

Rehabilitation Education And Community Homes Limited

REACH Wendover Road

Inspection report

46 Wendover Road
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30 November 2016

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Inadequate ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 29 and 30 November 2016. It was an unannounced visit to the service. This meant the service did not know we would be visiting.

46 Wendover Road is a care home which provides accommodation and personal care for up to ten people with learning disabilities. At the time of our inspection there were nine people living in the home.

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

The home was previously inspected in May 2014. It was compliant with regulations in place at that time.

At this inspection we found systems in place to safeguard people were not followed. All risks to people were not identified and managed. Where risks were identified the right support was not provided to people to manage the risk. Staff failed to work in line with infection control guidance either to prevent the risk of cross infection.

Staff practice observed during the inspection demonstrated staff were not always kind, caring and did not promote people's privacy, dignity and respect,

Staff were not suitably inducted and trained in roles and responsibilities which impacted on the care people received. The home had four care staff vacancies and used agency and bank staff to cover the vacancies. This led to inconsistent care for people. The shifts were not managed appropriately which meant people did not get the required care in a timely manner. A recommendation has been made to address this.

People were not routinely assessed prior to admission and care plans lacked detail as to the support people required. As a result staff were not always aware of how people were to be supported.

People's records and records required for regulation were not suitably maintained and fit for purpose. The registered manager had not informed the Commission of an incident that they were required to. The provider was carrying out some aspects of auditing but effective quality auditing was not yet established to enable the provider to monitor the care being provided.

Medicines were given as prescribed but gaps in medicine administration were not picked up and acted on. A medication audit had been introduced which should promote safe medicine practices.

People's health and nutritional needs were met. However meal times were disorganised and not conducive to promoting a positive, calm environment for people. People were supported to make choices and

decisions on day to day care. Pictures and signing were sometimes used to promote communication. We have made a recommendation for staff to have the required skills and be encouraged to use the required aids, props and signing consistently to promote people's involvement in their care.

Some people had access to activities, day centres and work placements. The registered manager was looking to improve access to more community activities for some people.

The communal areas of the home were generally clean. Some bedrooms had an odour, this was being addressed. The standard of cleanliness in some bedrooms was poor even after they had been cleaned. A recommendation has been made to address that. Maintenance issues were reported and repaired. A refurbishment plan was in place to keep the home updated.

Staff felt supported and received regular supervision. They felt the home was well managed. Relatives had confidence and trust in the registered manager and the deputy manager. However they felt the care provided when the registered manager was not on duty was not always in line with what was required.

The provider was in breach of six regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People's risks were not always identified and managed.

People were not provided with staff support in a timely manner to meet their needs.

Staff were suitably recruited to safeguard people.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were supported by staff who were not suitably inducted, trained and skilled to meet their needs.

People had access to health professionals to promote their health needs. Their nutritional needs were met.

People were supported to make decisions about their day to day care. The principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were upheld.

Is the service caring?

Inadequate ●

The service was not caring.

People's dignity and respect was not promoted.

People were not always supported by staff who were caring.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People were not routinely assessed prior to admission to the home.

People had care plans in place which outlined people's needs. However staff were not always aware of the care people required.

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People had access to activities and the home recognised that for some people access to activities needed to improve.

Is the service well-led?

The service was not always well led

The provider failed to inform the commission of an incident which they are required to notify us of.

People's records and records required for the running of the service were not suitably maintained.

Quality audit systems were being developed but not yet established to enable the provider to effectively monitor the service.

Requires Improvement 

REACH Wendover Road

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.

At our previous inspection in May 2014 the service was meeting the regulations inspected. This inspection took place on 29 and 30 November 2016. The inspection was unannounced. This meant the service did not know we were visiting.

The inspection was undertaken by one inspector.

Prior to this inspection we reviewed the Provider Information Record (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed the previous inspection reports and other information we held about the service. We contacted health care professionals involved with the service to obtain their views about the care provided.

The majority of people who used the service were unable to communicate verbally with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we walked around the home to review the environment people lived in. We spoke with the registered manager and four care staff. We spoke with seven relatives by telephone after the inspection. We received written feedback from one relative. We looked at a number of records relating to individuals care and the running of the home. These included four care plans, medicine records for nine people, staff duty rosters, four staff recruitment files, staff training and six staff supervision records.

Is the service safe?

Our findings

People's files contained a series of risk assessments. Some were generic such as risks associated with not wearing a seat belt, risks from the BBQ, burns and scalds. Others were specific to individuals. These included risks around behaviours that challenged, epilepsy, falls, eating and drinking, out in the community and bed rails. However risks around moving and handling, pressure sores and choking were not identified and managed. Three of the four staff we spoke to were aware of the risks people were exposed to. However they failed to manage those risks to safeguard people. One staff member was not aware of all areas of risks for individuals. This was fed back to the manager to follow up on.

One person's care plan and guidance around eating and drinking indicated they required staff to sit with them during their meal. We saw from their care plan this was because the person was at risk of choking, although there was no risk assessment in place which identified that risk. Throughout the two days of the inspection the person was not supervised with their meals in line with the guidance in their care plan. Staff failed to follow the control measures in place and placed the person at risk of choking. After the inspection the provider confirmed they had made a safeguarding alert to the local authority in respect of the lack of supervision of that person.

Throughout the inspection disposable gloves were available in people's bedrooms and bathrooms. The registered manager confirmed disposable gloves did not pose a risk to people. There was no risk assessment to support this decision and to confirm that people were not at risk of swallowing them and causing harm. We saw one person had a tendency to put things in their mouth and therefore may be at risk.

We asked to see the environmental risk assessment, which identified and managed risk to people, staff, visitors and contractors. This was not available at the home and the registered manager confirmed they had not been involved in assessing environmental risks.

Staff told us they were trained in infection control. The training records viewed indicated nine out of 14 staff had completed infection control training, with six staff of those staff undertaking infection control on line training. Staff practice observed indicated staff failed to understand their responsibilities to infection control and they failed to put their training into practice. One staff member did not wash their hands after handling dirty laundry and then proceeded to assist with breakfast. The inspector intervened to prevent that. Another staff member was assisting a person to clean their bedroom with their coat on. This meant they had not considered the cross infection risk to themselves and others. We fed this back to the registered manager who addressed it with the staff member concerned. An infection control audit and risk assessment was not in place. This meant infection control risks were not identified and managed.

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

Staff told us they felt suitably trained to administer medicines. Training records identified staff who had completed medicine training and practical medicine assessments. They were signed off and deemed competent to administer people's medicines. People's care plans outlined the level of support people

required with their medicines and how they liked to take it. We saw some people had agreed to take their medicine with food and this was done openly and with the person's permission. Protocols were in place for the use of as required medicines and agreed by the prescribing GP.

We observed medicine being administered. Two staff were involved in medicine administration. They brought the medicine to the person. However they did not bring their medicine administration record with them to confirm the person's identity and that the correct medicine was being administered. The staff member told us they did not take the medicine record to the person as a second staff member had checked it and knew it was correct. The provider's policy was not specific as to whether staff take the medicine record to people when administering their medicine.

It is recommended the provider reviews the medicine policy to provide specific guidance for staff on their responsibilities in relation to medicine administration.

There were gaps in the medicine records viewed. The registered manager was able to establish that the medicine had been administered but not signed for. Staff carried out stock checks of medicines. However they failed to see the gaps in the medicine administration records and address it with the staff concerned. The provider had introduced a medicine audit. This had not yet been carried out but was scheduled.

Relatives told us they believed their family members were safe. One relative told us their family member had recently come home with unexplained bruising at the weekend. They had raised it with the registered manager but had not had a response. We fed this back to the registered manager. They confirmed they were still investigating the incident and had referred it to the Local Authority safeguarding team. The registered manager agreed to update the family member on action taken.

The provider had safeguarding policies and procedures available. Staff told us they had received safeguarding training. During discussion with us some staff were unable to recall their training or what it meant. When prompted they told us they would report any poor practice. From the training matrix we saw five out of 13 staff did not have safeguarding training and six out of 13 staff had on line safeguarding training.

It is recommended the provider ensures staff understand their responsibilities in relation to safeguarding.

Systems were in place to manage accidents and incidents. Staff were aware of what to do in the event of an accident/ incident. Accident and incident records were completed. The operations manager was reviewing the process for reporting to ensure that trends in accidents and incidents were picked up and addressed. Relatives told us they were informed of accidents and incidents.

People were kept safe from the risk of emergencies in the home. Fire equipment, portable electrical appliances, gas boiler and hoists were serviced and deemed fit for purpose. The home had a contingency plan in place dated 27 July 2016. This outlined key contacts and a place of safety in the event of an emergency in the home such as a flood or power cut. Regular health and safety checks took place which included fire safety checks, fire drills, first aid box and water temperature checks. There was no guidance for staff on what was considered safe water temperatures although the water temperatures recorded were within the safe limits.

The home had a fire risk assessment in place. People's care plans included Personal Emergency Evacuation Plans (PEEP) which provided guidance for staff on how individuals were to be evacuated in the event of fire. However for the two people who were immobile their evacuation plans were not reflective of that which

would impact on their ability to evacuate the building. The registered manager agreed to address that to ensure staff were clear of their responsibilities in relation to fire evacuation.

Areas of the home such as paintwork on the walls, doors and skirting were starting to look in need of redecoration. The flooring in the dining room was lifting around the edges and we saw damp on one of the upstairs bathrooms. The registered manager confirmed she would report the flooring and damp to the maintenance department to act on. We were provided with a refurbishment plan after the inspection which indicated a programme of redecoration was scheduled. It indicated communal areas of the home would be decorated in 2017.

The communal areas of the home were generally clean. Some bedrooms had odours which they were attempting to address and manage. Staff were responsible for the cleaning including people's bedrooms. The standard of cleanliness in bedrooms varied. In one bedroom which staff had assisted the person to clean on the morning of the inspection the standard of cleanliness was poor. This was because their sink was still dirty and the skirting around the sink was badly stained.

Cleaning schedules were in place for night staff on tasks to be completed. A prompt was on the handover record for day staff to clean people's bedrooms. A deep clean of bedrooms were scheduled weekly. There was no specific guidance on what a deep clean consisted of which could account for the varying levels of cleanliness in bedrooms. The records were not always completed to show bedrooms had been cleaned either. A form had been developed to record when equipment such as hoists and wheelchairs had been cleaned. This was not yet in use but planned to be introduced without delay.

It is recommended cleaning schedules are put in place which outlines the tasks to be completed to ensure all areas of the home are cleaned to a satisfactory standard.

Staff felt the staffing levels were sufficient. There was four care staff on each day time shift. A fifth staff member was provided for one to one support for one person on the days they were at the home. Two waking night staff were provided at night. The home had four full time carer vacancies and used regular agency and bank staff to cover the vacancies. They continued to recruit into the vacancies. The registered manager and deputy manager assisted on shift when required and provided back up on call support.

Some relatives thought the staffing levels were sufficient. However the majority of relatives spoken with told us there was a high turnover of staff and a high use of bank and agency staff. Some relatives felt the quality of the agency/ bank staff was poor. They felt this impacted on the regular staff working with them as they ended up having to do everything. One relative commented "The quality and quantity of agency staff is damaging".

Relatives told us they felt reassured when the registered manager and or deputy manager was on duty. However they worried about their family members at weekends and evening when there was no management presence in the home.

During the inspection we saw delays in people having their care needs met such as getting the required support with their meals in a timely manner. This was due to poor delegation of tasks and organisation of the shift as opposed to lack of sufficient staff being available. There was a delegated shift leader each shift and tasks were recorded as allocated on the handover record. However staff did not work as a team. They failed to carry out the duties delegated to them in a timely manner which impacted on meals, medicine administration and activities. Throughout the course of the inspection the registered manager regularly assisted to try and address the delay in people getting their meals and going to college. After the inspection

the registered manager confirmed they had reviewed the shift leader role in an attempt to promote more cohesive team work.

It is recommended the provider reviews their staffing levels to ensure staff are deployed effectively to meet people's needs in a timely manner. They also need to consider how they manage the staff vacancies to provide consistent care to people.

Staff told us they had completed an application form and attended for interview, as well as a visit to meet people before they were offered the post. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with adults. Two recruitment files were not available in the home but were provided by day two of the inspection. In one of the staff files viewed a reference was obtained from a company not referred to on the staff member's employment history. On another file a staff member had obtained both references from the same company. These issues had not been picked up and explored with the staff member to enable the provider to satisfy themselves of satisfactory conduct in previous employment. All of the files contained a completed medical questionnaire. Two of the files viewed did not contain a recent photograph as proof of identity. We were told this was because those staff were new to post. The provider confirmed after the inspection this had been addressed.

The home used regular agency staff. They had obtained confirmation from the agency that the agency had carried out a Disclosure and Barring Service (criminal records check) and obtained two references for each staff member. They provided the home with a profile of each staff member which included a photograph.

Is the service effective?

Our findings

Some relatives thought staff were suitably trained whilst other relatives did not feel this was the case. Some relatives felt the agency staff definitely did not have the required skills and training. Relatives told us "I do not feel confident staff have the specialist skills to support individuals and hence why some episodes of challenging behaviour was displayed". Another relative told us of an incident where a staff member provoked a situation by pointing their finger in their family members face. We fed this back to the registered manager to explore further and for the provider to consider what action was required.

New staff told us they had initially worked in a shadowing capacity alongside other more experienced staff to support them to get to know people's needs. They confirmed they had completed an in house induction and were enrolled on the care certificate training. The Care Certificate is a recognised set of standards that health and social care workers adhere to in their daily work. This involves observations of staff performance and tests of their knowledge and skills. Whilst new staff were enrolled on the Care Certificate training they had not started the training.

Three of the four staff files viewed included an induction checklist. It was a basic induction into the home as opposed to the role. Two were completed and one was still in progress.

Staff told us they felt suitably trained and were aware of their roles and responsibilities. They told us the training consisted of e-learning and some face to face training for example moving and handling and management of actual or potential aggression (MAPA) training. However staff practices observed in relation to infection control and providing person centred care indicated staff had not learned from their training. There was no formal training into the shift leader role either. This was evident in staff's inability to manage the shift effectively in that tasks were allocated but staff members did not take responsibility for them. This meant there was delay in people getting their meals, going to college and been adequately supervised and supported.

We looked at the staff training matrix. The training matrix did not outline the frequency of the training. There were gaps in the training the provider considered to be mandatory such as safeguarding, infection control, first aid, Mental Capacity act 2005(MCA), Deprivation of Liberty Safeguards (DoLS) and moving and handling. No staff had fire safety or food hygiene training even though staff were responsible for fire safety on shift and cooked meals for people. There were also gaps in specialist training such as learning disability, autism, epilepsy, intensive intervention and MAPA training. This meant staff did not have the required training to meet people's needs

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

People were supported by staff who had supervisions (one to one meeting) with their line manager. New staff had probationary reviews and other staff had annual appraisals of their performance. Some probationary reviews and appraisals were due and some were booked. Staff told us they had regular supervisions and felt able to raise any issues that concerned them. We looked at supervision records and

saw supervision of staff was taking place. During induction the registered manager or deputy manager carried out a series of observations of the staff member practice. Any issues identified were highlighted and actions agreed. During the inspection the registered manager decided to extend those observations of practice to all staff to address poor practice and take the necessary action.

Relatives told us the food provided seemed varied and included fresh meat and vegetables. They told us they felt reassured that their family members were weighed regularly. People's care plans outlined the support they required with their meals, however we observed the right support was not always provided.

Guidance from the dietitian and speech and language therapists were referred to and incorporated into people's care plans. The home had a three week menu. Pictures were used to enable people to make food and drink choices. People were able to choose an alternative to what was on the menu if they did not like what was on offer.

People were weighed monthly and changes acted on. Specialist diets were catered for and people who required it had thickeners in their drinks. One of the four staff spoken with told us the three people who had thickener in their drinks all had it of the same consistency. This was not the case. This was fed back to the registered manager to ensure the person's safety was promoted. Guidance on how each individual's drink should be prepared was displayed on the inside of the cupboard that contained the thickener. This also acted as a prompt for staff to ensure they used the correct amount for each person.

It is recommended the provider ensures all staff are aware of people's individual guidance on use of thickeners in drinks to promote their safety.

We observed two mealtimes. Both were chaotic and disorganised. This was because people were left waiting and did not eat together, staff were involved in more than one task and no one staff member seemed to be taking responsibility for the meal. Staff were able to eat with the people they supported. However during the inspection staff did not eat at the same time as people and did not promote the homely family environment that was intended. This was fed back to the registered manager to address.

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. None of the four staff we spoke with had been trained in the Mental Capacity Act 2005 (MCA) and therefore lacked knowledge on how it related to the people they supported. Care plans outlined whether people had capacity or not. The registered manager told us they had not received reminders for people to attend health screening. They did not know if the decision was made for them not to attend. They agreed to follow that up to ensure people had access to regular screening and any decisions not to attend screening were made in a best interest meeting.

People can only be deprived of their liberty so that they can 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 and whether any conditions on authorisations to deprive a person of their liberty were being met. None of the staff we spoke with had been trained in DoLS. Two of those staff had some knowledge of what it meant for the people they supported. The other two staff had no understanding. Applications had been made to the Local Authority for people who required it. The registered manager had a list of which had been approved, pending and required renewal.

Relatives told us their family member's health needs were met. One relative commented "They took the effort to sort out "X"s appointments with the relevant professionals.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, podiatrist and opticians. People were supported to attend health appointments. Referrals were made to appropriate health professionals when required. Records showed guidance from health professionals were implemented and incorporated into care plans. People had a care plan which outlined the support they required to meet their health needs. They had a hospital passport in place which outlined key information on people such as their next of kin, medicines they were prescribed, medical history, what was important to that person including their communication needs. The provider confirmed these were under review and being updated.

Is the service caring?

Our findings

Relatives told us they thought staff were caring. Some relatives described staff as "Kind, caring and gentle". One relative told us "Some staff could be curt and not very welcoming". Other relatives told us some staff seemed disinterested in their role. One relative described staff as "Lazy and not willing to put the effort in". They gave examples where their family member was not always dressed smartly and their clothes were not ironed and presentable. During the inspection people were nicely dressed and presentable.

We observed both positive and negative interactions between staff and the people they supported. We observed positive interactions where staff distracted and supported people who displayed behaviour that challenged. They were gentle, firm but reassuring in their interventions with them. The registered manager supported a person with their meal. They sat opposite the person, gave good eye contact and engaged positively with them throughout.

We observed negative interactions on both days of the inspection. Staff were required to fully assist a person with their meal. The person was unable to communicate verbally with staff and relied on staff to provide them with full assistance. One staff member started supporting the person with their meal but then asked another staff member to take over. They failed to give the person an explanation as to what was happening and why. Staff supporting the person with their meal failed to engage with the person they were supporting. They failed to provide the person with any explanations as to what they were doing and went from giving them their food to a drink without telling them. Staff talked, laughed and engaged with other people and staff in the room as opposed to making any attempt to engage with the person they were supporting. They stood over the person to give them their drink as opposed to sitting next to them.

We heard staff refer to people as "Good girl" and "Sweetie". We heard a staff member say "Yummy" and then make faces at the person whilst supporting them with their meal. We saw another staff member grab the tomato ketchup off a person and stated loudly "That's enough". Another person had a medicine patch removed and applied without any explanation. The staff member came up behind them and carried out this task without considering the impact of their actions on the person.

We saw staff did not clean a person's mouth after their meal and walked past the person on several occasions without seeing the need for that. Staff failed to put shoes on a person despite being asked by the deputy manager to. The person walked around without shoes on for up to 40 mins.

The training matrix indicated none of the staff were trained in dignity in care. This was reflected in their poor practice.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because staff failed to treat people in a caring and compassionate way and did not promote their dignity and respect.

Some relatives told us staff used communication aids and signing to communicate with their family

member. Other relatives felt some staff's English language was poor and therefore that made communication on all levels difficult and especially for their family members who had communication difficulties.

A professional involved with the home commented "One of my clients uses sign language and I believe staff would benefit from training about communicating better with them, I believe they try their best but it would improve communication with my client".

People's care plans outlined their communication needs. Throughout the inspection we saw staff used picture cards and signing to promote communication. This enabled people to make choices in relation to food, drinks and activities. On occasions the picture cards were put down in front of people. It seemed more task orientated rather than staff understanding the purpose and benefits of using the cards to promote communication and person centred care. Three out of 13 staff were trained in communication passports. A further five staff were booked on that course in January 2017.

The service had one person who used their own signs to communicate. Staff had worked with the relative in learning the signs to enable them to communicate with the person. During the inspection we saw staff understand the person's needs. The person had sheets of paper with pictures on to further support their involvement in making choices, decisions and being understood.

It is recommended the provider ensures staff have the required skills and be encouraged to use the required aids, props and signing consistently to promote people's involvement in their care.

At the time of the inspection the home had no advocacy involvement. The registered manager confirmed if it was needed they would complete a referral form and send it to POhWER Advocacy Service. They are an organisation that provides information, advocacy and advice services throughout the country.

People's care plans did not make reference to an end of life care plan. However the registered manager confirmed this was being developed for one person and then put in place for others in conjunction with family members.

Is the service responsive?

Our findings

Relatives told us their family members were assessed prior to admission to the home. One relative told us their family member had not progressed in behaviours or skills since being at the home. The relatives were considering what options were available to them.

The service had increased the number of beds from six to ten. Therefore there had been three new admissions over the year. We looked at the most recent admission. There was no evidence of an assessment on file. The registered manager told us the transition to the home was quick. They confirmed they had visited the person prior to them moving to the home but there was no record of that. They had been provided with the persons support plan from their previous placement. They used that information to assess the person needs and implement care plans and risk assessments.

During the inspection we were informed that a person was being admitted the following day for respite care. We asked what assessment had been carried out on that person. The registered manager confirmed they had not assessed the person but that the operations manager had agreed to the admission. We asked what information had they received on the person and at that point they had no information. This meant the registered manager was prepared to accept an admission into the home without an awareness of their needs or risks. The registered manager contacted the care manager who confirmed they had sent information on the proposed individual to the operation managers and agreed to send it again to the registered manager.

The homes statement of purpose made reference to the assessment process. It indicated that the home receives new residents following a full and comprehensive assessment by the operations manager and or the care services manager. It also indicated that the home does not usually receive emergency admissions although if one is requested the usual pre admission assessment is completed and they consider the balance between the urgency of the referral and the need for compatibility.

The organisations policy on assessment of service users indicated that in order to find relevant information about a service user's disability there is a need for an assessment obtaining reliable subjective information about the service user and the degree of their disability. It indicated the information could be obtained through different methods and that the service user's personal case history, care managers assessment and information from families could be good sources.

The records viewed and the discussion with the registered manager on the proposed admission indicated that a pre admission assessment was not routinely carried out and there was no pre admission assessment document in place either to promote this practice. This meant the provider was not fully assessing people to ensure the service could meet their needs.

People had care plans in place. The care plans contained duplication of information throughout. Therefore they were not clear on the support people required. In some care plans guidance was provided. The guidance was more specific than the detail in the care plan. It outlined the support required to manage

behaviours that challenged, support with meals and communication with individuals. One person's care plan made reference to a seizure protocol which was not included in the care plan.

Staff practice and discussions with some staff indicated staff were not always aware of how individuals were to be supported. Subsequently we saw some people were not supported in line with their care plan. Throughout the inspection we saw people were given choices in relation to food, drinks and activities. However some staff were not responsive to people's needs whilst other staff were doing a number of tasks at the same time. For example one staff member was cooking, making drinks, supporting people with their meal and responsible for medicine administration. As a result there was no continuity for people in the care being provided. Other staff disappeared at meal times to do other tasks such as laundry which could have waited till after the meal. Some staff appeared to lack enthusiasm, motivation and commitment to their role and responsibilities.

The provider was in the process of implementing new care plans across the organisation and that was still work in progress.

Care plans were kept regularly reviewed but they lacked content. They showed no evidence of people or their relative's involvement in them. People had regular reviews which included their relatives. Relatives confirmed they were invited and involved in reviews. One relative told us they had input into their family members care plan. Other relatives told us they assumed their family member had care plans but they did not contribute to them.

We were told people had a keyworker. A keyworker is a named staff member who works with a person in supporting them with their care, planning activities and act as liaison between the person and their family member. Staff were aware they had been delegated as a keyworker to a person. Some staff understood their role whilst others were unsure. Most relatives told us their family member had a key worker. One relative told us their family member did not have a keyworker. Most relatives told us they did not have regular contact with the keyworker and had not built relationships with them. Therefore the keyworker role was not established and imbedded in practice.

These were breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Some relatives told us their family member had access to a good range of activities. Other relatives told us staff did not seem to initiate activities especially at the weekends. Some people had access to activities, work placements and college. Others were less actively involved in activities. The registered manager had introduced an individual daily activity record. This was to enable them to assess the frequency and variety of activities taking place and consider how that could be improved. During the inspection some people went shopping, cycling and to college.

Relatives confirmed they had not been provided with a copy of the complaints procedure. However they said they would talk to the registered manager and or deputy manager if they had any concerns or issues. They also felt able to ring head office. Relatives felt issues raised were generally addressed. The complaints policy was not available in a user friendly format. The provider was already aware of that and addressing it. A system was in place to log complaints. It was not clear from the log of complaints on the action taken and outcome.

It is recommended the provider ensures people and their relatives are provided with a copy of the complaints procedure and that the log of complaints is reflective of the action taken and outcome.

Is the service well-led?

Our findings

The provider had a quality monitoring policy in place. It outlined the provider would carry out monthly quality audit visits and the registered manager would complete annual audits. The operations manager had carried out a monitoring visit in May 2016. The registered manager confirmed none had taken place since that time. We saw actions from that visit were still outstanding. The operations manager had introduced a medicine audit. They were reviewing accident and incidents reporting to ensure trends in accidents and incidents were picked up. The registered manager told us no other audits were taking place. The operations manager confirmed a health and safety audit had been developed and an infection control audit was being worked on. They also informed us that a new human resources manager had been appointed who would audit staff files and that a self-audit tool was being developed which would take time to complete.

Resident meetings were not taking place. The registered manager confirmed this was because people were not able to be involved and contribute to them in a meaningful way. The service had not considered other ways of seeking people's views.

Records were maintained of the meals eaten and drinks taken. Fluid charts were maintained for the people who required it. Positioning charts were in place for people who required to be moved regularly. However these records were not consistently completed which indicated people were not getting regular meals, drinks and their position changed as required. The registered manager had identified staff were not completing records properly. They had liaised with the Quality In Care team to work with staff to improve this aspect of recording. The Quality in Care team are employed by the Local Authority to work with providers to improve aspects of their services.

Other records such as care plans, assessment document, complaints log, staff files, cleaning schedules and medicine records were not suitably maintained and fit for purpose.

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

The registered manager is required to notify CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. During a discussion with a relative we were informed of an incident involving the police. There was no notification sent to the commission regarding that incident. During discussion with the registered manager they confirmed this had been overlooked.

This was breach of Regulation 18 of the Health and Social Care act 2008 (Registration) regulations 2009.

The statement of purpose which described how the service would operate, did not indicate the provider would offer respite care to people and how that would be managed. However we were told the new prospective admission was coming in on respite care which meant the statement of purpose was not reflective of their practice.

It is recommended the provider keeps the statement of purpose under review and up to date to ensure it reflects the service provided.

Staff told us they believed the home was well managed. They told us the registered manager was accessible, approachable and they felt able to raise any issues with them. Monthly team meetings took place and staff were encouraged to contribute and be involved in them. The registered manager was supported by the operations manager and had access to monthly managers meetings.

Relatives felt the home was well managed but some relatives were concerned about the way shifts were run and managed when the registered manager or deputy manager was not on duty. They told us the registered manager was "Accessible, approachable and welcoming". A relative commented "The home is managed with a firm hand and the manager seems to know what is going on". Another relative commented "If the manager sees something is wrong she points it out to staff. The manager has a good rapport with clients and know how to manage people's behaviours and gets results".

We found the registered manager to be personable and accessible to people. They had built good relationships with the people they supported and their relatives. They had a number of new people admitted over the year and were struggling to cover staff vacancies. They had identified some shortfalls in staff practices which they were attempting to address. They had involved the Quality in Care team to support them with that. They were the registered manager of another location but told us they spent most of their time at this service. After the inspection the provider sent us a notification to remove the registered manager as the registered manager of the other location. They confirmed they made that decision to enable the registered manager to concentrate on addressing issues within this service.

Relatives told us they were given the opportunity to feedback their views about the home and the quality of the service provided. They were able to do this in reviews and felt able to ring the registered manager at any time if they needed to. They confirmed they had completed an annual survey. We saw an annual survey was carried out in August 2016. This indicated staff were happy working at the service and relatives were happy with the care being provided. An action plan was in place to address areas for improvement.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents This was because the provider failed to make the required notification to the Commission.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care This was because pre admission assessments were not routinely carried out to enable the provider to satisfy themselves they could meet people's needs prior to their admission. Care plans were not clear and designed to make sure it meet all the identified needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect This was because staff failed to treat people in a caring and compassionate way and did not promote their dignity and respect.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment This was because safe care and treatment was not consistently provided. Risks were not identified and managed including risks associated with infection control.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

This was because the provider failed to ensure records were up to date, fit for purpose, accessible and failed to have effective systems and processes established to assess and monitor all aspects of the service they provided.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

This was because staff were not suitably inducted, trained and supported into their roles. Where staff had received training they were unable to recall or relate the training to their practice.