New Directions (Robertsbridge) Limited

Bishops Croft

Inspection report

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19 June 2018

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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Bishops Croft provides residential care for up to eight people with Prader-Willi Syndrome (PWS). At the time of inspection there were five people living there. The main house provides accommodation for up to seven people and a single unit annexe is situated next to the main house.

Bishops Croft 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.

There was a registered manager in post. 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.

This is the third time the home has been rated requires improvement. At a comprehensive inspection in February 2016 the overall rating for this service was Requires Improvement with four breaches of Regulation of the Health and Social Care Act 2008 (Regulated Activities) 2014 identified. At an inspection in April 2017 significant improvements had been made but there was one breach in Regulation 12 and the overall rating remained requires improvement. We asked the provider to complete an action plan to show improvements they would make, what they would do, and by when, to improve the key question in safe to at least good. The provider sent us an action plan stating they would have addressed the breach by October 2017.

This unannounced inspection took place on 14 and 19 June 2018 to check the provider had made suitable improvements to ensure they had met regulatory requirements. We identified there was a continuing breach of Regulation 12 and further breaches in relation to Regulations 17 and 18. This was because we could not be sure people always received care that was safe, risks to people's care were not always addressed, for example in relation to the application of prescribed creams. Record keeping was not always up to date or accurate and some of the governance systems were not always effective. We were not assured that staffing arrangements were sufficient to meet people's needs at all times. We also made a recommendation to ensure people's individual capacity to make decisions was decision specific.

People told us they were happy and we observed staff interactions were very positive. Some people needed regular emotional support and this was provided with patience and understanding and in a kind and caring manner. People told us they would talk to their keyworkers if they had any worries or concerns.

People had varied programmes of activities based on their individual needs and wishes. This varied from work placements to college courses and regular use of the gym for various activities of choice. People's spiritual needs were met. People told us they had regular opportunities to meet with friends at clubs, to visit them and invite them to Bishops Croft. They were supported to maintain contact with their families.

People's needs were effectively met because staff had the training and skills they needed to do so. Specialist training was provided to ensure people's needs could be met and refresher courses were booked when due. Staff attended regular supervision meetings and told us they were well supported. There were regular staff meetings and staff felt they were updated about the home and could share their views. Staff supported people in the least restrictive way possible. Staff had attended Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training.

Staff had a good understanding of the care and support needs of people and had developed positive relationships with them. People were supported to attend health appointments, such as the GP or dentist.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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.

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 consistently safe.

Individual risks to people were not always identified to ensure people remained safe at all times.

The management of medicines were safe. However, this was not always the case in relation to the management of prescribed creams.

There were good arrangements for the management of health and safety.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The service had not assessed one person's capacity to make a decision regarding their health care.

Staff had the training to meet people's needs.

People were supported to eat well and received a varied and balanced diets in line with their individual needs.

Is the service caring?

Good

The service was caring.

Staff showed kindness and compassion when they talked about people and this was observed in interactions between them.

People's privacy and dignity was respected and they were encouraged to be as independence as possible.

People were kept up to date on matters that affected them.

Is the service responsive?

Good

The service was responsive.

People had opportunities to take part in a variety of interesting

and stimulating activities.

Care plans included detailed advice and guidance on how best to communicate with people.

People knew who to complain to if they had any worries or concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Record keeping was not always detailed and did not always demonstrate the actions taken to address matters.

Feedback was sought from people, their relatives and staff to improve the service but it was not evident actions had been taken to address matters raised.

People and staff spoke very positively about the management team and felt well supported.

Bishops Croft

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Bishops Croft 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 last inspection of the home was carried out in April 2017. There was one breach of regulations and areas of practice that needed to improve. The home was rated 'Requires Improvement.' Following our inspection, the provider sent us an action plan telling us how they would make improvements to meet the regulations.

We visited the home on the 14 and 19 June 2018. This was an unannounced inspection. When planning the inspection, we took account of the size of the service and that some people at the home could find visitors unsettling. As a result, this inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). 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. We also reviewed other information we held about the service. We considered information which had been shared with us by the local authority, looked at safeguarding concerns that had been raised and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home, this included two staff recruitment files, staff training, medicine records, accidents and incidents and quality audits along with information regarding the upkeep of the premises. We looked at three people's support plans and risk assessments in full, along with risk assessments and daily records for another two people. We spoke with three people. We also spoke with the registered manager and three members of care staff. Following the inspection, we received responses from three professionals only one of whom felt they could comment on the service provided.

Requires Improvement

Is the service safe?

Our findings

At our last inspection this key question was rated requires improvement and the provider was in breach of Regulation 12 of the of the Health and Social Care Act because they had failed to ensure people's safety by assessing the risks to their health and safety and doing all that was reasonably practicable to mitigate risks. Following our inspection, the provider sent us an action plan telling us what they would do to meet the regulations by 2 October 2017. At this inspection we found the service remained in breach of Regulation 12.

One person displayed behaviours that challenged. Advice and support had been provided by the organisation's behavioural specialist. Guidelines were dependent on approval from the DoLS, full risk assessment, sufficient staff, and a suitable sofa as in a heightened state of anxiety, they recommended using a two-person escort seated (two staff to restrain the person whilst seated.) An application for DoLS was made in March 2018 and approved during our inspection. In the absence of the authorisation between March and June, it was not clear what action staff should have taken in this situation. There was only one person at night and often only two staff after six pm. It was therefore not clear what action staff were to take if the person was in a heightened state of anxiety. The registered manager told us the home did not have a suitable sofa to do the two-person escort seated and staff told us they were not confident this type of restraint would work. This left people and staff at risk of harm. The registered manager had spoken with the provider about whether the person's needs could be met at the service and they were in the process of making a decision about this.

One person was prescribed two creams twice daily for an infection. The medication administration record (MAR) chart showed gaps for some days and other days where they had been applied once a day. We asked to see records regarding the infection to determine if the infection had cleared but there were no records. The registered manager was not sure if the infection had cleared. We could not determine if the creams were still required as they were not being applied in line with the written guidance for their use.

Staff understood different types of abuse and told us what actions they would take if they believed people were at risk. Staff had up to date training in safeguarding. They told us if an incident occurred, they reported it to the registered manager who was responsible for advising the local safeguarding authority. However, records showed there was unexplained bruising noted on one person in April 2018. The registered manager told us it was not clear when or how this had happened and the person was not able to give an account of the injury. Apart from the initial documentation there was no further reference in daily notes to the bruising. The matter had not been investigated or reported to the safeguarding team. Due to the location and initial description of the bruising this should have been investigated further.

The provider had not ensured care and treatment had been provided in a safe way, by doing all that was practicable to mitigate risk. The above issues meant that people's safety and welfare had not been adequately maintained at all times. This is a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Rotas showed in addition to the registered manager there was a deputy manager or senior on duty each day

along with a staff member and an activity person. At night there was a waking staff member. There were clear on-call arrangements for evenings and weekends and staff knew who to call in an emergency. We were told there were some vacant hours and rotas demonstrated these hours were covered through staff working overtime and with the use of agency staff. Whilst staff told us there were enough staff to meet people's individual needs, with only two staff on duty at weekends and after 6pm in the evenings, and one staff member on duty at night it was not clear how staff could meet the needs of one person who had behaviours that challenged along with the needs of others safely.

One person was funded to receive eight hours one to one support each week and how these hours were used was clearly recorded. An application had also been made to seek additional funding for more hours. We were told in the interim, the organisation had provided additional hours to ensure the person received two to one support when in the house vehicle and for any outings. Another person was funded to receive 26.5 hours each week. These hours were not clearly recorded. We discussed this with the registered manager and before the end of the inspection a new form had been introduced to document how the hours were used.

The above areas are a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had personal emergency evacuation plans (Peeps). They contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency evacuation. Documentation did not refer to people's PWS and any factors related to this that might need to be taken into consideration given the fact there is only one staff member on duty at night. However, regular fire evacuation drills had been carried out to ensure that people knew what to do in the event of an emergency and these had not identified any shortfalls. These included drills held early in the morning. We were told drills were not held during the night as people would not respond but all staff were confident that if it was a real fire people would respond. Fire drills were routinely evaluated to ensure staff had responded to the drill appropriately and in a timely manner. All the staff had received fire safety training.

Staff recruitment records showed appropriate checks were undertaken before staff began work. This ensured as far as possible only suitable staff worked at the service. Checks included the completion of application forms, a record of interviews, confirmation of identity, references and a disclosure and barring check (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk. Staff were required to renew their DBS checks three yearly, three had been done, and applications for four staff had been submitted. At the last inspection we identified conflict of interest procedures were not fully put into practice or explored relating to staff. At this inspection risk assessments had been completed and there was clear advice and guidance for staff.

Medicines were stored securely in a locked room and were disposed of safely when no longer required. There was advice on the medication administration records (MAR) about how people chose to take their medicines. Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they experienced pain. A copy of each person's PRN protocols was stored within the MAR charts. A daily medicine's count was carried out to ensure the safe management of medicines. One person told us, If I am in pain I ask for tablets and they give them to me."

Staff took appropriate action following accidents and incidents to ensure people's safety. A debrief was held after every incident to discuss how the incident had been handled, if any lessons could be learned and improvements made. Risk assessment documentation in care plans had been updated at regular intervals.

Where new risks to people had been identified, assessments had been carried out to manage the risks whilst still protecting people's freedom and maintaining their independence. People told us they felt safe. One person told us, "The night staff look in to check I'm all right. We have fire drills every so often. There is always someone with me." Another person told us, I feel safe, if anyone touched me inappropriately I would tell staff."

People were protected from the risk of infection. Most of the staff team had received training in infection control and all staff had received training on food hygiene. All areas of the home were clean and cleaning schedules demonstrated cleaning tasks were completed daily.

People lived in a safe environment because the home had good systems to carry out regular health and safety checks. All the relevant safety checks had been completed, such as gas, electrical appliance safety and monitoring of water temperatures. There were procedures to ensure equipment was checked regularly and ongoing safety maintenance was completed. There was also a business continuity plan that provided detailed advice and guidance to assist staff in a range of emergencies such as extreme weather, infectious disease, damage to the premises, loss of utilities and computerised data.

Requires Improvement

Is the service effective?

Our findings

At our last inspection this key question was rated requires improvement and although improvements had taken place from the previous inspection we recommended the provider sought appropriate advice around Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). At this inspection although there were significant improvements there was one area identified where it had not been established if the person had capacity to make a decision regarding their health.

In one person's records it was noted in April 2018 the person's relative had raised a health concern that required monitoring. We could not find any record this had been discussed with the person or a professional or that any monitoring had taken place. The person's capacity to understand the health concern had not been assessed. Following the inspection, the deputy manager confirmed this had been discussed with the person at the time and a record had been made of the conversation. A copy of this was sent to us. Given the original concern was raised in April 2018, the provider had not acted in a timely manner to assess the person's capacity to make a decision about this aspect of their health. This is therefore an area that needs improvement.

We recommend the provider ensures further support is given to staff to understand their role in protecting the legal rights of the people they support and if capacity was not clear, further advice and support is to be sought in line with best practice guidance.

Staff asked people's consent before providing support. Staff had assessed people's abilities to understand and make a variety of decisions. The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff knew this and that if people were unable to make complex decisions, for example about medical treatments, a relative or advocate would be asked to support them and a best interests meeting held to ensure all proposed treatments were in their best interests. Apart from the example given above this area had been managed well. Easy read documentation was available on a range of topics to assist people to understand and to make informed decisions.

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 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 were being met. Referrals had been made for authorisations for those who required them. A condition of one person's DoLS was to have a lock on the back gate and this had been met. The front door was also alarmed and the kitchen door was alarmed when there were no staff in the kitchen. The larder and fridge were also locked along with the freezer in the shed. These restrictions were agreed in line with meeting the needs of people living with PWS.

A health professional told us that when they visited they were, "Not confident that the care and support

plans in place at that time would inform a robust delivery of care." They were concerned agency staff would not have the information they needed in relation to conditions on DoLS authorisations. We looked at the organisation's action plan in relation to care plans and DoLS and found this had been regularly monitored to ensure information was accurate and up to date.

We found numerous examples where people had been supported to maintain good health and received on-going healthcare support from professionals. Staff supported people to attend a range of healthcare appointments. If people needed specialist advice and support or monitoring in relation to specific conditions, for example in relation to diabetes, appointments had been made.

There was a three-weekly menu that was varied. People told us they enjoyed the meals they were served. Staff told us all food was cooked from scratch so no sugar, salt or preservatives were used. All meals were calorie controlled. As a way of reducing the amount of bread consumed, a revised breakfast menu had been introduced. People told us they liked the new options, although one person told us they were sticking to the old menu and this decision was respected. There was a choice of meal at all mealtimes. Safe systems in relation to nutrition are particularly important due to the serious health implications that can arise if nutrition is not managed and planned effectively for people with PWS. People's weights had been monitored weekly. Changes were made to people's nutrition as required, to keep them safe and healthy. For example, if someone dropped below their target weight additional calories would be added to their meals.

People had access to all areas of the house. They could choose where to spend their time. Communal areas included a main lounge and a separate quiet lounge. In addition, there was a small gym located off the main lounge and 'the hub' a separate building in the garden that was used for some activities. Bedrooms had been personalised and people had pictures, ornaments to make their rooms homely. Up to seven people could be accommodated in the main house and there was a one-bedroom annexe next to the main building. Apart from one person who required a knee brace people did not have any specific equipment needs. People had a choice of using a shower/wet room or a bathroom. Those who wanted had mobile phones. Some had a computer tablet and others had access to a computer in 'the hub.' People told us they were supported to make use of their local shops and amenities.

Staff had the skills and knowledge to meet people's needs. They completed a wide range of online eLearning. Staff were advised in advance when their training was due. A record was kept of staff's individual training. They received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, moving and handling, health and safety and infection control. Six staff had completed a health-related qualification at level two or above and additional staff were due to start studying for this qualification.

Service specific training had been identified for staff working at Bishops Croft. Training included, PWS training, training in diabetes and training in positive behavioural support. Where staff had not yet completed this training dates had been booked. Refresher training in diabetes had been booked for July. All staff had received training on equality and diversity. A staff member told us they had completed training online on autism and had found this informative and helped them identify with how people present. For example, they said one person doesn't like change but given extra time to process all information they could accept change.

Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were competent to work unsupervised. Staff told us they felt supported in their role. The home had been behind with the provision of supervision but all staff had received an appraisal of performance between March and April 2018 and had attended at least one supervision meeting since then.

We asked a staff member if they felt supported. They said, "More than I could have asked for, I've had lots of training and need constant reminding to get routines right but staff have been brilliant."

Good

Is the service caring?

Our findings

At our last inspection this key question was rated requires improvement as there were areas where privacy, dignity and confidentiality had not been maintained. Staff had talked openly in earshot of people about matters of a confidential nature. This had been addressed and staff recognised the need for privacy and confidentiality. Staff knocked on people's doors before entering and when they needed to speak with the person they checked where they would like to talk. We noted when staff were in the office they were aware conversations could be overheard and automatically lowered their voices when they spoke about matters of a confidential nature.

People were treated with kindness and compassion. They told us staff were caring and gave them extra time to talk to them if they were worried or anxious. There was a very relaxed and calm atmosphere in the home and staff had a good rapport with people. People were supported by staff who knew them well as individuals and staff could tell us about people's needs, choices, personal histories and interests. We observed staff talked and communicated with people in a way they could understand.

All staff had equality and diversity training. A staff member told us, "This is always implemented, we are very aware to always given options and, where we can, we respect people's decisions. Where matters are food related we have to follow guidelines but people understand and have agreed to this." Another staff member told us, "We are open to diversity, we accommodate people's individual needs and give people extra time when they need this."

Staff told us they respected people's privacy and dignity. A staff member told us, "Most people deal with their own personal care needs but we might need to remind people discretely if perhaps there was a stain on clothing of if they needed additional support with shaving." One person's care plan stated, 'If I need prompting regarding clothes for example, if they are not suitable for the weather, do it discretely to protect my dignity.'

Staff supported people to be as independent as possible. At the time of inspection one person was learning to use the bus independently. A staff member observed the person from a distance to make sure they knew what to do and were safe. The person told us this gave them confidence. They also had their mobile phone with them so they could call the service in an emergency. Staff tried to call the person whilst they were travelling home but there was no response. On their return the person said it was because their phone was out of charge because they had used it throughout the day. Staff said the need to ensure the phone was fully charged before travelling home would be added to their risk assessment.

It was recognised some people needed additional support to meet their emotional needs. Where this was the case additional funding was in place to ensure staff could respond to people as and when they needed to talk or seek reassurance.

People were kept up to date on a range of matters that affected them. There was a cabinet and notice board within the lobby area that contained information people might be interested in. For example, there was easy

read documentation related to DoLS, and safeguarding. Minutes of the last 'Your voice' (service user meetings) were displayed. There was an easy read service user guide with information about local advocacy. Agreed house rules were also displayed. These included tasks each person completed on their house day. Agreed times for turning off the television were also on the notice board so people did not disturb each other late at night. There was information about local activities, how to make a complaint and information about the last CQC rating.

Records were stored in the office and only made available to those with a right to see them. Staff told us they had regular opportunities to read through care plans to make sure they were kept up to date with people's needs. Computers and all documentation sent on behalf of people were password protected.

Good

Is the service responsive?

Our findings

At our last inspection this key question was rated requires improvement and although improvements had taken place from the previous inspection in relation to person centred activities some areas still needed to be embedded into everyday practice. At this inspection we found people were receiving person centred activities.

People were supported to take part in a wide range of person centred activities. Some had college placements and/or work placements. An activities person was employed to support activities including swimming, horse riding, using a gym, dance classes and boxercise. One person told us they enjoyed daily walks with staff. They also said they liked to visit their friends at one of the sister homes. One person wanted to learn how to play a guitar so a staff member told us they would be starting this with them. Another person was signing up for a numeracy skills course at a local college. People told us their key workers talked to them about their activities and what they wanted to do. One person was having a break from their work placement as they were not sure if they wanted to continue with it. In the interim alternatives activities were offered and provided.

Previously the 'hub' had been used as a day services room where people spent time doing activities. The registered manager told us people had become a bit bored with the use of the room and the arts and crafts. This had been discussed at a 'Your voice' meeting and people had decided the room should be used for leisure purposes. For example, when it was snowing, instead of going to the pub people had gone to the hub and had drinks there. There was a small pool table and tv and some people used the area as an alternative to their bedroom if they wanted to listen to music. The arts and crafts cabinet was still there so if people did want to do activities this could be arranged. People told us they were happy with the new arrangements and we saw during the inspection that this area was used when people wanted to speak privately or spend time with staff.

A small area of the garden had been dug to grow cabbages and peppers and tomatoes were grown in a green house. A long-term plan was to have a small allotment to the rear of the garden but the land needed to be cleared first so this was temporarily on hold. The home had received a charity donation and through discussion with people about how the money should be used they decided to buy a new barbeque. In between both days of our inspection the barbeque had been used. People told us they had enjoyed using it and were pleased with their decision.

One person's care plan demonstrated how staff worked in a person-centred way that encouraged and supported the person to be independent. For example, it stated staff should support the person to put their clothes away in whole outfits to make it easier for the person to choose clothes each day. This meant they could choose whichever outfit they wanted each morning without needing any staff support. People were involved in their care plans. They told us their keyworkers discussed their care plans with them and if they agreed they signed them.

People told us they would talk to their keyworkers if they had any worries or concerns. There was an easy

read/pictorial version of the complaint procedure displayed in the lobby of the home. The document would assist people who were unable to use the full complaint procedure, to raise any concerns or worries they might have.

There were three complaints recorded, two of which had been raised by people. In each case the registered manager wrote to the complainants to apologise for their experience and they told us the actions taken to prevent a reoccurrence. However, details of the investigation were not recorded along with measures taken to reduce the risk of a reoccurrence. We assessed this had little impact for people as they had been reassured their concerns had been taken seriously and people told us their concerns were always addressed.

From 1 August 2016, providers of publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Although staff had not received AIS training they had identified the communication needs of people. Communication was part of the individual assessment tool completed for each person. Any needs identified to facilitate communication were recorded and responded to. For example, staff supported people to use glasses when needed. For some people the importance of using simple short sentences was emphasised in care plans, and for others, the use of pictorial images. Where appropriate, a sensory assessment had been completed to assess people's abilities to process information and there was guidance on how people's needs should be met.

A staff member told us, "There are no barriers over sexuality. It is important for people to be in a relationship. People told us they had opportunities to see their partners at clubs, to visit them and invite them to Bishops Croft. A staff member told us, "sexuality is not an issue. We respect people's diverse needs and that sometimes these needs change."

People's wishes had been sought in relation to end of life care. However, in most cases the response was that their families should consulted and would make any arrangements necessary.

Requires Improvement

Is the service well-led?

Our findings

At our inspection in February 2016, the provider was in breach of Regulation 17. This was because there was a lack of accessible and up to date records and recorded response to feedback from people. Effective audits and service improvement plans were not in place to identify shortfalls and make necessary improvements. An action plan was submitted by the provider that detailed how they would meet the legal requirements by June 2016. At our last inspection in April 2017, this key question was rated requires improvement and although improvements had taken place in relation governance some areas still needed to be embedded into everyday practice. At this inspection we found although some areas had been improved further improvements were needed to ensure the changes were maintained and reviewed and fully embedded into practice.

Since the last inspection a new manager was appointed in January 2018 and was registered in post in May 2018. The previous registered manager had not worked at the home for over 15 months but had not been de-registered with CQC until April 2017. Between April 2017 and January 2018, there had been interim management arrangements. One person told us the new manager was, "Brilliant, she will sort out things for us." A staff member told us, the registered manager gave a, "Clear sense of direction" and said, "The home is now very service user led."

Despite positive work in these areas we identified a number of shortfalls in record keeping. Record keeping related to surveys did not show comments received had been addressed in a timely manner. Surveys were carried out annually to hear the views of people, relatives and staff. Following the relative's surveys, responses were collated and the results sent to people's relatives. Whilst the overall outcome was very positive some negatives were mentioned in the feedback along with the actions taken and others were not documented. The staff survey was completed in September 2017. Staff morale was low at the time and a number of negative comments were made. There was an action plan to address the issues raised but the plan was not dated. The home's development plan showed the action plan had been put in place on 6 June 2018. It was not evident the plan had been discussed with staff. The service user survey was carried out in October 2017. Overall the outcome was positive but some negatives were raised along with some requests. Whilst the registered manager could tell us the actions taken in response, these had not been documented. Although feedback was sought from people, their relatives and staff to improve the service it was not always evident actions had been taken to address matters raised.

At the time of the last inspection it was noted there was no risk assessment or guidance to ensure reasonable adjustments had been made for one staff member who had an identified need for support. At this inspection it was noted risk assessments had been completed and signed by the staff member but not by management. One of the risk assessments required staff to take action in particular circumstances. We were told staff had been advised of the risk assessment but this was not documented. One person had been involved in interviewing a staff member for their post. The questions they asked and the responses were recorded but there was no reference to the person's overall view of the applicant.

Documentation of support with people's goals had been identified as a shortfall at the last inspection.

Whilst we saw for one person, progress with their goals had been clearly recorded, this was not the case for another. This person's goals included to brush their hair without prompting, to improve their table manners, to attend church independently and to maintain contact with a relative. Progress with these goals had not been recorded. Staff told us this person would not be able to achieve attending church independently. Before the end of the first day of inspection 'contact with the person's relative' had been added to their daily notes.

Whilst people's complaints had been investigated and the registered manager had responded to complainants in line with their procedures, there were no details of the actual investigations into the complaints.

Although there were systems to ensure regular monitoring of the service were carried out they were not always effective. The organisation used their own compliance team to carry out an inspection in March 2018. A development plan had been drawn up and there were regular monitoring visits to the service to follow up on progress made. Regular updates were provided on progress made and actions that were still to be completed. The registered manager told us they felt very supported in their role. They said although there were areas of record keeping to be addressed this was more about the volume of work they had inherited and it was a case of getting through it along with developing new systems to ensure shortfalls did not reoccur. However, the development plan had not identified any problems with staff levels. Whilst extensive work had been done to ensure there were guidelines for supporting staff to deal with behaviours that challenged, these did not include specific advice in relation to periods of heightened anxiety in the absence of a DoLS and sufficient staff. This left people and staff vulnerable.

Monthly audits were carried out in relation to medicines, health and safety, key worker reviews, and the kitchen. Falls documentation and safeguarding audits were done quarterly, restrictive practices were monitored annually and infection control bi-annually. Out of hours visits were also carried out randomly. There was a checklist and handover completed daily to ensure tasks were addressed in a timely manner. Audits had not identified issues we identified in relation to the management of prescribed creams for one person and the lack of investigation into an incident of unexplained bruising.

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

Despite the shortfalls in record keeping we also found very positive areas of practice. Staff told us they felt supported. A staff member said, "If there are issues with staffing (registered manager) will come in and had done short notice shifts and nights. The staff team is strong." They also told us they had asked to do a more specialist course on nutrition and PWS and the registered manager was assisting them to source a suitable course.

Weekly 'Your voice' meetings had been held to ensure people were kept up to date on a range of matters related to the home and to give people the opportunity to share their views. Staff meetings were held regularly and staff told us they found them useful opportunities to raise and share ideas. Minutes demonstrated expectations of staff were clearly recorded. Minutes also showed staff had opportunities to share their views.

The registered manager had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. Since taking up post they had identified a number of notifications had not been made and had sent retrospective notifications to make sure CQC had received all required notifications.

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 18 HSCA RA Regulations 2014 Staffing The provider had not ensured there were sufficient staff at all times to meet people's care and treatment needs safely. 18 (1)

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the safety of service users by assessing the risks to their health and safety and doing all that is reasonably practicable to mitigate any such risks. 12(1)(2)(a)(b)(g)

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure that accurate record keeping was in place and to ensure actions were taken to mitigate risks. 17(2)(a)(b)(c)(d)(e)

The enforcement action we took:

Warning notice