HICA

Raleigh Court - Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 20 and 28 August 2018 and was unannounced. Raleigh Court - Care Home 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.

Raleigh Court - Care Home accommodates 56 people in one adapted building, some of whom may have needs associated with dementia. There were 49 people using the service at the time of the inspection. The location is close to the city centre of Kingston-Upon-Hull.

This comprehensive inspection of Raleigh Court – Care Home was already planned, but also prompted in part by notifications we received and information sharing with the local authority safeguarding team, of incidents between people that either put them at risk of abuse or demonstrated they had already experienced abuse from one-another.

At the last inspection in December 2015 the service was rated 'good' with the section 'is the service responsive' rated as 'outstanding'. At this inspection the service has been rated as requires improvement and we have identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to safe care and treatment (Regulation 12); person-centred care (Regulation 9) and good governance (Regulation 17). You can see what action we have told the provider to take at the back of the full version of this report.

The provider was required to have a registered manager, but had not had one since the end of May 2018. At the time of the inspection there was a new manager in post who had not yet applied to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found concerns in relation to the safe care and treatment of people. Risk management was ineffective in both medicine administration and care support. There were concerns with person-centred care. There was insufficient information in care and support plans to ensure staff could effectively meet people's needs. There were concerns with governance. There was an ineffective quality assurance system. This included problems with processing of information, escalating concerns to higher management and maintaining accurate records.

The assessment of people's needs had not always been carried out thoroughly. We have made a recommendation about the pre-assessment procedures to ensure they are robust and effective tools in identifying people's needs, lifestyles and histories.

Mental capacity assessments were missing for some people in certain areas of need. We have made a recommendation about following the principles of the Mental Capacity Act 2005 more thoroughly to ensure people's rights are protected in all areas when they lack capacity.

Issues identified in staff supervision were ineffectively passed up the chain of command. Management and the running of the service had been in steady decline and had impacted on people's safety and rights.

Systems in place to report safeguarding incidents were appropriately used to ensure information was shared with the local authority safeguarding team. Staff were aware of their responsibilities to manage, record and report these incidents. Staff were safely recruited using the organisation's procedures. Staffing levels were appropriate to meet people's needs. Infection control measures were in place and followed to ensure people and staff safety.

Staff received regular training and their skills were assessed and reviewed to ensure they were competent to provide the care and support that people required. People received support with their nutritional needs and their health was monitored and appropriately supported. The premises were suitably designed for older people and those living with dementia. Staff were aware of and understood the principles of equality and diversity, having completed training in this topic and so they ensured people's diverse needs were met. People received kind and compassionate support from staff, who respected their privacy, dignity and independence.

People had many opportunities to engage in pastime and activities, which were facilitated by two conscientious activities coordinators that helped them focus on leading meaningful lives. Staff provided sensitive end of life support that also took the needs of relatives into consideration. Staff worked appropriately in collaboration with other agencies and organisations. The provider ensured that security of information was maintained.

Further information is in the detailed findings below.

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 safe.

People were not always protected from harm because risks around relationships were inappropriately assessed and managed. There had been a high level of incidents in which people were harmed or at risk of harm.

There were numerous instances where people's medicines had not been safely managed that also put them at risk of harm.

Is the service effective?

Requires Improvement

The service was not always effective.

People's needs were assessed on admission, but the assessment process was not always effective and so vital information had been missed.

People's mental capacity was determined to ensure their rights were protected, but this had not always been carried out thoroughly and so important areas were omitted.

The staff supervision system was not used effectively to escalate identified concerns.

Is the service caring?

Good

The service was caring.

Staff were aware of and understood the principles of equality and diversity and so they ensured people's diverse needs were assessed and recorded.

Staff provided kind and compassionate support and they respected people's privacy, dignity and independence.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care needs and the action required to meet them were

inaccurately recorded in their care plans, which meant they were at risk of receiving inappropriate support.

People had opportunities to engage in pastime and activities that helped them focus on a meaningful life.

Is the service well-led?

Requires Improvement

The service was not well led.

The provider's governance and quality assurance systems were ineffective in supporting the best possible outcomes for people that used the service.

There was no registered manager in post, though a new manager had been appointed and their application to become registered was pending.

Raleigh Court - Care Home

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 checked 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 prompted in part by notification of an incident during which a person using the service sustained serious abuse. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with CQC about the incident indicated potential concerns about the management of risk of harm from abuse by other service users. This was also compounded by the high number of incidents that occurred between service users, where injuries were sustained as well as by a high number of medicine errors that took place and had potential to harm people. This inspection examined those risks.

The inspection of Raleigh Court – Care Home took place on 20 and 28 August 2018 and was unannounced. A team of two inspectors, one assistant inspector and one inspection manager carried out the inspection, after receiving information of concern. The service was also due its comprehensive rated inspection at the time.

We gathered and reviewed information before the inspection from notifications and information shared with us by Hull City Council. 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 spoke with eight people that used the service and carried out a Short Observational Framework for Inspection (SOFI) with four people. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed other interactions between people and staff.

We spoke with two relatives as well as the manager and six other staff that worked at the service. Questions

were put to and answered by the regional director and the quality assurance manager. We looked at care files for six people that used the service and at recruitment files, supervision records and training records for six staff. We viewed records and documentation relating to the running of the service, including records held on the quality assurance and monitoring systems, the management of medicines and the safety of the premises. We also looked at records for equipment maintenance and in respect of complaints and compliments.

We observed staff providing support to people in communal areas of the premises and we observed the interactions between people that used the service and staff. We looked around the premises.

Requires Improvement

Is the service safe?

Our findings

People told us they were satisfied with the service with regards to their safety. They said, "I like being here and feel I am looked after", "I am quite safe here. Why wouldn't I be?" and "There is always someone here to care for us." People comments in satisfaction surveys were less positive and included, 'I sit on a table for meals with certain people that sometimes make it unpleasant' and 'Sometimes a person tries to climb over my bedroom gate.'

We found that people's needs were inappropriately risk assessed regarding relationships. This was because people's anxiety and behaviour that put them at risk of harm or abuse were not being effectively managed and mitigated.

People did not always have risk assessments in place for their behaviour, although they displayed anxieties and interacted unsafely during the day and at night. Certain situations put them at risk of harm and abuse and we found evidence that these risks were not mitigated. People that had been involved in social relationship incidents since their admission had no behaviour risk assessment documents in place to highlight the risks to themselves and others and instruct staff on how to keep them and others safe. A person whose behaviour included shouting when they were distressed and was hit by others because of this, had no risk assessment in place to assist staff in their protection of the person. There was high reporting of one-on-one incidents where people had been hit or pushed over. Reporting was also high where people's socialised behaviour was intimate without the capacity to make informed consent decisions.

People's needs were inappropriately risk managed regarding the safe administration of medicines. This was because people were not always receiving the medicines they required to treat their conditions or illnesses and inaccurate recording of medicines compounded this. Four people from nine whose medication administration records (MAR) we looked at, had issues with the recording of their medicines or the giving of them.

One person taking medicine as they required it to relieve their anxiety did not have this recorded accurately. The MAR routinely showed codes for their refusal of the medicine when it should have remained blank. A different code should have been used to show if it was offered but not accepted at times when staff assessed that the person would benefit from taking it. This same person missed six doses of an iron supplement across two days because the service had no stock. Their MAR showed a tablet to help with their mood was changed from administering it on an evening to a morning but this had not been dated to evidence when the change occurred and two doses had not been signed for. An antibiotic medicine showed as being incorrectly given.

Other people's MARs showed they had code F used (other reason why not taken), but there were no details to show what the other reasons were. One person whose medicine to relieve anxiety, was not available for six days because it was out of stock. Another person had their medicine to relieve anxiety changed from 'as required' to state that it should be taken three times a day for a specific period in March 2018, but their care plan and 'as required' instructions were not updated to reflect this change. Another person had their 'as

required' medicines changed to twice a day and their care plan and protocol had not been amended to reflect this.

Accidents and incidents were recorded when they had been identified, but measures were not always taken to prevent incidents happening again because risks were not always mitigated.

These failures to mitigate risk and ensure people's safety in their relationships and through the management of medicines was a breach of regulation 12: Safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had robust procedures in place to refer any suspected or actual safeguarding incidents to the local authority safeguarding team. Staff demonstrated they were aware of the types of abuse that could arise and their responsibilities to record and report these accordingly. Safeguarding referrals had been made and notifications sent to us regarding intimate relationships between people that did not have capacity to consent to them. The information we held on the service in respect of safeguarding notifications was analysed and indicated that there was an elevated risk to people's safety because of the high number of reported safeguarding incidents. Some of these incidents led us to determine the breaches mentioned above.

The service had contracts of maintenance in place for ensuring the premises and equipment were regularly maintained regarding gas, electricity, fire safety and extinguishers, the passenger lift and lifting hoists. The provider supplied documentary evidence of these.

On the first site visit day staffing levels included three care workers on the upper floor and four care workers and one extra staff providing one-to-one support, on the ground floor. There was also a senior carer on each floor. There were 49 people using the service, which meant that each care staff member supported five people on average. We were told that these levels had been calculated using a dependency tool and were suitable to meet people's needs. Two activities coordinators worked a floor each and they, along with ancillary staff, were available to assist and supervise people if necessary. On the second site visit day there were nine care staff and two senior care staff across the two floors, with additional activities coordinators and ancillary staff. Rotas were accurately maintained and reflected these figures.

Recruitment systems and procedures were robust and made sure that staff selected were right for the job. Staff confirmed the process had been thorough. Details of recruitment information was held electronically and in paper format. A checklist system showed stages and completion of new staff members' applications. Appropriate Disclosure and Barring Service and other security checks (references) were completed. These also included staff members' rights to work in the country and the qualifications they held.

Systems in place ensured that prevention and control of infection was appropriately managed. The premises were clean and appropriately maintained, staff had completed infection control training, followed guidelines for good practice and had personal protective equipment that they required to carry out their roles. Cleaning staff were employed and they did a good job of keeping the premises clean and free from unpleasant odours. Kitchen staff maintained good standards of food hygiene and people were provided with a safe catering service.

Requires Improvement

Is the service effective?

Our findings

People told us they thought staff were appropriately skilled and trained to support them. They said, "Staff are really good" and "I think staff have done their homework and know what to do to look after us." We saw from satisfaction surveys received that one relative had written, 'It is very clear within the management team, senior and general staff that there is a very high level of expertise.'

People's needs were assessed using pre-admission assessment forms and information obtained in these, along with details from relatives and social workers, was then used to devise people's care plans. However, we saw evidence in at least three people's files that information obtained on or pre-admission was either insufficient or incomplete. For example, we found that while people's care needs were identified, not all the facts about their lifestyles had been fully determined on admission, and where some facts were known these had not been thoroughly risk assessed to ensure these could be effectively managed.

We recommend the provider reviews and improves their pre-assessment procedures to ensure they are robust and effective tools for assessment of people's needs, lifestyles and histories.

Part of the continuing assessment of people included assessing their capacity to make decisions for themselves. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interest and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called 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. The organisation had robust systems in place to manage capacity assessments. People had documents in place to show if they should be resuscitated or not at times of emergency illness, which protected their rights against receiving inappropriate treatment. People who needed DoLS in place had them to protect their rights and there was evidence that independent mental capacity advocates (IMCAs) had been accessed to help with decision-making.

While people had been assessed regarding their capacity to make decisions in certain areas, and 'best interest' decision-making was used to support these, processes had not been applied in every case or in a timely manner. Questions about a person's safety had been evident since their admission to the service in 2017. However, the person had only recently had a 'best interest' meeting held and decision made to monitor their whereabouts using technology following a serious incident. Another person had been at the service several months, but mental capacity assessments for their finances and care responsibilities being devolved to the service had not yet been completed.

We recommend the provider ensures the principles of the MCA are followed for all cases where service users' capacity needs are questioned.

Staff were supported using a system of supervision, appraisal and monitoring. There was evidence that supervisions and particularly group supervisions had recently identified issues with updating care plans, using appropriate terminology in daily reports, following medicine protocols and using medicine omission codes on administration records. Supervising senior staff had addressed issues individually with staff to improve performance. However, there was no evidence to show concerns had been passed higher up the chain of command or identified by the organisation's governance systems so that HICA senior management were aware. This resulted in problems not being properly resolved, which we have addressed in the section 'is the service well-led?'

Staff training was up-to-date. The provider had systems in place to ensure staff received the training and learned the skills they required to carry out their roles. A staff training record (matrix) was used to show completed training and which courses were required or needed updating. In conversations with staff they conformed the training they had completed. We saw evidence of staff induction, supervisions and the organisation's appraisal scheme. This meant people were supported by trained and skilled staff.

Meals were supplied via an outside catering company and delivered to the service as part of a regular contract. Therefore, specific meals to suit all cultures and religions could be supplied upon request. People's nutritional needs were assessed and their risks of malnutrition or dehydration were monitored using a recognised tool. Food was served from heated trolleys and people were asked what they wanted from a choice of two options available each meal. We observed lunch being served in one of the dining rooms and used our Short Observation Framework for Inspection (SOFI) tool to capture people's experience of a meal time and the interactions they encountered. The SOFI showed that while lunch time was busy, it was calm, relaxed, informal, supportive and organised. People's preferences were respected and we saw they made choices about where they sat and what they ate. People were offered extra food and there were supplements for those with small appetites.

People's health care needs were appropriately assessed and supported. Staff consulted people and their relatives about medical conditions and liaised with healthcare professionals. We saw evidence of when referrals had been made to these professionals. Information was collated and reviewed with changes in people's conditions. Staff told us that people could see their doctors on request. Health care records held in people's files confirmed when professionals had been seen and the reason why. They contained guidance on managing people's health care and recorded the outcome of any specialist consultations. Diary notes recorded when people were assisted by staff with the healthcare that was suggested for them.

For those people living with dementia that used the service the environment had been suitably adapted to enhance their freedom of movement, orientation and social needs. Several lounges and dining rooms were available, outdoor garden space was secure and bedrooms had en-suite toilets. Separate bathrooms with bath or shower were available to offer people choice. There was signage in place and colour schemes of carpets and décor were plain and in block colours. Signage enabled people living with dementia to find their way around when they forgot and block colours helped them denote changes in surfaces when their visual perception misaligned with their thought.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring and relatives gave testimony to the considerate and compassionate staff team that supported their loved ones. People said, "Staff look after us well and some staff go overboard to make me feel comfortable" and "I think it's good because I am allowed my privacy. I enjoy the social side and meeting with my friends." Relatives said, "I have no worries. The staff are first class" and "The staff are good. They make sure [Name] is clean, comfortable, gets their medicines and good food and is treated kindly."

We saw from the service's satisfaction surveys that one relative had written 'I was of course very concerned about the level of care my spouse would receive when they were admitted, but from the minute I stepped into Raleigh Court I felt comfortable. It was clear that it was very well organised and I soon realised it was in fact more than that. The caring way the staff deal with what are very vulnerable people is excellent and nothing is too much trouble for them.'

We observed relationships between people that used the service and staff, which we described as friendly, caring and considerate. People were treated respectfully around maintaining their privacy, dignity, independence and diversity.

Staff calmly approached people when offering them support with daily tasks, nutrition and social activity. They showed patience and concern when necessary and alleviated people's anxieties by using the knowledge they had about them and showing kindness.

We saw some very good interactions between people and staff and particularly the activities coordinators, who spent time talking to people and facilitating pastimes, activities and events. These included group events and one-to-one time spent with individuals.

Staff completed equality and diversity training, understood the importance of identifying people's diverse needs and wishes and were mindful of meeting them. We were told about several people that used the service who had diverse needs in relation to their culture, disability, age, religion and belief. These included people with needs to have their hearing aids and glasses maintained to enable them to communicate well, people with wishes to continue worshiping in their chosen faith and those who were younger and physically fit, but living with dementia and debilitating cognition.

People's communication needs were assessed before admission following the principles of the Accessible Information Standard and the organisation ensured that people were given information in the format they required as identified.

Where people needed it the support of an advocate was acquired. This ensured anyone unable to make informed decisions for themselves was independently represented in multi-disciplinary meetings where decisions were made in their 'best interest' as well as on a day-to-day basis.

Privacy and dignity were maintained by staff being vigilant and respecting people as individuals. They were sensitive to people's feelings when providing personal care and staff maintained the organisation's expected standards of conduct. Staff said, "I uphold people's privacy by making sure curtains and doors are closed or asking family to leave their room if needing to support people with personal care." Another staff member said, "If I am giving people personal care I make sure I keep them informed about what is going on and ensure they are covered to maintain their dignity. I also knock on people's doors before entering."

Requires Improvement

Is the service responsive?

Our findings

People told us mixed views about staff responsiveness and while some said they thought staff met their needs and understood them well, others said they sometimes had to wait for support. However, we were told that a new call-bell system had been installed in March 2018, improvements had been seen in responding to the requests for support and these comments were historically based.

The service used corporate systems to compile and review care plans. Care plans were supplemented when required by risk assessments for moving and handling, falling, nutritional intake, pressure relief and other relevant care needs. However, we found that some care plans were not always sufficiently detailed to ensure people's needs were met or the risks their behaviour might present to others was effectively mitigated. Care plans were not always followed by staff.

One care plan did not contain sufficient historical information, as this had not been gathered on the pre-admission form or soon after admission, to enable staff to accurately understand the person's circumstances and the support they needed. Therefore the care plan also did not contain information about the person's possible behaviour and the need for them to be monitored. Another care plan showed the relationships the person had established with others and the actions they might take to fulfil them and instructed staff to monitor the person for their personal safety. Staff had not effectively monitored their whereabouts, which was important for maintaining their safety. Monitoring charts for their behaviour and whereabouts were not continuously completed to enable staff to understand and meet their needs. We found that where staff were instructed to carry out half hourly observations in the weeks following the person's admission, the charts had not always been completed. They showed that on one day the person was not observed for eight and a quarter hours and on another for twelve and a half hours. Monitoring charts also had recording gaps in them across another four days.

Failure to ensure people's care needs were accurately recorded in care plans and that care plan instructions were followed was a breach of regulation 9: Person-centred care of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had two activities coordinators who planned extensive social events and pastimes for people that used the service. They had an abundance of enthusiasm, patience and ideas to engage people in occupation and activity. We saw three people joining in with a session on jig-saw puzzles and chatting about their family members, past employment and responsibilities before they came to the service. Interesting areas had been created outside in the gardens: a wheel chair friendly crazy golf and a wooden triangular hut where fairy lights lit up at night and people could sit out. People often had tea in the hut on warmer days. These had been built using money raised by the activities coordinators completing sponsored events and holding raffles and coffee mornings.

Each person had a personal profile regarding their past interests, what they might consider engaging in now and whether they had enjoyed an event or activity recently. People also had 'life story books' that contained details of their past lives, the names and photographs of people important to them and photographs of

themselves. The coordinators facilitated a 'dreams come true' scheme where people could express a dream and if possible, they would help realise it. One person used to work in a pub and was taken back there to see and remember it. Another had worked at sea on a vessel that was now a museum and when they were taken to see the ship they chatted for hours about the work they had done there. One person simply wanted to experience a well-known chip restaurant again and another to visit the Ferens Art Gallery. These dreams had come true for people.

People were helped to have a 'play list for life', which was a compilation of their favourite music to be listened to on headphones. The service always entered the annual HICA in Bloom competition, which they had won in 2016 when people and staff dressed up as fairies and garden gnomes. Coordinators completed 36 e-learning hours on a course, 'shimmy, shake and shine', which enabled them to facilitate armchair exercises with people. Other engagements included crafts, food cruises, drives in the mini bus, baking, sponsored walks, 100th birthday celebration, national walk to work day, digging up and planting of another time capsule, visits from a children's group, reading group facilitated by a local library and a royal wedding party.

One person played the piano regularly to everyone, pub quizzes were held and some families gave permission to be 'tweeted' about things people engaged with. One person's grandchild was backpacking around the world and regularly 'skyped' them. HICA had purchased virtual reality headsets and one person had a world cup football game streamed through one of them so that they experienced being at the world cup in a stadium in Russia.

The complaint system in place was clear and appropriate, although its effectiveness had not been tested since before our last inspection, as there had been no complaints made. Staff were aware of the procedure and people told us they knew how to complain should they have need to.

There was evidence of satisfaction with the service in the form of letters, cards and testimonials. From the Hull library reading group 'We always get a good reception for our reading room sessions at the home. The staff are friendly and organised and the residents really appreciate the stories we bring.' A foot health practitioner stated, 'Usual excellent service. Polite and helpful assistance from activities coordinators. Home clean, warm and cheerful.' A letter with a donation towards activities said, 'Given in acknowledgement and thanks for the wonderful, loving care that you gave my late spouse and for the friendship and support you gave me over the years they were a resident.' A thank you card said, 'Thank you all so much for the excellent care you gave my family member in their final years. It was such a comfort to me knowing they were always being taken care of so well. It made it all a little easier to deal with.'

We also found that people were well supported with end of life care needs. Staff accessed appropriate health care support, were sensitive, provided good care and enabled people to have a pain-free death.

Requires Improvement

Is the service well-led?

Our findings

People told us they thought the service was appropriately managed.

The provider had systems in place to quality assure the service that included internal audits, satisfaction surveys, organisational quality monitoring checks and reporting to the organisation through a variety of methods, meetings, engagements and governance.

We found that some of the systems were ineffectively used to ensure shortfalls were identified and organisational governance supported the best possible outcomes for people that used the service. This was in relation to managing the risks that people faced and meeting people's needs for person-centred care (having accurate care plans and up-to-date records of the care provided). It was also in relation to cascading information up and down the chain of command so that concerns, findings and areas for development were commonly known by those with the ability and responsibility to manage and address them.

Internal detailed and extensive audits were competed on several topics that included checks on all records, health and care practices, staffing matters, safety matters, registration requirements, adherence to legislation, satisfaction with the service, health and safety (practices and premises) and reporting to the senior management teams and boards. We found that not all of them were effective. This was because internal audits had not identified medication errors and risks they presented to people. They had not identified the recurrent risks to people from unsafe relationships where capacity to consent was lacking. Systems had either not been used to raise concerns or they had not worked in response to concerns that were raised.

Satisfaction surveys were completed annually. Responses received from the last survey were both positive and negative. Comments were about meal quality needing to improve, quicker responses to call bells needed and younger staff being perceived as 'bossier' than older ones. A new call-bell system had helped improve the responses to calls for support and so these comments were historic. Comments also included being happy with communications from staff, enjoying social activities and meeting up with friends and some staff going overboard to ensure people felt comfortable. Surveys were effective at obtaining people's views. Family and friends' surveys were all positive, as were staff and health care professionals' surveys and it was clear that people felt comfortable giving their candid views. Survey information had not generated any action plans and nor was there any evidence that action had been taken to address negative comments.

Organisational quality monitoring checks were used to assess the overall quality performance of the service. These included a governance support tool, which helped the organisation evidence how it met the requirements of The Health and Social Care Act 2008 regulations. While the last check using the tool identified scores of above 78% achievement we found it had not been effective in identifying issues for people that used the service.

Organisational reporting systems (meetings, engagement meetings, quality boards) were also in question. The information known about the service delivery and the risks people were facing had either not been passed through the system or had not been responded to effectively to enable changes to be made regarding people's care and support.

Not maintaining an effective quality assurance and governance system to ensure service shortfalls and risk to people were identified and addressed was a breach of regulation 17: Good governance of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was required to have a registered manager and on the day of the inspection there wasn't one. The registered manager had left their position in May 2018 and this was being covered by the deputy manager. A new manager was recruited and started working 1st August 2018. Their registered manager's application was pending awaiting a Disclosure and Barring Service check. Because of there being no registered manager for the last three months and a high volume of incidents to deal with in the previous six months, staff had not received sufficient direction and organisation or had the benefit of consistency in safeguarding people from harm.

For example, there were incidents of staff not being able to keep up with people's needs. In June 2018 one person's medicines had been reduced but they were still taking the same number of doses. Another person's care needs had not been reviewed since May 2018. A third person's care plan stated they were independent with eating and drinking and had not been updated with instructions given by the speech and language therapist in December 2017 to provide them with support with nutritional intake. These had not been identified.

Managers and senior staff had not been able to keep up with staff management. One staff member required an adjustment agreement to assist them in their work while they were unable to carry out full duties and had not yet had a risk assessment completed for when they provided support to people that may have acted unpredictably. One staff explained their supervisions had lapsed since changing job role a year ago.

The recruitment of the new manager meant these issues would be resolved, but they would take time. The effects of a lack of robust leadership had already impacted on service provision and the outcomes for people that used the service.

We saw evidence that staff and management had worked well with other agencies and organisations when it came to seeking advice and support for individuals to access other services, for example, with health care needs. Information was shared appropriately, while following data protection principles and legislation.

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 9 HSCA RA Regulations 2014 Person-centred care The provider failed to acquire sufficient information to meet some people's needs and had not ensured all care plans contained details about people's past histories and current needs. Care plan instructions were not always followed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to do all that was practicably possible to mitigate risk to people in the relationships they had with one another and with the safe management of their medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's governance systems were ineffectively used to assess, monitor and mitigate the risks relating to the health, safety and welfare of people that used the service.