

St Anne's Community Services

St Anne's Community Services - Fernlea

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 22 and 26 June 2016 and both visits were unannounced. The service was last inspected on 30 December 2013 and at that time the service was meeting the regulations we inspected.

Fernlea has seven beds providing accommodation, care and treatment to adults aged 18-65 who have a learning disability and other complex health care needs. The home is split into two sections. One section has three beds for people with learning disability and challenging behaviours and the other section has four beds offering accommodation for people with a learning disability and physical health needs. At the time of our inspection there were six people using the service.

The service had a registered manager. 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.

Relatives we spoke with told us they were confident their relative was safe at St Anne's Community Services Fernlea.

Some risk assessments had not been updated to reflect one person's current moving and repositioning needs. This presented a risk of unsafe or inappropriate care being delivered. This was a breach of Regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were not always enough staff to provide a good level of interaction for people who used the service and keep them safe. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were not always managed in a safe way for people because gaps in the recording of administration of medicines had not been picked up and explored. This was a breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had a good understanding of safeguarding adults from abuse and who to contact if they suspected any abuse and the provider had safe recruitment and selection procedures in place.

Staff had received an induction, supervision, appraisal and specialist training to enable them to provide support to the people who used the service; however some staff training in moving and positioning was not up to date. This meant some staff may not have the knowledge and skills to support the people who used the service effectively, however plans were in place to minimise the impact.

People's consent to care and treatment was always sought in line with legislation and guidance.

Meals were planned on an individual basis and people were supported to eat a balanced diet. A range of healthcare professionals were involved in people's care.

Staff were caring and supported people in a way that maintained their dignity, privacy and human rights. People were supported to be as independent as possible throughout their daily lives.

Some activities were provided but this was not at a level which would meet the assessed needs of all the people who used the service. This was a breach of Regulation 9 (1) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were able to make choices about their care. People's care plans detailed the care and support they required and included information about people's likes and dislikes. Individual needs were assessed through the development of detailed personalised care plans.

Comments and complaints people made were responded to appropriately.

Relatives and advocates we spoke with told us they were happy with the service. Some representatives and staff felt the service had been impacted by a lack of consistent management in recent years.

The registered manager had some audits in place, but this system was not robust enough to identify and address the problems we found.

The registered provider had an overview of the service; however the service's quality assurance systems had not addressed the problems we found. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The culture of the organisation was open and transparent. The registered manager was visible in the service and knew the needs of the people who used the service.

People who used the service, their representatives, and staff were asked for their views about the service and they were acted on.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risk assessments were not always updated to reflect changing needs.

There were not always enough staff to meet people's assessed needs.

Medicines were not always managed in a safe way for people.

Staff had a good understanding of safeguarding people from abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were not always provided with training to ensure they were able to meet people's needs effectively.

People's consent to care was sought in line with legislation and guidance.

Meals were individually planned with people.

People had access to external health professionals as the need arose.

Is the service caring?

Good ●

The service was caring.

Representatives told us and we saw the staff who supported people were caring.

People were supported in a way that protected their privacy and dignity.

People were supported to be as independent as possible in their daily lives.

Is the service responsive?

The service was not always responsive.

People were not always supported to participate in activities which were person centred.

People and representatives were involved in the development and the review of their support plans.

Representatives told us they knew how to complain and told us staff were always approachable.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The registered provider monitored the quality of the service, but the systems had not picked up and addressed the problems we found.

The registered manager was visible within the service.

The culture was positive, person centred, open and inclusive.

Requires Improvement ●

St Anne's Community Services - Fernlea

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.

This inspection took place on 22 and 26 June 2016 and was unannounced. The inspection was conducted by two adult social care inspectors on the first day and one adult social care inspector on the second day. Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, and feedback from the local authority safeguarding and commissioners. The provider had returned a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit in advance information about their service to inform the inspection.

At the time of this inspection there were six people living at St Anne's Community Services-Fernlea. Some people who used the service were unable to communicate verbally and as we were not familiar with everyone's way of communicating we used observation as a means of gauging their experience. We used a number of different methods to help us understand the experiences of people who used the service. We spent time in the living areas observing the support people received. We spoke with two people who used the service, four members of staff and the registered manager. We looked in the bedrooms of four people who used the service with permission. After the inspection we received feedback from two relatives.

During our inspection we spent time looking at four people's care and support records. We also looked at three records relating to staff recruitment, training records, maintenance records, and a selection of the service's audits.

Is the service safe?

Our findings

Relatives we spoke with told us they felt confident that their relation was safe at Fernlea. One person who used the service signed, "Home" and "like" using Makaton sign language.

Some risk assessments were individual to people's needs and minimised risk whilst promoting people's independence. We saw in the care records of people who used the service comprehensive risk assessments were in place in areas such managing money, accessing the community, access to the kitchen, medication, absconding, choking and falls. Risk assessments were detailed and included measures to mitigate risks to people. For example, one person had a profiling bed set to the lowest level which was suitably positioned in the room to reduce the risks of injury from falling from bed. Wall bumpers were also being purchased to reduce the risk of minor injury and improve comfort.

The members of staff we spoke with understood people's individual abilities and how to ensure risks were minimised whilst promoting people's independence. This showed the service had a risk management system in place which ensured some risks were managed without impinging on people's rights and freedoms. However, whilst the majority of risk assessments were reviewed and up to date not all risk assessments we sampled had been updated to reflect people's changing needs.

One person's care files contained risk assessments which did not reflect the equipment that was being used or the changes in a person's moving and positioning support needs. Whilst regular staff were aware of the current moving and handling needs of the person the frequent use of agency staff combined with inaccurate risk assessments and supporting information presented a risk of inappropriate or unsafe care being delivered.

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

We addressed this with the registered manager and they updated the risk assessments straight away and shared this with staff. The manager had requested a physiotherapy re-assessment of the persons moving and positioning support needs and was planning a best interest discussion with the person and their representatives to balance the management of risks to the person and staff with the person's rights and need for independence.

There were not always enough staff on duty to meet people's individual needs and keep them safe. One staff member said, "We do our best with the staff we have. We need more staff to be able to do things with people." Some staff told us they were short of staff and agency staff did not always know the needs of people who used the service. They said this meant there was no continuity and some tasks got missed. One staff member told us there were usually enough staff but when they used agency staff, "It upsets the residents. People like consistency. (Person) gets tense and upset with new people. There is always a member of our staff team on duty though."

We asked the registered manager how the number of staffing hours had been calculated to meet the needs of people who used the service. The registered manager and area manager were not clear how the hours allocated to the service had been worked out in relation to the dependency of people who used the service and their assessed needs.

The service was divided into two units with two people with behavioural needs in one unit and four people with complex health needs using the other unit. All four people with complex health needs required two staff to support them with repositioning and transfers. One of these required two members of staff to be present when out and about due to complex epilepsy. One person with behavioural support needs required two staff to accompany them when out and about.

The registered manager told us they were short of staff and recruitment of new staff was ongoing and the situation was improving. They said there were usually four staff members on duty in the morning, three staff members in the afternoons and two staff members at night. One of these was always a qualified nurse.

The registered manager was sometimes available to provide direct care and was included on the duty rota for a few shifts a week. On the second day of our inspection the manager provided direct nursing care due to staff sickness. We saw familiar agency staff were often used to cover for staff absence.

We saw from rotas on the four days a week where nobody was attending day services there were three staff members on the duty rota to support all six people who used the service. This meant at these times it was not possible to support people to access the community in line with their assessed needs, as all three staff members were required to provide minimal cover to the two units at the service. Occasionally the manager was able to provide cover to enable some people to access the community.

During our inspection we found two people with behavioural support needs in one unit usually rose for the day by 6.30am and two of the people on the other unit also rose for the day before day staff came on duty at 7.30am. This meant the two staff on night duty were supporting people to transfer and prepare for the day in one unit leaving the two people on the other unit unsupported. A monitor was used to listen for the people on this unit, however we were told one person banged their head when bored or alone. There was also an increasing risk of one person attempting to rise independently in the early morning and falling, due to deteriorating mobility.

The registered manager told us senior managers were aware of the staffing concerns however there was no evidence staffing was allocated to people who used the service according to their assessed needs or dependency levels.

The above issues evidenced a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because sufficient staff were not deployed to meet the assessed needs of people who used the service and keep them safe.

Medicines were not always managed in a safe way for people. Blister packs were used for most medicines at the home, as well as some medicines in bottles and boxes. We found all of the medicines we checked could be accurately reconciled with the amounts recorded as received. We looked at people's medication administration records (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. There were a number of missing signatures on the MAR for people on 2, 4, 17 and 18 June. The number of medicines remaining indicated the medicine had been administered, but the MAR chart had not been signed. We saw a count of medicines was completed every night by the nurse on duty, but gaps in recording of the administration of medicines had not been picked up

or addressed.

No audits of the administration of medicines were completed by senior staff. This meant people were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's medicines were stored safely in a secure medicines cupboard.

Care plans contained detailed information about medicines and how the person liked to take them, including an individual PRN (as and when required) medication protocol for the person. Having a PRN protocol in place provides guidelines for staff to ensure these medicines are administered in a safe and consistent manner.

The registered manager told us all staff at the home completed training in safe administration of medicines every year and we saw certificates to confirm this. We saw medicines competence was also assessed annually. This meant people received their medicines from people who had the appropriate knowledge and skills.

Staff we spoke with were clear about their responsibilities to ensure people were protected from abuse and they understood the procedures to follow to report any concerns or allegations. Staff knew the whistleblowing procedure and said they would be confident to report any bad practice in order to ensure people's rights were protected. One member of staff said, "If I had any concerns I would tell the nurse on duty or the manager and they would act on it. If I was concerned about them I would go to St Anne's or safeguarding." This showed staff were aware of how to raise concerns about harm or abuse and recognised their personal responsibilities for safeguarding people using the service.

We saw safeguarding incidents had been dealt with appropriately when they arose and safeguarding authorities and CQC had been notified. This showed the manager was aware of their responsibility in relation to safeguarding the people they cared for.

Staff told us they recorded and reported all incidents and people's individual care records were updated as necessary. We saw in the incident and accident log that incidents and accidents had been recorded and an incident report had been completed for each one. Accidents and incidents were recorded in detail and staff took appropriate action.

We saw the registered provider had a system in place for analysing accidents and incidents to look for themes. This demonstrated they were keeping an overview of the safety in the service.

We saw from staff files recruitment was robust and all vetting had been carried out prior to staff working with people. This showed staff had been properly checked to make sure they were suitable and safe to work with vulnerable people.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises. We saw evidence of service and inspection records for gas installation, electrical wiring and portable appliance testing (PAT). A series of risk assessments were in place relating to health and safety.

The staff we spoke with knew what action to take in the event of a fire. People who used the service had a personal emergency evacuation plan (PEEP) in place. PEEPs are a record of how each person should be supported when the building needs to be evacuated. We saw staff training in fire safety was up to date and fire drills occurred regularly. This showed the service had plans in place in the event of an emergency situation.

Appropriate equipment was in place to meet the needs of people who used the service for example ceiling tracking hoists and profiling beds with air flow mattresses. Equipment had been properly maintained and serviced.

Is the service effective?

Our findings

Staff were provided with training and support to ensure they were able to meet people's needs effectively. We saw evidence in staff files that new staff completed an induction programme when they commenced employment at the service. We asked three staff members what support new employees received. They told us they completed induction training and then shadowed a more experienced staff member for around two weeks before they were counted in the staffing numbers. We saw one member of staff shadowing on the first day of our inspection. The shadowing focused on getting to know people's individual needs and preferences. Induction training was followed by completion of the care certificate. The aim of the Care Certificate is to provide evidence that health or social care support workers have been assessed against a specific set of standards and have demonstrated they have skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. This demonstrated that new employees were supported in their role.

The manager told us agency staff completed the same induction as other staff and the agency staff member we spoke with confirmed this. They said they never worked without staff who were familiar with people's needs.

We saw evidence in staff files and training records that staff regularly undertook training to enhance their role and to maintain their knowledge and skills relevant to the people they supported. Training was a mixture of computer based and face to face learning and included topics such as safeguarding adults from abuse, infection control, behaviour and de-escalation techniques, first aid and food hygiene. The registered manager told us they had been supported to keep their professional registration up to date by the registered provider.

Whilst the moving and repositioning we observed was good the manager told us some staffs training was not up to date due to difficulties sourcing training outside of the service. All staff who were not up to date were booked on to refresher training and the manager showed us that an up to date fully trained member of staff was always on the duty rota. Staff did not deliver this support until their training had been refreshed.

Staff we spoke with told us they felt appropriately supported by the registered manager and they said they had supervision every one to two months, an annual appraisal and regular staff meetings. Staff supervisions covered areas of performance and also included the opportunity for staff to raise any concerns or ideas. There were some gaps in one staff members supervision dates but the new manager was beginning to address this. This showed staff were receiving management supervision to monitor their performance and development.

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

possible.

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

Staff at the service had completed training and had a good understanding of the Mental Capacity Act (2005). We saw from people's care records that their mental capacity had been assessed and where appropriate, best interest meetings had been held. For example a person whose support plan involved restricting access to the community contained a mental capacity assessment and recent multi-disciplinary best interest meeting in their care file, as well as DoLS authorisation paperwork. This meant that the rights of people who used the service who may lack the capacity to make certain decisions were protected in line with the Mental Capacity Act (2005) and guidance.

We asked the registered manager about the MCA and DoLS and they were able to describe to us the procedure they would follow to ensure people's rights were protected. They told us DoLS authorisations had been requested for all the people who used the service and four of these had been authorised. One application was yet to be assessed by the supervisory body. We saw from the care records we sampled records were present for each person detailing decisions to be made, mental capacity assessments and best interest discussions, any restrictions and how these could be minimised, as well as DoLS authorisation records.

We saw people were asked for their consent before they received any support and the service acted in accordance with their wishes or in their best interests.

People were supported to eat a balanced diet. The manager told us staff did the cooking and some people who used the service joined in with making snacks where possible.

People made choices in what they wanted to eat and meals were planned in each side of the house using knowledge of people's tastes and preferences. Care files contained details of people's preferences and dietary requirements. People appeared to enjoy their meals and were supported to eat a balanced diet. We saw one staff member show a person who used the service a plated meal and offer an alternative when they refused. They showed the person a choice of drinks and brought this to them in the lounge whilst other people were being supported to eat in the dining kitchen.

We saw the individual dietary requirements of people were catered for. One person required a gluten free diet and staff were aware of this and purchased and prepared appropriate meals. Two people required a fork mashable diet and one person was supported to use a percutaneous endoscopic gastrostomy (PEG) feed.

We saw a food diary was kept for each person. We saw on most days food intake had been recorded, however on 14th and 10th June there were gaps in recording for one person and on 8th and 20th June there were no records of food offered or accepted in one unit. The registered manager told us this was probably due to agency staff not recording correctly and the nurse on duty should have checked and signed off the records. They said they would address this with the staff concerned.

People were weighed weekly to keep an overview of any changes in their weight. This showed the service ensured people's nutritional needs were monitored and action taken if required.

People had access to external health professionals as the need arose. We saw systems were in place to

make sure people's healthcare needs were met. People had a hospital passport and up to date health action plan in their care records. Staff told us people attended healthcare appointments and we saw from people's records a range of health professionals were involved. This had included general practitioners, consultants, community nurses, physiotherapists, speech and language therapist, chiropodists and dentists. This showed people who used the service received additional support when required for meeting their care and treatment needs

The atmosphere of the service was comfortable and homely. The home was well maintained with a living area and kitchen dining area in both units and all doors and corridors were designed for ease of access for wheelchair users. Some of the décor of the home was in need of updating or decoration, for example there were mark on the wall of one person's bedroom.

Two people had shutters for privacy instead of curtains due to behavioural support needs. There was a secure accessible garden to the rear and level access to the front of the property. One person was very fond of boats and a boat shaped planter was installed in the garden. There were art works and photographs in the communal areas giving a homely atmosphere. This meant the design and layout of the building was conducive to providing a personalised, homely but safe and practical environment for people who used the service.

Is the service caring?

Our findings

Relatives and representatives told us the staff were caring. One relative said, "The staff are lovely, all of them. I can't fault the staff."

We saw there were good relationships between staff and the people who used the service. Staff told us they enjoyed working at the service and providing support to people who lived there. One staff member said, "I like working here, looking after the clients. It's rewarding." Another said, "I enjoy working with the guys. It's nice to be able to communicate with (name of person) and get to know them."

All the staff we spoke with told us they would be happy for a relative of theirs to live at St Anne's Community Services-Fernlea.

Staff we spoke with had a good knowledge of people's individual needs, their preferences and their personalities and they used this knowledge to engage people in meaningful ways, for example by engaging them in conversations about activities or using Makaton sign language to discuss a person's interests.

Staff told us they spoke to the person or their family members about their likes or dislikes and spent time getting to know them during induction to the home. We saw care files contained detailed information about the tastes and preferences of people who used the service, including a personal history of the person and staff told us they had opportunity to read these records before commencing work with the person. This gave staff a rounded picture of the person and their life and personal history before they used the service.

Staff worked in a supportive way with people and we saw examples of kind and caring interaction that was respectful of people's rights and needs. We heard staff asking people what they would like to do and explaining what was happening. We heard staff speak with people whilst supporting them with transfers or supporting them with meals. One staff member asked a person if they wanted their nails doing, bent to their level to talk to them, supported them to choose a colour and chatted about their interests. One person was supported to dress for special occasions related to their religion when attending family celebrations.

People's individual rooms were personalised to their taste. One person had posters and toys of their favourite character around the room and another person had a large collection of pencil sharpeners. Some people had attractive stencils on their bedroom walls where they were at risk from decorative items due to behaviour support needs. Personalising bedrooms helps staff to get to know a person and helps to create a sense of familiarity and make a person feel more comfortable.

Staff were respectful of people's privacy; they knocked on people's doors and asked permission to enter. Staff told us they kept people covered during personal care and closed curtains and doors. We saw privacy was promoted on risk assessments and support plans related to support with personal care.

People were supported to make choices and decisions about their daily lives. Staff used Makaton, gestures, facial expressions and photos to support people to make choices according to their communication needs. We saw one staff member discussed a person's trip to the dentist and some of their favourite things such as,

trains and boats, using Makaton sign language with them. One staff member told us a person would touch the choice of drink they preferred if you showed them both.

We saw staff took an interest in people's well-being and were skilful in their communications with people, both verbally and non-verbally to help interpret their needs. One staff member used their familiarity with a person's communication style to help them choose the sound level of the music they had chosen in the lounge and chatted and danced with them.

People were encouraged to do things for themselves in their daily life. Staff told us some people joined in with laundry and others enjoyed making a snack with support. The manager told us they wanted staff to encourage people to do things for themselves and not to do things for people. We saw one person was encouraged to maintain their mobility and self-help skills when being supported with transfers. This showed people using the service were encouraged to maintain their independence.

Staff were aware of how to access advocacy services for people if the need arose and three people who used the service had independent advocates to support them to represent their wishes and feelings.

Is the service responsive?

Our findings

One relative said, "Yes they involve us and keep us in touch." Another said, "I had an issue with one member of staff and the response was brilliant. I have no complaints whatsoever and if I did they would act on it."

People who used the service did not always receive staff support to enable them to access the community and engage in activities of their choice in line with their assessed needs.

The manager told us about one person who enjoyed going out into the community. We saw there was no record of this person leaving the building or participating in any community activities between 1 and 25 June 2016, when they went out for a haircut and lunch.

One person who used the service was assessed for 32 hours support a week for outings. We saw from records this level of support was not being provided. In the person's care records under the heading, "Things that upset me" was recorded, "Not being able to get out regularly for a walk or a drive." In the persons activity records there was a 12 day gap in June and a 15 day gap in May where no activities outside the home were recorded. The evaluation of the persons objectives in their care records stated, "Had 6 social trips in May 2016-continue to remind staff to fill in activities."

Another person had three trips out recorded in their leisure book between 7 March and 24 June 2016. The manager felt this was partly due to staff forgetting to record activities, but also accepted that people didn't get out as often as they would like due to inadequate staffing. Following our inspection the registered provider informed us the persons daily records showed they had been out on 15 occasions during this period and some outings were appropriately limited due to managing risks to members of the public.

All the staff we spoke with felt it would benefit people who used the service if there were sufficient staff on duty to take people out into the community more often. Staff said, "We would love to take them out more. (Person) likes walking but they need two staff when they are out." The registered manager told us they tried to get people out as much as possible for walks or trips out on the bus. One manager visit to the service recorded, "Time available for leisure out of the building is severely restricted."

This meant the service was not planned in a person centred way around the needs of people who used the service. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, person centred care.

Staff we spoke with knew what mattered to people and spoke about people's abilities and talents. An agency staff member said, "(name of person) likes music. They come for a cup of tea or sign to go out for a drive." Staff spoke with good insight into people's personal interests and we saw from people's support plans they were given some opportunities to pursue activities of their choice. Two people who used the service attended day services on some days of the week. We saw one person enjoyed using a peg art set and we saw another person having a hand massage. Staff interacted with people listening to music of their choice. Staff told us and we saw from records how they enabled people to see their families as often as

desired.

Through speaking with staff and representatives of people who used the service we felt confident that people's views were taken into account. There was evidence people and their representatives had been involved in discussions about their care and relatives we spoke with told us they were always invited to reviews and involved in their relatives support. We saw people making choices, for example by pushing food away when they had had enough or choosing the volume of music. This meant that the choices of people who used the service were respected.

We saw support plans were person centred and provided information about the individual that would enable them to receive person centred support, for example, "When I am happy I will hum and make happy noises."

We saw in the care files of people who used the service support plans were in place covering areas such as personal care, physical health, finances, nutrition, medication and accessing the community. Support plans were detailed and person centred and included photographs to involve the person in their support. One person who used Makaton sign language to communicate had photographs in their care plans showing them signing important things to help staff communicate with them.

Detailed specific guidance for staff was present in care plans such as, "How to support me with my daily routine." Additional records and action plans were in place for particular issues, such as monitoring seizures for one person living with epilepsy. Daily records were also kept detailing what activities people undertook, wellbeing, personal care, pressure care and nutritional intake.

Goals the person wished to achieve were set at reviews and progress toward the goal was recorded. The manager told us reviews were held annually and care plans were updated when needs changed, although we saw in one person's care records their moving and positioning care plan did not reflect the care that was being delivered. All the other care records we sampled were up to date. These reviews helped in monitoring whether care records were up to date and reflected people's current needs so that any necessary actions could be identified at an early stage.

The relatives we spoke with told us staff were always approachable and they were able to raise any concerns. We saw there was an easy read complaints procedure on display for people to see and in people's care files. Staff we spoke with said if a person wished to make a complaint they would facilitate this. We saw where people had raised concerns these were documented and responded to appropriately. There had been no complaints recently. Compliments were also recorded and available for staff to read.

Is the service well-led?

Our findings

Family members we spoke with told us they were happy with the service and they got on well with the registered manager. "We are extremely happy. If (relative) is happy we are happy." "The management are good. But they have not had a manager for a while. There has been three temporary managers or so over the last few years."

Fernlea had been without a registered manager since May 2014. A number of temporary managers had overseen the service since that time. The new manager had commenced their role in January 2016 and their registration as manager had been approved on the week of our inspection.

A deputy manager was in post and nurses on duty led the shift and were responsible for administering medicines and updating records.

We saw audits were maintained in relation to premises and equipment such as mattress and water temperature checks. A count of medicines was completed every night by the nurse on duty, although this daily check was not then audited by the management team and gaps in recording had not been picked up or addressed. Service users' money audits were conducted on a daily basis and care plans and documents were also reviewed and checked regularly by the responsible nurse. However, there was no evidence these reviews had been checked or audited by the registered manager or the registered provider and out of date risk assessments in one person's care records had not been addressed. Gaps in the recording of food intake and activities we found had not been addressed. The registered manager showed us they had updated and checked other care records and told us they would introduce audits to address the issues we found. This showed staff compliance with the service's procedures was not always monitored and addressed to improve the quality and safety of the service.

The registered manager sent a report to the registered provider every two weeks with details of topics such as audits, incidents, training and supervision. The area manager visited the home every month to support the manager and ensure compliance with the registered provider's policies and procedures and the registered provider had introduced a quality team to support improvements in service provision. This team had visited the service in March 2016 and completed an audit of clients' money, infection control, information governance, medicines documentation (not including MAR charts), staff training and appraisal and staffing. This demonstrated the senior management of the organisation were reviewing information to improve quality of the service; however this system had not identified and addressed the problems we found.

The above issues evidenced a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

Staff we spoke with felt supported by the registered manager and told us the home was well led, but had been impacted by the lack of consistent management over recent years. One staff member said, "Things have picked up since (name of manager) has come. Staff morale has picked up. Things have changed

drastically for the better." Another staff member said, "If we had a full team to support (name of manager) it would be better." The registered manager told us they felt supported by the registered provider and could call their manager any time.

The service promoted a positive culture that was person-centred, open, inclusive and empowering. The registered manager said they operated an 'open door policy' and people were able to speak to them about any problem any time. People we spoke with confirmed this.

The registered manager regularly worked with staff 'on the floor' providing support to people who lived there, which meant they had an in-depth knowledge of the needs and preferences of the people they supported. They told us their priority for the service was to support staff who had felt unsupported, to become fully staffed and to get clients out into the community more often.

They said the home aimed to provide a homely environment, provide opportunities for people and encourage independence and choice. The registered manager told us they met with an internal network of managers to share good practice. For example on the second day of our inspection the manager of another service was supporting the home as part of their infection control forum. They said the registered provider sent them good practice updates, as well as providing formal training. The registered manager was also beginning a short course in first line management. This meant the manager was open to new ideas and keen to learn from others to ensure the best possible outcomes for people living within the home.

People who used the service, their representatives and staff were asked for their views about their care and they were acted on. We saw from records individuals or their representatives had been consulted on every aspect of their support and their views were recorded.

The provider carried out its own quality assessment of the service through stakeholder, relative and client questionnaires. We saw a small number of questionnaires had been returned and these were analysed by the area manager for any patterns or improvements that could be made.

Staff meetings were held every few months. Topics discussed included staff training and development, individual people's needs, health and safety, the providers' policies and building maintenance. Actions from the last meeting were discussed and goals were set from the meeting. Staff meetings are an important part of the provider's responsibility in monitoring the service and coming to an informed view as to the standard of care for people using the service and the service was meeting this requirement.

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 9 HSCA RA Regulations 2014 Person-centred care People did not always receive care that was planned to meet their individual needs. 9 (1) (c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not done all that was reasonable to mitigate risks to people because some risk assessments were not updated to reflect people's current needs. 12 (2) (b) Medicines were not always administered in a safe way for service users. 12 (2)(G)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not in place to assess, monitor and improve the quality and safety of the service provided to people. 17 (2) (a)

The enforcement action we took:

Warning notice issued to comply by 30 August 2016

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of staff were not deployed to meet the needs of people who used the service. 18 2 (a)

The enforcement action we took:

Warning notice issued to comply by 30 August 2016