Tracs Limited

Byron Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was the first inspection since the service was registered with the Care Quality Commission.

Byron Lodge is registered to provide accommodation for persons who require nursing or personal care for up to 14 people. There are 12 rooms that are bedsit style apartments and two bedrooms. At the time of the inspection 13 people were living at the service.
This inspection was unannounced and took place on 19 and 23 October 2017

A registered manager was 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.

Quality assurance systems were in place to assess, monitor and mitigate risks relating to the health, safety and welfare of people. However, concerns with rota management led to high turnover of staffing and agency staff being used.

Staff were aware of the signs and symptoms of abuse, how to report concerns and who they would report to. There was a whistle blowing policy in place and staff were aware of the policy and were also aware of the safeguarding policy.

People did receive their medicines as prescribed and a new system for the administration of medication had been introduced to reduce errors being made. Furthermore, we found the provider had not ensured the person who completed staff competencies had received the necessary training to perform this task.

There were robust policies, procedures and risk assessments in place in relation to health and safety and fire safety.

The principles of the Mental Capacity Act and Deprivation of Liberty Safeguards were being followed and referrals had been made in a timely manner.

Staff were kind and caring to people living at the service. They were knowledgeable about the person and their needs and followed agreed plans of care and strategies devised.

Staff received training in Acquired Brain Injury (ABI) and dealing with challenging behaviours. The provider needs to ensure that all staff receive fire safety training and training related to health conditions such as diabetes. Staff said they felt better supported since the interim deputy manager and interim senior care worker joined their service.

Complaints were addressed in a timely manner. We saw that feedback was sought from people, staff and

professionals.

Recruitment processes were robust and safeguarded against unsuitable people obtaining employment at the service.

The staff team said there were improvements to the management of the rota which meant that staff were clear on their hours of working and people living at the home could be better supported

Care plans and risk assessments were detailed and gave good guidance for staff in supporting people and were regularly reviewed.

At this inspection we found three breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the management of medicines and good governance. You can see what action we have told the provider to take at the back of the full version of this 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.

Medicines were not always safely managed. Procedures were not fully developed in relation to "when required" medication. There was not a clear structure and training for checking the competency of staff administering medication.

All health and safety checks of the service were found to be completed within the appropriate time scales. We recommend that all staff should receive training in fire safety.

Risks to people were identified and actions developed to minimise the risk. Staff members were knowledgeable on actions necessary to reduce risk.

Is the service effective?

Good

The service was effective.

People's mental capacity had been assessed and best interest decisions were made where people lacked capacity. The home worked within the principles of the Mental Capacity Act and the staff enabled people to make day to day choices.

The service provided training specific to Acquired Brain Injury (ABI) to the staff team. Challenging behaviour training was also provided to all new employees. However we found, fire safety training and diabetes training had not been provided to all employees.

Staff were knowledgeable on the people they supported and knew the information stated in the care plans and risk assessments of people they supported.

Is the service caring?

Good

The service was caring.

We saw people were treated with dignity and respect.

We saw positive interactions with people using the service and staff knew the needs of the people they supported.

The service offered different ways of communication with the people they support

Is the service responsive?

Good

The service was responsive.

Support plans were individualised and were regularly reviewed. People were encouraged to set goals for their on-going support.

There were guidelines in place to reduce peoples anxieties and prevent challenging behaviour .

Complaints were responded to in a timely manner and positive outcomes sought

Is the service well-led?

Requires Improvement

The service was not always well led.

A high turnover of staff and high agency usage had meant the service didn't always offer continuity of care to people living at Byron Lodge.

The provider had identified the concerns around staffing and put in plans to rectify the situation and manage the service going forward. The staff team said there was improvements to the management of the rota which meant that staff were clear on their hours of working and people living at the home could be better supported.

We saw regular audits in place which contributed to the health and safety management of the home.

Policies were in place and staff aware of them. They were reviewed regularly.

Byron Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 19 and 23 October 2017 and was unannounced. The inspection team consisted of two inspectors on the first day of inspection. One inspector returned for the second day of inspection.

The provider had completed a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information that we held about the service including notifications. A notification is information about important events which the service is required to send us by law.

We contacted the local authority commissioning and safeguarding teams as well as the local healthwatch board and infection control. They did not raise any concerns about Byron Lodge.

During the inspection we observed interactions between staff and people who used the service within the communal lounge and two people showed us their bedrooms. We spoke with seven staff members, the registered manager, an interim deputy manager, an interim senior carer and four care staff. We spoke with five people who used the service and two relatives. We looked at records relating to the service. This included four care records, three staff personnel files, daily record notes, medication administration records (MAR), staffing rotas, training and supervision records, minutes from staff meetings, maintenance records, quality assurance systems, incidents and accidents records, policies and procedures and compliments and complaints records.

Requires Improvement

Is the service safe?

Our findings

All the people we spoke to said they felt safe living at Byron Lodge, one person said, "I feel safe with the staff." One relative we spoke to said "[person's name] is safe and happy living at the home." Another person living at the service said "I feel safe, I can talk to [staff members name] like a mum, the staff are helping me to go out alone and they advise me on how to keep my things safe." Another relative told us "I know that my father is safe and well looked after."

Staff had received training in safeguarding vulnerable adults and knew what action they would take if they witnessed or suspected abuse had taken place. They could describe the signs and symptoms of abuse and were confident that the registered manager would act on any concerns they had.

Staff told us that most people's money was kept in a safe in the office. One person said, "I'm happy staff keep my money; it's safer." They also said that staff would give them their money when they wanted it and when they were going out. A financial capability assessment and risk assessment was in place for people living at the service to ensure peoples finances were safely managed.

The registered manager told us that all staff had access to the safe via a key and a security camera was constantly in use monitoring the safe. The camera was linked to a monitor in another room. These measures were introduced following the theft of money. This had been fully investigated by the provider and appropriate actions have been taken to prevent a re-occurrence.

Each person living at Byron Lodge had an Acquired Brain Injury (ABI) support plan which included how each person liked to take their medication.

The registered manager told us they planned that people's medicines were going to be stored in a secure medication cabinet in their own room in the future. This was because the service had recognised the system for administering medication needed improving and was in the process of implementing these changes.

People said they received their medicines as prescribed. One person said, "I take diazepam at night." The interim senior care worker said they had reorganised the medication since they had been working at the service. Previously there were individual blister packs for each tablet and separate boxed medicines and these were loosely stacked in the medicines cupboard and were not always in order. As a result we found all tablets for each person were contained in the person's individual blister pack which was clearly named and reduced the risk of mistakes being made. The only boxed medicines now used were medicines such as paracetamol that were not prescribed as a regular daily dose.

The medication administration record (MAR) had been fully completed and showed that people received their oral medicines as prescribed. However, the MAR for the administration of creams was not always signed when cream had been administered. Staff reported that they did apply creams when required but an accurate record was not kept.

We observed that there wasn't always a clear audit trail of the amount of "when required" medication that had been administered. Stock levels did balance correctly according to the number of tablets recorded as being given. However medication wasn't always being carried forward onto the MAR which meant boxed medication could only be audited though a manual count and this was not always being done. This meant the service did not have sufficient oversight and procedures in place for the receipt recording and management of medicines which increased the risk of medication errors occurring.

We also saw that there were no body maps in place or clear directions for the safe administration of topical creams and lotions and we brought this to the registered manager's attention.
On the second day of our inspection, we saw the service had introduced body maps which included clear instructions on the administration of creams and lotions and an additional protocol to monitor the usage of "when required" medication was also introduced.

We saw some people had no access to medications for short term ailments such headaches, a sore throat or cough which do not need to be prescribed by a GP but require the service to take advice from the GP for their individual use. We brought this to the registered manager's attention who advised us when we returned on the second day of inspection, that they had discussed this with a GP who agreed that people could access pain relief from the provider's homely remedies stock which would be safely stored in the medication trolley.

We saw that there had been recent mistakes made during the administration of medication by some staff members. There had been no harm caused to any person at Byron Lodge but the staff members involved had been temporarily removed from administering medication pending further training and observation. The interim senior care worker was also in the process of training new staff in the administration of medication. There was an administration of medication work book which staff needed to complete followed by five observations. An additional e-learning course was also completed.

Although the interim senior care worker was in the process of training new staff in the administration of medication, we were told that the permanent staff member designated the task of assessing other staff members competencies had received no formal training to do so. Another staff member with responsibilities for medication reported that they hadn't had their practice observed and competency checked. They told us that if they need to know anything, they will ask the registered manager.

Medicines were not managed safely and the provider did not assure themselves that the staff they deployed to carry out this task was competent to do so. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities 2014

We saw that one person had been refusing medication regularly and a referral had been made to the community mental health team to review the medication. This meant the provider was proactive at ensuring people received further support from health professionals when appropriate.

There were weekly checks in place to ensure the medication trolleys and administration areas were clean and tidy, any empty boxes were disposed of. Room and fridge temperatures were checked daily and the expiration dates of medicines were reviewed.

We observed that one person required support to manage their stoma. A stoma is where an opening is made in your abdomen which allows a person's waste to be passed out of the body. A stoma change chart was in place and the care plan stated that it needed to be changed every three days as it has not been ordered in a timely fashion. However, on one occasion, the service has run out of stoma bags which meant there was a

one day delay in changing it. This could have an adverse effect on the person's physical and mental health.

The provider did not ensure this person's stoma care was safely managed. This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

From the three staff personnel files we viewed, we saw the required checks had been made including a Disclosure and Barring Service Check (DBS) and two references, one being from the most recent employer. The files contained an application form which included a full employment history. The registered manager told us that if someone declares a conviction and is successful at interview, the service completes a positive DBS risk assessment to assess if the person is suitable to work with vulnerable people.

Throughout the inspection, we observed that there were enough staff on duty to meet the assessed needs of people and there was support available to attend activities in and outside of the service. There were nine staff on duty on the dates of the inspection and rotas showed this was common during the week. The interim deputy manager who completed the rotas said the staff numbers fluctuated at the weekends as some people went home. There was two waking night staff on duty each night.

Some of the staff we spoke with said there weren't always enough staff on shift. The service had experienced some difficulties with recruiting staff and required the use of regular agency staff when required who were named on the rota. The agency staff received the same induction that a permanent staff member would receive; however recent staff recruitment meant agency staff would reduce over the next few months. The registered manager told us that they encourage agency staff to become permanent staff employed by the home if they are suitable. From our observations, there was enough staff on duty on the dates of inspection to meet the assessed needs of people in a timely manner.

Each person living at the service had a named staff member to support them for the day. This was indicated on a whiteboard in their bedroom. Staff could be 'named' for more than one person each day as people did not always require 1:1 support. This meant that people knew who was supporting them and each person received the support they required

We saw that on a day when a person had absconded whilst being supported to access the community by agency staff. The service had reflected on this and said going forward; they would always allocate a regular staff member who were fully aware of the persons needs to support them when they went out.

The Acquired Brain Injury (ABI) support plan was detailed and included risk assessments for those at risk of alcohol misuse, absconding, self-harm and suicide and aggression. Social inhibitions and behaviour management were detailed in the ABI support plan and there were detailed plans to support those to abstain from drinking alcohol which had been agreed with the person themselves.

We saw a checklist for staff to complete before one person accessed the community alone. This included that the person had been calm for a period of two hours beforehand, their mobile phone was charged, a description of what they were wearing was taken before they left and what time they would return. This meant that the service encouraged and supported people to remain independent whilst managing risks and maintaining peoples safety.

Risk assessments included any previous history of behaviours and a description of the current risk, antecedents, consequence and the management plan. They were reviewed every six months or more often if required. Support plans were reviewed monthly. The risk assessment of one person who had recently absconded had been reviewed and measures were put in place to minimise this occurring again.

One person had a positive behaviour support plan in place. This detailed the potential behaviours, triggers and de-escalation techniques to be used. The local shop had been made aware of how to greet people who lived at the service to prevent people becoming agitated, which meant some people could go to the shop unsupported as part of their support plan. Another person told us about their risk assessment that they had developed with staff to enable them to independently access the community. This risk assessment agreed the times and places the person would visit and how much money they carried. The person understood the agreement and was pleased that they would be able to go out alone to maximise their independence.

We saw one person who was at high risk of absconding, had a missing persons profile. The profile identified the risks that could occur to the person should they abscond. When speaking to the registered manager, they said that after the person recently absconded, a multi-disciplinary meeting (MDT) had taken place and a decision made in the best interest of the person was for a staff member to discreetly follow the person when they went out, this was after the person had not followed the agreed support plan.

We saw all equipment had been serviced according to the manufacturer's instructions. There were internal checks of the fire alarm system, emergency lighting, nurse call alarm and water and room temperatures. We viewed servicing certificates which were in date for gas, fire alarms, emergency lighting, carbon monoxide monitoring, hoists, passenger lift and an assisted bath. Fire drills and full evacuations of the service were held at three monthly intervals for staff working on days. There was no record of night staff attendance for fire drills and evacuations. There was a fire risk assessment in place completed by an external provider and all actions had been completed other than one which had been referred to the central maintenance service of the organisation and there was no date available for when this would be completed. However, this did not pose a health and safety risk to people living at Byron Lodge.
All rooms had window restrictors in place and these were checked daily. This should help to ensure people were safe living at the service

The provider had completed a legionella risk assessment and the registered manager told us that any rooms not in use were flushed in line with the provider's legionella risk assessment. Samples of water had been tested for legionella and we saw that shower heads were cleaned in line with the legionella policy. We saw documented evidence that this was completed. This helped to prevent people being at risk of legionaries' disease.

There were nurse call points in all rooms, bathroom and communal areas. Some bedrooms had movement sensor equipment which would alert staff that someone was out of bed and call logs could be monitored to ensure they were answered in a timely manner. This assisted in a person summoning help quickly in an emergency.

A daily plan was used to ensure that all infection control and health and safety procedures had been addressed such as management of clinical waste, moving and handling equipment checks, Personal Protective Equipment(PPE) for example, gloves and aprons and room checks. It also documented any changes in medication for people.

We saw there was a dedicated folder for night staff which included policies and directions to staff to familiarise themselves with, such as fire procedure and how to manage the fire alarm, any correspondence for night staff and night staff health assessments. Personal Emergency Evacuation Plans (PEEPS) were kept for each person to guide staff on the support required to leave the building in an emergency.
We saw that five staff from 24 staff members had received training in fire safety. Daily checks were also in place to monitor fire risks. We recommend the provider ensures all staff receive training to support staff with managing any emergencies within the home.

The home was clean throughout.

Good

Is the service effective?

Our findings

All the people we spoke with said that the staff team knew them well. One person said "I like the staff team, they know me, I get sad when people leave."

The registered manager told us that staff received acquired brain injury training and specific training tailored around the people the service supports, delivered by an in-house neuro therapist. There was a computerised record of this but training certificates were not available to further evidence this. The registered manager was advised to obtain certificates for all who had undertaken the training as we could only see evidence of this training on the online training record. Staff we spoke to told us they did receive training around acquired brain injury.

Staff were receiving regular training and the manager told us that the online training system highlighted when training was due to be refreshed. Training courses completed included equality and diversity, medicines awareness, pressure area care, moving and handling, safeguarding and health and safety.

We found however that five staff from 24 staff members had received fire training and one staff member had received training in the management of diabetes. There were people at the service living with diabetes and although this was being managed, training would assist the staff team in gaining more knowledge.
We saw that staff received training in Studio three challenging behaviour training as part of their induction. This is a method of distraction and breakaway techniques for staff to use when supporting people who may display behaviour that challenges the service

We saw that new staff completed an induction which was linked with the care certificate. The care certificate is a set of standards that health and social care workers stick to in their daily working life. It is the minimum standards that should be covered as part of induction training for new care workers. The staff told us on commencing employment, they would shadow an experienced member of staff for two weeks, however, the induction plan did not confirm this. Agency staff were given an overview of the home before they worked at the service. Staff employed to work nights completed a two week induction on days before shadowing over two nights to ensure they were able to get to know people and their needs.

We saw supervisions were completed regularly and an annual appraisal was completed for all staff. Staff were able to make suggestion's, provided with feedback about their performance and given the opportunity to raise any issues they may have. This meant that staff had the supervision and support to carry out their role

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

We saw that people had their capacity assessed as part of their initial assessment. We saw that Byron Lodge had made appropriate DoLS applications and had requested DoLS reviews in a timely manner when people's situations changed. Staff we spoke to were aware of who had a DoLS in place and what conditions were attached to them and any actions that needed to be worked towards. This meant the service was working within the principles of the MCA.

We saw that people had their weight monitored weekly or monthly, dependent upon their assessed risk of malnutrition. The Malnutrition Universal Screening Tool (MUST) scores were used to calculate risk and nutritional support needs were identified in the ABI support plan. We saw that people were registered with a GP and medical appointments were made when required. We also saw that the home sought support from a dietician when weight loss had been identified and appropriate measures were put into place to manage any concerns.

Care plans identified where people were at risk of pressure areas and the action taken to minimise the risk such as the use of pressure mattresses, daily checks of skin integrity and regular repositioning. We saw that referrals to District Nurses were made on any concerns being identified.

Hospital passports were in place detailing what hospital staff must know, what's important to the person and their likes and dislikes. The document wasn't dated so it was unclear whether the information was current.

We saw that the living quarters within Byron Lodge had kitchen facilities and we noted these had been adapted to meet the needs of anyone using a wheelchair. There was an accessible bath with a ceiling track hoist and some rooms also had ceiling track hoist facilities

People living at Byron Lodge told us that they were provided with a choice of different foods and they helped to cook meals. Some people cooked for themselves in their own apartments and staff checked food temperatures for safety.

We saw that the service was well maintained, modern, good lighting and well decorated throughout

Good

Is the service caring?

Our findings

People we spoke with said they liked living at the service saying, "I do alright here", "I like it here, I can go shopping." "I'm happy with the staff" and "it's calm here, there's not a lot of shouting."

Comments received from people's family members included 'The staff are brilliant" and "the [registered manager] is approachable, the staff are lovely, I feel that [name] is looked after, I have no worries."

We observed positive and kind interactions throughout the day. People were offered choices as to what time they wanted to get up, where they would like to sit, what they would like to eat and how they wanted to plan their day. One person was being supported to play a game which they liked to play daily and staff were found to be communicating with the person as described in their care plan. We saw staff use techniques to distract people if they became anxious.

The main aims of the service were to retain independence and support people to develop skills to enable them to move onto a more community based support setting. We observed that people were treated with dignity and respect. People were communicated with in a sensitive manner that they could understand and given time to respond. We saw that staff encouraged people to maintain their independence.

The service had access to an occupational therapist, dietician, neuro support and the speech and language team through private arrangements. The occupational therapist visited each Saturday to work with people and show staff how to support people to gain skills which could assist them to live independently in the future.

People were supported to be involved in daily living tasks such as cleaning their own rooms. Some people were independent with these tasks. People were able to personalise their room as they preferred.
There were people at the home who used British Sign Language (BSL). We saw that staff had learned some sign language and were using picture cards to aid communication. We saw that the service used an external provider who supplied staff to work at the service that could use BSL. This was because the service was unable to recruit staff with a BSL qualification. The registered manager told us that they have reviewed the wage structure to enable the service to be able to recruit staff with a BSL qualification. We saw that one person used communication mats. This was a mat with a smiley face, unhappy face and undecided face on. Cards could also be used to express if the person was happy, unhappy or wasn't sure about something.

Each care file we viewed had a one page profile which gave staff a brief overview of the person, their likes and dislikes and brief advice on supporting them.

Staff we spoke with were knowledgeable on the care and support each person required and were able to describe their support needs.

There were photo boards of the staff team to enable people to see who was working at the service.

Staff told us that family and friends could visit the service at any time. We observed family members visiting throughout the inspection and staff told us that some people living at the service return home at the weekends and go on holiday with their families.

We saw that the service had produced an easy read newsletter in August 2017, the document introduced new staff, displayed information about the Care Quality Commission (CQC) inspections, included photos of trips out and activities at the home, employee of the month and service user of the month. The service planned to produce this document regularly.

Good

Is the service responsive?

Our findings

We looked at four care files and found they included detailed, personalised information that captured people's assessed needs. There was information about people's diagnosis, peoples preferred ways of being supported and it also identified details of techniques for staff to use to reduce peoples anxieties.

We viewed one person' support plan which documented the person's individualised support needs and highlighted their routines and activities. The plan included details of their brain injury, the background of the person, their likes and dislikes, support needs and what the person could do for themselves, for example, cooking a meal or attending to their own personal care. The plan encouraged people to identify particular goals that people wanted to work towards, for example, gaining independence skills to enable a person to move into the community. The ABI plan gave clear direction on how staff should respond when supporting people, for example, staff were directed not to ask particular questions to a person which may cause them anxiety and if they were playing a game with one person, they must join in enthusiastically. We also saw that the plan commented on managing social inhibitions, mobility, management of sleep and engagement.

One person had an agreed drinking plan in place. The plan indicated a safe level of alcohol intake and where they went to have a drink, what time the person would return and how much money they would carry with them. However, the person had been assessed as not having the capacity to understand the agreement and had been referred to the local authority to formally assess their capacity and apply for a Depravation of Liberty Safeguards (DoLS). The person was currently being supported by staff when going out.

We saw that there were clear daily notes documented throughout the day and night for each care file we reviewed.

We saw that the service had implemented a daily check of equipment for one person along with a personal care monitoring sheet. We found these documents had not always been completed. This meant that service couldn't be sure that the equipment required to support the person was in a good working condition and there was no record on some days of what personal care and monitoring the person might have received.

We saw that care plans were regularly reviewed monthly and updated when necessary.

The staff told us that weekly or monthly key worker meetings were held with people. The key worker has conversations around what was going well and what wasn't and used this to develop new ideas for promoting independence or look at new activities. We saw evidence of this in peoples care files. The service had its own wheelchair accessible car which could be used to support people to visit their families or attend other activities.

We saw that the service encouraged rehabilitation along with a healthy lifestyle. To support this, the service had an on-site gym, we saw people using this during our visit and risk assessments were in place to support those people who wished to access the gym. We observed people joining in a karaoke and another person told us they enjoyed visiting museums. People were supported to maintain relationships with families and

to visit them.

We saw that the home had a complaints policy in place. The home had received two complaints concerning a person who previously lived at Byron Lodge. Both complaints had been addressed appropriately and in a timely manner.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC). The registered manager was supported by a deputy manager and the providers operational managers.

We saw prior to our inspection that there had been a high turnover of staff within the service. The registered manager told us that some staff had not been deemed suitable during their probation period and they were interviewing weekly for new staff. The interim deputy manager also acknowledged there had been issues with the rota. This had been identified by an operational manager's visit in July 2017 and training for the registered and deputy manager was being undertaken in rota construction. The interim deputy manager told us that rotas were now managed to ensure that staff were available to support people in the community during the evenings with activities. Although evening activities were occurring, staff were now being more flexible as they had a planned rota in advance. This meant that the staff were happier with the new structured rota and people could access activities that reflected their support needs.

Staff told us that they felt the home had improved since the service identified the need additional staff which had been drafted in from another service and the number of hours of agency usage had reduced. One staff member said "The rota is much better since them two [the interim deputy manager and interim senior carer] have been here, we all know what we are doing." Another staff member told us "[interim deputy manager and temporary interim carer] are here to get everything in more order, it's been hard for them, they do everything they have to do."

The service was in the process of recruiting an additional deputy manager and additional shift leaders with an aim of having clear roles for each of the management team. A shift planning record had been introduced by the interim deputy manager which included what health and safety checks need to be completed each day and guidance to what support people needed each day.

We saw the home had developed their quality assurance procedures. This included a questionnaire that had been sent to professionals with three replies being received. These included comments such as "Any concerns are dealt with swiftly and risk management strategies are in place" and "There is a very personalised and inclusive approach in place' and 'staff are always caring and person centred." One professional wrote that the service did not communicate enough with them.

We observed that eight service user questionnaires had been completed, many with support from staff members. Seven were positive and one was negative as the person didn't want to live at the home.

We saw that there was a system of internal audits and checks made by the registered manager and staff team, this included the monitoring of falls, accidents and incidents and safeguarding. These were recorded on a central computer system called Radar and then used by the provider as a way of monitoring the service. Radar prompted the registered manager to ensure that all notifications received were actioned appropriately.

We saw audits completed by the operational manager, this included audits of staff files and audits of rotas where it was identified that rota management was an issue. The registered manager told us that pay and a lack of development structure for staff impacted on the recruitment for retaining and appointing new staff although this had been reviewed. A Key Performance audit we saw documented in July 2017 also undertaken by an operational manager noted medicines had missing signatures, supervision were not up to date and didn't follow up issues raised in previous supervisions and training wasn't up to date. We found that any improvements identified within the service and any remedial actions identified were as a result of governance procedures at an operation level and not at location level. As a result, the provider had brought in additional support in the form of a second interim deputy manager and a second interim senior care worker on an interim three month basis. This was due to end imminently. From the audits we viewed, we were not satisfied that the registered manager has sufficient oversight of the service in terms of leadership and governance and although remedial action had been taken at provider level, it was not clear how this could be sustained given that permanent posts still had to be fully recruited to.

The registered manager told us that they feel supported by the provider and the area operational manager who visited the service each week. We spoke to the area operational manager who told us that there had been a robust plan developed going forward which has involved looking at the recruitment and retention of staff, a restructure of the middle management with clarity on their roles and the management of the long term stability of the service once the additional support drafted in, return to their own services. The plan was not available for us to view.

The internal audits had not identified the issues we found at this inspection with regards to medicines management and staff training. Changes to rota management were only introduced following the operational mangers audit and had not been recognised by the registered or deputy managers. The improvements at the service had been largely due to the two interim staff brought into the service. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw regular staff and residents meetings took place and minutes documented.

Services providing regulated activities have a statutory duty to report certain incidents and accident to the Care Quality Commission (CQC). We checked our records and looked at records during the inspection and found that all events had been notified to us as required.

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely and the provider did not assure themselves that the staff they deployed to carry out this task was competent to do so. And The provider did not ensure this person's stoma care was safely managed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The internal audits had not identified the issues we found at this inspection with regards to medicines management and staff training. Changes to rota management were only introduced following the operational mangers audit and had not been recognised by the registered or deputy managers. The improvements at the service had been largely due to the two interim staff brought into the service.