Mental Health Residential Limited

Mental Health Residential Limited - 71 London Road

Inspection report

Southborough
Tunbridge Wells
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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

The inspection took place on 31 January and 7 February 2018 and was unannounced. At our previous inspection in November 2016 we found five breaches of regulation relating to the management of risks, person centred care, consent, good governance and safe recruitment practices. Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Effective, Responsive and Well led to at least good. At this inspection we found that some improvements had been made and the breaches for person centred care, consent and risks had been met. The breach for safe recruitment was still unmet and there was still work to do to fully meet the breach for good governance. In addition we also found some issues with the environment which needed addressing so the key questions for Safe, Effective and Well led remain rated at requires improvement.

Mental Health Residential - 71 London Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Mental Health Residential - 71 London Road provided support and accommodation for nine adults with a mental health need. At the time of our inspection seven people were accommodated within the main house and two within an adjoining flat. The service is based in a residential area of Tunbridge Wells in easy reach of transport links and local shops.

There was a registered manager at the service. 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.

There were unsafe recruitment practices in place at the last inspection and although the registered manager had changed recruitment practices for new staff, retrospective action to conduct checks of staff already employed had not taken place. You can see what action we told the provider to take at the back of the full version of the report.

Quality auditing systems had not been fully implemented and embedded in to practice. You can see what action we told the provider to take at the back of the full version of the report.

People were kept safe from abuse and harm and staff knew how to report suspicions around abuse. Risks were minimised through the use of effective control measures. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety.

People received their medicines when they needed them from staff who had been trained and competency checked. Staff understood the best practice procedures for reducing the risk of infection; and audits were carried out to ensure the environment was clean and safe. The service used incidents, accidents and near

misses to learn from mistakes and drive improvements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. The principles of the Mental Capacity Act were being complied with and any restrictions were assessed to ensure they were lawful and the least restrictive option.

People had effective assessments prior to a service being offered. This meant that care outcomes were planned for and staff understood what support each person required. Staff were trained in key areas and had the skills and knowledge to carry out their roles. Staff could request additional training and had been supervised effectively by their managers. People were supported to receive enough to eat and drink and staff used nationally recognised guidance to ensure people had a balanced diet and adequate nutrition.

The service worked in collaboration with other professionals such as community psychiatric nurses and psychiatrists, to ensure care was effectively delivered. People maintained good health and had access to health and social care professionals.

Staff treated people with kindness and compassion. Staff knew people's needs well and people told us they liked and valued their staff. People and their relatives were consulted around their care and support and their views were acted upon. People's dignity and privacy was respected and upheld and staff encouraged people to be as independent as possible.

People received a person centred service that was tailored to their needs. People's needs were fully assessed and care plans ensured that personal details were carried through to care delivery. There was a complaints policy and form, including an accessible format available to people. Complaints had been used to improve the service delivered to people.

There was an open and inclusive culture that was implemented by effective leadership from the management team. People and staff spoke of a person centred culture that was empowering. People, their families and staff members were engaged in the running of the service. There was a culture of learning from best practice and of working collaboratively with other professionals and local health providers to ensure partnership working resulted in good outcomes for people.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so people, visitors and those seeking information about a service can be informed of our judgements. The provider had displayed the rating conspicuously in the service.

This is the second time the service has been rated as required improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Action had not been taken to check staff recruited prior to our last inspection. There were sufficient staff deployed to meet people's needs.

People felt safe and were protected from the risk of potential harm and abuse.

Risks to people, staff and others had been assessed and recorded and control measures were effective in reducing potential harm.

People who received support with their medicines had them when they needed them and safely.

The risk of infection was controlled by staff who understood good practice and used protective equipment.

Lessons were learned when things went wrong and accidents and incidents were investigated and learning fed back to staff.

Is the service effective?

Good

The service was effective.

People received extensive assessments that ensured effective support outcomes were set and worked towards.

Staff received effective training to meet people's needs.

People were supported to eat and drink enough to maintain good health and this was monitored where needed by staff.

Staff members worked effectively with other agencies and organisations to ensure the care people received was effective.

People were supported to remain as healthy as possible and had access to healthcare professionals.

The environment was suited to people's needs.

Staff understood their responsibilities under the Mental Capacity Act and used these in their everyday practice.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind, caring and respected their privacy and dignity.

People were involved in the development of their care plans and were involved in making decisions about their care and support.

Staff supported people in a way that upheld their dignity and protected their privacy.

Is the service responsive?

Good

The service was responsive.

People's needs were accurately assessed in partnership with other professionals and were recorded and reviewed.

People received personalised care and had access to activities and meaningful employment.

A complaints policy and procedure was in place and available to people.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality auditing systems for assessing, monitoring and developing the quality of the service being provided to people had not been fully implemented or embedded in to practice.

There was an open culture where staff were kept informed and able to suggest ideas to improve the service.

Staff, people and their relatives were actively involved in the service and the views of people and others were actively sought and acted on.

The service continuously learned and improved and staff were given opportunity to progress.

The service worked effectively in partnership with other agencies.

Mental Health Residential Limited - 71 London 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.

The inspection was undertaken as the service has been inspected and rated as Requires Improvement in January 2017 and we returned to check that the necessary improvements had been made.

This inspection took place on 31 January and 7 February 2018 and was unannounced. Inspection site visit activity started on 31 January and ended on 7 February 2018. It included direct observation of care and support, interviews with people, their relatives and staff employed by the service, and review of care records and policies and procedures.

Before the inspection we looked at information we held about the provider. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications we had received. Notifications are information we receive from the service when significant events happen, like a serious injury.

The inspection team consisted of two inspectors. We spoke with the registered manager, deputy manager, two senior carers, two staff, four people and two people's relatives. We looked at four people's care plans and the associated risk assessments and guidance. We looked at a range of other records including four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

Requires Improvement

Is the service safe?

Our findings

People living at Mental Health Residential, and their relatives, told us that they felt safe at the service. One person told us, "I feel safe. People can't just come in here. I used to live locally so I know the area here too." Another person said, "I feel safe because I have my own place and can lock my bedroom door." One relative commented, "Yes X is safe here. She has been here a number of years and she has 24 hour care and a sleep in staff which certainly makes our family feel she is safe." However, despite these positive comments we found that the service was not consistently safe.

At our previous inspection on 28 November 2016 the provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. We found that recruitment and selection procedures were not always safe. At this inspection we found that improvements had not been made and this is a continuing breach of regulation. No new staff had been recruited since the last inspection; however, no action had been taken to retrospectively address the issues we found in November 2016. For example, some files were still missing photos, or references for the most recently appointed member of staff. Recruitment was underway to replace one member of staff who had left and we saw that the processes in place for this met the required standard of safety. Criminal records checks had been made through the Disclosure and Barring Service (DBS) and all current staff had a DBS check in place. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.

The failure to demonstrate that all staff had been recruited safely is a continuing breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. We found that risk assessments were not always reviewed regularly or when peoples' needs changed. At this inspection improvements had been made and the breach of Regulation had been met. Risks were being managed safely and assessments had reduced potential hazards through effective control measures. There was a new risk assessment system in place that used a traffic light rating system with hazards being scored against their impact and likelihood. Low risk ratings were highlighted in green, with high risks in red which enabled staff to see at a glance what action was needed to keep people safe. Risk assessments had been reviewed regularly and upon changes in circumstance. Detailed risk plans were in place where additional risks had been identified, such as for people living with diabetes. People with behaviours that may challenge had been supported well and risks relating to behaviours that may challenge others were reduced though the use of 'crisis plans' that described to staff how to keep the person safe in different stages of anxiety. Staff had received specialist training in managing behaviours that may challenge from a local hospital to enable them to support people safely.

There were up to date safety certificates for gas appliances, electrical installations and portable appliances. The registered manager ensured that general risks such as slips, and trips were regularly assessed. Regulatory risk assessments were completed to reduce hazards around manual handling, Control of

Substances Hazardous to Health (COSHH) and food safety. The fire risk assessment was effective and up to date. Staff were aware that each person had a personal emergency evacuation plan (PEEP) for the risk level associated with evacuating people safely in the event of a fire.

There were good processes in place to which helped to keep people safe from abuse and staff understood their role in keeping people safe. There had been no safeguarding incidents in the past 12 months. The last incident referred to safeguarding had been reported and managed appropriately. The registered provider had a safeguarding policy in place. There was a copy of the local authority safeguarding adults policy and protocol available for staff. We discussed with the registered manager how they could streamline information so that it was more easily accessible to staff. By the end of the first day of our inspection the registered manager had set up a separate file with a flowchart explaining how to report safeguarding concerns and blank forms so that staff members could find the information they needed. Staff had a sound knowledge of safeguarding principles and understood how to report any concerns. We spoke to one staff member who told us, "I understand that if someone discloses something, then I have to listen without influencing them and not ask leading questions. I would ensure the person was immediately safe and then record everything and pass it to my manager."

There were sufficient staff deployed to meet people's needs and keep them safe. The staffing hours were determined with the local authority and split between shared hours and one to one support hours. People who received one to one hours had these recorded clearly on a sheet in their care plans to demonstrate how their support hours had been provided. As some staff had flexible working hours the rota was written by the deputy manager on an ad hoc basis. We checked two months of staff rotas and saw that people's assessed hours had been provided and that there were permanent staff on every shift with senior staff available to give medicines to people. People were able to request one to one hours on the day and staff worked to provide and evidence these hours. The registered manager explained that some people would not be able to wait for support the next day or would want to cancel an activity if it was delayed and staff we spoke with understood this need and met it.

Medicines were being managed, stored and administered safely to people. We observed staff support people to take their medicines and good practice was followed, such as washing hands before administering medicines and checking the person had a glass of water. People who had 'as required' (PRN) medicines were offered these and staff discussed how much of the medicines people required. There were written PRN protocols for these medicines that explained to staff how often people could have them, and the maximum dose, as well as the reasons for administration and any side effects to be vigilant for. People's medicines were reviewed regularly with their GP and the registered manager was tracking this to ensure that people had the correct medicines as their needs changed. We checked the medicines administrations (MAR) charts for people and found that medicines were being signed in to the service and counted correctly, meaning that audits of medicines were being conducted accurately and regularly. MAR charts had been signed correctly to indicate that people had received their medicines. Medicines were stored safely in lockable cabinets, within a locked room, including medicines that required additional security. Some people were administering their own medicines and this had been assessed by the service with their GP and community nurse. People with the capacity to refuse certain medicines had been supported appropriately by staff and medical professionals to ensure they understood what the effects of missing doses would be.

People were being kept safe against the risk of infection by the prevention and control of infection hazards. Staff had received infection control training and had been competency checked. The service was clean and hygienic during our inspection. There was a cleaning rota that staff had adhered to and staff supported people to keep their own rooms clean. Staff used personal protective equipment such as aprons and gloves appropriately. The deputy manager was an infection control champion for the service, in line with The

Health and Social Care Act 2008: code of practice on the prevention and control of infections. This is a national guidance document to ensure health and care providers comply with legislation around infection control. The deputy manager and registered manager were both aware of how to report outbreaks of infection to effectively reduce the spread and risk.

Staff understood their responsibilities to raise concerns and report incidents. Accidents and incidents had been recorded and reviewed by the registered manager. Learning from incidents had been cascaded to staff members and practices had been altered as a result of incidents. One serious incident had resulted in a change to who the staff called in an emergency after a local crisis team had not been able to assist the service immediately. The registered manager had worked with a consultant psychiatrist to identify that the police were to be called in a similar incident and this had been fed back to the staff team and the person involved in the incident.

Good

Is the service effective?

Our findings

People told us that they felt the service was effective in meeting their needs and enabling them to have a good quality of life. They told us staff had the necessary skills to provide the care they needed and that they supported them to access health services as needed. One person said, "Staff know what they are doing. " Another person commented, "The staff know what to do. They pick up when people are not well. One man had to go to hospital and they sorted that out, no fuss." One person's social worker told us, "Staff know what they are doing: by being consistent, and being patient, they took a long time to build a relationship with X and their key worker. Staff use persuasion and training and they see what works. X is calm now and getting on well with no problems." Despite these positive comments we found some areas of the service that were not consistently effective.

The service was based in an older building with some narrow corridors but people did not mind the lay out of the building. People had access to a garden and a summer house. The garden had been planted by people and one person had installed a bird table as they enjoyed feeding the birds. People were able to decorate their rooms themselves. One person had been given a budget to redecorate a part of the service and had painted the area and put pictures up that other people had agreed they liked. There was a lounge area and a dining room on the ground floor that were used by people to meet their relatives or visitors. However, we saw that people were frequently disturbed during these meetings by other people walking in to the rooms. We spoke to the registered manager about this and were told that plans had been drawn up to create a new office space that would include a room that could be used for confidential meetings.

At our previous inspection on 28 November 2016 the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. We found that the service did not have signed consent from people for their care needs and was not compliant with the principles of the Mental Capacity Act (2005). At this inspection we found that improvements had been made and the breach had been met. 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). The registered manager confirmed that no applications had been made to deprive people of their liberty as they were free to come and go. The principles of the MCA were being adhered to and people had signed consent forms for various day to day tasks such as assistance with personal care. One person had been assessed under the MCA for an issue around taking their medicines. There was a best interest meeting and the person had received input from medical professionals.

At our previous inspection we made a recommendation that the registered provider seeks information and guidance from a reputable source to introduce annual appraisals for staff. At this inspection we found that improvements had been made. Supervisions and appraisals had taken place and had been planned

throughout the year. Staff had received training in order to help them carry out their roles. A list of training dates had been recorded that indicated all staff had training on relevant mandatory training, such as fire safety, manual handling, food hygiene and equality and diversity. Where there were gaps in staff training refresher courses had been booked, and planned for, in the coming months. Staff were given additional training with the local mental health team around managing people's behaviours, and supporting people with forensic histories and physical disabilities. From our review of incidents and people's care plans we saw that staff had been using the training they had received to keep people safe and to respond appropriately when people experienced high anxiety or heightened emotional states.

People's needs were assessed and their care was planned to ensure their needs were met. There were assessments of people's needs prior to a service being provided. We reviewed the assessment process for one person. A referral form had been received from a forensic psychiatry unit and the registered manager had carried out a series of assessments with the person on the ward, who was asked for their input on what care they needed and ow they like to be supported. Information had been sent to the service from the ward psychiatrist about the person's background and a social circumstances report had been shared. The service had gathered information from multiple sources and departments and had met with the person's funding authority. The assessment had utilised the information from the above sources and from meetings and identified a range of needs from which a support plan had been drawn up. During one of the meetings prior to moving in the person's key worker visited them on the ward to get to know them. Staff had worked accordingly to the support plan to achieve effect outcomes for the person.

People were receiving adequate food and drink to meet their needs and maintain good health. People were provided with a budget and supported to cook their own meals Tuesday to Fridays and the service provided meals on weekends and Monday evenings. People were monitored by staff to ensure they were eating well. Staff checked through peoples' receipts when they returned from shopping to encourage people to buy fresh and healthy food where possible. People were receiving support to cook meals and one person had been supported by their key worker to attend a local weight loss club. We observed one person cooking for themselves and they were able to tell us why they used fresh vegetables and how they had been supported to make fresh food and not eat as many ready meals.

Staff worked together to ensure that people received consistent and person-centred support when they were referred to, or moved between different services. The registered manager coordinated visits to people in their setting when they were due to move to the service. There was a focus on staff being aware of the big differences people may experience moving from a secure unit, where for example there were no carrier bags and limited privacy, to a more independent service. Where people had moved out of the service staff kept in contact and provided evening support until the person had settled. Speaking about one person in particular the registered manager told us, "They moved out a while ago but they know if they have a deterioration in their mental health they can call us." A health professional who worked with some people at the service commented, "One person moved on so positively because staff went above and beyond for this person. They really pulled out all the stops to keep them safe and well."

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and attended appointments when required. Care plans clearly demonstrated that a wide range of professionals were involved in people's care. For example, one person's care plan demonstrated they had received input from a specialist podiatry service, had several appointments with their GP, and reviews at a diabetes clinic. People had regular support and input from mental health professionals including psychiatrists, community psychiatric nurses, social workers and specialist services, such as speech and language therapy. People had regular CPA meetings. The Care Programme Approach (CPA) is a way that services are assessed, planned, co-ordinated and reviewed for someone with mental

health problems or a range of related complex needs. Staff took the time to explain different conditions and treatments to people and supported people to take control of their own health.

Good

Is the service caring?

Our findings

People, and their relatives, told us they felt the staff were caring and treated them kindly. One person told us, "The staff are very caring. They can be in the middle of handover and if I need something I knock on the door and if I say I need them they come out and see me and help me." One relative commented, "The staff are very caring they think of X's health and wellbeing and I've seen how caring they are." One health professional who regularly visits the service said, "They [staff] are caring and know people's individual needs."

People were treated with kindness and compassion in their day to day care. Care workers had built up positive and caring relationships with people they were supporting. Staff knew how to communicate with different people and where people had a communication need this was explained in their care plan. Staff ensured that people felt they mattered and that staff listened to them and talked to them appropriately and in a way they could understand. One person experienced frustration and anger when they perceived other people had not completed tasks in the house. Staff had been supporting the person to let go of their anger or resentment by talking through feelings and being present for the person when they needed support. The person's care plan directed staff to be aware of the person standing around without any apparent aim, as this was a sign they needed to talk. Staff had been supporting the person in a caring way and there had been a reduction in incidents. A health professional told us, "They [staff] are great: very calm, don't dictate, and very client led; they listen to the person, suggest they sit down and talk and then diffuse the situation."

We observed positive interactions between people and staff. One person came and spoke to staff about their plans to go shopping and what they were going to buy. A staff member chatted with the person about different shops, what offers were on and how they could save money by shopping around. The person clearly enjoyed this interaction as saving money was important to them. People approached staff as and when they needed something and talked as equals. During other times people approached staff just for a social talk and discussed what was going on in the service or what they had watched on TV. In all interactions we observed staff were respectful and warm towards people.

People were supported to express their views and be actively involved in making decisions about their care and support. People were involved in 'residents meetings' and these had recently been changed to ask more direct questions of people to help people to engage. People signed their own care plans, where they wanted to, and were involved in reviews both internally within the service and externally with relevant healthcare professionals. People could regularly have an active input in to their care and some people had reviews twice a year and other people had meetings to review their care every six weeks, depending on their need.

There was a key worker system in place to facilitate people being able to express their views and make decisions. A key worker is a member of staff that takes a lead role in a person's care and support. Key workers had helped people to become more engaged with their support by building up trusting relationships with people and knowing how best to support people when they were experiencing difficulties. The service tried where possible to keep the same key workers for people. We reviewed one case where a person had expressed dissatisfaction with their key worker and their key worker was changed in a gradual

transition to lessen the impact on the person. People were supported to contact advocacy services to provide independent support and advice, and support people to be involved in their care. One person had an advocate and another person was being supported to try and advocate. This person told us, "[Key worker] is my advocate; she's good at asking for me but she is talking about having an advocate for meetings for me and getting me to try this."

People's right to privacy and dignity was respected. People felt that they were treated kindly and with respect. We observed staff respected people's choice for privacy as some people preferred to spend time in their own room. One staff member told us, "None of the staff would ever go in to someone's room or speak to them without knocking and waiting for a reply. If someone wants to talk privately we use the summerhouse." Staff members respected people's right to privacy and ensured that all personal information was stored securely in a locked room in line with the Data Protection Act 1998. People's friends and relatives were free to visit without unreasonable restriction.

Staff responded to people in a compassionate, timely and appropriate way when people experienced pain, discomfort or emotional distress. One person's care plan described how the person presented when they were distressed. Staff members we spoke with were able to accurately describe how the person was when they were distressed and what support the person would need. Staff members knew how different people required support in times of high anxiety and described past incidents and how they had supported people to remain calm. One staff member told us, "It depends on the person and the form of distress. One lady needs lots of time and to know that she has been heard, whereas another man is very quiet and you need to be around to 'catch it' when he is ready to say what's wrong." People's relatives and friends were made to feel welcome and were able to visit without unnecessary restrictions. During our inspection two peoples relatives visited them and people and their relatives told us that they could arrange visits to the service when they wanted.

Good

Is the service responsive?

Our findings

People and their relatives told us that the staff were responsive to their needs and requests, and that the service was person centred. One person said, "Staff are really good; they go out of their way to help you." Another person said, "If I have a bad day and shout, staff say come in and sit with us and they sit and listen to me and then I feel better. They sit and talk me through it and they're very good like that." A relative commented, "They [staff] offer personalised support. X has one to one time with staff when they need it and can be very upset but staff know how to cope with it."

At our previous inspection on 28 November 2016 the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. We found that some care plans did not provide up to date information for staff. At this inspection we found that improvements had been made and the breach had been met. Care plans were detailed, personalised and up to date. One person's care plan clearly highlighted the person's voice and set realistic, achievable goals. The plan tackled some difficult, long standing mental health issues while conveying the sense of progress made by the person. The person's history included long periods of institutionalisation and complex relationships. However, there were noticeable improvements and achievements recorded for this person. For example they worked in a local shop, had contact with their family and had confidence and interest in their personal appearance. Staff had celebrated the progress made and the sense of achievement in reaching these goals. The care plan also outlined work to be done and future goals.

People were supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them. The service arranged day trips out, every six weeks that people were able to request or chose. We spoke with a visiting health professional who told us, "People go for regular outside trips apart from one person who chooses not to go out and about. Other people do classes, such as Spanish, IT, courses with a local mental health charity and staff escort them to the shops or out for the day. One person appreciates it a lot and they were previously in hospital for a few years." People were supported to try and find work or vocational courses and some people did voluntary work. Other people chose not to do this and their care plans re-visited this decision every two months so that staff could review if the person wanted to engage with, or was well enough to work.

People had been encouraged and supported to develop and maintain relationships with friends and relatives within the service and the wider community, and people were supported to avoid social isolation. Peoples care plans contained a section on relationships and key relationships were explained. Some people required active support to maintain relationships and this had been provided. A healthcare professional told us, "The staff team have gone over and above for one person who visited her family a fair way away. The staff provided transport and this makes a huge difference: they can spend all day there. The person wanted to move out, and now doesn't. They go to great lengths to support people and I'm impressed." One person liked to go to local charity shops and buy things for the house. They regularly bought mugs and cups for the service and enjoyed speaking to people in the shops and bringing home cups. The person commented, "I like buying cups for they house and they [housemates] like using them. I like getting them as an act of kindness."

Complaints and concerns were taken seriously and used as an opportunity to improve the service. The service kept a complaints file with a copy of the complaints policy, which set out the steps on how to respond to and resolve the complaint. The policy made reference to the local government ombudsman if people were not happy with the complaints' resolution. The complaints log had recorded one complaint in 2017. We reviewed the response and resolution to this complaint. The registered manager had followed the provider's complaints policy and the disciplinary procedure had been adhered to in order to protect the person and the member of staff the complaint had been about. There had been a satisfactory outcome to the complaint and the psychiatrist who raised the complaint on behalf on the person had written to the service thanking them for the responsive action taken. There was a complaints procedure aimed at people who used the service displayed on a noticeboard and people we spoke with told us that they understood how to complain.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives told us they felt the service was well led. One person told us, "[Manager] is really nice. He lets me feed the birds and helps me. He's a lovely man; I've never known anyone so kind." One relative commented, "The manager came and greeted me today and they always make you feel welcome. We've never had any complains or problems but we know if X was having problems the manager would let us know." Despite these positive comments we found that the service was not consistently well led.

At our previous inspection on 28 November 2016 the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. We found that records were not always robust and the service did not have robust quality auditing systems in place that would identity shortfalls. At this inspection we found that although some improvements had been made around records, there had been insufficient improvement made to how the quality of the service was monitored by the provider.

A programme of audits to check the quality of service delivered had not been fully implemented. There were audits in place for health and safety that had been completed by the registered manager, to check accident and incidents and electrical safety testing. The housing association conducted a 'whole scheme audit' that looked at different areas of the safety of the environment. An action plan had been generated by this audit with points such as a lone working risk assessment to be completed by the registered manager. However, there were no audits of peoples' care plans, of staff recruitment files, or of support outcomes so issues that we had identified had not been remedied. We spoke with the registered manager about this and were told that a check list to audit the service was being implemented. On the second day of our inspection we saw that this had been started but had not been embedded in to practice consistently.

The failure to ensure there were systems in place to assess, monitor and improve the quality of service is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager employed at the service who had been in post a number of years. However, the registered manager had not always had the support required to manage the service. The registered manager had not had effective supervision from a line manager and until recently the registered provider had not shown effective oversight of the registered manager. The registered provider had recently undergone a change at board level and had appointed new board members and started working in partnership with another organisation. The new partner organisation had begun to offer the registered manager support and training. The chief executive officer of the partnership organisation visited the service every week to offer support and had already worked with the registered manager to identify areas for improvement, such as new recording forms being used for some audits. The registered manager had been promoted from within the service but had not received any specialist management training. The new board had identified a professional mentor to give regular supervision and had booked a course for management training. The registered manager told us, "Resources are being supplied which were not previously available to me. For me, 2018 will be positive with these changes."

There was an open and inclusive culture in the service. The service was person centred and each person was supported according to their own needs by staff who understood and invested in to the culture. The registered manager was a visible presence in the service and worked shifts within the service regularly to ensure that people were supported in a person centred way. There was an open culture for staff that had been promoted through regular team meetings. The registered manager had fostered an open dialogue with staff and staff members told us they could speak to the registered manager about any issues without any delay and they were listened to. The registered manager had changed the training arrangements so that theory based training was held in-house, and the registered manager was present with staff for this.

People, their families and staff members were involved in the service and regular feedback was sought through meetings and questionnaires. Team meetings were open forums where staff could make suggestions. One staff member had used their previous experience in the NHS to source colour coded risk assessments. Another staff member suggested their spouse could draw architectural plans for a new office space: both of these measures had been implemented. There was good communication between people and their families, facilitated by staff. One person's parent visited every Saturday morning and had contact via a phone call every day. Another person was supported by staff to visit a parent once a week. A third person saw their whole family on a weekly basis: the staff were working with the family to change the parents' perception of what support the service could give the person and increase the services' involvement in day to day support tasks. People had strong community links and were active in their local community. One person attended a chess club, two people worked in local shops; some people attended local coffee groups and churches and one person attended a pottery class once a week.

The service was continuously learning and improving and learning was shared with staff members. Resources were being made available to develop the staff team. The registered manager had identified recruitment as an area for development for the staff team. The registered manager showed us the recruitment that was underway and told us that additional time had been provided to recruit staff. If the recruitment drive was unsuccessful plans were in place to use apprenticeships and the registered manager had met with the local authority about this. The registered manager had recognised that the deputy manager needed effective delegation in order to develop in the role and had passed certain tasks to the deputy manager to complete. We discussed with the registered manager how learning had been identified and cascaded to staff members and were shown how incidents relating to medicines errors used to be referred to an out of hours person. It had been recognised that it was more effective for staff to go to the NHS 111 line and seek medical advice. Staff had been made aware of this and we saw that this change had been implemented in practice. There was a suggestions box put in place for one person following a complaint after it became apparent that the person struggled to tell people face to face when something was wrong.

The registered manager had a good working relationship with the local health and social services. The community mental health team was involved regularly in peoples' care. The service had strong links with the local hospital forensic psychiatry unit and had immediate phone contact with the psychiatrist based there. The psychiatrist visited the service every six weeks and there was clear communication between the services to ensure effective support for people. These visits were preceded by updates from the registered manager and the psychiatrist fed back to the service after the visits. The community psychiatric nursing team was heavily involved and had regular input with and from the service. The registered manager confirmed that the different services involved in people's care were effectively working together and monitoring people. The registered manager told us, "If they see one of our residents in the community and they seem unwell or upset they will always feedback to us immediately." The service had been sharing information appropriately with relevant agencies for the benefit of people who use the service. The registered manager was aware of the imminent changes to data protection law and had been hand delivering personal information relating to

people to any new social workers or professionals to ensure that information was not sent accidentally to the incorrect person.

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred. The registered manager confirmed that no incidents had met the threshold for Duty of Candour.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so people, visitors and those seeking information about a service can be informed of our judgements. The provider had displayed the rating conspicuously in the service.

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 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to ensure there were systems in place to assess, monitor and improve the quality of service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider had failed to obtain satisfactory evidence of staff conduct in previous employment.