The staff help me look after it. If I need anything, I just ask the staff." People had choice about how to spend their time. One person told us, "I can do what I want." We could see that people could spend their time however they wanted and when needed staff would support people to do this. Staff told us this could involve assisting with travel arrangements or booking tickets for important events.

People living at this service were independent with their care needs and as such staff provided verbal prompts about their personal hygiene, nutritional intake, healthcare appointments and social activities. Staff told us they supported people to carry out activities of daily living, however the support they offered could increase if people's needs changed or their experienced a deterioration in their health conditions.

When we asked one staff member about their role and what care and support they offered to people. They told us, "We support people with their [care] needs, activities of daily living and emotional needs. We form relationships with people and they put their trust in us. Relationships are important to people, we are all some people have. We talk with people when they want us to." One person told us, "Staff help me with day to day living such as cooking, cleaning, attending college and looking for jobs."

Staff told us that people were generally involved in their own care, however at times people chose not to be. The deputy manager told us that people would always been signposted to an advocate if they felt the person needed help to make decisions. An advocate is a means of accessing independent advice and support. At the time of inspection there was no information about this on display at the service and we asked the deputy manager to take action to address this. Staff told us they accepted that where this was the case it was the person's decision and this was respected. One person told us, "I have care plans which the staff put together. The staff ask me questions. I don't know how it works, I'm not interested." The registered manager told us that people were able to make all decisions which affected them and their care. They told us that each person made their own decisions about the décor of their flat, how to spend their day and what to eat for example.

People confirmed that their privacy and dignity was always maintained. One person told us, "Staff always knock on my door and wait for me to answer." One staff member told us, "If people are in their own flats we

knock on their door and wait for them to answer. We carry out care plan reviews and discussions in private. When we are out in the community we don't wear our identification badges. People know we are there with them but we don't make it visible to the community." The registered manager told us that people had their own keys to their own flats and staff would only enter if there was a health and safety risk to the person. They told us the emphasis was to support rather than do, to encourage people to maintain their independence.

People were encouraged to have relatives and people important to them visit them at the service. People had the choice of visitors in communal areas or in their own flats. Care records contained evidence to show that people had regular contact with family.

From speaking with staff we could see that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion and sexual orientation. This information was appropriately documented in people's care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

Requires Improvement

# Is the service responsive?

## Our findings

During inspection we identified a number of gaps within the care records and records relating to the day to day running of the service. This meant there were gaps in the information needed. The gaps in the records had not been identified prior to inspection which meant that no action had been taken to address them.

People living at this service were being supported to increase their independence with the aim of being able to live in their own home in the community. This meant that people did not need assistance in all aspects of their lives and at all times. Care plans highlighted these individual needs and included areas such as communication, social skills, relationships, activities of daily living, decision making and maintaining health and well-being. However they had not always been signed by the people they related to; this meant that we did not know if people had agreed to those care plans in place. Care plans highlighted the things which were important to people, however they lacked information about what support staff should offer to help people achieve their goals. For example, a care plan for communication for one person stated what the person could understand and how staff needed to give complex information. The care plan contained a goal which the person wanted to achieve in terms of their communication. However we could not see any evidence to show that this person was being supported to achieve this goal.

We did question whether all care plans in place were needed for people, for example, one person had a care plan in place for decision making however the care plan stated that the person was capable of making their own. This person also had a care plan in place for mobility; however no needs had been identified in this area. Nutritional assessments had been carried out; however no risks to malnutrition or dehydration had been identified. When we spoke with the deputy manager about the nutritional assessments, they told us this was at the request of the person however care records did not reflect this.

Daily records were inconsistent. We looked at the daily records of two people and found one set of daily records reflected people's care plans and the support which staff had offered or carried out with them. However one set of records contained limited information about the person's needs identified in their care plans. Daily records had not been completed twice per day as required for one person. We identified 3 days during July 2016 where daily records had not been completed. Personal hygiene records were in place however not completed consistently. For one person we saw there were 16 days during July 2016 were no prompts from staff had been recorded. There was evidence that the person had taken a shower on two days. From the records it was unclear whether the person was being supported to maintain their personal care.

We looked at one person's monthly reviews of care plans and found they had been carried out; however they did not show any involvement of the people they related to. There was also no evidence to show that people were being supported or progression with the goals identified in the care plans. Reviews did not show if care plans remained relevant. In one person's monthly review we could see that some short term prescribed medicines had been introduced by the person's GP however the care plan had not been updated. This meant that the person's care plan was not up to date. When we looked at another person's monthly reviewed, we found they had not been reviewed since May 2016. This meant that we did not know if they remained relevant.

We looked at handover records for two people dated between 25 and 27 July 2016. We identified a number of gaps within these records, for example records did not state if the person had received their prescribed medicines, if assistance with personal care had been given or if they had been involved in any activities. There were signatures missing between staff giving and receiving handovers. Sleep routine records within these handover records showed one person was checked at 21:00 and not checked again despite the record stating that 30 minute checks should be carried out. We questioned the appropriateness of this because each person lived in their own flat with a locked door. Staff would not have been able to carry out a check of the person without knocking on the door and waking the person. From speaking with staff, we established that staff did not carry out these checks once people had returned to their flats. Sleep monitoring charts were also in place and were required to be recorded every two hours, however we questioned the purpose of these records when staff were not carrying out checks.

There were gaps in the probationary reviews of staff. In one staff member's probationary review, we could not see if it had been fully completed because there were gaps in the company structure, roles and responsibilities and codes of practice. The supervision records of all staff showed little evidence of any discussion and we found that pre-populated supervision records had been used for all staff. This meant we could not see if supervision sessions were individual to each staff member and what discussions had taken place.

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

People were involved in activities individual to their own preferences. From speaking to people, we could see they enjoyed days out in the local towns and to the coast, as well as to football matches and the local club. During our inspection, we observed people and staff spending time in the communal area of the service chatting to one another.

From speaking with staff we could see that the service did not plan activities to deliver at the service because people were very active and enjoyed spending time in the community. One staff member told us, "There is not much in the way of activities. People like to do their own thing." Staff told us they each person was given two hours one to one each day, although this was flexible to meet people's needs. This time was used to catch up on domestic activities, shopping, accessing the local community or to carry out activities specific to people's needs, wishes and preferences." The service had good links with Oxbridge House, another service within the registered provider's portfolio. Staff told us speciality events were often held at this service, most recently an 'American taster' night had been held which people from this service had been invited to.

An up to date complaints policy and procedure was in place which staff understood when we discussed it with them. The registered manager told us that no complaints had been received at the service since it had opened; people we spoke with on the day confirmed this to be the case. No-one had wanted to raise a complaint during inspection, although everyone spoken to told us they knew how to make a complaint if they needed to and felt confident that staff would deal with this appropriately.

Requires Improvement

# Is the service well-led?

## Our findings

Some information in the standard operation procedure (SOP) was inaccurate. The landline number for the service had not been included and the mobile telephone contact number for the service was invalid. We had tried to contact the service on the day of inspection and were not able to get through because the number was invalid. The registered manager had failed to notify the Commission of changes to contact numbers for the service. The SOP referred to outcome 17 of the Health and Social Care Act 2008 for complaints and Outcome 8 of the Health and Social Care Act for infection prevention and control. This is incorrect, as outcomes are not referred to in the legislation and the regulations changed in 2014. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 refers to infection prevention and control is in Regulation 12 Safe care and treatment and complaints is now detailed in Regulation16.

The registered manager told us that the registered provider visited the service every two to three weeks and checks of the building were carried out. They told us the registered provider also spoke to people who used the service to make sure they were happy with the care and support provided to them. There were no records available during inspection for any of these visits or actions plans put in place following these visits for the registered manager to take action. This meant we did not know what areas of action the registered provider had identified during these visits and if action had been taken to address these.

Audits had been completed as part of the quality assurance checks for the service by the registered manager. These included medicines, health and safety and infection control. The registered manager told us they shared audit information, such as safeguarding and accidents and incidents with the registered provider each month for review. Health and safety audits were planned to be completed every two months; a health and safety audits for 30 June 2016 scored 95.1%. We questioned the accuracy of this given the risks to health and safety which we identified on the first day of our visit. No audits had been carried out for care plans and records.

People had moved into the service between February and May 2016, however no meetings for people had been carried out. This meant we did not know if information about the service had been shared with people or if people had been asked for feedback about the service. The registered manager told us a meeting was planned for August 2016; however the people we spoke with during inspection were not aware of this meeting.

Meetings for staff were held each month; however minutes of all meetings were not available for inspection. This meant that we did not know if meetings had been held. Where minutes were available, we could see that medicines, safeguarding and training had been discussed.

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

The registered manager failed to notify the Commission about and incident at the service in May 2016 which involved contact with local police. The deputy manager told us they did not notify the Commission because

the police were unable to support them with the incident. The registered provider must notify the Commission of all incidents that affect the health, safety and welfare of people who use service. This includes any incident which is reported to, or investigated by the police.

Failure to notify the Commission is a breach of regulation 18 of the Care Quality Commission Registration regulations 2009. We informed the registered manager to notify the Commission of all incidents detailed in these regulations.

The registered manager told us that surveys for people and their relatives were planned for July 2016; this meant the survey process had not been completed at the time of our inspection. The registered manager told us that once the results had been collated and analysed they would review the data and create an action plan.

We spoke with all staff on duty during our inspection; each of them told us they enjoyed working at the service. One staff member told us, "It's good here. It's different each day." All told us they felt able to approach the deputy manager who was based at the service and felt supported by them. One staff member told us, "[Deputy manager] is here five days per week and [Registered manager] comes on different days. They are only a phone call away. We get lots of support from them. They are both approachable." The registered manager was not based at the service but told us they visited the service each week. All staff were aware of and had met the registered manager.

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 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Risks to the health and safety of people and the building and outside areas were identified during inspection. Water temperatures were outside of safe limits. Staff had failed to report these risks and ensure appropriate action was taken. Quality assurance processes had failed to identified the risks we did during inspection. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>There were gaps in records such as handover records, supervision records, sleep activity charts, care plan reviews and pen pictures. Signatures from staff and people had not always been recorded in care records. Meetings for people using the service had not been carried out. Minutes of the last two staff meetings were not available. Quality assurance processes had not highlighted the concerns with the premises or the records which we had identified during inspection. |