

F M S (Scunthorpe) Limited

Amber House

Inspection report

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Broughton
Brigg
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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

Amber House is registered with the Care Quality Commission (CQC) to provide accommodation and personal care for a maximum of 13 people. It is situated in the village of Broughton, close to local amenities.

Accommodation is provided over two floors, in single bedrooms with en suite facilities. There is a large sitting room set out into two separate areas, a small sitting area and a dining/activities area. Two further lounges are situated on the ground floor. Enclosed gardens to the side and rear of the building are easily accessible. There is also a supported living house called Redbourne House. We undertook this inspection on 17 and 18 August 2017. The last inspection was carried out on 29 and 30 March and 3 April 2017 where the service was found to be non-compliant with the regulations 8, 9, 10, 11, 12, 13, 15, 16, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) as well as regulation 18 of the registration regulations. Due to concerns found during the inspection, the overall rating for the service was 'Inadequate' and the service was therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Following the inspection in March and April 2017, we met with the provider and have requested an interim action plan. We also requested, and have received, weekly updates to assure us actions have been taken to address the concerns.

After the focused inspection March and April 2017, the provider contracted the support of a management company to help them make the required improvements and achieve compliance with the regulations. We met with the consultant who represented the management company at this inspection. We refer to them as,

'the consultant' throughout this report.

During this inspection we found the provider's quality assurance systems continued to be ineffective. The governance systems operated by the provider failed to cover all aspects of care delivery and did not identify areas of the service that required improvement. The provider did not have oversight of the service as required and was not consulted regarding people's care and support.

People who used the service did not always receive their medicines as prescribed. Instructions to staff about when medicines should be administered were not clear.

Staff had not always completed the necessary training to deliver the care and support the people who used the service required.

People's care plans did not always contain suitable guidance to ensure staff could meet their needs effectively and consistently.

The provider's recruitment practices were not robust. Some staff files did not contain relevant recruitment information and thorough checks were not completed before agency staff worked with the people who used the service.

Elements of the environment did not meet people's needs; we found a window that did not have a restrictor, radiator covers were not in place and wooden garden furniture was water damaged with split and pliable wood.

We found that people had restrictions in their lives that had not been agreed as in their best interests.

The registered manager did not have access to some people's care records and failed to ensure they have oversight of their care. This meant there could be delays in any care or treatment they required.

We saw that improvements had been made with regards to some of the risks we identified at our previous inspection, but found further evidence that the provider was not mitigating risks as required. For example, legionella checks were not being carried out which put people who used the service at unnecessary risk. We also found items of food, which indicated on the packet that they could not be frozen in the freezer and items that were past their used by or best before dates in fridges.

Staff, who received adequate support and mentorship were deployed in suitable numbers to meet people's needs. Staff had completed safeguarding training and were aware of their responsibilities to report any potential abuse and episodes of poor care they became aware of.

People were supported to eat a diet of their choosing and encouraged to make healthy choices.

People were treated with dignity and respect by staff; they were enabled to make choices in their daily lives. We saw people taking part in different activities throughout the inspection.

The service had a registered manager who fulfilled their regulatory obligations to inform the Commission of notifiable events that occurred with the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not always safe. People did not always receive their medicines as prescribed.

Recruitment practices were not robust and the suitability of agency staff was not adequately assessed.

Risks were not appropriately mitigated to ensure the health, safety and welfare of the people who used the service.

Staff were deployed in suitable numbers to meet the needs of the people who used the service.

Staff had been trained to recognise the signs that could indicate abuse had occurred and understood their responsibilities to report any poor care they became aware of.

Is the service effective?

Requires Improvement ●

The service was not always effective. People who used the service had restrictions placed upon them that had not been agreed as in their best interests.

People were not always supported by staff who had the skills and abilities to meet their needs effectively.

Some parts of the service had not been adapted effectively to meet people needs.

Staff received regular supervision and annual appraisals.

Is the service caring?

Requires Improvement ●

The service was not always caring. Some people's care records were not stored appropriately and the registered manager did not have access to them.

People's needs were met by attentive and caring staff.

People were treated with dignity and respect by staff. However, we saw staff had used inappropriate language when describing some care interventions.

People were supported to make choices in their daily lives.

Is the service responsive?

The service was not always responsive. Although some people's care plans had been updated since our last inspection, we found that some contained generic information and lacked appropriate guidance for staff to follow.

The registered provider had a complaints policy and procedure in place. The procedure was available in an easy read format to make it more accessible to the people who used the service.

People who used the service were encouraged to take part in activities of their choosing.

Requires Improvement ●

Is the service well-led?

The service was not always well-led. The governance systems and processes at the service were not effective.

The provider did not take responsibility for the day to day management of the service.

There was a registered manager in place and the CQC received notifications as required.

Inadequate ●

Amber House

Detailed findings

Background to this inspection

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

The inspection took place on the 17 and 18 August 2017 and was unannounced. The inspection was completed by three adult social care inspectors

Before this inspection, we reviewed the information we held about the service, such as notifications we had received from the provider and their actions plans submitted to us following the last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur. We spoke with the local authority commissioners and the local authority safeguarding team.

During the inspection we spoke with the registered manager, five members of care staff and two members of domestic staff. We also spoke with four people who used the service and three visiting healthcare professionals. The consultant from the management company the provider had commissioned to support with the required improvements at the service was also spoken with.

We looked at six people's care plans along with the associated risk assessments and Medication Administration Records (MARs). We also looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interest.

We also looked at a selection of documentation pertaining to the management and running of the service. This included action plans, policies and procedures, business continuity plans, personal emergency evacuation plans, recruitment information for staff, staff training records as well as audits and quality monitoring information.

Is the service safe?

Our findings

At our comprehensive inspection in March and April 2017 we found the service to be non-compliant with Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. We found people's prescribed medicines including PRN (as required) medicines were not recorded on their medicines administration records (MARs). We were unable to find information when the medicines should be administered or when they had been given. We also found protocols did contain clear instructions and suitable guidance to ensure they were administered safely and consistently.

During this inspection we saw one person had not received a medicine as prescribed. They had been prescribed a medicine in patch form to be applied every 72 hours. However, staff had consistently applied the patch every 96 hours. This had not been identified by any of the staff team during the timeframe of records we checked, which was between 10 July and 17 August 2017. We have asked the registered manager to discuss this with the person's GP.

Staff had recorded they had given PRN medicines for pain, but not what the effect had been. Staff had handwritten some MARs, however, full instructions about medicines had not been transcribed and a counter signature, to help prevent mistakes, had not always been made. Some medicines had been written by the prescriber as 'as directed'; this did not give clear instruction to staff and we have asked the registered manager to discuss this with the prescriber. Unclear directions posed a risk that errors may occur and people may not receive the medicines they had been prescribed.

We saw protocols were in place for staff guidance when people who used the service were prescribed medicines to be administered 'when required', referred to as PRN. The protocols did not give full information to staff. For example, some people were prescribed a medicine to reduce anxieties up to two or four times a day when required, however, there was no information about the interval required between the doses. Other protocols referred to staff administering medicines when required when people 'displayed signs of constipation', 'displayed signs of suffering' or 'for outward signs of agitation and anxiety'; there was no information in the protocols about what these signs were for individual people. We also saw that some people were prescribed medicines as a variable dose, for example one to two to be taken at night. There was no information to guide staff regarding the decision-making about which dose to administer.

This demonstrated a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. The action we have asked the provider to take can be found at the end of this report.

People who used the service told us they received their medicines on time. One person said, "I always get it on time, I have them at night too."

At our comprehensive inspection in March and April 2017 we found the service to be non-compliant with Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We looked at three staff recruitment files and found two had positive disclosure and barring service (DBS) checks. One of

these staff members had not declared the offences on their application form contrary to the provider's recruitment policy which should preclude them from working at the service.

During this inspection we were told by the consultant that there had been a number of staff had left the provider recently. They said, "We have made a lot of change since the last inspection and some staff have left which we view as a positive step. We have kept all of the ones we wanted to keep and lost the ones we were happy to see go." The registered manager added, "The staff we have now are dedicated and very compassionate."

We asked how the provider ensured they deployed sufficient staff and were told that agency staff were being used as an interim measure. The consultant explained, "We are currently using agency staff. The agency provides all of the relevant information regarding staff that we need."

We reviewed the information held by the service in relation to agency staff and found that they could not provide evidence that suitable checks had been undertaken. There was no evidence to support that references had been gained by the agency or that gaps in people's employment history had been explored.

We assessed the recruitment of three permanent staff and found that interview questions and responses were not always available.

This demonstrated a continuing breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, fit and proper persons employed. The action we have asked the provider to take can be found at the end of this report.

At our comprehensive inspection in March and April 2017 we found the service to be non-compliant with Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. We found the provider failed to appropriately assess and mitigate known risks in areas, including, but not limited to, buildings works being carried out at the service, emergency evacuation plans as well as fire and building safety.

During this inspection we found improvements had been made to the risks we had previously identified but identified other risks that had not been appropriately mitigated.

Building works had been completed and no longer posed at risk to the people who used the service. We saw evidence that the local fire safety officer had visited and due to improvements made following our inspection had no concerns regarding fire safety management at the service. We saw personal emergency evacuation plans (PEEPs) had been updated for some people but not all. This meant they were at risk of not receiving the support they required in an emergency situation.

We completed a tour of the premises and saw that work had been completed to improve the environment but found that an upstairs window did not have a restrictor on it as required. This meant it could be opened fully, which put people who used the service at risk.

The service had no risk assessment regarding Legionnaires disease. Maintenance personnel told us the service had hot and cold stored water in tanks, which posed a potential risk of legionella; they had not been given any guidance regarding prevention of legionella. A cold water tank at the top of the basement steps was in poor repair and leaking; a plumber was called out to attend to the leak on the day of inspection. Maintenance personnel showed us water temperature checks they had completed; these were to ensure the hot water outlets were not above 43 degrees to prevent scalding. There was no evidence that unused shower heads were descaled, disinfected and flushed. They confirmed the hot water tank was set at 60

degrees centigrade, which is required to help prevent legionella. Senior staff told us they would contact an appropriate company and ensure a risk assessment was completed for the risk of Legionnaires disease.

We found items of fruit, salad and vegetables that were past their recommended 'use by' and 'best before' dates. In freezers, we found items of food which indicated on the packet that they could not be frozen. There were also packets of unopened vegetables that were not sealed. Items in the fridge such as processed meat had labels, produced by catering staff, of when these had been opened and when they should be used by. However, we found the labels did not match the 'use before date once opened' recommended by food producers on the packet. These were mentioned to the registered manager to dispose of and address with catering staff.

This demonstrated a continuing breach of Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. The action we have asked the provider to take can be found at the end of this report.

At our comprehensive inspection in March and April 2017 we found the service to be non-compliant with Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. We found concerns regarding infection prevention and control. We saw there was no dirty to clean flow within the laundry room. Soiled washing was being stored in baskets on the floor alongside clean laundry also stored in open baskets, creating the potential of cross contamination. Areas of the service required a deep clean and staff failed to use personal protective equipment (PPE) when required.

During this inspection we found that the environment had been refurbished to a high standard and the cleanliness of the service had greatly improved. Communal areas were clean and free from odours. Rooms had been re-decorated and bathrooms and toilets had been re-fitted. We observed staff using PPE when required and were told about the new laundry procedures in place. We noted appropriate storage of dirty and clean clothes in the laundry. Mops and other cleaning products were stored appropriately and we saw evidence that the domestic staff's weekly hours had increased by close to 50%. All of these factors helped to ensure people were cared for in a clean and hygienic environment.

At our comprehensive inspection in March and April 2017 we found the service to be non-compliant with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safeguarding service users from abuse and improper treatment. Staff had not always followed the provider's safeguarding policies in practice. For example, the deputy manager began an investigation rather than consulting with the local safeguarding team to establish if this is what was required or whether the safeguarding team would complete their own investigation. We were told by staff and visiting professionals the training that staff received on restrictive interventions, known as BASIS training, included details and a demonstration of unapproved interventions that inflicted pain on the service users.

During this inspection we spoke with staff who had a clear understanding of the different types of abuse that may occur and the actions they would be required to take to keep people safe. Records showed staff had completed safeguarding vulnerable adults training. A member of staff we spoke with said, "I would report abuse to my manager immediately. It's my duty."

The consultant told us, "We are aware of the local authorities safeguarding procedures and would report abuse to them but we may need to complete part of an investigation to establish some facts so we could be assured our service users were safe."

We saw evidence that staff had completed an accredited three day training course to ensure any use of

physical interventions would be done safely. This helped to reduce the risk that people would be injured during the delivery of essential care.

At our comprehensive inspection in March and April 2017 we found the service to be non-compliant with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, staffing. We found evidence that there had been several days when there was insufficient staff on duty to provide the necessary care and support to people. This had impacted on the delivery of care for specific people who used the service. When we spoke with the registered manager they told us they did not use a dependency tool to calculate staffing levels for the service. They were unable to show us any systems they used to establish the amount of staff, which should be on duty to ensure service users were supported on a one to one basis, and other service users' needs were effectively met.

During this comprehensive inspection we saw that staff were deployed in appropriate numbers to meet the needs of the people who used the service. We saw evidence that a dependency tool was being utilised to ensure staffing levels were adequate. At the time of the inspection, there were eight people who lived in the service and one person who stayed for respite care four days a week. Staff told us five people had one to one support from staff for 12 hours each day from 8am to 8pm and one person had this level of support between 9am and 5pm. A seventh person had one to one support for three hours a day, which could be used flexibly when required. There were eight staff on duty during the day, which included a senior care support worker and four staff at night. This level of staffing meant there was sufficient to meet the current numbers of people who used the service and the level of needs they had. The registered manager was supernumerary to the rota and worked usual working hours during the week.

A member of staff commented, "Things used to get a bit crazy, we would be running around and there never seemed to be enough of us but things are different now. I think it really helps them [the people who used the service] when we have more time to spend with them."

A visiting professional said, "Now they don't have the day service here things are much better. When I've visited I haven't had concerns about the number of staff."

Is the service effective?

Our findings

At our comprehensive inspection in March and April 2017 we found the service to be non-compliant with Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, need for consent. We found the application of the Mental Capacity Act 2005 (MCA) was inconsistent. People had restrictions in place around access to cigarettes and coffee at certain times. Another person who used the service was having their mattress removed from their bedroom throughout the day. We were unable to find any documentation within the service to show the decision to remove the mattress had been discussed and recorded as in their best interest as the least restrictive option for them. We also found staff's knowledge in relation to the MCA was limited.

During this inspection, we found that improvements had been made in this area but further work was required to ensure compliance with Regulation 11. The registered manager told us the restrictions around people's coffee and cigarette intake continued and had been in place at a previous service. They stated that it was in the person's best interest but there was no evidence available to support this. The registered manager explained, "It is something that has always been in place and it does work really well but I will hold my hands up we haven't had a best interest meeting about it." The provider informed us that the person is no longer living at the service so it no longer subjected to these restrictions.

Following the last inspection in March and April 2017 the registered manager told us that all staff would be retrained in the MCA. However, at the time of this inspection no staff had completed refresher training in this area.

This demonstrated a continuing breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, need for consent. The action we have asked the provider to take can be found at the end of this report.

We saw evidence to confirm that best interest meetings had taken place and decisions were in place for other aspects in the service including the removal of a person's mattress. This had been agreed as the least restrictive option and necessary to ensure the person, 'moved on' in the daily routines. A visiting professional stated, "I have been involved in supporting the service so that appropriate and least restrictive care plans have been developed following best interest meetings."

At our comprehensive inspection in March and April 2017 we found the service to be non-complaint with Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, premises and equipment. We found concerns regarding the maintenance of the building. A meter cupboard door was falling off its hinges when unlocked. An unlocked cupboard was found to contain loose screws, a knife, an opened paint can and other debris. The unlocked cupboard had visible wires hanging and a light fitting without a bulb, connected to the electric supply. We had issues with the lack of appropriate signage in the kitchen accessed by people who used the service. Radiators did not have covers in place as required. When we requested a copy of the most recent electrical wiring certificate we found this was dated 1 December 2012 and valid for one year. When we brought this to the attention of the registered manager they told us

they would arrange to have this checked as a matter of urgency.

During this inspection we saw that the majority of issues identified at our previous inspection had been addressed but further work was needed before compliance was achieved. We saw evidence that an electrical wiring testing was complete in May 2017. Signage was in place, cupboards in communal areas were locked and access to them was restricted. However, there was only one radiator cover in place and this was at the entrance to the service. The registered manager explained, "The provider is making the radiator covers, all the radiators are different sizes so each was is bespoke. They are nearly finished and will be in place very soon."

We found there had been a roof leak in a store room where care files were held. These records had not been affected, but two boxes [plastic stacking crates with lids] containing personal items belonging to a person who used the service were wet and the contents at risk of damage. These were moved. There were other issues such as wooden garden furniture, which was water damaged that had left the wood split and pliable. There were two wheel chairs in need of cleaning. A team leader told us the garden furniture was to be disposed of and the wheelchairs were rarely used, but they would see they were cleaned.

This demonstrated a continuing breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, premises and equipment. The action we have asked the provider to take can be found at the end of this report.

During this inspection we saw records that confirmed staff had completed a range of training to equip them with the skills and abilities to complete their roles. However, a number of agency staff were being used at the service and their training records showed that had not completed any training in relation to supporting people with autism. The consultant explained, "We do recognise that as an issue, but there are no agencies in the area that can supply us with staff who have that training." They went on to say, "We do closely monitor the staff so we are satisfied they are supporting people in a person centred way."

This demonstrated a continuing breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, staffing. The action we have asked the provider to take can be found at the end of this report.

Records showed staff received appropriate levels of support and supervision. All staff had received a supervision session since the last inspection. The supervision record had space to discuss the last supervision and any concerns or actions that had arisen from it. Whether staff had any concerns and what actions would be required to address them and any training or other recommendations.

People's health and social care needs were met by a range of healthcare professionals. Over the course of the inspection a number of professionals visited the service. A visiting professional told us, "I have worked with Amber House for years. They have had issues in the past but I find they do everything they can for the people who live here. I am always contacted if there is an issue and I feel that my advice is implemented and well received."

People were supported to eat and balanced diet of their choosing. We saw the menus were written in advance and reflected the choices a younger age group would make. The menus also included treats such as a takeaway once a week. We observed the lunchtime experience and saw that people were supported appropriately and were provided with adapted beakers, cutlery and plate guards to aid their independence.

Is the service caring?

Our findings

We saw care records and other personal or confidential information were stored securely. Staff told us they understood the importance of maintaining confidentiality. Access to computerised records was restricted to ensure private and sensitive information could only be accessed by appropriate staff. The registered manager explained, "We [the management and administrative] staff have our own passwords and different levels of access. I can see things that other staff can't, it depends what they need to know for their job."

We asked to see records from the part of the service where supported living care was delivered. The registered manager told us they did not have access to these records. They said, "The senior staff that work there complete all of the paper work. I don't really check it." The consultant explained, "The records are held on a local compute which is not linked to Amber House." This meant that the care and support of some people who used the service was not overseen by the registered manager as required. Not having access to the information could lead to delays in specific care and support being delayed. Following the inspection we were informed that the supported living part of the service would close to enable required improvements to continue at Amber House.

At our comprehensive inspection in March and April 2017 we found the service to be non-compliant with Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, premises and equipment. While undertaking a tour of the building we observed a person who used the service naked, compromising their dignity by undressing in public. Staff had difficulty assisting and encouraging them to dress in order to maintain their dignity. We also heard staff asking a person if they needed to use the toilet in front of their peers.

During this comprehensive inspection we found the provider had ensured necessary improvements had been made and compliance with this regulation had been achieved. On a tour of the service we saw that towels were placed in strategic areas of the service so that if a person did remove their clothing staff could protect their modesty. Care plans had been developed to ensure staff knew how to support people in these circumstances.

Throughout the inspection we saw staff treating people in a dignified and respectful way. We did hear a member of staff speaking to a person in a way that did not appear age appropriate. However, when we checked their care plan we saw that this was a known strategy to reduce the person's anxiety. A visiting professional we spoke with confirmed this to be accurate.

We did however, see that a member of staff had recorded in the accident book that they had, 'reprimanded' a person who used the service following an incident of behaviour that challenged the service. We highlighted this to the registered manager to address.

We saw staff interacted well with people who used the service showing patience and demonstrating knowledge of their preferences. One of the people who used the service described the staff as, "Wonderful." Another person said, "I can do what I want, the staff are nice to me."

People who used the service told us that they were encouraged to make decisions and choices in their daily lives. One person said, "I choose what clothes [to wear]" and "They make lovely meals, I have a choice." Another person said they had a nice room and had a DVD player so they could watch DVDs in their room.

We saw evidence that people were given information and explanations in an appropriate format, which promoted their understanding. Storyboards were used to support people's understanding of specific activities such as appointments with healthcare professionals, visits from family or events. A storyboard uses pictorial symbols or photographs with numbers, times and dates to enable people to understand what will occur and when. We also saw easy read versions of 'consent and capacity', 'MCA and DoLS' and 'No Secrets' documents in people's care files.

We saw that advocacy information was stored in people's care files and that an advocacy group meeting had taken place. The meeting was used to enable an independent mental capacity advocate (IMCA) to meet the people who used the service and start to develop relationships so people understood what support was available to them.

Is the service responsive?

Our findings

At our comprehensive inspection in March and April 2017, we found the service to be non-compliant with Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, person centred care. We found the quality of the instructions provided to staff to keep people safe was varied and brief. For example, one person's care plan said, 'use distraction techniques' but included no description of what these distraction techniques should be or for how long these should be used. Other care plans described 'habitual behaviours', but did not detail what these were or how staff could recognise them and stated 'provide me with my preferred method of communication', but did not describe or offer guidance as to what this was.

During this inspection, we found that improvements had been made in this area but further work was required to ensure compliance with regulation 9. The consultant told us, "We have had support from the behavioural support team but all of the care plans are live documents and a work in progress. They will be updated as people's needs change or as the strategies we have put in place reduce some of their anxieties and known behaviours."

We saw that some people's care plans included detailed and personalised guidance that enabled staff to understand the support people required when they were showing signs of agitation. However, we found other care plans still contained generic guidance. For example, one person's behavioural management plan stated staff should, 'use low arousal approach and distraction techniques' and that a precursor to behaviours that challenged the service and others was indicated when, 'facial expressions change'. Failing to provide accurate and detailed guidance to staff means people's needs would not be met consistently and effectively.

Descriptions of when physical interventions were to be used were generic and open to interpretation. One person's behaviour management plan stated, 'the approved techniques must be proportionate to the behaviour and applied for the minimum time necessary'. The descriptions of the support people required were open to interpretation and lacked clear guidance.

We were told and saw evidence that care plans for people who lived at the service on a permanent basis had been updated. However, the care plans for people who used the service on a respite basis still required re-writing. This meant there was a risk that staff did not have the guidance they required to deliver care in line with people's needs and preferences.

This demonstrated a continuing breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, premises and equipment. The action we have asked the provider to take can be found at the end of this report.

At our comprehensive inspection in March and April 2017 we found the service to be non-compliant with Regulation 16 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, receiving and acting on complaints. We spoke to relatives and relevant professionals who told us they had raised a number of formal complaints to the registered manager. These were in relation to the continuity of staff,

staffing levels, the impact of day care service and subjective recording in daily records and not following care plans. However, the registered manager told us there had been no complaints since 2015.

During this inspection the consultant told us that improvements had been made with regards to the complaints management within the service. They said, "We have introduced a 'meet the manager day'. All stakeholders, service users, relatives and professionals can meet the manager and discuss any issues or thoughts they have. It is just one way to show they are accessible and open to feedback."

The provider's complaints policy was displayed in the entrance to the service. It had been produced in an easy read format that helped to ensure it was accessible to the people who used the service. Complaints information was also available in people's care plans

A visiting relative we spoke with said, "I have had discussions with the manager in the past and because she acted on them I didn't feel the need to raise anything formally. I think the manager is receptive to feedback and takes things on board." A person who used the service said they had no complaints regarding the service they received. They said, "None at all; no reasons to."

During the inspection we saw people taking part in activities of their choosing. One person told us they enjoyed painting and arts and crafts. Another person said they liked to go shopping and swimming. A third person said, "I go to the shops to buy CDs, DVDs and books."

Is the service well-led?

Our findings

At our comprehensive inspection in March and April 2017 we found the service to be non-compliant with Regulations 9, 10, 11, 12, 13, 15, 16, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This meant there was also a breach of Regulation 8 General.

During this inspection we found that some improvements had been made across the service, but further work was required before the service achieved compliance against regulations 9, 11, 12, 15, 17, 18 and 19.

At our comprehensive inspection in March and April 2017, we found the service to be non-compliant with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance. There was no structured quality monitoring system in place that ensured identified shortfalls were addressed in a timely way.

During this inspection we saw that internal quality monitoring systems had not improved. The consultant told us they were fully aware of the provider's shortfalls in governance and would develop appropriate systems. They said, "The governance arrangements across the organisation are being further developed to reduce the sometimes disjointed approach and to enhance the collation, interpretation and analysis of information and subsequent action."

The service did not have established and effective systems to assess monitor and improve the quality and safety of care or to assess and mitigate risks. Accident and incident audits were not taking place, the registered manager told us, "I do look at all of the incidents but I don't audit them." Failing to review incidents and identify patterns and trends could lead to preventable incidents taking place within the service.

Care plan audits were not being undertaken. We saw that monthly care plan assessments were completed but these were not reviewed in conjunction with accident and incident records to establish in the guidance provided to staff remained appropriate. They also failed to highlight that people were subject to restrictions in their daily lives that had not been agreed, as in their best interests.

The provider had not undertaken audits of staff recruitment even though issues were highlighted at the last inspection. The provider had also failed to audit the documentation provided by the recruitment company who supplied agency staff. This meant they had not assured themselves of the agency staff's suitability and fitness to work with vulnerable people.

We saw that some medication audits had been completed on a monthly basis, but these had not been effective in highlighting that a person was not receiving their medicines as prescribed. The ineffective audits being carried out led to a person who had had been prescribed a particular medication to be taken every 72 hours receiving their medicines every 96 hours. The shortfalls in auditing could have led to the person experiencing un-necessary pain.

Medication audits had also not identified that some medicines had been written by the prescriber 'as directed'; which meant staff did not have adequate guidance to ensure staff knew how to administer medicines safely and consistently.

Water temperature checks were carried out by maintenance staff but there was no evidence to show that legionella checks were completed as required. This meant risks to the health, safety and welfare of the people who used the service were not being assessed or mitigated.

We asked the registered manager to provide audits of the care and support provided in the supported living service. The registered manager told us that they did not have managerial oversight and was not conducting quality assurance checks, they said, "We have a senior member of staff there but I have to hold my hands up, I don't monitor it." Following the inspection the consultant informed us that the provider intended to de-register the supported living service. This would be done following a notice period being served to the people who used that part of the service.

There were no systems and processes to ensure the safe storage and disposal of food items. We identified concerns with out of date, past the used by date and non-freeze food items. When we highlighted our concerns immediate action was taken but the provider had no systems to identify issues with food storage and safety.

At our comprehensive inspection in March and April 2017 and the subsequent report we highlighted concerns that radiators did not have covers and posed a risk to the people who used the service. Despite this, during this inspection we found only one radiator cover was in place. This showed that provider did not have effective systems in place to mitigate known risks.

The consultant told us, "We are completely in a limbo situation, we have action plans so know the areas that we need to improve. We aren't auditing the work we have just completed because we know it's been done to a high standard and we are not auditing the other areas because we know that needs to be updated. Any audits we did now would just prevent us fixing our things."

This demonstrated a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, need for good governance. The action we have asked the provider to take can be found at the end of this report.

At our comprehensive inspection in March and April 2017, we found the service to be non-compliant with Regulation 18 of the Health and Social Care Act 2008 (registration) Regulations 2009, notification of other incidents. The registered manager failed to notify the Commission of two incidents where people had injured themselves and required hospital treatment.

During this inspection we reviewed the accident and incident records held at the service against the information we had received from the provider. We found that we had been informed of all notifiable events as required. The registered manager commented, "The incidents that didn't get reported were a mistake. I know what needs to be reported. We try to be open and transparent about everything that happens."

The registered manager told us they had not been supported in their role to ensure positive outcomes for people. They said, "The directors are very supportive in some areas, but they don't have a background in care so when it came down to the residents I was left to get on with things myself. I have had more support from [name of the consultant] in the short time they have been here than I ever have before." The consultant told us, "We know there are a lot of improvements to make. I initially came on board for nine weeks and that

has already been extended to 12 months. I am committed to turning things around and making this a good service for all of our residents."

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 Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's care plans did not always reflect their current needs and were not contain appropriate information to ensure their needs would be met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People who used the service were subjected to restrictions that had not been agreed as in their best interests.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People did not receive their medicines as prescribed. The provider had not taken appropriate action to mitigate known risks as required.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered provider had failed to ensure the premises were appropriate and adequately maintained.

Regulated activity	Regulation
<p>Accommodation for persons who require nursing or personal care</p> <p>Personal care</p>	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's governance systems did not cover all aspects of the service and were ineffective at highlighting shortfalls.</p>
Regulated activity	Regulation
<p>Accommodation for persons who require nursing or personal care</p> <p>Personal care</p>	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff had not always completed training to ensure they had the necessary skills to meet the individual needs of the people who used the service.</p>