

Mrs Gail Smith and Russell Smith

Benamy Care

Inspection report

25 Candlish Terrace
Seaham
County Durham
SR7 7BA

Tel: 01915813039

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Inadequate 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection took place on 12 February 2016 and was unannounced. This meant the staff or registered provider did not know we would be coming.

The service was last inspected on 19 and 20 August 2015 at which time we found the registered provider had failed to implement an action plan intended to address a range of breaches of the Health and Social Care Act 2008, identified in a previous inspection of 24 July 2014. Following the inspection of 19 and 20 August 2015 (published on 15 October 2015) the service was rated as 'Inadequate' and therefore in 'Special Measures'. This meant the service was kept under review and a return inspection planned within six months, with the expectation that significant improvements should have been made within this timeframe.

On the inspection of 12 February 2016 whilst we found some improvements had been made, significant aspects of the latest action plan provided to CQC had not been completed and the service continued to be in breach of Regulations 9, 11, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This registered provider remains in special measures. This inspection found that there was not enough improvement to take the registered provider out of special measures.

CQC is now considering the appropriate regulatory response to the latest findings.

Benamy Care is a small residential care home in Seaham providing accommodation and personal care for up to five adults with learning disabilities. There were five people using the service when we inspected.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that there were insufficient numbers of staff to adequately care for people using the service and to meet their range of needs.

Some aspects of the action plan submitted to CQC had been completed with regard to the safety of medicines management but we identified other areas where risk assessments were not sufficiently detailed neither were staff sufficiently knowledgeable of those risks. Emergency and evacuation plans had been reviewed and improved, meaning people were better supported should there be a need to evacuate the premises in an emergency. As there were no emergencies, we did not observe this in practice during the inspection.

Mental Capacity Act training had not been attended by the registered provider, who undertook caring

responsibilities, at the time of the inspection. All four other staff had received this training although we found staff had a poor understanding of the Mental Capacity Act 2005 (MCA) and supporting people through best interests decision-making and Deprivation of Liberty Safeguards (DoLS). We found documentation reflected this lack of understanding, for example people without capacity had been asked to sign documents to give their consent to care and treatment despite other documents stating they did not have capacity to do so.

Whilst we saw that some basic staff training was in place, training generally was not planned in a coherent or effective manner. We found that safeguarding training had not been refreshed in line with the service's policy, MCA awareness training had not been completed for all staff and that training specific to the needs of people who used the service had not been delivered. For example, we found staff had not been trained with regard to Diabetes awareness.

We found that people enjoyed meals and were involved in their own meal planning and preparation. We did not find evidence of poor nutrition; lunches and evening meals contained a range of vegetables. We found however the registered provider had failed to ensure menus benefitted from the opinion of a suitable professional, such as a dietitian. Relatives of people who used the service as well as external healthcare professionals told us people were well cared for and happy in the service.

We found that, as at the last inspection, independence within the community was not promoted and no efforts had been made to tailor care plans to a mode of communication people could understand.

We found that people were supported to access medical appointments to ensure their health needs were met. Relatives we spoke with expressed confidence in the levels of care provided.

We found the majority of care planning documentation had not been updated in line with the registered provider's action plan. One person's care plans had been completed whilst the rest were in draft format.

We found that some aspects of auditing had begun but other audits, as committed to in the action plan, had not been undertaken, such as a care plan audit and staff training audits.

We found that surveys had been distributed to people who used the service, relatives and external professionals regarding the service, and that these had been returned. The content of the returned surveys was uniformly positive.

We found that the action plan submitted to CQC had not been acted upon to a satisfactory standard.

During our inspection we found a number of breaches of the Health and Social Care Act 2008 Regulated Activities Regulations 2014. We are currently taking enforcement action regarding these breaches and will publish this when the inspection process is complete.

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 in place but some lacked detail in order to support staff to adequately identify and mitigate risks.

The service had made some improvements with regard to its management and administration of medicines, although practices with regard to 'as and when' required medicines were not clearly set out

Emergency and evacuation plans had been updated and improved to ensure people were better supported in the event of an emergency.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Mental Capacity Act (MCA) training had not been successfully implemented for all staff and staff did not display a good understanding of the MCA or Mental Capacity Act 2005. People's ability to choose and give consent was not understood or appropriately considered.

People's ability to consent to decisions had not been fully understood or supported in line with MCA principles.

Training was not planned in a coherent way and safeguarding training had not been refreshed as per the requirements of the registered provider's policy.

People received a balanced diet, were involved in the preparation and selection of meals and were not at risk of malnutrition.

Is the service caring?

Requires Improvement ●

The service was not always caring

Information regarding the care people were receiving was not made available in formats they found accessible.

Relatives of people using the service told us the standard of care given was high.

One person using the service retained a level of independence to pursue their own interests. The other people using the service were not encouraged to develop or maintain independence beyond household tasks.

Is the service responsive?

Inadequate ●

The service was not responsive.

Individual weekly Activity Plan documents for each person had not been updated since September 2015.

Group outings and holidays occurred, with people positive about these experiences, but no personalised goal-centred plans had been put in place, as per the registered provider's action plan.

Care planning documentation had not always been updated to reflect people's changing healthcare needs.

Is the service well-led?

Inadequate ●

The service was not well led.

The service had failed to implement within the stated time frame, a number of significant action points it set out in an action plan submitted to CQC following a previous inspection.

The registered manager and registered provider did not have a strong understanding of key principles such as mental capacity, consent and choice.

Quality assurance and auditing processes had not been effectively implemented despite the support of an external agency.

Benamy Care

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 registered 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 12 February 2016 and was unannounced.

The inspection team consisted of two adult social care inspectors.

We spent time observing people in various areas of the service including the dining room, conservatory and lounge area. We also looked in the shared bathrooms.

On the days we visited we spoke with all five people who used the service. We also spoke with the registered manager and the registered provider. We spoke with two members of staff from the consultancy company supporting the registered provider and registered manager in their efforts to meet the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also spoke with a local authority safeguarding professional via telephone on the day of the inspection. They stated improvements had been made with regard to documentation but they had concerns about the registered provider's ability to understand aspects of relevant legislation. On the days following the inspection visit we telephoned and spoke with one other member of staff and four relatives. All were positive about the standard of care provided.

During the inspection visit we looked at all five people's care plans, all staff training and recruitment files, a selection of the home's policies and procedures, infection control and maintenance records and surveys that had been returned. These had been completed by all people who used the service, three external visitors and five relatives. All responses in the surveys were positive about the standard of care.

Before our inspection we reviewed all the information we held about the service, including previous inspection reports, enforcement action and ongoing updates received from the registered provider by way of an action plan. We also examined notifications received by the Care Quality Commission. We liaised with the local authority and they updated us on recent meetings with the registered provider.

Is the service safe?

Our findings

At the previous inspection on 19 and 20 August 2015 we saw one person with a longstanding diagnosis with potentially life-threatening complications. We saw that this risk had not been adequately acknowledged through documentation or staff understanding. At this inspection we found this risk had been incorporated into risk assessment documentation, with detailed descriptions of warning signs and respective actions for staff.

Not all risks assessments were as specific and this was an area of concern. For example, one person had a Risk Assessment Toolkit in place regarding the risks they faced in the community, such as, "The risk of exploitation by strangers when out." We saw the control measures in place to deal with this risk were all specific to activities within the house (for example, how to use the phone in an emergency, how long the person could be in the house for on their own). These actions were not relevant to the risks faced by the person when out in the community. We saw the person went into the community on their own on a regular basis. Despite a clear risk being identified, there was no information in the risk assessment to mitigate the risks posed to the person in the community.

One person had diabetes, which was controlled by diet and tablet medication. The registered manager told us the person chose alternative dishes and external professionals agreed the person's diabetes was currently under control. Whilst diabetes was identified as a risk, again the risk assessment did not give staff clear instructions or means of identifying or mitigating risks. The instructions stated, "Staff to be aware of condition and respond to any signs of (person) feeling unwell and seek medical assistance as necessary." When we asked one member of staff what particular risks this person faced they did not mention diabetes. The risk assessment did not guide staff to the specific symptoms relating to diabetes. This meant, while risks had been identified, there were insufficient or unclear control measures in place to manage those risks.

At the previous inspection on 19 and 20 August 2015 we had concerns about the registered provider's storage of oxygen and their failure to ensure this was adequately risk assessed. During this inspection we saw that, with help from a consultancy firm, the registered provider had developed a risk assessment for the use of oxygen. The risk assessment was clear in its description of potential outcomes if risks were not identified and had detailed explanations for staff about how a drop in oxygen levels might look, for example a bluing of the lips and a shortness of breath. When we spoke with one member of staff they were unable to explain the risks associated with the administration of oxygen, nor how they would mitigate those risks. This meant that the registered provider had not ensured that, where detailed risks assessments were in place, staff were fully aware of them in order for risks to be effectively managed. This meant if this person's condition were to worsen, they would be placed at risk due to staff not understanding what warning signs to be aware of.

At the previous inspection on 19 and 20 August 2015 we had concerns regarding the recording of people's medicinal needs. At this inspection we saw each person had in place a medication profile, detailing all the medicines they required, a staff signature list, a list of emergency contact details, other useful phone

numbers and a risk assessment form. A staff signature list makes it easy to identify who has signed the Medication Administration Record (MAR) in the event of errors or queries. When we checked medicines actually administered against those detailed in people's medication profiles, we found these matched, except for 'when required' medicines, such as paracetamol. We found paracetamol was not listed on people's Medication Profile documents. We found paracetamol was on people's MARs as being needed 'when required' and we saw people had been administered paracetamol. We asked the registered provider and registered manager when they would administer paracetamol and they gave examples of how people might convey they were in pain. The medication profiles did not contain information to inform staff as to how and when 'when required' medicines may be required. The National Institute for Health and Clinical Excellence (NICE) guidance, 'Managing Medicine in Care Homes' (March 2014, 1.14) sets out as good practice the need for registered providers to manage 'when required' medicines, including setting out the reasons for use and the expected outcomes (1.14.2).

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

We saw that, in addition to medication profiles, each person had a Medication Support Plan, which was written from their perspective and contained a good level of information regarding why they required certain medicines and how staff were to support them. We noted that these support plans were all signed and dated by the registered manager and had a review date planned in. We noted that nobody who used the service or their representatives had signed these documents to give agreement or consent.

We reviewed a sample of MAR charts and found there to be no evidence of missed medicines. In two instances we found amounts of medicines that had been carried forward from the previous period were handwritten but had not been signed for. This meant that, for this particular aspect of medicines administration, there was no record as to who was responsible for the carry forward of medicines. We checked the amounts of medicines and found there to be no missing medicines, meaning this was an instance of poor practice but that nobody was harmed as a result.

We noted each medication profile also contained a document entitled, 'Standard Operating Procedure for Support with Medicines.' This was a prompt for staff to follow the 'Right' Approach to administering medicine, as set out in the National Institute for Health and Clinical Excellence (NICE) guidance, 'Managing Medicine in Care Homes' (March 2014, 1.14). The document on file contained only four of the six prompts, leaving out 'the RIGHT route' and 'the resident's RIGHT to refuse'. This meant, whilst the registered provider had utilised a tool that had regard to commonly used best practice, it did not include all good practice recommendations, for example specifying which route the medicines should be administered or what to do if the person refused that medicine.

At the last previous inspection on 19 and 20 August 2015 we had concerns regarding the storage and administration of medicines, particularly with regard to topical medicines. At this inspection we saw improvements had been made. For example, where people required topical medicines we saw they had a body map in place. During the last inspection we saw a range of topical medicines stored under the sink in the kitchen. During this inspection we saw people's topical medicines were kept in their rooms. This meant the risk of unsafe medicine administration and the risk of cross infection were reduced.

We saw, where one person self-administered medicines we saw they had a risk assessment in place, which they had agreed to and signed. We saw this person had capacity to self-administer medicines.

Relatives we spoke with told us they did not feel people were at risk of harm at the service, with one relative

saying, "In terms of safety or welfare, no complaints on that front."

We also saw the registered provider had been visited by a fire safety officer, who confirmed since our last inspection when concerns had been raised, the registered provider had put in place appropriate warning signs regarding the oxygen and that they had no further concerns.

We saw the registered provider had in place a form intended to help them assess the competence of people who administered medicines. They told us this would be done on a six monthly basis. Whilst we saw this form had not yet been utilised, we saw evidence that people's competence to administer medicines had been discussed as part of staff supervisions in September 2015 and in medicines audits.

At the previous inspection on 19 and 20 August 2015 we had concerns regarding the registered provider's readiness in case of emergency, particularly with regard to the lack of personalised evacuation plans and some evacuation plans that presented additional risks to people. At this inspection we saw the registered provider had, with the support of the consultancy, produced personalised emergency evacuation plans (PEEPs) that were specific to each person's needs and contained sufficient detail regarding people's communicative and mobility needs. We also saw that fire drills and practices evacuations had taken place since the last inspection.

At the previous inspection of 19 and 20 August 2015 we had concerns about the lack of a safe environment for one person, who had a particular condition that made a cluttered or untidy environment a tripping hazard. At this inspection saw their room was tidy, in line with the instructions in the relevant risk assessment.

We found all staff had undergone pre-employment checks including enhanced Disclosure and Barring Service (DBS) checks. We also saw that the registered manager had verified two references and ensured proof of identity was provided by prospective employees' prior to employment. At our last inspection we noted that criminal records checks had not been undertaken since staff members began working for the service, eight years previously.

We saw the registered provider had, with the help of the consultancy, recently applied for updated DBS checks to ensure staff who looked after people had not been found guilty of criminal activity since they were first employed. This was an example of good practice and meant that the service had introduced a robust approach to vetting existing members of staff, reducing the risk of an unsuitable person being employed to work with vulnerable people.

With regard to infection control, we found the premises to be clean. We noted a recent infection control team visit had identified no concerns. We saw a cleaning rota was on the wall, which appeared effective. We saw cleaning products were stored as safely as was practicable and safety data sheets in the registered provider's Control of Substances Hazardous to Health (COSHH) file identified no incidents.

The registered provider confirmed there had been no notifiable incidents or accidents since the last inspection and we found no evidence contrary to this.

Is the service effective?

Our findings

At the last inspection on 19 and 20 August 2015 we had concerns about people not being involved in the planning and delivery of their care. At this inspection we were unable to ask people who used the service about the impacts of changes due to their learning needs. When we asked the registered manager how the new care plans had been formulated they confirmed people who used the service were not involved in the process and that care plans had been written up by them and the consultancy firm helping them revise care documentation. We asked if people's relatives had been involved in the process and the registered manager confirmed they had not. The registered manager confirmed that one person's care planning documentation was in place, whilst four other people's care planning documentation were in draft format. We saw these remaining care plans were in handwritten format, ready for the consultancy to type up but not yet in use in the service. They were not being used as live care plans. This meant staff had access to older care plans that had not yet been updated. The action plan the registered provider sent to CQC specified that all care plans would be completed by "December 2015". At a meeting with the local authority, the registered provider, supported by the consultancy, agreed a completion date of 25 December 2015 for these revised care plans. This meant the registered provider had failed to ensure up to date and effective care plans were in place for staff to follow.

At the last inspection on 19 and 20 August 2015 we had concerns that the registered provider had failed to use varied methods of communication to ensure people were given help to make decisions and understand the care they were given. At that inspection the registered manager confirmed no such attempts had been made to do this. The action plan provided to CQC prior to the inspection of 19 and 20 August 2015 committed to developing care plans, "In a way which is easily understood by the service users." The completion date for this work was originally "July 2015." At this inspection the registered manager stated they had considered pictorial formats but stated these had proved difficult to format. When we asked how people who used the service were supported to understand the care and treatment they were given, the manager stated, "We explain things to them, just by talking to them." We saw evidence that people who used the service had responded positively to other means of communication in other settings but that the registered provider had not pursued any of these possibilities. For example, two people who used the service had been given a pictorial communication diary by the Speech and Language Therapy Team (SALT) to assist with their communication. This showed that some people who used the service could be supported to understand aspects of daily living through the format of pictures. One relative told us another person who used the service enjoyed trying to read and keeping a diary previously, "to make sense of things." We saw this person had previously stated they enjoyed trying to read and looking at pictures. Relatives confirmed this was something the person did "Through their own volition," and was not something the registered provider put in place specific measures to support.

We asked if the registered manager had researched any other means of communicating people's care and treatment to them, other than talking them through the care plans. They confirmed they had not. The Mental Capacity Act 2005: Code of Practice states, "To help someone make a decision for themselves, all possible and appropriate means of communication should be tried" (p32). The British Institute of Learning Disabilities, "Factsheet: Communication," states, "Each individual has a unique set of abilities, experience

and opportunities. Assessment is vital in ensuring that the most effective means of communication is developed with each individual across all environments. Speech and Language Therapists (SLTs) are key professionals providing communication assessment and recommendations for intervention." We found there were opportunities for the registered provider to ensure people who used the service were able to understand the care and treatment they received through a range of means. We found the registered provider had failed to assess or implement any such means.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

We saw the service's DoLS policy stated, "In this organisation all care staff should be trained in the basic principles of the MCA."

Staff understanding of MCA/DoLS had been a concern at the previous inspections of July 2014 and 19 and 20 August 2015. Staff had received MCA/DoLS refresher training in February 2015 but at the inspection of August 2015 we found this to have been ineffective. At this inspection we saw MCA/DoLS refresher training had been delivered to all staff in February 2016, except the registered provider who also worked as a staff member. We saw they had planned to complete this training by 11 March 2016. We found however that staff understanding and application of the principles of the MCA were not good. For example, when we asked one staff member about what changes the MCA might have on the care they provided they were unable to give an answer. Likewise when they were asked whether they could recall any of the principles of the MCA, they could not.

When we spoke with a local authority safeguarding professional they stated the mental capacity assessments they had seen were, "An improvement" but they had concerns that staff did not have a sound understanding of the implications of the MCA and DoLS. We noted that two people who used the service had been identified by the local authority as requiring a DoLS to be in place. The local authority safeguarding team confirmed they had helped the registered manager complete the respective forms and that two DoLS applications were now pending. When we asked the registered manager about their understanding of how best interests decisions would be conducted to ensure people's wishes were represented, they were unable to explain the meaning or relevance of a best interests' decision.

Understanding of mental capacity issues remained poor. For example, we saw mental capacity assessments for people regarding their ability to consent to medical care and treatment had determined that two people did not have capacity to consent. In the same file we found the same two people had signed documentation to state they consented to medical care and treatment. We asked the registered manager how someone without capacity to consent could have done so. They were unable to explain this. We asked whether any best interests decisions had been arranged to ensure the people without capacity to make specific decisions had their views represented (for example, through an advocate or relative). The Mental Capacity Act Code of Practice (2005) sets out the principles of best interests decision-making and

gives practical examples of how to support people in this way (section 5). The registered manager confirmed this had not happened.

Whilst we noted all people who used the service had signed the Medication Profile that related to them, we noted no family members or other representatives had signed the documents. Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 states that where someone is unable to give consent to care and treatment the registered person must act in accordance with the MCA. We found the registered provider had not done this.

This meant, whilst the registered provider had put in place training with regard to the Mental Capacity Act, this had not led to best practice being followed. Significant concerns had been raised at the previous inspection of 19 and 20 August 2015 and we found there were still significant flaws in the understanding and application of mental capacity and consent considerations during this inspection.

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

At the last inspection of 19 and 20 August 2015 we had concerns about the standard of planning in place regarding training, in that some training courses had not been planned and some were out of date as per the registered provider's own policies. At this inspection we found there were still concerns regarding the registered provider's ability to maintain adequate levels of staff training in line with their own policies. The registered provider had in place template copies of a list of training courses they understood to be mandatory. They stated the local authority had given them this list. We found there to be no plan in place to manage new or refresher training over a period of time. For example, we asked the registered manager how often safeguarding refresher training should take place. They stated this should happen annually and we saw this was as per the Safeguarding policy. When we inspected training records however we saw the last safeguarding training for three members of staff was 7 July 2014, October 2012 and June 2012 respectively. When we looked at when refresher courses were planned, we saw one safeguarding refresher course planned for July 2016 for a member of staff whose last safeguarding training was in June 2012. This meant the registered provider had failed to ensure staff were appropriately trained in line with their own policies.

At the previous inspections of July 2014 and 19 and 20 August 2015 we noted staffing levels were insufficient to ensure people's individual needs and preferences could be met. During this inspection we saw there was always one member of staff on duty at any one time and some staff were on shift for 31 hours (although these were overnight shifts wherein the staff member would sleep). One relative told us, "The limitation is the number of staff: when one person goes to hospital, the others have to go in the car." This means that people were unable to pursue individual activities due to the levels of staffing.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection of 19 and 20 August 2015 we identified concerns regarding the lack of staff supervisions and appraisals. At this inspection we saw that all staff had undergone an appraisal and that staff supervisions were booked in. Staff told us they felt supported by the management of the service, with one saying, "We've always been supported – you can give them a ring whenever." We saw that both staff, via a staff survey, had confirmed they felt supported by the management of the service.

We saw that people using the service were consulted on a daily basis about what food they would like to eat

and were actively involved in the preparation of meals. We observed the registered manager discussing meal options with people and gave them choices. People confirmed to us they enjoyed the food. We saw that meal planning was discussed at a house meeting on 16 January 2016, but did not see evidence of routine involvement in meal planning. Mealtimes appeared a communal, pleasurable experience for all people using the service. We saw that the Malnutrition Universal Screening Tool (MUST) had been trialled recently following advice from the consultancy agency. MUST is a screening tool using people's weight and height to identify those at risk of malnutrition. The registered manager stated it brought little benefit given the static nature of people's weights and the fact they already weighed people regularly. We saw that people's weights were monitored regularly and that nobody had lost significant amounts of weight. External healthcare professionals confirmed people were not at risk of malnutrition or suffering from poor nutrition.

Is the service caring?

Our findings

At the previous inspection we raised concerns about the accessibility of care plan information and the extent to which people who used the service were involved in their own care planning and delivery. We found this continued to be the case. When we asked the registered manager who had been involved in the process of reviewing existing care plans they referred to external professionals and themselves. We asked if people who used the service had been involved in the review of care planning documentation and delivery. The registered manager confirmed they had not, but that staff would explain any changes to people. The action plan submitted to CQC had stated the registered provider would, "Identify individualised care/goal plans showing evidence of service user involvement." The registered provider committed to completing this part of the action plan by "December 2015". We found this had not happened. This meant people were not encouraged to be partners or collaborate in their own care planning in any meaningful way. The Social Care Institute for Excellence states, "Involving people in decisions about their care is intrinsic to the principles of the MCA and should be evident in every care and support plan" (Report 70: The Mental Capacity Act (MCA) and care planning).

At the previous inspection on 19 and 20 August 2015 we had concerns about the lack of regard to people's varying levels of capacity and the effect this had on people's independence. At this inspection we had the same concerns, due to staff understanding of consent and capacity and the fact staffing levels remained the same, with one member of staff supporting five residents. We asked the registered manager and registered provider whether one particular person was free to leave the premises if they chose. They stated the person could leave the house but chose not to due to the risks presented. The registered provider stated the person had previously walked to the post box. We asked the registered provider had anyone ever wanted to walk further than the post box on their own and the registered provider responded, "Not really." We found the registered provider did not have in place arrangements to promote an independent lifestyle for people using the service.

The action plan provided to CQC had committed to "Revise current Service User Guide into a format that is comprehended by people who use the service." The registered manager confirmed they had not updated the Service User Guide because it was rarely used. We asked to see the document. This had not been amended for a number of years but we found the document to have a range of useful photographs of aspects of the service alongside clear statements or things people could expect, such as 'A comfortable home'. The guide also contained pictures to help explain how people could complain if they had concerns. We asked the registered manager whether this document was ever looked at or used. They stated, "Not really – it's kept under the stairs." This meant the registered manager had not, as per the provided action plan, ensured relevant documentation was reviewed with people who used the service in mind. After the inspection the registered manager told us the service user guide is, "made available if people wish to see it."

We saw an exercise bike and a set of drums in the living area that people used throughout the inspection. When we asked a person using the exercise bike how long they would spend on the bike and how often they did so, they stated they did not know. When we looked at their respective care plan we found no reference

to the person expressing a like or desire to use the exercise bike or any plan to support how the bike should be used.

At the inspection of 19 and 20 August 2015 we raised concerns regarding the registered provider's failure to help improve people's language skills through the use of communication books provided by the Speech and Language Therapy (SALT) team. We saw the SALT team had written to the registered provider and stated they had provided the book in 2015 to support communication at home and between home and day services. One person's 'communication' care plan listed the books as a means of preventing against the risk of poor communication. We did not observe these books being used during the inspection. We asked the registered manager if they used these books to help people communicate on a day to day basis. The registered manager and the registered provider confirmed the books were initially intended to support two people attending a day centre but that they were not used outside of this context. We saw the books were still kept at the service but the registered manager and the registered provider confirmed they had only been used on visiting the day centre. This meant an opportunity to help support people to understand aspects of their care and other activities had not been fully utilised.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed a homely atmosphere during our inspection, with people who used the service at ease with the registered manager and the registered provider. One relative described the atmosphere at the service as, "Like a family," and went on to say, "The good outweighs the shortcomings." The registered manager communicated with all people who used the service and sought their views on matters such as food preferences and clothing. We observed patient and dignified interactions and staff were patient and compassionate where required. Our conversations with people who used the service were limited due to their learning needs but we observed displays of affection between both the registered manager and registered provider and people who used the service.

People who used the service behaved in a trusting way with the registered manager and registered provider and were clearly content in their company. We observed people being encouraged to contribute to the cooking of food and to wear warm clothing to go outside when they accompanied a staff member completing an errand. We did not observe people actively asking the registered manager or registered provider for support or to undertake specific activities. People who used the service confirmed to us by nodding or stating, "Yes," that they liked the registered manager and registered provider. We saw that people were free to express opinions to staff and that the registered manager stopped to listen to people to ensure he understood what they were stating. This meant that people who used the service were comfortable in their surroundings and with the staff who cared for them.

The registered manager had a good knowledge of people's likes and dislikes, for example their film and musical tastes.

We saw the results of recent surveys of relatives, external healthcare professionals and staff from a local community centre, were unanimously positive about the atmosphere in the service and the levels of 'customer care'. When we spoke with relatives one told us, "My main concern is [person's] happiness and they ensure that," whilst another stated, "I am very happy with the care and [person] likes them very much."

With regard to advocacy, we saw a leaflet explaining advocacy services on display in the kitchen. Nobody who used the service currently had an advocate in place.

We saw people had their own bedroom and had personalised them to their tastes. For example, one person had Harry Potter themed memorabilia in their room, whilst another person had a Doctor Who theme. One person confirmed they were a Harry Potter fan. People were able to tell us about how they enjoyed trips they had been on by smiling and nodding when we asked if they had enjoyed them. We saw a range of photographs in communal areas following holidays people had shared together and people who used the service were able to tell us about how they had enjoyed these events and pointed to relevant photographs.

Is the service responsive?

Our findings

At the previous inspection on 19 and 20 August 2015 we raised concerns about the lack of person-centred planning of activities. We reviewed the provision of activities and found that all people who used the service had an 'Activities Plan' in place. None of these plans had been reviewed since September 2015 and where people needed to be supervised contained group activities rather than activities planned around people's preferences. For example, one morning group activity was an art class, whilst the Sunday night group activity was a trip to a fast food restaurant. We noted that each person had the same group activities noted in their Activity Plan. We asked the registered manager whether anyone had any personalised activities in place, distinct from group activities. The registered manager confirmed there were no personalised activities in place, other than one person's regular visit to a day centre and one person who went on their own errands and to church. We saw the minutes of all three house meetings since the previous inspection and found that specific activities had not been documented as being discussed.

We saw evidence of some preferences being met, for example all people who used the service shared their approval about an upcoming trip to Blackpool and stated they were happy with this choice. Likewise, two people had another trip planned to Scarborough which was based on their preferred interests. We found the registered provider ensured age appropriate group trips were in place but that they did not ensure people were supported to pursue individualised activities or goals personal to them.

The action plan stated the registered provider would put in place, "Meaningful in house activity opportunities which are age appropriate to the service user group." The registered manager confirmed there were no new in house activities for people who used the service. We noted that one person had stated in their care documentation they would like to read, stating, "I need help to read a letter or a newspaper." We asked if this person had received any specific support to help them read. The registered manager confirmed they had not but stated they would ask for help from staff if they needed it. When we spoke to the person's relatives we asked if the registered manager or registered provider had contacted them to ask about goals or aspirations the person might have. They stated they had not been contacted on this basis but that, "[Registered Provider] said they had done this a few years ago." They confirmed that the person had in the past attempted to write their own diary and to read but that no specific activities were put in place by the registered provider to meet this particular need.

The action plan provided to CQC stated the registered provider would, "Identify areas in need of care/goal planning & develop such plans using a person centred format." We saw that there were improvements in the one person's care planning documentation that had been completed in terms of ensuring their voice was reflected more throughout. We asked the manager about goal planning and whether or not people had specific goals they had or wanted to work towards. The registered manager stated, "Not really, just the day-to-day things." This meant, whilst the registered provider had ensured care plans were under review, there had not been any impact on people in terms of what they might be supported to achieve. Care plans had not been designed with a view to meeting individual needs or enabling them to participate in making relevant decisions.

At the last inspection on 19 and 20 August 2015 we identified concerns regarding the lack of involvement of relatives in formulating people's care plans. We asked the registered manager if relatives had been involved in the revision of care planning documentation and they stated, "Not directly, no." When we asked one relative about whether they had been invited to review one person's care plans, they stated, "No but we have talked about these things in the past." This again meant that people's care plans were being revised without involvement from people who may have been in a good position to inform what would be in the person's best interests.

The registered provider had committed to complete all care plans for people who used the service by the end of December 2015. At the inspection we found only one person's care planning documentation to be complete. At the last inspection of 19 and 20 August 2015 we had concerns that one person's communication needs were not accurately reflected in their care planning, and that steps had not been taken to ensure this person was reminded of the need to wear a hearing aid. During this inspection we saw that this person's care planning had not been updated and was still in handwritten draft format, waiting to be typed by the consultancy agency. We saw there was an 'Effective Communication Plan' on file that staff did have access to, but this was not suitably personalised. We saw there was a general statement that said, "I have hearing difficulties," but nothing more specific regarding the need for staff to encourage the person to wear a hearing aid, or, for example, how to support them if they chose not to wear the aid.'

We saw this person was deemed to lack capacity to consent to their care and treatment. Where this is the case registered providers should ensure they consider what treatment is in the person's best interests through liaison with professionals and people close to the person. The registered manager confirmed no best interests meetings or decisions had taken place. The Social Care Institute for Excellence states, "It is important for the application of the MCA to have a fundamental understanding of the best interests principle" ('MCA resource - best interests principle') This meant the registered provider had failed to consider and incorporate the person's preferences when putting in place a care plan to support an aspect of their needs.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection of 19 and 20 August 2015 one relative had raised concerns about the responsiveness of the registered provider. They described occasions when they felt the registered provider had not responded quickly to a person's changing needs. During this inspection the same relative said there had been improvements in this regard, stating, "They have tried their best; they are on top of the little things."

Whilst not signed or dated, responses from surveys submitted by relatives and external healthcare professionals indicated that they knew who to contact should they have any cause for complaint or query. The registered provider had in place a complaints process. We saw that no complaints had been made.

Each person in the home had a hospital passport; this was a document which could be used if a person needed to go to hospital so information about the person could be given to medical staff. We saw the hospital passports had been completed should the need arise for people to go to hospital.

We saw three house meetings had taken place since the last inspection. We found notes of the meetings to be limited, with no content of the discussion or opinions of individuals being recorded. One meeting noted, "Christmas and Activity," as a topic, another, "Christmas Shopping," and another, "Menu." There were no minutes taken and no recommendations or queries by individuals noted.

Is the service well-led?

Our findings

At the previous inspection on 19 and 29 August 2015 we found there to be widespread failings regarding governance and leadership at the service. This included a failure to implement the majority of a previous action plan submitted to CQC in February 2015. The registered manager and registered provider stated they would be compliant with this plan and therefore meet the requirements in the Health and Social Care Act 2008 and associated Regulations by "July 2015." We found this was not the case. At this inspection of 12 February 2016 we reviewed the content of the most recent action plan submitted to CQC, which had been formulated with the support of a consultancy firm working with the registered provider for two days each week. All points of the action plan were due to be completed by 4 January 2016 at the latest.

We found a number of actions in the plan had not been completed by the timeframes committed to. For example, all care plans were due to be completed and in place by 31 December 2015, yet when we visited the service on 12 February 2016 only one person who used the service had an updated version of their care plan in place. We saw that all other people who used the service did not have completed, current care plans in place. This meant the registered provider had not ensured it was compliant with a major aspect of the action plan, to a timescale they suggested.

For example, we saw the Service User Guide had not been updated, as per the action plan, and that a number of documents marked for signature by people who used the service had not been signed, such as medication profiles and communication plans. Where people were considered to lack capacity we saw appropriate individuals had not been consulted prior to these care plans being drafted. We found goal planning had not been introduced, nor the use of alternative formats of methods to enable people who used the service to engage with care planning. We found no evidence of people being involved in the review of their care planning by the registered provider, or the planning of in house activities. We found auditing to be inconsistent. We found risk assessments, were sometimes inaccurate or lacked detail, whilst the understanding and implementation of Mental Capacity Act (MCA) principles to be fundamentally misunderstood by all staff we spoke with, including the registered manager and registered provider.

We looked at auditing in more detail. The action plan stated the registered provider would, "Develop QA systems which will ensure self-monitoring for the whole of the service." The completion date for this was 31 December 2015. We found this had not happened. Concerns regarding the registered provider's ability to successfully and effectively scrutinise its own service were first identified at a CQC inspection of August 2014. We saw that, whilst some audits had been put in place and actioned, for instance a medicines audit, other areas had not been reviewed and updated. We saw no training audit had taken place and the registered provider had failed to identify areas of training that were required. We saw no care plan audit had taken place, despite the auditing of, "Service User Plans" being part of the action plan. We asked the registered manager about this, who told us there was a Care File Audit document but that it was still in draft format. This meant the registered provider was unable to identify areas of concern and inconsistency with people's care planning, particularly with regard to the content of care plans and staff training needs.

At the previous inspection on 19 and 20 August 2015 we identified concerns regarding the registered provider's failure to ensure care planning documentation reflected the changing needs of people who used the service. We found this still to be the case. For example, at the last inspection we identified one person's care planning contained conflicting information regarding the risk they may present to themselves and others due to a particular behaviour. We found this still to be the case. The registered manager confirmed to us, as at the previous inspection, that this person's particular behaviour had not occurred for a significant period of time, yet, as at the last inspection, a range of care planning and risk assessment documentation still referenced this behaviour as current. This meant staff and other professionals were presented with incorrect information regarding a person's needs. We found similar issues regarding the same person's ability to comprehend risks. One document stated the person had, "Limited awareness of danger and risk," whilst the registered manager told us the person, "Is aware of dangers and can go out on their own." This meant care plans and risk assessments were not accurate and in line with people's changing individual needs.

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

We asked the registered manager and registered provider if they felt able to sustain the service over a period of time. The registered manager stated, "We'll need help, maybe on a monthly basis – we can't keep on top of everything ourselves." They acknowledged they needed support from an external company to give them guidance and told us they had a plan in place to seek on-going support. We asked if this plan was in documentary format and the registered manager confirmed it was not. They stated they had discussed the possibility of further support from the consultancy agency but that no plans had been written down. We found the registered manager and registered provider had failed to implement significant parts of the action plan submitted to CQC despite the support of a consultancy agency two days per week. We asked the consultancy agency member of staff about whether they felt the registered manager and registered provider had made significant progress. They responded, "They've put a lot of work in. There's a long way to go."

We found there to be a blanket approach to the implementation of the action plan. For example, the action plan had stated the registered provider would ensure that, "Each service user has signed consent in relation to care & treatment." The registered provider had started to do this but without regard to whether or not individual people had capacity to give consent to such treatment. This demonstrated that the registered provider was keen to meet with the requirements of current legislation but had yet to implement actions which demonstrated they understood what was required.

We found the registered manager and registered provider had failed to successfully complete the action plan. For example, the action plan stated that menus would be, "Checked by a suitable professional." The registered manager told us they had tried on numerous occasions to get an appointment with a dietitian via the GP but had not been successful. We asked if they had considered other suitable professionals or other means of ensuring the menu was balanced, for example through the 'NHS Eatwell Plate' and associated resources. They confirmed they had not. Similarly, identifying where a Deprivation of Liberty Safeguard (DoLS) application might be required was noted as a priority in the action plan, with a timescale of, "Immediate" noted. We found the registered provider and registered manager to have failed to implement an action plan that addressed previous failings regarding a lack of understanding of the MCA, DoLS and consent.

Prior to the inspection we asked the registered provider to share copies of various documents with us to inform our inspection planning and these were provided promptly. During the inspection we asked for a range of documents to be provided and, whilst one person's care planning documentation was in place,

four other people's care files were incomplete. Of the documentation that had been completed, this sometimes contained conflicting or incomplete information for example the information regarding the risks or otherwise one person presented to themselves and the community. Had the registered manager and registered provider put in place adequate auditing systems, these issues could have been addressed. Similarly, the issues identified regarding 'when required' medicines and the lack of planned training would have been identified by an effective auditing system.

We found the attitudes of staff to be consistent and in line with the registered manager's and registered provider's, in that staff cared for the people they supported. Staff we spoke with were positive about the level of support and guidance they received from the registered manager and registered provider and felt it was a positive they had such a degree of "hands-on" interactions with the service. All five surveys returned from relatives of people who used the service were also positive about the levels of communication by the registered provider and registered manager.

We saw that the service had links with a local community centre, where everyone who used the service attended an art class regularly. One person who used the service also attended church regularly. People were taken to local shops, GP's and the local pharmacy.