

Milewood Healthcare Ltd

Hawthorn House

Inspection report

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Date of inspection visit:
12 July 2016

Date of publication:
26 September 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 12 July 2016 and was unannounced.

Hawthorn House is registered to provide personal care and accommodation for up to nine people with a mental health need, learning disability or autistic spectrum disorder. It is a detached property and is situated in the village of Strensall, near to the city of York. At the time of our inspection there were nine people using the service.

At our last inspection on 15 and 16 April 2015 we asked the registered provider to take action to make improvements to their medication administration, recording and disposal systems. After the comprehensive inspection on 15 and 16 April 2015 the registered provider wrote to us to say what they would do to meet the legal requirements in relation to this breach of regulation. These actions have now been completed and at this inspection we found that systems were in place to ensure people received their medicines safely.

The service is required to have a registered manager as a condition of their registration. 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. At the time of our inspection there was no registered manager in post and as such, the registered provider was not meeting their conditions of registration. Two area managers had joint oversight of the service until a new manager was recruited, and they were supported by two senior care staff who provided day to day leadership at the service on shifts.

Quality assurances systems were in place and a range of audits were conducted and acted on. However, we found examples during our inspection of inconsistencies in record keeping, which were not identified in audits. We found that the absence of a manager for the service had impacted on the monitoring and consistency of record keeping, including incident records, training records and supervision. This was a breach of Regulation 17 (2)(a)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take in respect of this breach at the back of the full version of this report.

The registered provider had an infection control policy and cleaning schedules were in place. Most of the home was clean, but we did note the standards of hygiene in some areas were not appropriately maintained and we have made a recommendation in our report about this.

We found that people's needs were assessed and risk assessments were in place to reduce risks and prevent avoidable harm.

The registered provider had policies and procedures in place to guide staff in safeguarding vulnerable adults from abuse, and staff we spoke with understood the different types of abuse that could occur and were able to explain what they would do if they had any concerns.

The registered provider had a safe system for the recruitment of staff and was taking appropriate steps to ensure the suitability of workers. There were sufficient numbers of suitable staff to keep people safe and meet their needs, but there had been some staff sickness and turnover in recent months so the provider was taking action to recruit more permanent staff in order to address staff consistency.

Staff received an induction and completed a range of training to help them carry out their roles effectively. Staff we spoke with were knowledgeable and told us they received sufficient training and support.

The registered provider sought consent to provide care in line with legislation and guidance. Staff were able to demonstrate an understanding of the principles of the MCA and we saw evidence of people's agreement to their care plans.

People who used the service told us they were happy with the quality and variety of food available, and that they got sufficient to eat and drink. Care plans contained information about people's nutritional needs and preferences.

People were supported to maintain good health and access healthcare services. We saw evidence in care files of contact with healthcare services, such as GPs, the community mental health team and the community nurse.

People told us that the staff who supported them were kind and caring. We saw that interactions between staff and people who used the service were relaxed and friendly. An issue we identified during our inspection, in relation to people's choice about morning and bedtime routines was addressed on the day of our visit. Visitors were made welcome to the home and people were supported to maintain relationships with their friends and relatives. People were supported to be actively involved in local community life.

The registered provider completed care plans which contained information about people's needs and preferences; these were regularly reviewed. Most staff were able to demonstrate a good understanding of people's needs and preferences.

There was a complaints procedure in place and people who used the service told us they knew how they could raise a complaint if they needed to. People also had opportunity to raise concerns in resident's meetings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were systems in place to protect people from avoidable harm. Staff had been trained in safeguarding vulnerable adults and knew how to respond to any concerns. Risks to people were appropriately assessed and managed, although there was some inconsistency with incident and accident recording.

The registered provider completed appropriate checks before staff started work, to ensure people were supported by staff who were considered suitable to work with vulnerable people.

There were policies and procedures in place in relation to the management of medication.

Is the service effective?

Good ●

The service was effective.

Staff received an induction and refresher training, in order to ensure their knowledge and skills were kept up to date.

Staff were able to demonstrate an understanding of the principles of the Mental Capacity Act, and the importance of gaining consent before providing care to someone.

People were supported to have sufficient to eat and drink and had access to healthcare services, where this was required, in order to maintain good health.

Is the service caring?

Good ●

The service was caring.

People told us that staff were caring and that they had good relationships with the staff that supported them.

People we spoke with felt that staff respected their privacy and dignity, and we saw that people's independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

The registered provider developed detailed care plans to enable staff to provide personalised care.

There were systems in place to manage and respond to complaints, and to listen to the views of people using the service.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

There was no registered manager for the service. Feedback about the interim management arrangements for the service was positive and staff told us they received the support they needed. However, we found the absence of a manager had impacted on the quality and consistency of record keeping and the ability drive improvements at the service.

The registered provider conducted a range of audits in order to monitor the quality of the service provided; these identified some corrective actions required, but did not identify or address the concerns we found with regard to record keeping.

Hawthorn House

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 12 July 2016 and was unannounced.

The inspection team consisted of an Adult Social Care Inspector and an Inspection Manager.

Before our visit we looked at information we held about the service, which included notifications sent to us. Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also received feedback from City of York Council's contracts and commissioning team.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of this inspection we spoke with five people who used the service. We also spoke with two area managers who have joint oversight of the service, and three care staff. We looked at two people's care records, three people's medication records, three staff recruitment and training files and a selection of records used to monitor the quality of the service.

Is the service safe?

Our findings

We asked people who used the service if they felt safe living at Hawthorn House, and people we spoke with told us they did. Comments included, "Yes I feel safe... [Care staff] looks after me" and "I could talk to staff if I was worried about anything."

We looked at systems in place to ensure people received their medication safely. At our last inspection on 15 and 16 April 2015 the registered provider was not meeting legislative requirements in relation to medicines administration, recording and disposal. At this inspection we found that improvements had been made in this area. The registered provider had a medication policy. Staff responsible for administering medication were trained in medicines management, and staff confirmed that they were observed administering medication after completing their training, and annually thereafter, to check their competence.

Each person had a medication file with details of any support required with medication. We saw that self-medication assessments were completed in relation to the potential for people to manage and take their medication independently, but at the time of our inspection all people were assessed as requiring support from staff with their medication. We looked at a selection of Medication Administration Records (MARs). We found these were appropriately completed, to show that people had received their medication as prescribed. We checked the stock balance for a number of medications and the stock held tallied with the stock level recorded on the MARs. This included the stock balance for controlled drugs. Some prescription drugs are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled drugs and there are strict legal controls to govern how they are prescribed, stored and administered.

Staff were able to tell us the procedure they would follow if they found that anyone had not received their medication as required. Where there were any discrepancies or medication issues, the registered provider completed a medication discrepancy form which was sent to the head office and investigated.

This showed us that there were systems in place to ensure people received their medicines as prescribed.

The registered provider had policies and procedures in place to guide staff in safeguarding vulnerable adults from abuse. Staff received training in safeguarding and demonstrated a good understanding of how to safeguard people who used the service; they understood the different types of abuse that could occur and were able explain what they would do if they had any concerns. Care staff told us they would report any concerns straightaway to the senior carer in charge or the area manager.

The registered provider also had a 'whistleblowing' policy, which enabled staff to report issues in confidence and without recrimination. This showed that the registered provider had a system in place to manage safeguarding concerns and protect people from avoidable harm and abuse.

The registered provider completed appropriate risk assessments in relation to people's individual needs. These included assessments in relation to behaviour which could be challenging, accessing the community

independently, falls and health needs. Risk assessments were evaluated monthly.

We saw records of any accidents or incidents were stored in individual files and an electronic copy shared with management. There was also a log book for accidents and a separate log book for incidents. Since the start of 2016 five accidents were recorded and five incidents. We noted there was some inconsistency in how similar types of incidents were recorded. For example, in one instance when someone experienced a seizure this was recorded in the incident book but on other occasions seizures were recorded in the accident book. We also noted an incident that occurred five days before our inspection had yet to be recorded in the log book. The area manager advised us this would be addressed.

Personal emergency evacuation plans (PEEPs) were in place for people who would require assistance leaving the premises in the event of an emergency. PEEPs are used to record the assistance people would need, including any impairment they had, the support they would require from staff and any equipment they would need to use.

We looked at documents relating to the maintenance of the environment and servicing of equipment used in the home. These records showed us that equipment was regularly checked and serviced at appropriate intervals. This included alarm systems for fire safety, electrical wiring and the gas system. Checks also included fire drills, fire exits and carbon monoxide alarm tests. These environmental and equipment checks helped to ensure the safety of people who used the service.

The registered provider had an infection control policy, and cleaning schedules were in place in order to ensure the home was kept clean and hygienic. Most areas of the home were clean, but we noted some areas that required closer attention, such as the grout in some showers and the stair carpet which was stained in places. In the laundry room the sink was coming away from the wall and there were no tiles behind, making the area difficult to clean and standards of hygiene difficult to maintain. The wall vent in the laundry was also dirty. Decor in the home was in need of cosmetic attention in some places, and we were advised that work on this would be commencing later in the year, once work on another home owned by the registered provider had been completed.

We recommend the registered provider ensures appropriate standards of hygiene are maintained through effective cleaning schedules, standards of cleaning and audit systems.

The registered provider had a safe system for the recruitment of staff. We looked at recruitment records for three staff. We saw that appropriate checks were completed before staff started work. These checks included seeking appropriate references and identification checks. The registered provider also completed Disclosure and Barring Service (DBS) checks. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups. The recruitment records we viewed showed us that the registered provider was taking appropriate steps to ensure the suitability of workers.

We spoke with staff and people who used the service about the availability of sufficient staffing to meet people's needs safely. People told us, "There are plenty of new staff," "There are always two or three staff" and "If someone if someone is off sick they cover them." One person did however comment that staff sickness and annual leave sometimes impacted on their ability to go out when they wanted, because they required staff support when going out of the home. The area manager confirmed that they had had some staff sickness recently and they had some staff vacancies that they were recruiting to fill. In the interim they used bank staff or staff from the registered provider's other homes, in order to maintain safe staffing levels.

We looked at staff rotas for the four weeks prior to our inspection, which confirmed the staffing levels had been maintained and also showed who the first aider was on each shift. There was also a staff on-call system for emergencies.

Is the service effective?

Our findings

We asked people who used the service whether they were happy with the care they received from staff and whether they thought staff had the right skills for the job; comments included, "The staff are great" and "Staff do training."

All staff completed an induction when they started in post. Staff also completed training in a range of topics, including fire safety, confidentiality, health and safety, food hygiene, bipolar disorder and learning disabilities. Staff told us, "[My training] is all up to date. It's good training. I've got my NVQIII already [now known as a diploma in Health and Social Care]. It's all face to face training and Milewood [the registered provider] has a trainer."

Staff completed refresher training to ensure their knowledge and skills were kept up to date. The registered provider stored training records electronically and training certificates were held in staff files. However, on the day of our inspection the electronic training matrix was not up to date. One staff member was also not listed on the matrix, although their training certificates were in their file. The registered provider updated the training matrix and sent us the updated version following our visit; this showed that some staff had some gaps in refresher training but we were advised that these staff were on long term sickness leave and the training would be completed on their return.

We saw evidence of staff supervision and team meetings; both covering a range of appropriate topics. We noted some gaps in supervision records over the six months prior to our inspection, and the area manager told us they had taken action to address this and ensure consistency of staff supervision. Handover meetings were held each day to exchange key information between staff.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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 process for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the registered provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care files contained mental capacity assessments, and where relevant, information regarding DoLS authorisations that were in place. Four people using the service at the time of our inspection were subject to a DoLS authorisation.

When people displayed particular behaviours which needed to be managed by staff in a certain way (to ensure the person's safety or well-being) this information was recorded in their care plan. Training was

provided to staff on crisis prevention and intervention techniques.

Staff completed MCA training and all the staff we spoke with were able to demonstrate the importance of gaining consent before providing care to someone. We saw evidence in care files that people had been involved in decisions about their care, people had signed to confirm that staff had spent time explaining their support plan to them and that they were in agreement to it. The majority of people who used the service told us that staff asked for their consent and respected their wishes, although one person indicated they were not happy with some of the restrictions that were in place in relation to their care. We spoke to staff about this and looked at documentation which explained the rationale for the restrictions, in line with their DoLS authorisation and care plan. This showed us that staff sought consent to provide care in line with legislation and guidance.

We talked with people who used the service about the quality and variety of food provided and the responses were positive. People told us, "I get nice food," "The food is good," "We get nice meals" and "I cooked tea yesterday, I help sometimes." One person told us that there used to be a choice from two meal options but this had changed recently and that there was now one main option, but if you didn't like this you could request an alternative. They also told us, "You can have drinks and snacks whenever you want. You can help yourself." We noted from the food communications book that most days people ate the same evening meal, but staff confirmed that this was because people tended to like similar things and that people were regularly reminded they could ask for something different. Menu preferences, and the option to request alternative meals, were discussed in resident meetings.

We observed a mealtime at the home. There was a relaxed atmosphere and people ate where they wanted to. On the day of our inspection staff went out food shopping with some people, and people had all chosen to have different things for their evening meal. The food looked hot and appetising.

When we spoke to the staff about people's dietary requirements, they were knowledgeable about people's needs and preferences. For example, a staff member told us how they were working with one person who was finding it difficult to adhere to their recommended low salt and low sugar diet. Care files contained information about people's nutritional needs in a nutritional information chart, which included any dietary requirements and food preferences. This meant people's hydration and nutrition needs were being met.

People were supported to maintain good health and access healthcare services. We saw evidence in care files that people had received support from other healthcare professionals where required, such as GPs, the community mental health team and the community nurse. One person we spoke with told us, "Staff would help me if I needed to see a GP."

Is the service caring?

Our findings

We spoke with people who used the service about whether staff were caring; the feedback we received was positive. People told us, "Staff are kind to me. I like [Name of staff]; they are nice," "It's lovely; the staff are great...lovely" and "The staff are kind."

We observed staff supporting people throughout our inspection, and interactions were friendly, positive and respectful. In our discussions staff demonstrated a caring approach towards the people they supported. One told us they had come back to working at the service after taking another job because they missed the job and the people who used the service so much.

We observed staff offering choices and responding to requests from people. There was a relaxed atmosphere in the home. For instance, during a mealtime we observed people who used the service and staff chatted together and engaged socially. Staff were able to describe how they encouraged people to feel involved in their care, make day to day choices and get involved with daily living activities.

Most staff were able to demonstrate a good understanding of people's needs and preferences but there were some new staff on the day of our inspection who had not worked at the service before, as they usually worked at another home run by the registered provider nearby, so they had yet to gain much knowledge about people's preferences. They confirmed that they had received key information about people's needs prior to working with them and that there were other regular staff available who they could speak with if they needed to ask anything. People who used the service commented on the staffing turnover and staff sickness at the service, but did not raise concerns with us about this having impacted on the relationships they built with staff; our discussions with them indicated that there were still a number of core regular staff with whom they had a good relationship, despite the number of bank staff, and staff from other homes, that had been providing cover over the previous few months. The registered provider advised us that they were recruiting to fill staff vacancies and that some staff who had been off work for a period of time were also due to return to work soon.

Most people told us that staff listened to them, involved them in decisions and respected their choices. People told us they could have a bath or shower whenever they wanted. Two people however told us that they had to go to bed by 10pm. We also noted a recent entry in the staff communication book which suggested that people should not come downstairs until 8am unless they were working or had an appointment. This did not promote people's choice. We spoke to the area manager about this; they were not aware of the entry in the communication book and agreed it was inappropriate. Upon discussion with the staff member who had made the entry it was established the entry was made after a specific incident in relation to one person, and was aimed at reducing the risk of recurrence of this specific risk; the area manager agreed this was not clearly explained in the communication book and could lead to misunderstanding. The area manager agreed to clarify the instruction immediately to all staff so that it was clear people could get up when they wanted. The area manager, and other care staff, also all told us that there had never been a bedtime curfew at 10pm and agreed to clarify this to people at the next residents meeting and reiterate people's choices in relation to rising and retiring.

Staff told us they promoted people's independence wherever possible. For example, one staff member gave us examples of ways they encouraged someone to get involved with washing and drying dishes to promote their independence and daily living skills. People who used the service also told us about the things they were able to do independently, such as going out, voluntary jobs and keeping their rooms clean. They also told us about the support they received from staff with daily living tasks around the home. For example, one person told us they helped to cook the evening meal sometimes and others spoke with us about going food shopping.

Discussion with staff indicated that there were no people using the service that had any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010: age, disability, gender, marital status, race, religion and sexual orientation. Most people using the service could potentially be at risk of discrimination due to their disability, but we saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. The registered provider had an equality and diversity policy, which was reviewed regularly. Care files also contained a care plan in relation to people's spiritual and cultural needs, and we saw that people were supported to go to church where they expressed a wish to do so.

We discussed with people whether staff maintained their privacy and dignity, and nobody raised any concerns with us about this. Most people were able to wash and bathe independently, with some prompting from staff. People told us, and we saw during our inspection, that staff knocked on people's bedroom doors before entering and were discreet when exchanging information about people.

People who used the service told us that they could have visitors anytime and that they were able to keep in contact with relatives by telephone in between visits.

Is the service responsive?

Our findings

In order that staff had up to date information and people received care and support that met their needs and preferences, the registered provider had produced a care plan for every person. There was evidence that people had been involved in developing these, and had signed their agreement to the support. One person took time to tell us at length about their care plan and show us the contents of it, which demonstrated they felt a sense of ownership about the plan and felt in control of what was agreed and written in it.

There were care plan sections in relation to a range of key areas according to individual needs. These included; communication, personal relationships, leisure activities and social networks, daily living skills, personal, spiritual and cultural needs, choice and self image, health, mobility and challenging behaviour. We found care plans contained comprehensive information about people's personal objectives, needs and preferences and the support required from staff. Care files also included picture symbols. Copies of people's support plan from their placing authority were also held on file. Care plans were reviewed monthly and updated where required. This meant that staff had the information they needed to provide personalised care to people.

When we spoke with staff, most were knowledgeable about people's needs and preferences. New staff were aware of where to get further information they may have needed or could speak with other staff for further guidance. However, one incident occurred on the day of our inspection, due to a new staff member not being given full information about the guidance in place for one person with regard to them making specific purchases from the shops. The area manager acknowledged this should have been explained to the new staff member, and intervened to ensure the person's rights were upheld in relation to the incident. They also gave assurance that a reminder would be issued to all staff about the handover given to any new staff, to prevent recurrence of any similar scenario.

Monitoring records in relation to specific issues, such as epilepsy or behaviour which could be challenging, were completed for people who were assessed as requiring them. A range of daily monitoring records were also completed where individually required.

One person showed us a communication tool they used with staff to indicate their feelings and mood that day. This pictorial symbol chart was hung in their bedroom and the person told us it helped prompt them to use their relaxation strategies when they needed to. This showed us that strategies identified in care plans were being used.

On the day of our inspection, people went out either independently or with staff, for instance to the supermarket or to appointments. People also engaged in household activities within the home. People told us they took part in leisure and social activities, and accessed local facilities in the community. One person said, "I went for a walk yesterday with [Staff member]...I have been to the football once, and am going on holiday with staff in September in a caravan." They continued, "I also like spending time in my bedroom. I listen to music." Another person told us, "I go swimming with staff. I listen to music and watch TV." A third

person told us that since recently moving to the home they had "Been to the zoo, Filey, Bridlington and all over." Further comments included, "I go bowling, to the cinema" and one person told us about their voluntary job and a community based safe space they went to for people with mental health needs, where they took part in activities.

This showed us that people received care that was responsive to their needs and that people could access a range of activities and social opportunities.

There was a complaints procedure in place and a system to record and respond to complaints. Records showed that the last formal complaint was recorded and responded to in June 2015. We discussed with the area manager about the service being more proactive in recording minor concerns raised, so they could demonstrate the actions taken to address any minor concerns as well as formal complaints. People we spoke with told us they knew how to raise a concern and would feel comfortable doing this, if they needed too. Comments included, "I am happy with the care; if I wasn't I could chat with [Staff member], that's what they're there for" and "I could talk to staff if I wasn't happy about something." Another told us, "I could talk to staff if I had any worries or complaints."

We saw from minutes of residents meetings and surveys, that people had opportunities to share their views about issues at the home. People told us, "We have residents meetings downstairs; we talk about living here," "I have a keyworker and meetings" and "I attend the resident meetings sometimes, listen to what people say." One person told us they attended their monthly review meetings, but commented that sometimes they found these meetings bewildering because they weren't always told in advance what would be discussed. The area manager told us they would look at ways to prepare people better for their review meetings, in order to maximise their ability to input and share their views.

Is the service well-led?

Our findings

The service had not had a registered manager since December 2015, and the deputy manager for the service had also left approximately two months before our inspection. The service is required to have a registered manager, and as such the registered provider was not meeting the conditions of their registration.

We were advised that the registered provider had advertised for a registered manager and was trying to recruit someone to fill this position as a priority. In the interim, the service was being supported by two area managers with joint responsibility for the service; one of whom had maintained oversight of the service for some time and the other who had become more recently involved. These area managers also had oversight for other services too, so were not based at the service every day but visited at least once a week. They were supported by two senior care staff.

When we spoke with people about the management and running of the service the feedback was generally positive, and comments indicated that they regarded one of the area managers and one of the senior care workers in particular as being in charge of running the service. People indicated they were approachable and told us, "[Area manager] is nice. I helped tidy the office with them yesterday" and "[Senior carer] is in charge... arranges [health appointments] for me."

Staff we spoke with felt supported and one told us, "I feel very supported and can go to a manager if I need anything." Another told us about the respective roles each area manager had, and said that they received supervisions from the senior. They also told us that they would be confident raising any concerns or issues with any of the management; "Things do get dealt with if you raise anything. And this can be anything, not just staffing issues."

Despite this feedback there was evidence that not having a registered manager dedicated to running this service had impacted on leadership and the consistency of record keeping at the service. For instance, issues that we identified elsewhere in this report, such as the training records, gaps in supervision records and inconsistency in the recording of accidents and incidents had been as a result of the lack of oversight of records. The management team were not aware of the entry made in the communication book about what time people could come downstairs in the morning; the misunderstanding of which could have led to an infringement of people's rights had it not been identified and addressed on the day of our inspection. In addition, we found examples such as a maintenance book that staff had started to use, which the area manager was not aware of, and was not required because there was already a maintenance issues reporting system in use. This duplication could have led to maintenance issues not being properly reported and addressed. There were also errors in the Provider Information Return submitted to ourselves prior to the inspection. Whilst the impact of each of these issues was relatively minor in isolation, collectively it demonstrated that the lack of a dedicated manager, who could concentrate their full attention on leading the service, was having an impact on the monitoring of record keeping, care support, and the ability to drive improvements at the service. The area manager agreed this was the case and re-iterated that they were trying to recruit a new registered manager as a priority. They also told us that management issues had also impacted on the frequency of staff supervision earlier in the year, but that this was now being addressed.

They provided us with reassurance that they, along with the other area manager, would continue to visit the service regularly and provide additional support until a new manager was appointed.

The service had systems in place to audit the quality of the care they provided to people. As well as the satisfaction surveys conducted, the registered provider completed regular audits in a number of areas, including medication, health and safety and a monthly operations manager audit. The registered provider completed action plans following audits, which listed any corrective action identified to be required from audits, and the timescales for completion. These audits did not however, identify some of the issues we identified in our inspection in relation to record keeping.

This was a breach of Regulation 17 (2)(a)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider conducted satisfaction surveys to seek feedback from people who used the service. Surveys had previously been conducted six-monthly, but at the request of people using the service the frequency had recently changed to annually. The most recent survey had only been conducted the day before our inspection, so analysis had not yet been completed. From looking at a sample of the surveys that had just been returned, we found that the feedback was generally very positive, although one person had made suggestions for improvement to the environment. We were told that the results of the surveys would be collated and feedback provided to people on any action taken as a result of the survey. The registered provider also told us they would consider developing a formal feedback mechanism or survey for relatives of people who used the service.

At our last inspection on 15 and 16 April 2015 we found there was a need to develop the use of advocates within the service. An advocate is someone who can provide support to help people express their views and wishes, secure their rights, represent their interests and provide access to information to inform people's choices. Since our last inspection the service had arranged a visit from a local advocacy organisation. We were told that nobody had expressed interest in having an advocate following this visit, but that an information leaflet was available to people if they choose to at a later stage. We will continue to monitor whether the registered provider is ensuring people have impartial and autonomous ways of raising any issues at future inspections.

The registered provider had policies and procedures in place and these were regularly reviewed. We asked for a variety of records and documents during our inspection. Overall we found these were easily accessible and stored securely.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to keep accurate records in relation to the care of each service user and the running of the service. Quality assurance systems did not identify the issues with record keeping, in order to improve the quality and safety of the services provided.</p>