Mermaid Care Limited

White Pearl Residential Care

Inspection report

22-24 Selden Road
Worthing
West Sussex
BN11 2LN

Tel: 01903415756

Date of inspection visit:
03 October 2019
08 October 2019

Date of publication:
27 November 2019

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

About the service
White Pearl is a residential care home providing personal care and accommodation to people with mental health needs including paranoid schizophrenia, bi-polar and substance misuse. Some people also had health needs such as diabetes and epilepsy. There were 16 people receiving a service at the time of inspection.

The service is located in Worthing and can accommodate up to 18 people in one adapted building. People are supported with drug and alcohol addictions and with making healthy lifestyle choices. The service provides people with a safe place to live and provides support to prevent homelessness.

People's experience of using this service and what we found
People lived independent lifestyles and the service provided a safe place for people to live. People said they received good support and safe environmental experiences. Records and administration procedures were not in place to underpin practice or people's experiences and to ensure they were provided with consistent care.Health and social care risk assessments lacked important detail to guide staff on how to make people safe. Support plans did not contain detailed and person-centred information and therefore these did not always accurately reflect the needs of those who used the service. We have made a recommendation about reviewing and updating care plans.

There was not an adequate process for assessing and monitoring the quality of the services provided and ensuring that records were accurate and complete. The provider's arrangements for ensuring staff were appropriately trained were not sufficiently robust. CQC were not always notified of events which the provider is required to notify us of by law.

People were happy with the care they received and felt safe with the staff that were supporting them. There were sufficient numbers of staff to ensure people received support when they needed it. People had direct access to staff at all times.

People spoke positively about the staff and supportive and caring relationships had been developed between staff and people. People were treated with kindness and compassion and staff were friendly and respectful. People benefited from having support from a consistent staff team.

People's privacy and dignity was respected, and people's diverse needs were supported. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.
For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 November 2018) and there were two breaches of regulation. The provider failed to complete an action plan after the last inspection to show what they would do and by when to improve. At this inspection not, enough improvements had been made and the provider was still in breach of regulations. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified one continued breach of regulation. Quality assurance processes were not in place to assess, monitor and improve the quality and safety of the service. There were three new breaches of regulations. This was because records were not up to date to ensure risks were identified and people were safe and supported by a skilled staff team. CQC had not been notified of reportable events. You can see what action we have asked the provider to take at the end of this full report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

White Pearl Residential Care

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was undertaken by one inspector.

Service and service type
White Pearl is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also the provider and is referred to as the provider throughout this report.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. A change in the way CQC requests information meant the provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from four health and social care professionals who work with the service. We used all of this information to plan our inspection.

During the inspection
We spoke with six people who used the service about their experience of the care provided. We spoke with five members of staff including the provider.

We reviewed a range of records. This included five people's care records and 15 medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same and requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely
At the previous inspection there was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to ensure that medicines were managed safely.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.
- People received their medicines safely. Medicines were administered by staff who were trained in the administration of medicines. People received their medicines on time and in line with their prescribed requirements.
- People's medicine administration records (MAR) had been completed accurately. For example, where a person had refused medicine this had been identified and appropriate action taken.
- People told us that their medicine needs were managed well. We observed that a person who had requested a medicines review had been supported appropriately by staff to ensure this happened.
- Medicines were kept securely and in line with National Institute for Clinical Excellence (NICE) guidelines.

Assessing risk, safety monitoring and management
- People were at risk of avoidable harm. At the previous inspection risks to people in relation to their care and support needs had not been fully assessed with regard to the completion of records. At this inspection the provider had not made improvements to the way risks were assessed and recorded.
- Risk assessments were not always in place to provide staff with information to mitigate risks. For example, some people's pre-admission documents had identified specific risks to their own well-being and safety. Risks included substance misuse and incidents of significant self-harm. This information was not reflected in people's current care documents and risk assessments were not kept, mitigating the risk of further occurrences. Although staff were aware of these risks the lack of documentation meant people could not be assured of receiving consistent and appropriate support to manage risk.
- People and staff were sometimes at risk of potential harm by the behaviour of others. Risk assessments were not documented to protect those living and working in the service. For example, staff told us they undertook twice daily checks of a person's bedroom who was known to cover the smoke detector whilst smoking substances. There was no record to ensure that known risks associated with this activity, including fire safety and the safety of the person whilst under the influence of substances had been considered. The safety check was not supported by a documented risk assessment although staff told they checked the bedroom in pairs if the person was home. The lack of guidance for staff meant the provider had not taken

appropriate action to identify and mitigate risks. This placed people and staff safety at potential risk.
● The provider acknowledged they had failed to ensure that information was documented or that appropriate risk assessments were kept. They told us that they would act to address this.

The provider had not ensured that records to identify and assess risks to the health, safety and welfare of people were kept. This is a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Good governance.

● Records showed equipment checks and servicing were taking place, this included fire safety equipment.

Systems and processes to safeguard people from the risk of abuse
The previous inspection recommended the provider looked at their arrangements for safeguarding training. This was to ensure staff knowledge and understanding was current and relevant to their role. At this inspection the provider did not show an awareness of the recommendation contained within the previous report and had not acted to address this. The provider told us that they did not have oversight of staff training, this included safeguarding. We have covered this in more detail in the effective and well-led sections of this report.
● Systems and process were not robust to ensure people were protected from the risk of abuse. Processes were not in place to ensure that staff had received training in safeguarding people. For example, one person who was new to care had been working at the service for five months and had not undertaken any safeguarding training. This was fed back to the provider who arranged for this employee to undertake safeguarding training following our inspection.
● Staff had varying degrees of knowledge and understanding of safeguarding. Staff who had not undertaken safeguarding training had a limited knowledge and understanding of this topic area. Following the inspection, the provider assured us that staff safeguarding training and records would be addressed as a matter of priority.
● The provider had an up to date safeguarding policy and procedure in place. This clearly set out the responsibilities of staff in relation to safeguarding adults at risk and how to report concerns. Staff told us they would report any concerns they had immediately to the most senior person on duty. Records showed that concerns were being raised in line with the local authorities safeguarding requirements.
● Staff had an awareness of the signs indicating a person might be vulnerable to exploitation and coercion linked to substance misuse. Records confirmed that concerns of this nature had been raised and acted upon appropriately.
● People told us that they felt safe living at the service and there was no evidence to suggest that people were at risk of abuse or improper treatment. One person said, "I feel safe because I can lock my door and there are always staff around" another said, "staff have my back, they watch out for me and give me advice to help me to keep safe and that's a good thing".

Learning lessons when things go wrong
● The provider had not completed the action CQC recommended them to take, following the previous inspection. The provider had failed to send a report to CQC on the action they were going to take to meet Regulation 12 and 17. The provider acknowledged they had not undertaken the actions required of them by CQC and said they had not been aware of this until it was brought to their attention during this inspection. This meant that we could not check that the provider had acted in a timely and appropriate way to address the concerns we had raised
● There was a lack of improvement made since the last inspection. Some of the concerns, for example the completion of records in relation to people's care and support needs, had been raised by us during our last inspection, however the service failed to address them.

● Accidents and incidents were recorded. The registered manager informed us there was no process to analyse accidents or incidents for trends or to minimise the chance of these reoccurring, and this was an area they planned to improve.

Preventing and controlling infection

● People were not always protected by the prevention and control of infection. The provider was unable to evidence that all staff had undertaken training in appropriate infection control relevant to their role. This included food hygiene for staff how were preparing food. This is an area that needed improvement.

● The premises were clean and smelt fresh. Staff had access to sufficient equipment to prevent the spread of infection, for example disposable gloves and aprons and antibacterial soap.

Staffing and recruitment

● There were safe systems and processes for the recruitment of staff. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Baring Service (DBS) and obtaining suitable references.

● The rota reflected, and our observations were, that there were enough staff. The service has a consistent and established staff team and was able to maintain staffing levels without using agency workers.

● People told us that they received care and support in a timely way and we saw staff taking time to sit and talk with people. One person told us "there is always someone around to talk to" another said, "if we want to have a chat we can, there is enough staff here for that".

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- At the previous inspection, there was a lack of evidence that staff had completed the training required to provide people with effective care and support. At this inspection there had not been any improvement in the way that training was provided or monitored.
- The provider had not ensured training for staff specific to the complex needs of the people living at the service, for example mental health or substance misuse. Staff told us that they did not receive training from the provider relating to people's mental or physical health needs or substance misuse.
- Staff said people living at the service had very complex behaviour needs which sometimes could be very emotionally and physically challenging. A staff who was new to care said, "I have never received any training in supporting people who have challenging behaviour or mental health, but I believe I have a good awareness of how to support people with mental health relapses". Another told us they produced information sheets with information found on line if staff requested information about a particular topic or support need. The lack of training specific to people's assessed needs meant that people could not be assured of receiving effective and consistent care from trained and skilled staff.
- People could not be assured that they were being supported safely. Training records were not always accurate to establish if staff had received suitable training. The effectiveness of staff training, and competency of staff was not monitored. For example, we asked to review the training records of a staff member who was unable to outline the different types of abuse. The provider did not have an up to date record of staff who had undertaken safeguarding training. This meant that they could not be assured that staff were updating their training at appropriate intervals to ensure their knowledge and understanding was current and relevant to their role.
- Training had not been completed in line with the providers mandatory training requirements. For example, an employee new to care had worked at the service for five months and had undertaken two of the providers 12 mandatory training topics. The provider acknowledged that they did not have oversight of staff training and said that this is something they would address.
- The provider was unable to demonstrate a comprehensive induction programme. Staff new to care did not have a robust induction programme which ensured they were provided with the standards and expected level of knowledge to be able to do their job well.

Systems were either not in place or robust enough to demonstrate that staff were suitably qualified, competent, skilled and experienced to meet the needs of people using the service. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

● Staff told us that they received some supervisions although these had not been recorded, and they had not received an annual appraisal. The provider told us that they were in the process of planning staff appraisals.
● Staff said they had regular informal catch up's with the provider and senior staff and felt confident that both had the knowledge and experience to give advice and guidance to meet best practice.

Supporting people to eat and drink enough to maintain a balanced diet
● People were protected from the risk of malnutrition and dehydration. They had a choice of a healthy, well balance diet and access to food and drink throughout the day and night. We observed a large selection of fresh fruit and vegetables and specialist diets such as vegetarian and lactose intolerant were provided. One person told us "this is the healthiest I have ever been, it's great" and another said, "I'm a vegetarian and they make sure I have access to separate pans and cooking utensils".
● People told us that they had, plenty to eat and drink and the meals were very good. We observed people having further helpings of dinner and they told us that the staff who cook did "a great job".
● People's own food preferences were catered for. For example, a person who changed their mind as food was being served had their request for an alternative meal adhered to immediately. People had their own spaces in fridges and freezers to ensure that their own food preferences were available and a place to store their own purchases.
● Staff encouraged people to participate in their meal preparation to promote independence, cooking skills and healthy eating.

Adapting service, design, decoration to meet people's needs
● People's rooms were personalised and filled with things that were important to them including media consoles, photos and furniture. One person told us about their music sound system in their room which they often used to DJ at social gatherings in the communal areas of the service.
● All areas of the service, including the communal areas and people's bedrooms, were well maintained and decorated. There was a large lounge and a separate games room with pool table and fitness treadmill. People told us that both areas were used frequently. We observed people using the garden, designated smoking area and lounge.
● All areas of the service were fully accessible and there was a lift to the first floor. This meant that people could move around the service freely.

Assessing people's needs; choices delivering care in line with standards, guidance and the law
● People were assessed before they started to receive support from the service. Referrals to the service were made by health and social care practitioners. The referral process was very comprehensive and included verbal discussions, sharing of information including needs, risks and historic data. People were fully involved in this process, one person said "I came to look round first to check it was alright, and it was", another said " I came to have a look before I agreed to move here". Staff told us "each person completes a self-assessment to gain an understanding of what they thinks their needs are and what support they need from us to meet them"
● Assessments of people's needs included people's personal preferences and protected characteristics under the Equality Act (2010), such as disability, ethnicity and religion. One staff said, "it's a very holistic assessment covering all aspects of the person's life and wellbeing".
● People were involved in the planning of their care and support and personal preferences were respected. For example, we observed where people had requested support with substance misuse by having a restricted daily cash allowance.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

● People were supported to live healthier lives and had access to a range of healthcare professionals and services. Appointment feedback log was in place to record the outcome of people's health appointments. Staff said that they implemented this because "some people have so many health issues that they attend lots of different health clinic this helps them keep on top of things and be aware of what consultation outcome was for each clinic".

● People were encouraged to manage their own health care appointments and were supported by staff to do this when required. People had access to national screening programmes and clinic's to monitor their health, including psychiatric and mental health support.

● The registered manager and staff worked with a variety of organisation. Correspondence records showed that staff communicated with health care professionals to ensure that people had the opportunity to attend meetings about their own well-being. For example, one person was encouraged to engage with a lead health practitioner and to understand the paperwork before attending a meeting about their community treatment order (CTO)

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People's rights were protected, and they were supported to have maximum choice and control of their lives.

● People currently receiving a service did not require MCA and there was no one subject to DoLS authorisations. Staff understood when capacity assessments, DoLS and best interest decision making would be required.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us that staff were caring and considerate. Comments included, "They are good, they're alright and helpful", and "I find talking to people difficult, staff here make that a bit easier for me"
- We observed positive interactions between staff and people which were relaxed and respectful. It was evident from talking to staff that they cared about the people they supported and had formed meaningful relationships with them. One person said "[Staff name] is great, I can come into the office and talk to her, she gets me, we have an understanding and that works".
- Staff supported people's privacy and dignity. People told us that if they wanted to be left alone they could be, but they knew staff were around if they needed them. Staff told us they knew when to respect a person's privacy and when to check on their wellbeing. One staff commented "I noticed that [name] was down in mood yesterday I thought they were quiet, so I took time to speak with them, today they thanked us with donuts and it's always really nice when you have made a positive difference to people's lives".
- Staff knocked on people's doors and asked permission before entering people's rooms. Staff were very discreet when asking people if they needed assistance and were very respectful of the service being people's home rather than a place of work.
- Staff supported people with equality and diversity, respecting people for who they were and wanted to be. For people with specific diversity needs, staff provided support in line with people's requirements and ensure that they had access to appropriate support networks and advice. One staff said, "I support people to be who they want to be, empowering them to be who they are no judging and certainly not treated differently".
- People accessed community facilities either independently or with staff support. Staff encouraged people to be independent and form positive relationships and networks. People had keys to their bedrooms which meant they could spend time privately if they wished.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to express their views. They took people's preferences and choices into consideration when providing care and support. People told us they were involved in planning their care and spoke about this with staff.
- People told us they were encouraged to be involved in the review of their care and the support they required. For example, staff supported a person to prepare for their review of their Community Treatment Order (CTO) discussing with them the contents of the pre review paperwork and ensuring that before they signed they fully understood what it meant.

● People had been given the opportunity to discuss their views during feedback survey's. One comments said, "change nothing, keep it as it is".

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● At the last inspection we found a lack of detail and information in people's care plans. At this inspection no improvements had been made. Assessed needs and identified risks had not been incorporated into people's support plans. Support plans were brief and contained basic details only. They did not contain information about the way people wanted to be supported and did not reflect a person centered approach to supporting people. For example, a review undertaken by the local authority in April 2019 identified some very specific needs for one person including those relating to protected characteristics and substance misuse. It also stated the provider had served notice to this person on three occasions in a 10 month period due to relapses with substance misuse. There was no care plans or risk assessments in place for these identified areas of need. This lack of information and guidance for staff meant the person could not be assured of receiving consistent or appropriate support to meet their very specific needs.

● There was an equality and diversity policy in place and people's different needs, backgrounds and cultures were catered for. Some people had protected characteristics including those relating to a disability. Staff supported them appropriately and in line with the Equality Act 2010, ensuring their rights were upheld, and they were protected from discrimination. For example, one person's assessments had identified the need to be supported with a sensitive and significant change of personal circumstance. Staff told us that they were aware of the persons needs and preferences through verbal discussions with the person and team. We observed that staff had a good knowledge of this person and provided support in line with their wishes, however these were not documented to ensure they received consistent and appropriate support.

● Staff understood people's individual preferences hobbies and interests. They said that they did not often look at people's care plans because information was regularly shared and discussed with them by the senior team. People also told them how they wanted to be supported and when. Staff said this helped them to provide personalised care. For example, one staff told us how they supported a person to shop because through talking to them they knew the types of clothes they liked. Their own knowledge of the local area meant they new what shops would appeal to the person.

We recommend that the provider looks at their arrangements for reviewing and updating care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The provider was adhering to the AIS principles. Pre-assessments captured the details of any

communication impairments and people's preferred method of communication.
● Staff knew people's communication needs and communicated effectively with them. Information was presented in a way that people understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● People were independent with what they did on a day to day basis, so structured activities were not formally organised. People preferred to pursue their interests independently.
● Some people attended community support groups or clubs, others were supported by staff to access community facilities. One staff said "I really enjoy having the time to spend with people on a 1-1 basis. Yesterday I went into town with a person who needs encouragement and motivation to go out. It's about knowing the person, what makes them tick, how to motivate them and recognising their moods"
● People told us that they socialise with other people living at the service and staff encourage social activities such as playing pool or listening to music. In the summer events were held in the garden such as BBQ's.
● One person showed us the fish aquarium in the hall way. They told us that it was their responsibility to keep this clean and look after the fish. They said they really enjoyed having this responsibility and shopping for equipment and food to keep the fish healthy. Other people told us about how they helped around the service with specific responsibilities such as cleaning.

Improving care quality in response to complaints or concerns
● The provider had a complaints policy which gave people details of how to raise a concern and how they could expect this to be dealt with. Information about how to make a complaint was also displayed in the communal areas.
● People told us that they knew how to raise a complaint and felt that their views would be listened to.
● The manager kept a record of complaints and feedback. These were used to improve people's experience of receiving care and support. For example, a person who wanted to participate in more activities was supported to seek additional funds to achieve this.

End of life care and support
●The service was not supporting anyone with end of life care and this is not something that the service would ordinarily expect to do. However, where people had felt comfortable to discuss this subject their preferences had been recorded. For example, one person had decided in 2015 to donate their body after death for medical examination. This was recorded in their pre-assessments notes and care records and processes were in place to revisit this decision annually.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

At the last inspection the provider had failed to establish systems and processes to assess, monitor and improve the quality and safety of the service provided or to assess and monitor risks. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider was still in breach of regulation 17.

- The provider had not taken ownership or fulfilled their obligations and responsibilities. They had not ensured effective oversight and monitoring of the quality of services and the safety of people.
- The provider had failed to ensure issues highlighted in the previous inspection, such as those relating to the beach of regulation 17. The provider was unable to demonstrate actions they had taken to ensure compliance with this regulation.
- The provider had failed to implement quality assurance processes to ensure key aspects of the service were regularly reviewed or effectively operated and therefore failed to identify issues For example, the provider had not identified areas of risk within the service including the shortfalls in staff training and there were multiple examples where care records lacked sufficient detail.
- There was no evidence presented that showed a structured approach to monitoring the quality of care plans and risk assessments. Systems were not in place to identify that risks to people's health and wellbeing were being assessed and documented to ensure that all reasonably practicable actions were considered and taken to mitigate the risk.
- The provider had not identified that people's care and risk management plans did not always provide personalised information about people and their preferences for how they liked to be supported.
- Documentation relating to people's care and support was not complete. Records relating to staff practice and competency were not up to date. Meetings were not always recorded which meant that decisions and outcomes were not always captured. For example, there was no record of the decision making process to fit a key pad to the porch door, or people's understanding and agreement of the restrictions of not having the code placed upon them. People we spoke to confirmed that this had been discussed with them and they agreed with the keypad and felt safer knowing it was in place.

● The provider had not ensured that the requirements of their own policies were being met and was not clear about the detail of their own responsibilities outlined within them. For example, the providers safeguarding policy gave a clear timescale in which staff should undertake safeguarding training during induction. This had not been met. It also states that there will be a named safeguarding lead with in the service. The provider told us that they had not been aware of this but would implement this following the inspection.

The provider had failed to establish systems and processes to assess and improve the quality and safety of the service provided or to assess and monitor risks. This placed people at risk of harm. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The provider had not always informed CQC of significant events in a timely way. This included four incidents referred to the local authority in line with the local authorities safeguarding guidance, that had not been notified to CQC. Service records also showed that there were five incidents involving the police which had not been notified to CQC. This meant we could not check that appropriate action had been taken.

The provider had failed to notify CQC of relevant incidents that affect the health and safety and welfare of people using the service. This was a breach of Regulation 18 of Care Quality Commission (Registration) Regulations 2009.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People had opportunities to be involved in and influence the running of the service. Staff told us that they sought feedback and ideas from people.

● People and staff said they were supported. They were positive about the provider and senior team and said they were approachable. One person told us "this is a brilliant place, I've cleaned up my act and now I can stay, things are going really well for me now".

● People received opportunities to share their experience about the service. People told us they felt involved and consulted and had good access to the provider and senior staff. We observed throughout the inspection people taking the time to speak with staff. Communication was open and relaxed. Residents meetings were held, and people had been given the opportunity to give feedback in an annual survey.

● Staff received opportunities to be involved in the development of the service, via handover meetings, informal supervision and discussions with the senior team.

● There was a positive workplace culture at the service. Staff told us that they felt valued and listened to by the senior team and they were encouraged to share ideas

Working in partnership with others

● The service worked in partnership with other agencies. These included healthcare services as well as local community resources. Staff were aware of the importance of working with other agencies and welcomed their input and advice.

● Communication records showed that staff had contacted a range of health care professionals. This enabled people's health needs to be assessed so they received the appropriate support to meet their continued needs.". A health care professional told us the service had successfully provided long term placements for people with a previous history of placement breakdowns.

● People were supported by a range of professionals and the staff team consistently worked closely with

these to ensure all aspects of people's lives were recognised as being important.

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 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that records to identify and assess risks to the health, safety and welfare of people were kept The provider had failed to establish systems and processes to assess and improve the quality and safety of the service provided or to assess and monitor risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that systems were either not in place or robust enough to demonstrate that staff were suitably qualified, competent, skilled and experienced to meet the needs of people using the service.