High Street Lodge Limited

High Street Lodge Limited

Inspection report

Unit 3, Room 3
58 Alexandra Road
Enfield
EN3 7EH

Tel: 02088041097

Date of inspection visit:
19 February 2016
24 February 2016

Date of publication:
01 November 2016

Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

This inspection took place on 19 and 24 February 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that the registered manager would be present. The inspection was carried out by two inspectors.

At the last inspection, 21 August 2014, the provider was in breach of Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010. Risk assessments had not been undertaken for lone workers and provision of personal alarms had not been provided as specified in the organisations 'Lone Worker' policy. Staff were not supported and safe when carrying out their duties in accordance with regulation. At this inspection we found that the provider had partially met this breach. An emergency contact system had been put in place. However, risk assessments around lone working for staff had not been completed.

The service offers supported living services to people with enduring mental health problems. The service can accommodate a maximum of 17 people. On the day of the inspection there were 14 people using the service across five supported living locations.

There was a registered manager in place who was present during our inspection. 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.

Staff did not have access to risk assessments at the locations where people were supported. One person who presented significant risks did not have a risk assessment . Risk assessments held at the providers head office were a tick box format and did not state how risks were mitigated or managed. Care plans noted some risks. However, these did not always match the risk assessments and failed to give staff adequate guidance on how to mitigate risks and work effectively with people. This put people, staff and others at risk of harm.

The provider did not always follow safe recruitment practices for staff. We identified three staff who were working with vulnerable adults without criminal records checks. The registered manager was not aware if staff working with people were appropriate for the role and did not safeguard people adequately.

Medicines management was inadequate. The provider did not complete medicines audits and had not identified any of the issues we had identified. Staff did not have any guidance on 'as 'needed' medicines (PRN) and when to offer them to people. Staff were unable to tell us in what circumstances 'as needed' medicines should be given.

There were some omissions in signing the Medicine Administration Record (MAR). We found that some medicines had been removed from blister packs but had not been administered. This had not been documented and there was no evidence of safe disposal of these medicines.

Staff had not received training in the Mental Capacity Act (MCA 2005) or the Deprivation of Liberty Safeguards (DoLS). The majority of staff were unable to tell us that the MCA and DoLS were and how it could impact on the people that they worked with.

Staff did not receive regular effective supervision. Staff had received an annual appraisal, but training needs and other issues were not followed up.

People told us that they had enough to eat and drink. Some people were able to purchase and cook their own food and staff supported them. In some houses, staff cooked for people. People were consulted but staff told us that they cooked what they thought people should have. People did not always have choice.

The provider did not keep appropriate records of training, identify staff training needs or monitor when staff needed their training updated. Staff told us that all the training that was received was 'in-house' and given by the registered manager and the deputy manager. The registered manager did not ensure that training met current best practice.

We observed some interactions between staff and people using the service that were not respectful. We discussed this with the provider during the inspection. The provider told us that they would investigate.

People were not effectively involved in planning their care. Care plans had not been signed by people or staff. Care plans were not person centred and did not state people's individual preferences.

No audits were carried out for any aspect of the service. This included medicines, care plans, risk assessments, staff files and health and safety. The provider did not have a system to identify issues and correct any problems.

Overall, we found significant shortfalls in the care provided to people. We identified breaches of regulations 9, 10, 11, 12, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Care Quality Commission is considering the appropriate regulatory response to resolve the problems we found. We will publish what action we have taken at a later date.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe. People received their medicines. However, there was no guidance for staff around as needed medicines. Medicines were not stored appropriately. Medicines audits had not been carried out.

The service did not follow safe recruitment practices. Some staff were working alone with vulnerable adults without a criminal records check. This had not been identified or followed up by the registered manager.

Staff did not have access to risk assessments for people. Not all people had risk assessments. People who had a history of high risk did not have a risk assessment. Risk assessments, where they existed, did not tell staff how to work with people to try and mitigate risks.

Accident and incident recording did not always detail how issues were resolved. There was no evidence that the provider learnt from incidents and accidents.

Is the service effective?

Inadequate

The service was not effective. Staff did not receive regular, effective supervision.

The majority of staff were unaware of what the Mental Capacity Act (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) was or how it could be applied or impact on the people that they worked with.

Staff had not received training in MCA or DoLS.

Staff received annual appraisals. However, staff did not receive regular, documented supervision. Staff were not adequately supported to carry out their role.

People told us that they had enough to eat and drink. However, people did not always have a choice of food.

Is the service caring?

Requires Improvement

The service was not always caring. We observed some interactions between staff and people that were not respectful.

People were not sufficiently involved in planning their care. Care plans were not signed by people or staff. People did not always have input into how they wanted to receive their care and treatment.

Some relatives told us that they could visit whenever they wanted. However, one relative told us that on occasions they had difficulty being able to visit their relative.

Is the service responsive?

Inadequate

The service was not responsive. People's care was not person centred. There was no evidence that people had input into planning their care.

There were no individual or group activities. People's preferences were not listened to or acted upon. Staff were unaware of people's likes and dislikes.

People were not encouraged to have full and meaningful lives.

A system for complaints was in place and displayed in the head office. However, people were not encouraged to complain. Some relatives had not received information on how to make a complaint.

Is the service well-led?

Inadequate

The service was not well led. Systems were not in place to ensure the quality of the service people received was assessed and monitored. No audits were carried out.

Staff did not receive regular training and the provider did not monitor when training was needed or needed to be refreshed.

Staff did not have easy access to policies and procedures.

Documentation held at head office was often different to documentation held at the homes. The provider had not ensured consistent or clear information was available to staff.

High Street Lodge Limited

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 24 February 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that the registered manager would be present. The inspection was carried out by two inspectors.

Before the inspection we looked at information that we had received about the service and formal notifications that the service had sent to the CQC. We looked at seven people's care records and risk assessments, seven staff files, medicines records and other paperwork related to the management of the service. We spoke with eight people who used the service, five staff and six people's relatives. Following the inspection we spoke with a health care professional that worked with the service.

Inadequate

Is the service safe?

Our findings

Medicines were not being stored safely. While medicines were stored in locked filing cabinets, in two of the locations where the service supported people, medicines were stored with stationary and cash boxes containing people's money. People's medicines were not clearly separated and there was no separate area for each person's medicines to be stored.

People's medicines were recorded on medicines administration record (MAR) charts. A blister pack system, provided by the local pharmacy, was in use. A blister pack system provides people's medicines in a pre-packed plastic pod for each time medicine is required. It is usually provided as a one month supply. In general, MAR charts were signed regularly. However, on two days in the last month, there were two omissions in signing the MAR chart. Staff were unable to explain why this had happened. There was no entry in people's daily notes that explained what had happened on those days.

There were no times noted on the MAR charts provided by the pharmacy at one of the locations where services were provided. MAR charts noted breakfast, lunchtime, tea time and bed. We asked staff how they knew what time medicines were supposed to be given. One staff member said, "The morning can be taken from 08:00 onwards. We start work at 08:00 so anytime afterwards. The evening is anytime from 06:00pm onwards." Staff were unable to tell us what time people received their medicines and if they received them on time. One person said, "I get mine [medicines] three times a day. There was a risk that people did not receive their medicines on time as staff were unaware of what time medicines should be given.

At another location where the service supported people, the medicines for Monday 15 February 2016 were signed for as administered but remained in the blister pack. The medicine taken from the blister packs did not follow the dates as set out by the pharmacist.

Medicines for one person had been administered from the blister pack on the Saturday as opposed to Friday. Staff told us that, "Someone else had dropped one administration" and staff had decided to remove the medicines for the rest of the day as well. This had not been documented on the MAR records and staff were unable to explain why medicines had been removed.

At 11.20am on first day of the inspection, we saw one person's lunchtime and evening doses of medicines were present in the blister pack. We reviewed the person's medicines again approximately 30 minutes later. The lunchtime and evening doses of medicines had were no longer in the blister pack. Staff told us that they had administered the lunchtime medicines. Staff were unable to explain what had happened to the person's evening medicines or how they were going to ensure that the person would receive their evening medicines. There was a risk that the person would not receive their prescribed medicine.

The service had a 'Medication Management' policy. This was held at head office. There was a one page overview of the policy in the locations where care and support was provided. However, staff did not have access to the full policy.

There were records for 'as needed' medicines (PRN). 'As needed' medicines are medicines that are prescribed to people and given when required. This can include medicines that help people when they become anxious. When 'as needed' medicines were given, the MAR chart was signed. However, there was no record of why this 'as needed' medicine had been given. A staff member said, "If a client is on PRN we know why they take it. We don't write it down." The medication management policy stated that there should be evidence that, 'There is a system in place, known and understood by staff for the administration of PRN medication'. Staff were unaware of the service's policy on PRN medicines.

One person had 'as needed' medicines given on a regular basis. Staff were unable to explain why this medicine was given. We spoke with the deputy manager who told us, "We make the staff aware verbally. It's [as needed medicines] on the MAR chart." When as needed medicines were noted on the MAR chart, there was guidance from the pharmacy on how to take them. This did not explain in what circumstances they should be given. One staff member told us, "Not sure [what as needed medicines were], like paracetamol. We can buy it from the supermarket not prescribed from doctor." Staff did not demonstrate that they understood what PRN medicines were and in what circumstances they should be administered.

Staff told us that they were trained in medicines by the registered manager and deputy manager during induction. However, there was no formal medicines training provided to staff. The deputy manager told us that staff trained each other. Staff had not had their competency in medicine management assessed. The service was not providing appropriate training for staff and best practice was not being monitored or followed.

The deputy manager confirmed that medicines audits were not carried out. The registered manager did not have oversight of medicines administered to people and was unable to identify any medicines issues and address them appropriately. This was contrary to the service's medication management policy which stated that there should be, 'Systems in place to reflect on the findings of reviews and as it does so, learns from adverse events, incidents, errors and near misses relating to medicines that have occurred within the home, so that the risk of them being repeated is reduced to a minimum'.

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

Risk assessments were held on file at the service's head office. There were no risk assessments for people available at any of the locations where services were provided. People's care plans noted some risks. However, these were not detailed and did not give staff information on how to mitigate risks.

Risk assessments were not detailed. A checklist was used to identify risks. This required staff to answer yes or no on whether a risks existed. There was not further information on what the risks were or how to mitigate them. Staff would need to read through people's histories to understand any risks. Care plans often stated risks that were not included on people's risk assessments. This included significant risks that potentially put people, staff and others at risk of harm.

When we asked why risk assessments were not kept on file in the individual locations where people were supported, the deputy manager told us, "It's the way it was done." We asked how staff were made aware of any risks. The deputy manager told us that staff all knew the risks and any risks were communicated verbally. Staff we spoke with told us that they did not go and look at files in the office unless it was during induction. One staff member said, "Yes we use them [risk assessments], we have to check if people are alright, in the bedroom, walking around, are they safe sitting down." Some staff did not understand what a risk assessment was or why it was necessary.

One person did not have any risk assessments in place. The service had received information about this person in October 2015 that included significant risks to themselves and others. The registered manager told us that staff were aware of the risks as they had been informed verbally. However, this had not been recorded anywhere. This put staff and others at risk of harm.

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

Staff files had two satisfactory references from their previous employer. However, some staff files only had one form of identification documented. We reviewed Disclosure and Barring Service checks (DBS) for 13 staff. The DBS checks criminal records and helps employers make safer recruitment decisions to prevent unsuitable people from working with vulnerable groups, including vulnerable adults.

For most staff, the service had applied for a DBS on appointment to the post. However, for two staff members we saw that the service used a DBS from an educational institution. Although this was current, it is best practice to apply for a DBS specific to the company that the staff are working for. Three staff members had no DBS on file and the provider had not followed up on the applications. These staff had been working alone with vulnerable adults without appropriate checks completed by the service. One staff member for had been working with people for six months without the appropriate checks being carried out. Following the inspection, the registered manager informed us that two staff members had been suspended pending provision of a DBS certificate.

The service did not ensure that appropriate checks were carried out and documented for all staff that they employed.

This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some records of accidents and incidents were held at the service's head office. There were also records of accidents and incidents held at the locations where people were supported. The incidents and accidents at the locations where people were supported had not been transferred to head office. Records did not note any follow up actions or state how the incident had been dealt with. Where an incident had involved a person, their risk assessment or care plan had not been updated to reflect what had happened.

The registered manager did not have oversight of incidents that had happened and did not use accidents and incidents as an opportunity to learn. The deputy manager told us that incident and accident report audits were not carried out. Some staff told us that they knew the procedure for reporting accidents and injuries. However, one staff member said, "If an incident happens, we fill the risk assessment form." Staff were unaware of the difference between risk assessment forms and incident and accident reporting.

People told us that they felt safe. One person said, "I feel safe here" A relative told us, "Yes, generally [relative] is safe there. I don't think there's any abuse there" Another relative told us, "Well [my relative] has been there all these years and has never said they don't feel safe." Staff explained how they would keep people safe and understood how to report it if they thought people were at risk of harm. One staff member said safeguarding was, "Protecting vulnerable adult's against neglect. I would report it immediately to the supervisor, or to the CQC."

The provider had a safeguarding policy which staff were able to access during induction. However, staff did not have access to this policy at the locations where services were provided. We saw that the deputy

manager, manager and two staff had completed safeguarding training in 2015. However, other staff had not had any further safeguarding training since their induction.

There were contact details for staff and people on noticeboards in some of the locations where services were provided about how to whistle blow. One staff said, "There is a number to call in confidence if we need to speak to somebody. I would use it if I had to."

Staff worked 24 hour shifts, from 08:00 to 08:00 the next morning. This shift included a sleep-in shift between 22:00 and 08:00. During a sleep-in shift, staff were on the premises but not on duty, although they would be available in the event of an emergency. Relatives told us that they did not feel that there were enough staff to support people adequately. Staffing rotas for the previous month showed that a single member of staff was on shift. There was one senior staff member who moved between locations. However, the service had not completed a needs analysis for people to ensure that staffing levels were appropriate. A needs analysis looks at people's care needs and identifies what level of support is required and how many staff would be necessary to provide the identified support.

The service had an emergency call system in place. Staff were able to press a button located on the handset of the phone. This automatically alerted the on call person that help may be needed. During the inspection we observed how this worked. Staff told us that they knew the procedure and it helped them feels safer as they often worked alone. The service had an on-call system in place between 17:00 and 08:00. The on-call procedure was clearly displayed in the homes and staff were aware of who to call in case of an emergency.

The service did not have an effective system to assess and manage risks in the environments in which people lived. The last recorded fire drills in two locations where people received services were in 2013. At another location where people received services, the last recorded fire alarm test was also in 2013. Staff and the deputy manager told us that the senior staff member completed the fire alarm tests regularly. However, there was no documented evidence that this had been happening.

Inadequate

Is the service effective?

Our findings

There were limited records of the supervision of staff. There was only one record of the supervision of staff within the last six months. One staff member said. "Yes they [management] pop around. I remember [the deputy manager] did that with me. Don't really remember when. I don't remember anything written." The deputy manager told us that the management always talk to the staff, but that this was not always recorded.

Most staff had an appraisal completed within the last year. However, staff were unable to explain how the appraisal process had helped them in their role. One appraisal from 2014 noted specific training that had been identified. When we looked at the same staff members' appraisal from 2015, the same training had been carried over. When we spoke with the staff member they confirmed that they had not received any further training since their induction. Appraisals were not effective in identifying and acting on staff training needs.

There was little evidence of staff training after 2013. The service did not monitor what training staff had received or needed. One staff member said, "We have in-house training. We haven't had any formal training. They [management] show you if you need something." There was no system in place to monitor the content and quality of the in-house training provided. There was a risk that staff were not being taught best practice.

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

Following the inspection, the provider informed us that all staff were booked for initial assessment to compete QCF level 2. This is a formal qualification in health and social care. A training matrix had also been designed and would be put into use following inspection.

Staff told us that they had completed an induction before starting to work in the locations where people were supported. The registered manager told us that staff spent a week in the office going through people's files, policies and procedures. They also shadowed more experienced staff before being allowed to work alone. We saw that there were records of induction for some staff. However, this had not been completed for two of the staff that we looked at. A staff member told us about their induction, "It was general. To know client sicknesses, medicines and what I need to know about them." Another staff member said, "Induction involved looking at the client files in the office, shadowing for two to three weeks before I start working on my own."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisation to deprive a person of their liberty were being met.

The registered manger told us that everyone using the service had capacity and there were no people on DoLS. However, we saw that there were some people who were not allowed to go out without staff support at the locations that provided services. These people did not have a DoLS in place and an MCA assessment had not been completed. Staff told us that accompanying some people to go out was to keep them [the people] safe. We observed and were told that the door at one of the locations where people were supported was kept locked. This was because there were concerns around people going out and not being safe. This is a deprivation of liberty. However, there was no DoLS in place for the person. The service had not discussed this with the person's care team.

This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One staff member said, "The MCA is about dealing with people with mental difficulties. Some [people] have no capacity to deal with their affairs. They can't make decisions themselves. If someone can't make a decision you appoint someone to do it for them." Another staff member said, "It's about clients, capacity, you know. About their mental health and laws that deal with it."

Staff knowledge of the MCA and DoLS was mixed. Staff had not received training around MCA and DoLS. The only person who had received training was the deputy manager. Most staff did not understand what MCA or DoLS was or how the impact it had on people.

In one of the locations where people were supported, people were mostly independent and purchased their own food on a day to day basis. One person said, "I cook my own food. I go out shopping and I'm quite independent." Another person told us, "I buy my own [food] staff support me if I need it." Some people told us that they bought their ingredients of choice and staff cooked it for them. The locations where people were supported documented what people ate on a daily basis. It was noted that one person was not eating healthily for the previous two weeks. There were no records that this person had been supported to eat healthily or that this had been addressed or discussed with them.

At another location where services were provided, we saw that staff cooked on a daily basis for people. There was a good selection of fresh fruit and vegetables available. People did not have access to an up to date menu plan. Staff told us that people were consulted daily and fresh food purchased each day. Staff said that they took people's views into account about what they wanted to eat, although one staff member said, "Most of the decision is down to me as often they will choose junk food. We are trying to get them healthy. We are trying to help."

There were some records that people were referred to heath care professionals when necessary. However, this was not always documented in people's personal files. Staff were aware of how to refer people to GP's, opticians and other health care providers. People told us that they visited dentists, GP's and other health care providers.

Requires Improvement

Is the service caring?

Our findings

One person said, "Some of the staff don't talk to me. They [the staff] prompt you with different things. One staff tell me this way another staff says a different way." Another person said, "I got what I got. They make me a cup of tea and give me a biscuit."

We received mixed feedback regarding care from relatives. One relative said, "I wouldn't have a bad word to say about the place. They do as much as they can. I think what they do? is adequate." Another relative told us, "We're really pleased. They take care of [my relative] really well." Further feedback from relatives included, "I'm very pleased with the set up for [my relative]. I don't think we could find a more caring, individual approach or be more caring." Other relatives said, "We visit regularly, we are very concerned. It seems like [person] is in a prison. Nothing is getting done. They used to be good but it seems like they don't care anymore."

People were not always treated with respect. During the inspection, we observed a member of staff on two occasions tell a person to, "Shut up" and, "Go away" when the person approached them with a question. We also observed another member of staff physically stop a person walking into a room by holding out their hand to block the person entering. This was to allow staff and inspectors to pass. We spoke with the staff and said that this was people's homes and that we were just visitors. We informed the registered manager about our concerns about the way people were being treated.

This was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans had a section called, 'service user views'. We were told that staff wrote this section based on what people had told them. People's comments were not noted on the care plans.

One person told us that their bus had pass expired last year and they did not have a new one. The person said that they had informed the staff of this repeatedly. We asked the registered manager and deputy manager about this and they said that could not be the case. However when we requested that they look into this, they subsequently confirmed that the person's bus pass expired in May 2015.

We asked staff how they would work with gay, lesbian or bisexual people. One staff member said, "It would be a challenge. It doesn't matter to me, I would treat them the same. Just because they have chosen to be different, I would treat them the same. Equality." Another staff member said, "Why would it make a difference?"

We asked staff what dignity and respect meant to them and the job that they performed. One member of staff replied, "We have to respect them as a job, they are humans, we really have to respect them. They have rights." Other staff members we spoke with did not demonstrate how they would treat people with respect and embed this in their day to day work with people.

During the inspection, the deputy manager showed a high level of dignity and respect towards people. People greeted him warmly and he appeared to know people well. We observed him enquiring about people's day and how they were feeling.

Daily reports were detailed and showed what people had done during the day. Reports noted physical and mental wellbeing. Daily notes were written according to points on the care plan. The deputy manager told us that this was something that they had recently introduced and it had improved the quality of recording.

We were told that people were able to provide input into meetings with staff. However, meetings with people using the service were not always documented. Only one meeting in 2016 had been documented.

Care plans noted if people had a faith. Staff told us that if people wanted to attend a place of worship, they generally went with their family.

Some relatives said that they could visit whenever they wanted. One relative said, "Oh yes. I've never felt I have to ring beforehand. We generally do in case they're going out with him." Another relative told us they could visit, "Whenever I like, they don't interfere with anything in that respect." However, another relative said, "Usually we say when we are coming. We were passing and wanted to drop in. We were told 'next time can you ring when you are coming'. That wasn't right. It's [the persons] home."

Inadequate

Is the service responsive?

Our findings

Care plans were not person centred and not reflective of people's current needs and how staff should support people's needs. In one location where services were provided, there was a care plan for a person dated 2013. Staff did not know whether there was a more up to date version. On checking with the head office, there was a care plan for the person from September 2015. Staff did not have an up to date copy of the person's care plan.

Some care plans had been updated within the last six months. However, they had not been signed by the person using the service or an appropriate family member, nor were they signed by the person's keyworker. We were told that the service did involve family members and people and that staff sat with people and went through the aims and goals. There was one documented meeting between staff and a family member regarding one person's care plan. We were told that the service disposed of this information once the care plan had been written. Where people had not been able to have input into their care, there was no evidence of a Mental Capacity Act assessment or a best interests meetings. A best interests meeting is when people have been deemed unable to be involved in aspects of their care and staff, healthcare professionals and relatives, make decisions on their behalf and in their best interests. One person told us when we asked if they had been involved in their care plan, "Nah, it's [the care plan] just written."

Care plans were sometimes contradictory. One person's care plan stated that the service would support them in achieving a specific goal. However, it was later noted that this goal was not possible.

Each person had a key worker. A key worker is a member of staff who is responsible for an individual and makes sure that their care needs are met and reviewed. However, there were no records of key working sessions for the past two years between the people who use the service and their designated keyworker. The deputy manager said that staff did this verbally. However, there was no evidence to support that this had happened. One person said, "What's a key working session?" when we spoke with them. There was no evidence that people were being supported as individuals.

Care plans did not contain details of activities that individuals enjoyed. Most activities were generic and focused on what staff thought people would enjoy. For example, go for a walk, go to the café. One person's care plan stated, 'Staff to encourage [the person] to socialise in communal areas of the home. Staff to offer meaningful conversation'. The care plan did not tell staff what the person enjoyed talking about or what the person's hobbies and interests were.

One relative told us, "They do take [my relative] shopping, go for coffee and walks in the park." At one location where services were provided, people were independent and able to go out as they wished. During our inspection we did not see people being supported to go out.

In one location where services were provided, there was an activity timetable for the local leisure centre on display in the kitchen. This had not been updated since 2013. One care plan stated, 'Encourage [the person] to engage in passive exercise such as going for walks or using the local leisure centre at least twice per

week.' The care plan also stated 'find enough activities during the day to keep [the person] occupied' and to 'take [the person] on a bus ride at least once a fortnight'. However, the care plan did not state specific activities or refer to any activities that the person preferred to engage in.

This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A healthcare professional told us they thought there was a "General poor quality of care [at the service]. They [staff] are not proactive with [the person's] support needs and they are not supporting activities [and the person] has become a hermit since living there." A relative said, "[my relative] is stagnating there, but there's no stimulation there whatsoever. If that was me, I would feel like I was doing a life sentence." Another relative told us, "They don't try to make [my relatives] life better. It's just basic support. I believe my [relative] deserves a bit more in life."

Each of the locations where services were provided had a complaints procedure that was available for staff and people to read. We checked records of complaints. There had been no complaints recorded since August 2013. Some relatives told us that they had been given the complaints procedure when their relative began using the service. One relative told us, "I've got somewhere how to complain. It's in the contract. I would call if I wanted or needed to." However, another relative said, "No, I don't [know how to complain], I would just call the manager. If that wasn't enough I would call [the local authority]. They [the service] have not given me information but like I say, it's basic there." One person told us, "I don't know how to make complaints. I suppose I'd just tell them."

This was in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inadequate

Is the service well-led?

Our findings

Staff told us that they felt the registered manager was, "Very helpful. She is very approachable'. Another staff member said, "They [management] are nice, they are okay. I can call them, even at 1am. Some of them [clients] don't sleep. When some are reluctant I give them a call." One relative said, "Yeah, she's [the registered manager] lovely. Okay to get on with. She will bend over backwards for you."

No audits to monitor quality and safety were carried out. The following aspects of care were not audited in anyway: medicines, care plans, risk assessments, staff files, training, and health and safety. The provider failed to identify and address issues and could not demonstrate that the safety and welfare of people was maintained to the required standard. When we asked why there was no system of auditing in place, we were told that "There just isn't."

Incidents and accidents were not recorded in detail and did not state outcomes. The registered manager did not use accidents and incidents as an opportunity to learn.

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

Documentation held at head office was not the same as documentation held at the locations where services were provided. For example, risk assessments were held at head office but not at the locations where people were supported. The registered manager said that staff could go into the office at any time to look at documentation. However, staff were providing care at the locations where people were supported and did not have access to up to date and appropriately detailed records.

Staff did not have easy access to policies and procedures. Policies and procedures were held at head office. At our last inspection on 21 August 2014, we identified that staff did not have access to policies and procedures. The service had addressed this in part. Policies had been put on line and staff could access them via the internet. However, only two of the locations had a computer.

There were no staff training records for the past two years. There were no records of identified staff training needs. Training covering issues such as the Mental Capacity Act, Deprivation of Liberty Safeguards and health and safety had not been provided. No training had been identified or planned for future staff development. Only seven staff had received training in safeguarding. One staff member said, "We have in-house training. We haven't had any formal training. They [management] show you if you need something." The registered manager did not monitor, identify and act on staff training needs.

Records showed that staff supervision was not regular. Staff were not adequately supported in their role. There was no evidence of how staff's progress was monitored by the registered manager and records were not up to date.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

The deputy manager told us that staff meetings took place approximately every three months. The most recent staff meeting, held in September 2015, was attended by the registered manager, the deputy manager and two support workers. Praise for staff was noted and discussions took place around complaint handling and safeguarding where staff were asked to name examples of abuse and how this would be followed up.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care plans were not person centred. No key working had taken place for the past two years. People were not consulted on their care

The enforcement action we took:

Urgent conditions

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment No adequate risk assessments for people including two people who posed severe risks. Staff did not have access to information around risks and how to work with identified risks.

The enforcement action we took:

Urgent conditions

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Three staff were working without a criminal records check. There were not adequate staff recruitment checks in place.

The enforcement action we took:

Urgent conditions

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was no oversight of the service by management. There were no audits for medicines, staff files, care files including risk assessments and care plans. Management were unaware of the

issues found by inspection

The enforcement action we took:

Urgent conditions