Radian Support Limited

The Old Forge

Inspection report

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Date of inspection visit:
01 December 2015
02 December 2015

Date of publication:
19 January 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The Old Forge is a care home which provides accommodation and personal care for up to four people with learning/physical disabilities. It is a converted bungalow in a village setting.

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

The inspection took place on the 1 and 2 December 2015 and was carried out as part of our schedule of comprehensive inspections.

Staffing levels were not sufficient to meet people's needs. As a result risks associated with eating and swallowing were not managed in line with professional guidance. Sufficient staff were not always provided to ensure people who required two staff for moving and handling could have their personal care needs met and access to activities were limited.

Risk assessments were in place, however some risk assessments lacked details on how specific risks were to be managed and risk assessments were not in place for all identified risks.

Systems were in place to manage infection control, however staff practice did not always promote safe working practices to prevent the risks of cross infection. The kitchen was under refurbishment and therefore out of use. As a result the laundry room and sink was being used on a temporary basis to wash dishes. There was no risk assessment in place to manage the risks of cross infection associated with this. Discussions had taken place regarding potential risks and staff were aware of what they needed to do to prevent cross infection.

Improvements were required to recruitment practices. We have made a recommendation to address this.

Food and fluid intake was monitored but accurate records were not maintained of the total amounts required and taken. We have made a recommendation to address this.

Mental capacity assessments took place and decisions on people's care and treatment were made in line with legislation. Deprivation of liberty safeguards (DoLS) had been approved by the local authority. However the home failed to obtain copies of the approved applications and inform the Commission in a timely manner.

Staff were kind, caring and gentle in their approach. They offered people choices and engaged with them. However we saw limited use of aids, objects of reference and signing to communicate with people as was

outlined on their communication diaries. We have made a recommendation to address this.

Relatives told us staff were kind, caring and gave an example where they felt staff had gone the extra mile.

Care plans were in place. They were not person centred and were not updated to reflect change in people's needs. They showed no evidence of people's involvement in them.

The range of activities on offer was limited and activities did not take place regularly. We have made a recommendation to improve access to more person centred activities for people.

Staff were suitably inducted, trained, supervised and appraised. They told us they worked well as a team and felt the home was well led and managed. They found the registered manager and support lead to be accessible and approachable. However we found the registered manager was responsible for managing two locations with not enough staff to enable them to do it effectively.

Medicines were safely managed. Systems were in place to audit the service but the audits failed to address the issues we found at this inspection.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Staffing levels were not sufficient to meet people's needs.

Risks to people were not appropriately managed.

Improvements were required to recruitment practices.

Is the service effective?

Requires Improvement

The service was not always effective.

Deprivation of liberty safeguards were approved but not available or known to staff.

People's health needs were met however improvements were required to the monitoring and recording of people's nutritional needs.

Staff were suitably inducted, trained and supervised in their role.

Is the service caring?

Requires Improvement

The service was not always caring.

Staff were kind, caring and supportive of people.

Aids and prompts were not routinely used to promote people's involvement in the home and in making choices and decisions.

Is the service responsive?

Requires Improvement

People's care plans were not person centred.

The activities on offer were limited and not person centred.

Systems were in place to enable relatives to raise concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The management team were approachable and accessible but were stretched to capacity which resulted in the home not being effectively managed.

Systems were in place to audit the home although the outcome of the audits did not result in action being taken to support the registered manager.

Improvements were required to the management and maintenance of records.

The Old Forge

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 1 and 2 December 2015 and was unannounced. This meant staff and the provider did not know we would be visiting. The inspection was carried out by one inspector.

We previously inspected the service on the 6 January 2014. At that time the service was meeting the regulations inspected.

Before the inspection the provider completed a Provider Information Return (PIR) The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed the previous inspection reports of the home and other information we held about the home.

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

During the inspection we walked around the home to review the environment people lived in. We spoke with the registered manager, support lead and four support staff. We also spoke with one relative by telephone after the inspection and obtained written feedback from another relative. We looked at a number of records relating to individuals care and the running of the home. These included three care plans, medicine records for three people, staff duty rosters, shift planners, three staff recruitment files and three staff supervision records.

Inadequate

Is the service safe?

Our findings

Relatives told us they did not think there was enough staff. One relative told us they thought one staff was doing the job of two staff. They commented "Staff have to do the caring, cleaning, laundry and cooking and I do not know how they do it with the numbers of staff provided"

Staff told us the staffing levels were not sufficient to enable them to provide person centred care and activities for people.

We found there were not sufficient numbers of staff available to keep people safe. We were told two staff were rostered per shift with a third staff member provided on days where a specific activity was planned or a person needed support with an appointment. We reviewed the rotas and saw two staff were generally provided on most days with three staff always provided to support people to go to a weekly evening activity and day centres alternate weeks. On the days of the inspection there were three staff on the early shifts to take people shopping and two staff on the late shifts.

A professional involved with the home told us when the regular staff members are not on shift it can be difficult for new staff members to help them with their queries about people. They told us they thought the handover book from shift to shift had helped that.

Professional advice and guidance outlined all four people required one to one support and or one to one supervision with their meals. We saw staff supported people with their meals. One staff member was out at the time with one person who used the service. Therefore two people had one to one support from staff to eat their meal. The third person was supported by the registered manager who was not meant to be at the home but had attended for the inspection. Staff told us two people required one to one support and the other two people required some level of supervision such as prompting, encouragement and where necessary some practical support. They said when two staff were on duty as was often the case they supported two people at a time with their meals. This was not in line with the professional guidance provided and had the potential to put people at risk of choking.

During the inspection two people went out with two staff. This left one staff member with two people who required two staff for moving and handling. On the day of the inspection the registered manager was available to assist as they were present for the inspection. However the registered manager was registered to manage two locations and cannot be relied on to cover shortfalls in the rota. Staff confirmed there were occasions where they were left alone with two people who required two staff for moving and handling. They said they were unable to provide any personal care during this time and aimed to get people up and dressed whilst two staff were available. This practice did not promote person centred care for individuals.

During the inspection staff supported some people with activities out of the home such as shopping trips and to see the Christmas lights. We saw from records viewed limited activities out of the home took place during the week and none took place at the weekend. One person went to church every other week. Staff told us this was because there was not sufficient staff available to take them to church every week and to

allow people who liked going out to go out.

Staff were responsible for the cooking, laundry and cleaning as well as providing care and support to people. We saw staff were busy throughout the shift doing tasks such as cooking, cleaning and laundry as opposed to being available to support people. During this time people were sat in front of the television. The home had one staff member on long term sick and one vacancy which they had recently recruited into. They used agency staff and their own staff to cover shortfalls in the rota. The registered manager told us people's needs had increased since they had been at the home but the staffing budget and staffing levels had not increased to meet the change in people's needs and increase in dependency levels.

This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. This was because the provider failed to ensure that at all times there were sufficient numbers of suitably qualified, competent, skilled and experienced staff employed to make sure they could meet people's care and treatment needs.

People's care plans contained a range of risk assessments. These included risk assessments in relation to finances, medicine administration, falls, bed rails, behaviours, medical conditions and pressure sores. We saw people were considered at risk of choking. Professional advice had been sought to provide guidance to staff on how they reduce the risks. We saw some guidance was adhered to, to reduce the risks of choking such as cutting food up and use of thickeners in fluids. However one to one staff support and supervision was not provided for each person at meal times as outlined within the professional guidance and therefore the risk of choking was not been safely managed.

People who required it had moving and handling risk assessments in place. The risk assessment indicated people were hoisted. It did not provide the detail on what equipment was used by individuals to hoist them. We saw on a health appointment record with a health professional dated 24 November 2015 that the equipment being used to move and handle a person had changed. The person's moving and handling risk assessment was not updated to reflect the new guidance. The support lead told us a copy of the appointment record was made available to staff and displayed in the person's bedroom. We saw this was the case. However some staff told us they were not using the new moving and handling equipment as they had not been shown how to use it. This had the potential to put the person at risk of not being moved and handled safely.

Care plans contained waterlow risk assessments for people who required it. This is a tool used to assess if a person is at risk of developing pressure sores. We saw where people had a waterlow risk assessment in place it was not fully completed to indicate the total score, level of risk and action taken.

The organisation had an environmental risk assessment in place. This outlined risks to staff, people who used the service and visitors and how they were to be managed. This was reviewed and updated in March 2015.

The home had systems in place for recording accidents and incidents. Staff were clear of their responsibility for dealing with an accident and or incident. Body charts were completed to record injuries. Accident forms were signed off by the registered manager and reported back to the organisation on a monthly basis. This enabled them to pick up any trends in accidents.

The registered manager was the named infection control lead. Some staff were aware of this. Other staff said they were all responsible for infection control and did not know the registered manager was nominated in this role. We saw on a notice board outside the office a memo which outlined which staff had key

responsibilities and what they were. This outlined the registered manager was the infection control lead. The home had an infection control risk assessment and audit in place which was up to date and reviewed. During the inspection we observed a staff member came out of a person's bedroom wearing gloves and an apron. They came into communal areas of the home including the office whilst still wearing those items. During our walk around the home we saw there was no soap in bedrooms and very little in bathrooms and toilets to promote good hand hygiene. By day two of the inspection this had been addressed. At the time of the inspection the kitchen was being totally refurbished and was therefore out of use. The laundry room was being used to wash up cutlery and crockery. During discussion with staff they told us they had discussed at a team meeting the day before the potential risks of using the laundry room to wash crockery and cutlery. They said they were aware of procedures they were required to follow to reduce the risk of cross infection. However there was no risk assessment to support the discussion and promote safe working practices in relation to infection control. This meant there was a risk of cross infection and infection control measures were not being appropriately managed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. This was because risks to people were not properly managed, including infection control risks which meant safe care and treatment was not provided.

We looked at three staff files. It was not clear on their files when they commenced employment with the organisation. Staff files contained an application form, a summary of their previous employment, copies of references, proof of identity and work permits where required. A disclosure and barring check (DBS) was required for all staff working in care. This highlighted if the staff member had a criminal conviction. We saw in one staff file there was a gap of eight months from when the DBS check was obtained or checked to the staff member commencing employment. It was not clear on the staff file why that was and the DBS had not been rechecked to ensure they were still suitable to work with vulnerable people. This was addressed during the inspection, the DBS was rechecked and confirmation of the check provided. One of the files was for a staff member who was promoted from a support worker to a support lead. There was no evidence on file the staff member had attended for an interview and had been assessed as having the skills for the post. These were provided and made available on day two of the inspection. We noted no reference request or feedback from their previous line manager was obtained to confirm their suitability for the post.

We looked at medicine records for three people. We saw medicines were stored appropriately and given as prescribed. Protocols were in place for the use of as required medicines and guidance was provided on how topical creams should be applied. Records were maintained of medicines received and disposed of. Stock checks of medicines were completed and audits of medicines were completed every other month. Staff were suitably trained and deemed competent to administer medicines with an annual assessment carried out to confirm their competency to safely administer medicines.

Staff were trained in safeguarding. They understood the types of abuse and their responsibility to report any allegation or observation of abuse.

Water legionella checks took place. The oil, lighting, fire equipment and moving and handling equipment was serviced and safe to use. Records were maintained to demonstrate equipment such as wheelchairs and hoists were cleaned. Fire safety checks were carried out in line with the provider's policy. Health and safety checks were completed of communal areas and bedrooms and action taken to address any shortcomings. A maintenance log was in place which indicated when work was reported and completed. The home had a contingency plan in place which provided guidance for staff on what to do in the event of a major disaster at the home. They had an emergency bag which contained a floor plan of the home, emergency contact details, a mobile telephone, spare key to the vehicle, first aid kit, foil blankets and key information on the

people they supported. Staff were aware of its existence and their responsibilities in the event of an emergency at the home.

The home was clean. Areas of the home had recently being refurbished and updated. The shower had been replaced and the flooring in the walk in shower had also been replaced. At the time of our inspection the kitchen was being completely refurbished and replaced. The laundry room was also due to be replaced. We were told areas of the home were due to be decorated in 2016. There was no refurnished plan in place to confirm when this would be completed or to show future planned ongoing maintenance and updating of the service. A professional involved with the home told us the accommodation was always clean and tidy whenever they visited.

It is recommended the provider improves its recruitment processes to ensure all staff have the required up to date recruitment checks and documentation on file including staff promoted internally.

Requires Improvement

Is the service effective?

Our findings

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found related assessments and decisions had been properly taken. The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to restrict people. We saw applications had been made. The registered manager told us the DoLS applications had been authorised but the home did not have a copy of the authorisation as they were not able to open the encrypted document. After the inspection we contacted the Local Authority Deprivation of Liberty team. They confirmed the DoLS applications had been granted in August 2015. They were unaware the home still did not have a copy of the approvals to enable them to safely restrict those individuals.

People's care plans outlined if they had capacity or not. We saw a decision to not resuscitate was made within a best interest meeting. The appropriate paperwork was completed to confirm the decision and why. Staff were trained in the Mental Capacity Act 2005 (MCA) and DoLS. They were aware best interest meetings were required if a person required care or treatment that they were unable to consent to. Staff were aware DoLS applications were required for some people at the home, however they were unaware if the DoLS approvals had been granted or not.

This was a breach of Regulation 13(5) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. This was because the provider failed to act in accordance with the Deprivation Of Liberty safeguards.

At the time of the inspection the home had a temporary menu in place due to the kitchen being out of use. Staff told us the menu was developed around people's likes and dislikes. People's care plans outlined their likes, dislikes, nutritional needs and the support required with meals. We observed people being supported to make a choice of lunch. They were shown two options and staff made a decision based on their responses. We observed lunch. We saw equipment and aids were provided for people who required them. Staff supported and encouraged people to eat their meal and full assistance was given to people who staff believed required it. Staff told us two people required one to one support with their meals whilst the other two people only needed prompting and supervision. This was not in line with the guidance provided by professionals. Records were maintained of foods eaten. Some people had fluid monitoring charts in place.

There was no guidance as to what was considered the required fluid intake for individuals and therefore it was established if that was provided. We saw fluid charts were not always fully completed with input and output and therefore was ineffective in picking up if people had the required fluid intake. This had been addressed in a team meeting. Whilst improvements had been noted some gaps were still evident.

People's care plans outlined their communication needs and how people with limited communication expressed their needs and were understood. Staff appeared to have a good understanding of people's communication needs in that they understood what they wanted. However no signs, prompts, aids or objects of reference were used throughout the two days of the inspection to further promote engagement with people.

People had access to health professionals to meet their specific needs. We saw records were maintained of appointments with professionals and the outcome of those visits. Relatives told us staff kept them informed of changes in people's health and seek medical input if required. There were annual reviews of people's care and progress. Relatives told us they were invited to and included in their relative's annual review. A professional involved with the home told us staff coped well with a person who deteriorated medically and sought the appropriate help in a timely fashion.

New staff told us they had received an induction and had completed an induction booklet. The registered manager told us new staff would be enrolled on the care certificate training. The Care Certificate is an identified set of 15 standards introduced in April 2015 that health and social care workers must adhere to in their daily working life.

Staff told us they were clear of their roles, responsibilities and what was expected from them. They said they got regular updates in training and had access to specialist training if they required it. Some staff had specific roles that they were responsible for such as infection control, health and safety and safeguarding. We looked at the training records and saw staff had training in subjects the provider considered to be mandatory for the service such as first aid, fire safety, safeguarding of vulnerable adults, moving and handling, food hygiene and learning disability awareness. We saw updates in training was booked for staff when required.

Staff told us they received regular supervision and support. The provider had a staff supervision policy in place which outlined staff would have five supervisions a year, which would comprise of two individual supervisions, group supervision, a practice observation and an annual appraisal. We looked at four staff files. We saw staff had regular one to one to supervisions, an annual appraisal and an observation of their practice. New staff completed probationary reviews prior to being confirmed in post. The support lead told us they were currently undertaking supervision training to enable them to take on the role of supervising staff. They told us they currently shadowed the registered manager in this role which reinforced their learning.

It is recommended the provider seeks advice on what is the required fluid intake for people and guidance and records to be accurately maintained which supports the advice given.

It is recommended the provider seeks advice on how to make use of prompts, visual aids, objects of reference and equipment to provide better opportunities for people with limited verbal communication to be able to communicate.

Requires Improvement

Is the service caring?

Our findings

Relative told us the staff were caring. One relative told us how staff had collected them and taken them to hospital to see their relative. They described the staff as "brilliant, kind, caring and always go the extra mile".

A professional involved with the home told us they found the staff to be caring towards the people they supported.

We observed staff engaging with people. Staff were kind, caring, gentle, supportive and provided people with reassurance. We observed people being supported with their meal. Staff sat next to them. They provided good eye contact, engaged with them and allowed the person adequate time to eat their meal. Staff had a good relationship with the people they supported. They constantly kept them informed of what they were doing and what was happening in the home.

We saw people were offered choices in relation to what they wanted to eat and drink. Care plans contained a record to show how people choose a meal. These were not fully completed and therefore were not effective in demonstrating the person had made a choice. During the inspection two people went out. It was not evidenced or recorded how people had made the choice to go out or how they had chosen what they wanted to do.

People had limited involvement in the running of the home. Prompts, aids and signs were not routinely used to promote good communication with people to enable them to make informed choices and decisions. Residents meetings took place. We saw the minutes were a mix of pictures and words. It was not clear from the minutes what prompts and aids were used to enable people to be actively involved in the discussions.

People's privacy and dignity was promoted. People had their own bedrooms. We saw the bedroom doors were closed when people were in them. Staff informed people if they needed to go into to their bedroom to get anything. People's care plans outlined what people preferred to be called. We heard staff call people by their preferred name.

At the time of our inspection the home had advocate involvement for one person. Advocates are independent and represents the persons interests, supporting them to speak or speaks on their behalf to ensure their needs and wishes are taken into account.

All bedrooms at the home were single rooms. Bedrooms were personalised with their belongings such as photographs and items relating to their interests which promoted their sense of belonging and well- being.

It is recommended the provider seek advice on how people can be more involved in making choices, decisions and involvement in the home.

Requires Improvement

Is the service responsive?

Our findings

Relatives told us they home was responsive to changes in people. One relative commented "Staff knew people really well and they were quick to act when something was not right.

A professional involved with the home commented "The staff know the people they support well and often recognise subtle signs of deterioration".

People had care plans in place. Care plans outlined the support people required but were not person centred. Some care plans were not updated to reflect changes in people's plan of care. One person's care plan indicated they were to be moved from their wheelchair to easy chair during the course of the morning. We saw this was no longer the case. The registered manager told us the persons chair had changed which meant they were able to spend their waking hours in it. The care plan did not indicate this. Another person was registered blind. This information was not recorded in their daily file. None of the person's care plans made reference to how they should be supported, informed and consulted with in view of their visual impairment. Food and fluid monitoring charts were in place. Care plans did not outline why they were required and did not outline the amount of fluid to be given. People's care plans were not signed by them and did not evidence people were informed or aware of them. The organisation was in the process of implementing a new care plan format which they felt would reduce the duplication of information and provide a more person centred care plan format than the one currently in use.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. This was because the care provided was not person centred.

People had an individual programme of activities. They went to a local club on a Monday evening, two people went to a day centre on alternate weeks and one person went to church on alternate weeks. Extra staff were provided to enable those activities to happen. We saw there was no variety in the activity programme provided. There were few leisure activities out of the home and there was no structured stimulating in house person centred activities provided. During the inspection one person sat in front of the television on both days, one person played with pegs and the other person walked around the home whilst staff carried out tasks such as cleaning and cooking.

Relative said they would talk to staff if they had any worries, concerns or complaints. A relative told us they could not recall making a complaint but if they did, they felt confident it would be acted on. Staff were clear of their responsibilities of what to do if a relative raised a complaint or concern with them. The complaints procedure was available in a pictorial format which may be understood by some people but not in a format understood and accessible to all four people. We looked at the complaints log. There was none recorded. We saw three compliments had been received.

It is recommended the provider improves access to person centred activities for people.

Requires Improvement

Is the service well-led?

Our findings

Relatives told us they felt the home was well managed. They told us they found the registered manager and support lead approachable. One relative told us registered manager and support lead were always available to talk to them and if not they always rang them back. They commented "They always do whatever they can to help".

A professional involved with the home told us the registered manager was pro-active but that they seemed to have difficulty retaining and recruiting staff. This they felt impacted on the service the home offered.

Staff told us they felt the home was well-led and managed. They told us the support lead and registered manager were accessible and approachable. The registered manager was registered to manage two locations. They worked across both locations in managing them as well as covering shortfalls in the rota. Staff told us they always knew how to contact the registered manager and there was a system in place for out of hours back up support.

Staff told us they were clear of their roles and responsibilities. They felt they worked well as a team to benefit the people who lived there. Regular team meetings took place which staff said they contributed to. This was an opportunity for them to address issues as a team and agree on actions to improve practice. Staff were committed to providing a good service to people however the lack of staff impacted on this.

The registered manager told us they felt supported in their role however they identified many challenges which prevented them from being able to have the time to manage and monitor the service effectively. The main challenge was covering shifts across two locations, meeting people's changing needs, changing records such as care plans in line with organisational changes and recruiting and training staff. We saw from the rotas the registered manager regularly worked shifts and long hours to cover gaps in the rota mainly at the other location they managed. We found the service was not being effectively managed and monitored and the expectations on the registered manager were unrealistic and unattainable. The service had not developed, moved forward and was not up to date with current best practice in supporting and enabling people.

The provider had a quality monitoring policy in place. This outlined their responsibility to monitor the service and how they would do that. We saw a range of audits of practice were taking place such as audits of medication, training, finances, staff practice, health and safety and infection control. The registered manager reported back to the provider on a monthly basis the number of accidents/ incidents, complaints, safeguarding alerts, notifications made to the Commission, number of staff recruited, staff hours worked and the training that had taken place. This enabled the registered manager to audit those aspects of practice.

We saw quality and / or compliance audits were also carried out by the registered manager, locality manager and internal auditor. The audit tool was developed in line with the five key questions that the Care Quality Commissions reports relate to such as safe, effective, caring, responsive and well led. The audits

were completed in May, June and August 2015. We saw all of the audits had a higher percentage of areas requiring improvements than good. However the provider failed to provide extra support and intervention to the registered manager to enable the registered manager to have the time to address the areas requiring improvement.

A further audit was carried out by an external auditor. The last one on file was dated the 1 October 2015. The actions from all of the audits were transferred onto the service's continuous improvement plan. We saw some actions from the audits were completed but some actions remained outstanding and were not followed up at subsequent audit visits.

The provider had a system in place to get feedback from relatives. The last survey was completed in January 2015 and one was scheduled to be completed in January 2016. Relatives told us they were able to give their feedback on the service and felt able to raise issues and concerns with the registered manager and support lead as they occurred.

We saw records required for regulation were not kept up to date, accurate and suitably maintained. Care plans were not up to date to reflect people's identified needs. Risk assessments were not updated and in place to ensure risks to people were properly managed. Care plans were not signed and food and fluid monitoring charts were not properly completed. The office appeared disorganised with several files left out and filing overdue.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. This was because systems and processes were not established and operated effectively to ensure the service was effectively managed and monitored.

The registered manager told us DoLs had been approved for two people but the paperwork to support this was not accessible to them as it was encrypted. The Local Authority confirmed the DoLS applications had been granted in August 2015.The provider is required to formally notify the Commission at the point when DoLS applications are granted.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4). This was because the registered person failed to notify the Commission in a timely manner that the DoLS had been approved.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents This was because the registered person failed to notify the Commission in a timely manner that the Deprivation of Liberty Safeguards had been approved.

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 provide person centred care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not properly managed, including infection control risks which meant safe care and treatment was not provided.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider failed to act in accordance with the Deprivation Of Liberty Safeguards.

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established and operated effectively to ensure the service was effectively managed and monitored.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure that at all times there were sufficient numbers of suitably qualified, competent, skilled and experienced staff employed to make sure they could meet people's care and treatment needs.