

Stonesby House Ltd

Stonesby House LTD

Inspection report

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Tel: 01162831638

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection visit was carried out on 8 May 2018 and was unannounced.

At our last comprehensive inspection in May 2017 we rated the service as 'Requires Improvement'. We found although the provider had made improvements to the service, further improvement were needed to ensure adequate staff were deployed in the service at all times and quality assurance systems were effective in driving improvements in the service.

At this inspection, we found the provider had made improvements in the areas of staffing, but further improvements were needed to ensure care records were accurate and completed consistently, staff were effectively deployed and people were provided with personalised care. The overall rating for this inspection remained 'Requires Improvement.'

Stonesby House LTD is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Stonesby House LTD accommodates up to 14 people across two buildings, one of which has been purpose built to support people to maintain and develop their daily living skills. Many of the people using the service have mental health needs.

The service had a registered manager who was new to the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were limited systems in place to monitor the quality of the service. Some improvements had been identified and actions taken in response to concerns. However, there were no formal systems in place to monitor the quality of the service. The provider was not ensuring people received good care that was sustained and embedded in staff working practices as a minimum standard.

Staff demonstrated a good understanding of the actions they needed to take to keep people safe. Records showed potential risks to people had been assessed and provided guidance for staff on the actions they needed to take to keep people safe. Further improvements were needed to records to ensure staff were provided with the information and guidance they needed to manage behaviours that can challenge.

People were protected from the risk of unsuitable staff because the provider followed safe recruitment procedures. The registered manager was in the process of organising and indexing staff files to ensure all recruitment information was organised and easily accessible. There were enough staff available to meet people's needs but they were not always deployed effectively to ensure people were safe.

Systems were in place to support staff to follow safe infection control procedures to prevent the risk of infection when providing care and support.

Accidents and incidents were reported and monitored. There were no formal systems to support the effective analyse of these to ensure lessons were learnt and appropriate action taken to improve safety across the service.

Staff were supported to complete the training they needed to provide effective care. They received on-going support and supervision to enable them to develop in their role. The registered manager had reviewed and evaluated training to ensure it was effective and based on best practice.

People's needs were assessed before they began to use the service. People were supported to make decisions and choices about their care. Staff understood the need for people to consent to their care and respected people's right to decline care and treatment in line with the Mental Capacity Act 2005. Staff ensured people's freedom was not restricted without appropriate legal authorisation.

People spoke of staff as being caring and kind. Staff felt they did not have the time they needed to spend with people other than when undertaking planned tasks. Staff understood their role in protecting people's right to dignity and privacy.

Sections of care plans were more detailed than others and records were not consistently updated to ensure information was accurate throughout the care plan. Care plans did not always include the information staff needed to provide personalised care.

People were offered a limited range of activities and were provided with few opportunities to engage in meaningful activities and stimulation with staff. The registered manager had identified a change in culture within the service was required to support staff to move away from a task focussed approach.

People felt confident if they needed to raise concerns or complaints, these would be listened to and acted upon.

The registered manager was promoting a positive culture in the service that was focussed on achieving good outcomes for people. They had identified where improvements were required and had taken steps to make some changes and develop the service.

We found one breach 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?

Requires Improvement ●

The service was not consistently safe.

Staff were knowledgeable about the risks people faced; however records did not always provide the detail to support staff to manage behaviours that can challenge or analyse incidents and accidents to prevent further occurrence.

There were sufficient numbers of staff but they were not always deployed effectively to keep people safe.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff were trained to enable them to provide effective care. People's nutritional needs were met.

Staff worked in partnership with a range of healthcare professionals to ensure people were supported to maintain their health and wellbeing.

Staff understood the principles of the Mental Capacity Act 2005, including gaining consent to care and people's right to decline their care.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People told us staff were kind and caring but did not have time to spend communicating and talking with them once tasks had been completed. We saw staff were focussed on completing tasks and did not feel they had time to spend chatting with people.

People were supported to be involved in their care.

Staff were respectful and upheld people's right to dignity and privacy.

Is the service responsive?

The service was not always responsive.

Improvements were needed to ensure information in care plans was consistent and supported staff to provide personalised care.

People were not consistently supported to engage in meaningful activities. Staff were focussed on completing tasks.

The provider had a system in place to receive and monitor any complaints.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The provider and registered manager had made improvements within the service, but these were not yet sufficient or sustainable to ensure people were provided with good care as a minimum standard.

The registered manager was in the process of assessing and evaluating the quality of the service. They were developing an action plan to identify and bring about improvements within the service.

The registered manager promoted an open culture in the service. Staff were supported to understand their roles and responsibilities and had developed good team work.

Requires Improvement ●

Stonesby House LTD

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 May 2018 and was unannounced. The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included information the provider sent us in the Provider Information Return (PIR). The PIR is a form which we require providers to complete and gives some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications of serious incidents and events within the service that the provider is legally required to tell us about within required timescales. We contacted local authority commissioners, responsible for funding some of the people using the service, to gain their views about the service and the care provided.

During our inspection we spoke with five people who used the service. We also spoke with the registered manager, the deputy manager and two members of care staff. We observed care and support provided in communal areas and the lunchtime meal. This helped us to evaluate the quality of interactions and support that took place between people and staff.

We reviewed information including care plans and records for three people, medicine records, four staff recruitment files, staff training records, records relating to the day-to-day management of the service and the provider's internal audits and quality management systems.

Following our inspection visit, we asked the registered manager to send us information including staff training and policies. They sent this to us in a timely manner.

Is the service safe?

Our findings

People told us they felt safe using the service. One person told us, "Yes I feel safe. When I press the call point, the staff come fairly quickly." Another person told us, "Staff make me feel safe and protected."

Staff were able to tell us about the signs and types of abuse and were clear about the responsibilities in protecting people from the risk of abuse. Staff were confident in recognising signs of abuse and how they would report any allegations or actual abuse. Staff told us they would feel confident to discuss any concerns that they may have about poor care with the registered manager and they would be listened to.

People's risk assessments included an assessment of the risk of abuse, identified factors that could increase the risk and measures staff needed to take to protect the person. For example, one person was assessed as being at increased risk due to their agitated behaviours and required staff support when they went into the local community. The provider's safeguarding and whistleblowing policy provided staff and people with the details and guidance they needed to report safeguarding concerns, including contact details of relevant external agencies for staff to raise concerns outside of the service.

We looked at how staff managed risks to people. Records showed that risks to people's health and wellbeing had been assessed. These included risks associated with people's health conditions, the use of equipment to move around the service and activities. For instance, where a person was assessed as requiring equipment to enable them to transfer, for example, from their bed to a wheelchair, their risk assessment provided guidance on the number of staff required to complete the task and how equipment should be used to support the person safely. Another person was identified as being at risk through the manner in which they smoked cigarettes. Measures were in place for staff to follow to reduce the risks as far as possible, whilst respecting the person's right to make a choice. Records showed risks had been reviewed and risk assessments updated as appropriate.

We looked at how risks associated with behaviour that challenges were managed. Records showed that risks associated with people's behaviours had been assessed and guidance provided for staff on how to support people if they became agitated. Staff recorded incidents of behaviours that challenged on monitoring charts. However, not all records included the detailed guidance staff needed to ensure any intervention was effective and consistent. For example, one person was identified as being of risk of becoming 'agitated' if unable to do something straight away. Their risk assessment clearly described the agitation, suggested intervention by staff and measures staff needed to take to reduce the risk of the person becoming agitated. However, for another person, their records referred to 'diversion techniques' to manage behaviours but made no reference to what these were. The registered manager told us they would review all records to ensure they included up-to-date, detailed guidance that staff needed.

Fire policies and procedures were in place and kept under review. Records showed staff carried out regular checks of the fire panel. People had fire risk assessments (PEEPS) in place to guide staff on the level of support they required in the event they needed to evacuate the service. Assessments included the impact people's mental health needs and behaviours that can challenge could have on their ability to evacuate

safely, and the actions staff needed to take in response to these. These were kept under review to ensure they reflected people's current needs.

The provider had safe recruitment procedures in place to protect people from the risk of unsuitable staff. However, records did not always show these had been carried out consistently. Staff files we viewed had some key information missing, such as employment references and application forms. Files were disorganised and it was difficult to locate key recruitment information. The registered manager was aware of this and told us information was located in the manager's office. They told us they had begun to re-organise files to ensure recruitment information was retained in correct files and easily referenced. All staff had completed a check with the Disclosure and Barring Service (DBS) prior to commencing work in the service. The DBS provides information about prospective staff member's criminal background and supports employers to make safer recruitment decisions.

The registered manager had recently reviewed staffing levels in the service and increased staffing to ensure there were sufficient numbers of staff to meet people's needs and keep them safe. This included additional staff during peak times of the day. People told us there were enough staff around but they were busy and didn't have time to spend talking with them. Staff told us the increase in staffing had generally been positive but there were times when they were 'stretched'. One staff member said, "The service is definitely improving especially since January 2018. There was a time when there was not enough staff available and we had times when there were many temporary or agency staff on duty. The night time service is now fine. There are times in the day when it feels overstretched." Another staff member told us, "Things [staffing] has improved here. Still, there is so much work to do there is not enough time to do extra work."

We carried out observations in the communal areas to identify how much time staff spent engaging with people. We found there were large amounts of time, ranging from twenty to forty minutes, where members of staff were engaged in tasks and people were left without any staff interaction. Although there was a member of staff in the general vicinity, such as the office or kitchen, they were engaged in tasks which did not involve people. We discussed these concerns with the registered manager who told us they would review how staff were deployed within the service to ensure they were deployed effectively and available to supervise, support and engage with people in communal areas.

We found medicines were stored safely. People's medicine records included a current photograph of the person to enable staff to easily identify the person. Appropriate codes were used where medicines had not been administered and records we reviewed had been completed accurately. Where topical medicines were prescribed, for example creams and lotions, these were supported by a body map to guide staff on the correct area of application. We observed a staff member administering medicines during our inspection. They followed safe procedures and provided people with their medicines as they preferred. People were given time to take their medicines. Where people declined their medicines, this was respected and recorded appropriately. Protocols and risk assessments were in place to support staff to take appropriate action where people regularly declined their medicines.

One person regularly declined their morning medicines due to poor health. Staff had consulted with social care professionals and the person's GP who had advised staff to offer these at lunchtime instead. This meant the person did not take their lunchtime medicine. Although this arrangement had been agreed with appropriate professionals, their protocol had not been updated to reflect this and highlight potential risks to the person through not taking their medicines as prescribed. The deputy manager told us they would ensure the protocol was updated following our inspection.

Staff who administered medicines told us they had undertaken training in the safe administration of

medicines. This was confirmed in records we saw.

People were cared for in a safe and clean environment. The provider had consulted with staff and as a result of this had employed a domestic staff member to undertake the cleaning of the service. They followed a cleaning schedule which included all communal areas and people's rooms. We observed the laundry area was clean and there was a system in place to ensure people's laundry was laundered separately. Staff knew how to protect people from the risk of infection. We saw staff had access to personal protective equipment (PPE) such as gloves, aprons and hand sanitizers and used these appropriately. Where people were identified as presenting an infection control risk to other people, procedures were in place. These included specific laundry procedures and supplying the person with appropriate PPE. We saw staff followed these procedures during our inspection visit.

There were arrangements in place for reporting and reviewing accidents and incidents, for instance falls, minor injuries and behaviours that challenged. Accident and incident forms identified possible events leading up to the incident and immediate response. However, records did not demonstrate these had been audited to identify any particular trend or lessons to be learned or actions taken as a result of reflections and staff de-briefing. The registered manager told us they undertook this work directly with staff. For example, where one person had demonstrated behaviours that were challenging when staff attempted to support them with personal care; the registered manager had reviewed records and identified an alternative approach. This had resulted in a positive response from the person and a reduction in incidents. The registered manager told us they would ensure records reflected the current process of informal analysis and response in place.

Is the service effective?

Our findings

People told us they thought staff knew their jobs and did things how they wanted them to be done.

People's needs were assessed during an initial assessment prior to them using the service. One person told us, "Someone from the home came to see me to check it was suitable for me and I would be happy here." The assessment included people's needs, how they liked to be supported, people involved in their care and the outcomes people required from their care. This information was used to form the basis of their care plan.

Staff told us they had completed training that gave them the required skills and knowledge to support people living at the service. One staff member told us, "I have completed a range of training recently through work books. We study and complete this in our own time and give them to [registered manager] to mark." Another staff member told us they had completed training that was felt to be 'essential' to meet the needs of the people using the service. This included managing behaviours that challenge.

The registered manager told us they had undertaken a full review of staff training. As a result they had identified staff who needed to update their skills and knowledge and had arranged suitable training. This included the development of a revised induction programme for staff who were new to the service, which was based on the Care Certificate. The Care Certificate is a nationally recognised qualification that introduces new staff working in care and support services to a set of minimum working standards. Records showed a range of training opportunities were provided for staff and they were encouraged to undertake training as a priority.

Staff told us they received good support and supervision from the registered manager which helped them to develop in their role. One staff member told us, "I get supervision every month. The session is noted and I can raise any concerns I may have about the work. Mostly it helps me reflect on the service I provide and gives me a voice direct to the [registered] manager. It helps me understand our role and responsibilities. In supervision we get told about any changes that are happening to the service. Supervision is also used to promote service user participation."

People had access to on-going healthcare. Records showed people's health needs were regularly reviewed by the GP and a range of healthcare professionals, including dieticians and mental health team. One person was able to explain how staff supported them to manage their health condition by ensuring they had appropriate support when they sat down and helping them to rest through the day. Another person was supported to manage their mental health needs through staff working collaboratively with community psychiatric nurses and psychologists. People's care plans included an Emergency Grab Sheet and Hospital Passport. This information helped to ensure the person's needs, wishes and preferences were known in the event they required emergency care or needed to be admitted to hospital.

Some people regularly declined routine health appointments, or appointments to monitor their specific health condition. Staff recorded this decision and informed and consulted with relevant health agencies.

This ensured the person was aware of the impact of their decisions on their health and well-being. Mental capacity assessments were regularly reviewed to ensure people had the mental capacity to make complex decisions about their healthcare. Staff worked with health professionals to ensure people could get healthcare if they choose to. This helped to prevent people being discriminated against because of their mental health needs.

People were supported to have enough to eat and drink and encouraged to maintain a healthy, balanced diet. People spoke positively about the food and felt there was enough at mealtimes. Comments included, "I like the food. We have a good choice at lunch. Sometimes if there is nothing on the menu I like, staff will make me something special," and "I like the food. It is very good. We always have a choice." One person preferred to go out to the local shop to purchase their own light snacks and we saw staff supported them to do this during our visit.

We observed the lunchtime meal. People were offered a choice from a set menu, with alternatives available if people preferred. Staff checked with people if they were okay with their meals or needed any help. We saw people were provided with assistance, such as food cutting up into manageable portions, if they needed this. Where people required specific aids and adaptations to enable them to eat and drink independently, such as plate guards and beakers, this was provided. People were able to choose where they wanted to sit and supported to eat at their own pace. Jugs of juice were available on tables and people were encouraged to drink throughout the day. One person declined the dessert and was offered a choice of two alternatives, which they were happy with.

Staff had made appropriate referrals to health professionals where they felt people may be at risk of poor nutrition. For example, the registered manager had identified one person who appeared to have difficulties chewing. They had referred the person to their GP and Speech and Language Team (SALT) who had assessed the person and provided advice and guidance for staff to follow. The person's care plan had been updated with the information staff needed to continue to monitor the person's nutritional needs.

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 the lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff demonstrated a good understanding of the requirements of the MCA and understood the need to gain people's consent prior to assisting them. Throughout the day we observed staff seeking people's consent and views before assisting them. This included consulting with people about personal care, where they would like to sit and if they were happy to take their medicines. We saw staff respecting people's right to decline aspects of their care where people had been assessed as having mental capacity to make decisions.

Records showed mental capacity assessments had been undertaken for people. Assessments included if people were able to understand their rights, their ability to consent to care, how they made their decisions and choices and any representatives involved in their care.

The registered manager had worked with the local authority to make referrals under DoLS. This was to

ensure that, where people were being deprived of their liberty, this was done in the least restrictive way possible. We saw authorisations were in place where people were unable to consent to living in a care home. The registered manager kept records of all DoLS authorisations, including when they were due to expire, to ensure authorisations were reviewed and new applications made if required. Records showed applications for reviews of authorisations were submitted in a timely manner. However actual copies of applications were held by the provider. The registered manager told us they would obtain these from the provider to keep with people's care plans.

We observed people were free to move around the service where they were able to do so, and there were no areas that they struggled with. People spoke fondly about their rooms. We saw they were able to personalise rooms with belongings and possessions. People were able to access outside areas, designated for smoking, when they wished and rear garden areas, which were secure and private. People who stayed at the service for a short time, for example when having respite care, were able to make use of an adapted building. This was designed to support people to develop daily living skills, such as cooking, with staff support. It also provided a quiet lounge area as an alternative to the main building.

Is the service caring?

Our findings

People were positive about the care staff provided. Comments included, "I really like the staff, they are very kind and caring," "Staff are very caring. They chat and talk to me when they are helping me. I can ask the staff for anything I need and they are very fast in their response. I like the staff," and "The staff are very caring and I would rate the staff ten out of ten." Staff spoke positively about their roles and about caring for people using the service and caring about each other.

One person felt some staff were not enthusiastic in their jobs and four people told us staff did not have time to sit and chat with them during the day as they were 'too busy'. We observed staff engaged in conversations with people during tasks, such as serving meals and administering medicines, but spent little time communicating and talking with people otherwise during the course of the day. When we asked staff if they had time to do this, one staff member told us, "From 11am onwards we are asked to mingle with the residents. In reality there is not enough time to sit and chat with residents." Another staff member told us they had no time to spend one-to-one with people because there was a lot of work that needed to be done. We raised these concerns with the registered manager. They told us they had reviewed staffing levels and increased these to ensure staff had the time they needed to care. The registered manager told us they would meet with staff to identify what was preventing them from spending quality time with people and support staff to move away from a task-orientated approach.

People, and where appropriate their relatives or representatives, were supported to be involved in their care and make decisions about how their care was provided. Some people did not want to be involved in the development of their care plan. This was clearly recorded as their wish. However, staff continued to consult with people about their day-to-day care, preferences, likes and dislikes. These were recorded in their care plan. Information about specialist advocacy services was available for people and relatives. An advocate is an independent person who seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them and safeguards their rights. This helps to ensure people are involved in their care.

Staff understood the importance of maintaining people's independence where possible. Risk assessments and care plans identified how much people were able to do without staff support. We saw staff encouraged people to do as much as possible for themselves, for example at mealtimes and when going out into the community.

People's dignity was maintained. Staff spoke with people in a respectful manner and were discreet when supporting people with personal care. We saw staff knock on doors when doors were closed and announce themselves before entering the room. When people became distressed or anxious, staff intervened discreetly to provide people with the reassurance they needed. These actions helped to uphold people's right to have care provided that maintained their dignity.

Is the service responsive?

Our findings

Care plans had been developed through assessments involving people and, where appropriate, their relatives or representatives and health and social care professionals who knew them well. The registered manager had undertaken a review and updated care plans and records. Records showed care plans had been reviewed and updated to ensure they reflected people's current needs. However, information in records was not always consistent and care plans did not always include information about people's needs to support personalised care.

Some sections of care plans were more person centred than others. For instance, care plans included a section 'This book is about me' which provided information for staff about the person's history, key achievements, what was important to them and likes and dislikes. One person's information advised staff the person liked to talk about 'past memories of events in their life' but did not provide information as to what these were. Information also advised staff that it was important for the person to have their own preferred chair in the lounge area but didn't advise as to which chair this referred to. The person's DoLS assessment detailed the person's family history, yet none of this information had been used to inform the care plan. Whilst staff demonstrated they knew people well, there was the potential risk that staff who were new to the service would not have the information they needed to provide personalised care.

Records in care plans were not consistently updated. For instance, one section of a person's care plan described them as sleeping well at night, whilst another section identified they did not sleep well at night. The care plan also advised staff to provide 'reassurance and emotional support' to enable the person to manage their personal care. The registered manager told us she had advised staff to use a more directive, encouraging approach which had been successful; however this had not been included in the person's care plan. The registered manager told us this approach had only recently been identified and they would address the inconsistencies in care records.

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information they are given. For example, people's care plans included how they communicated, how they liked information to be provided and how they responded to information. This included referring to other people, such as relatives or advocates, who could assist staff in ensuring the person understood the information provided.

People shared mixed views about activities provided at the service. Comments included, "They [staff] are too busy to spend one-to-one time with me. They help me but they don't just sit and chat with us," "We sometimes make cakes and occasionally play snakes and ladders" and "The home does not provide any planned activities that I take part in. I prefer to watch television and listen to music in my room."

On the day of our inspection, we observed very few activities for people. One person was supported to go out to the local shop, whilst another person was supported to attend a hospital appointment. Other people

were able to choose how they spent their time, watching television, smoking or spending time in their rooms. We saw people were left without any stimulation for long periods of time in communal areas. Staff passed through or were engaged in tasks in these areas and made reference to people, but did not identify if people needed something to interest or engage them. One person told us they were bored. When we raised this with the registered manager, they told us this person always said this. However, we noted they had not been occupied with any form of activity during our inspection visit. Staff were focussed on completing 'tasks' and told us they didn't feel they had the time to spend chatting with people. The registered manager told us activities were usually planned between 6-8pm each day. They felt a cultural change was needed to support staff to focus on meaningful engagement with people rather than simply completing tasks. They intended to meet with staff and discuss this further to develop personalised care and support in the service.

We looked at how the provider handled and responded to concerns and complaints and saw there was a policy and procedure in place. This provided people with details of how their complaint would be managed and included details of external agencies should the complaint not be resolved to their satisfaction. The complaints procedure required updating as it referred to the previous registered manager for first stage complaints. The registered manager told us they would update this following our visit. There had been no complaints since our last inspection. People told us they knew what to do if they had to raise concerns, and were confident these would be listened to and dealt with appropriately.

Is the service well-led?

Our findings

At our last inspection in March 2017 we rated the Well-led domain as requires improvement. This was because we found the provider's quality assurance systems were fragmented. Systems did not provide evidence of the frequency and effectiveness of checks and audits and how these were used to drive improvement within the service.

At this inspection we found there were very limited systems in place to monitor the quality of the service. The registered manager was in the process of developing quality assurance processes. They were evaluating all areas of the service to identify and prioritise where improvements were required and ensure these were made within timescales. In their Provider Information Return, the provider had referred to engaging an external quality auditor to improve quality assurance within the service. This had yet to be implemented. This meant that although some improvements had been identified and actions taken in response to concerns, there were no formal systems in place to monitor the quality of the service. The provider was not ensuring people received good care that was sustained and embedded in staff working practices as a minimum standard. The service remains rated as requires improvement.

This constituted a breach of Regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager who had only been in post eight weeks prior to our inspection visit. Since they had started working at the service, they had increased staffing levels, improved care records and improved the training provided for staff. Staff were positive about the leadership and management of the service since the registered manager had started. Comments included, "The staff have improved massively since the appointment of [name of registered manager]. I feel valued and respected. I like my job," "I really like working here. I enjoy it and feel very supported to do my work here," and "There are set procedures and protocols which have now been formalised since [registered manager] started working here and we follow them. The service has improved a lot."

People were positive about the registered manager and told us "They are out of their office a lot." The registered manager provided clear and confident leadership for the service. They were supported in the day-to-day management of the service by a deputy manager. We observed that staff approached the registered manager for advice and guidance and to share information.

The registered manager had regular meetings with the provider to establish where improvements were needed and identify resources required. They told us the provider was very involved and had a clear vision for the service. This vision included supporting people to move away from a 'risk adverse culture' and better goal setting for people to ensure the care provided met people's aspirations. The registered manager was in the process of working with staff to improve the culture of the service from task orientated to personalised care.

The registered manager had invited people and staff to feedback on areas they felt needed to improve. We

looked at minutes of meetings held with people and staff in March and April 2018. These showed people had been consulted regarding how activities could be improved and changes to the food menus. Staff had been supported to discuss areas of concern. These included the quality of daily care records and supporting staff to be clear on their roles and responsibilities. We saw the registered manager had begun to take action to bring about improvements. These included providing staff with up to date job descriptions and employing a domestic staff member.

The registered manager and staff told us the staff team worked well together. Staff told us they recognised and respected the diversity in the staff team and felt treated equally by management.

The registered manager linked with other agencies and organisations to support best practice within the service. For example, they had supported staff to attend workshops in the management of pressures sores to ensure they provided care in line with NHS best practice. They spoke with health and social care professionals for advice and guidance to ensure they supported people living with mental health needs in line with current best practice. As a result, they had supported staff to adopt new approaches in encouraging people, for instance in managing their personal care. Two people had begun to accept support with personal care where they had previously consistently declined and had begun to initiate more communication with staff. This demonstrated that changes made had begun to have a positive impact for people using the service. However, it was not possible to determine if improvements were sustainable or embedded into staff working practices.

The provider and registered manager had worked with commissioners from the local authority, responsible for funding the care of people using the service, to bring about improvements. Commissioners told us they had identified improvements in the service. However, further improvements were needed to ensure expected and required standards were achieved and sustained.

At the time of our inspection, the provider had not displayed their current ratings at the service. This is a legal requirement of their registration and important to enable people, staff and visitors to be informed of the quality of care in the service. Following our visit, the registered manager contacted us to advise that the ratings were visibly displayed at the service.

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
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not operate an effective system to assess and monitor the service provided in order to make sustainable improvements to the quality of the service.

The enforcement action we took:

none