

Mr Olu Femiola

Pentrich Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Requires improvement 

Is the service caring?

Requires improvement 

Is the service responsive?

Requires improvement 

Is the service well-led?

Requires improvement 

Overall summary

Pentrich Residential Home provides accommodation and support to a maximum of 13 people over the age of 18 who have a mental health condition. The service is situated in a residential area of the coastal town of Bridlington in East Yorkshire. Pentrich is conveniently located for all of the main community facilities including the public transport network. Parking is available to the front of the building.

The property has three floors. The accommodation consists of two shared bedrooms and nine single rooms, two of which have en-suite facilities. Bathing / toilet

facilities are available on each floor of the property. A dining room and two lounges, one designated for the use of people who smoke, are located on the ground floor. The property does not have a passenger lift so is only suitable for people who are able to use the stairs.

This inspection was unannounced and took place on 1 June 2015. Our last inspection took place on 29 January 2015 when we found the registered provider was

Summary of findings

breaching 14 of the essential standards of quality and safety (the regulations) relating to care from regulations 9 to 26, The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

After the comprehensive inspection on 29 January 2015 the provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches of regulation. Their action plan stated that the service would be compliant by 31 May 2015.

In April 2015 the legislation changed and the above breaches now correspond to regulations 9 to 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 including Person Centred Care; Good Governance; Safeguarding service users from abuse and improper treatment; Safe care and treatment; Meeting nutritional and hydration needs; Premises and equipment; Dignity and respect; Need for consent; Receiving and acting on complaints; Staffing.

This inspection found that the provider had met 10 of the 14 breaches of regulation and sufficient improvements were seen to indicate that the level of impact on people who used the service was reduced from major to minor impact or compliant. Further improvements were needed around staffing, infection control, consent, respecting and involving people and assessing and monitoring of the service to fully meet the legal requirements. You can see what action we told the provider to take at the back of the full version of this report.

There has not been a registered manager at this service since July 2014. We followed this up with the registered provider and a new manager was appointed in May 2015, but they have yet to submit an application to register with the Care Quality Commission. 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.

During the inspection we spoke with the manager, two care staff and an ancillary worker. We also spoke in private with eight people who used the service. At the time of the inspection on 1 June 2015 we were told by the manager and senior staff that there were nine people living in the service, all of whom had been diagnosed with

a mental health condition and some had additional physical health problems. Three people also had a dual diagnosis of a Learning Disability. The people living at Pentrich Residential Home had a wide range of needs including prompts and support with personal care, nutrition and hydration, emotional and mental health, medication and behaviours that challenge. This meant the people who used the service were extremely vulnerable and reliant on care to be provided in accordance with their mental, physical, emotional and social needs.

We saw that cleaning schedules were in place and being completed by the domestic staff on duty.

Four out of the seven staff had completed infection control training and the other staff members were booked to complete this on Wednesday 3 June 2015. Further work was needed to ensure robust infection control systems were in place and further improvements to some aspects of the environment were needed to ensure people were protected from the risk of acquired infections. You can see what action we told the provider to take at the back of the full version of this report.

There were insufficient numbers of suitably qualified, skilled and experienced persons employed in the service to enable people to take part in outings / activities and receive their funded one to one care. Care staff were expected to cover any vacant duty shifts, including kitchen, domestic and laundry duties. This meant staff were working long hours and people did not always have their needs met. You can see what action we told the provider to take at the back of the full version of this report.

Checks of people's financial records and the money held for them in the service showed there were some discrepancies in adding up totals and in the cash held. We have made a recommendation in the report about this.

We found evidence of institutionalised practice that restricted four people's rights around smoking. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

Fire exits to the front and rear of the property had two or three steps for people to negotiate before they could leave the property. The steps at the rear of the property were quite steep and there was no hand rail fitted. We have made a recommendation in the report about this.

People were not always spoken with respectfully by staff. Staff did make efforts to offer people choice, but people were not enabled to be fully independent in their actions or decisions. You can see what action we told the provider to take at the back of the full version of this report.

Some improvements to the quality monitoring system were seen with audits being carried out for some aspects of the service. However, further work was needed to ensure this was a robust system which assessed, monitored and reviewed the quality of people's experience of the service and took action when risks to people living and working in the service were identified. You can see what action we told the provider to take at the back of the full version of this report.

Everyone who used the service had received a review of their mental health needs and care needs from the local authority between January 2015 and May 2015 and behaviour management plans and risk assessments had been reviewed and updated in the care files we looked at. This meant people were protected against the risks of unsafe or inappropriate delivery of care and treatment.

Care staff had received training on safeguarding of vulnerable adults and displayed an understanding of the action they needed to take if they became aware of a safeguarding incident. The safeguarding policy and procedures had been updated and the local authority's new safeguarding tool was in place. Staff had attended training with East Riding of Yorkshire Council (ERYC) and alerts were now being reported to CQC and the authority.

Information in the accident records and care files indicated that falls and incidents relating to behaviours were being documented appropriately and action taken as needed. Relevant organisations were being notified.

People received their medicines safely and appropriately. Staff had received training on medicine management and a new policy and procedure had been developed. However, further work was needed to ensure the policy and procedure was robust. The medication policy and procedure did not always document current practice in the service and did not reflect the NICE guidance on managing medicines in care homes.

Repairs and refurbishment work had been carried out on the property to ensure it was safe and fit for purpose.

People's nutritional needs had been assessed and they told us they were satisfied with the meals provided by the home. People were provided with a range of snacks, as well as hot and cold food and drinks, during our inspection.

Care records contained assessments, which identified risks and described the measures in place to ensure the risk of harm to people was minimised. The care records we viewed also showed us that people's health and wellbeing was monitored and referrals were made to other health professionals as appropriate.

The provider had introduced a new induction and supervision programme for the staff. This was in its early days of development but new staff had gone through the process. The amount of training accessible to the staff was slowly improving. This meant care staff were gaining skills, confidence and knowledge to help them meet people's needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

People who used the service were placed at risk as there was insufficient staff on duty to meet people's needs. Also the infection prevention and control practices in the service were not robust.

Improvements had been made to the reporting of safeguarding incidents and maintenance of the building. Medicines were being handled appropriately and everyone who used the service had their physical and mental health needs assessed by a health care professional.

Requires improvement



Is the service effective?

Some aspects of the service were not effective.

There was evidence of institutionalised practice within the service that impacted on people's rights of choice and decision making.

Improvements had been made to staff induction, supervision and training which helped staff gain confidence and skills around meeting people's needs.

People reported the food was good. They said they had a good choice of meals, snacks and drinks.

Requires improvement



Is the service caring?

Some aspects of the service were not caring.

Staff did not always treat people who used the service with dignity, consideration and respect. People were not always spoken with respectfully by staff.

Staff had made efforts to offer people choice, but people were not enabled to be fully independent in their actions and decisions.

Requires improvement



Is the service responsive?

Some aspects of the service were not responsive.

Improvements had been made to the care plans and risk assessments, so staff had the information they required to help them meet people's needs. However, further work was needed on the care files to evidence how people were supported in making decisions about their care and treatment

The complaints policy and procedure had been reviewed, but it did not contain the contact details for the provider. The policy instructed people to make their complaint to the senior care staff or the manager. This did not address what the person was to do if their complaint was about the senior care staff or the manager.

Requires improvement



Summary of findings

Improvements had been made in how the service cooperated with other organisations, so that people who used the service received care and treatment in a timely manner.

Is the service well-led?

Some aspects of the service are not well led.

Some improvements to the quality monitoring system were seen with audits being carried out for some aspects of the service. However, further work was needed to ensure this was a robust system which assessed, monitored and reviewed the quality of people's experience of the service and took action when risks to people living and working in the service were identified.

Requires improvement



Pentrich Residential Home

Detailed findings

Background to this inspection

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

The inspection took place on 1 June 2015 and was unannounced. The inspection team consisted of three adult social care (ASC) inspectors from the Care Quality Commission 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. The expert-by-experience who assisted with this inspection was knowledgeable about the use of mental health services.

Before this inspection we reviewed the information we held about the service, such as notifications we had received

from the registered provider, information we had received from the East Riding of Yorkshire Council (ERYC) Contracts and Monitoring Department and Safeguarding Team and information from health and social care professionals who had input to the care of people living in the service. We did not ask the registered provider to submit a provider information return (PIR) prior to the inspection. The PIR is a document that the registered provider can use to record information to evidence how they are meeting the regulations and the needs of people who receive a service.

During the inspection we spoke with the manager, two care staff and an ancillary worker. We also spoke in private with eight people who used the service. We spent time in the office looking at records, which included the care records for four people who used the service, the recruitment, induction, training and supervision records for three members of staff and records relating to the management of the service. We spent time observing interactions between people who used the service and staff in the communal areas and during meal times.

Is the service safe?

Our findings

At our inspection on 29 January 2015 we found that people were not protected against the risk of abuse as safeguarding alerts had not been made to the local authority or the Care Quality Commission in 2014 even though documented incidents had taken place. There were inadequate systems in place for infection prevention and control and medicine management, which put people at risk of harm. The premises were not safe in all areas of the service and we asked the fire officer and the health and safety officer to visit following our inspection. Poor staffing levels meant that people's needs were not being met.

This was a breach of Regulations 12, 13, 15 and 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection on 1 June 2015 we found that the provider had followed the action plan they had written following the 29 January 2015 inspection. Sufficient improvement had taken place to meet the requirements of Regulation 13 Safeguarding people from abuse and improper treatment, Regulation 12 (f) (g) safe management of medicines and Regulation 15 Premises and equipment.

We found breaches of the regulation remained for Regulation 12 (2) (h) Prevention and control of infections and Regulation 18 (1) staffing. However, sufficient improvements had taken place to move the impact rating from major to minor for both breaches.

People who used the service told us they felt safe there and that if they did feel worried the staff would talk through their issues. One person told us "Staff have advised me what to do. Don't accept lifts and keep away from the people I meet who I am not comfortable with."

At this inspection on 1 June 2015 we found that a new manager had been recruited in line with the registered provider's action plan and some new staff had been recruited. However, existing staff had also left, which left the number of staff employed by the registered provider below desired numbers.

At our inspection in January 2015 there were a total of ten staff employed in the service. At the time of this inspection there were seven staff employed including the new manager. Active recruitment for new staff was on-going, but in the meantime the existing staff were covering extra shifts

and working over and above their contracted hours to ensure people who used the service received appropriate care. Staff told us they were "Exhausted", "Stressed" and "At the end of their tethers".

We were given a copy of the last four weeks rotas, which showed that on average two care staff were on duty during the day and one care staff at night. Monday to Friday there was one domestic on duty from 8am until 2pm. The care staff had to cover catering duties, laundry duties (and cleaning duties on a weekend) in addition to any care tasks. The new manager was working on the floor four / five days a week and covering administration duties as extra days.

Most of the people who lived at the service were independent with their care needs, only requiring verbal prompts to encourage them to complete personal care tasks. Everyone living in the service was independently mobile and only one person used a walking frame. This meant the reduction in staff had not impacted greatly on the care that people received, but this would not be the case should anyone become ill and need additional support.

The people who used the service told us there was nothing to do because there was not enough staff to carry out activities. However, only one person was assessed as needing a staff escort if they left the premises and this individual told us they were happy staying inside. Two other people preferred to have staff with them but Deprivation of Liberty Safeguarding (DoLS) applications about this had been refused by the local authority. As the service was situated in the middle of the town of Bridlington it was in easy reach of shops and community facilities if people wished to access these independently.

We found that one person who used the service was funded by the local authority for four hours one to one care each week. This support was provided to help them socialise and participate in activities. Staff told us the one to one support was not provided as block hours as the individual did not always want to do activities. However, there was little documented evidence of when this one to one support took place. In this person's care plan it documented that on 19 May 2015 they went for a walk and on 24 May 2015 they accessed the local shops with staff. One member of staff told us "The one to one support is not really happening at the moment because there are not enough staff to carry it out."

Is the service safe?

We saw that staff had raised their concerns about the poor levels of staffing and working long hours with the manager and the registered provider. Evidence was seen in meeting minutes and supervision records. Staff told us and we saw written evidence that the registered provider held a meeting with staff the week before our inspection. The registered provider had spoken with the staff about their concerns, but no changes had been made to working conditions as staff were told it was dependent on when new staff could be employed.

We provided feed back at the end of our inspection to the manager about our concerns regarding staffing levels and the fact that it was only the goodwill of the current staff team that enabled the service to continue running with the levels of staff it had at the time of the inspection.

This was a breach of Regulations 18 (1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The new manager was the infection control lead within the service. We saw that cleaning schedules were in place and being completed by the domestic staff on duty. Discussion with the staff on duty and checks of the staff training records indicated four out of the seven staff had now completed infection control training and the remaining members of staff were booked to complete this on Wednesday 3 June 2015.

The registered provider had taken some action to improved cleanliness within the service and had supplied the toilet and bathing facilities with liquid hand soap and paper hand towels. However, we saw that further work was needed to ensure robust infection control systems were in place and further improvements to some aspects of the environment were needed.

For example, the bed base in one room was stained and dirty and needed replacing; risk assessments for the laundry were required and there was a need for minor environment work in the downstairs toilet to ensure porous surfaces were painted and gaps between the floors and walls were sealed for ease of cleaning. We looked in the smoking lounge of the service and saw that the radiator was stained with nicotine as was the overall décor of the room. In the first floor bathroom we found a plastic jug on the side of the bath that the staff said was for communal use (hair washing); this was dirty and lime scaled. We saw

that the room marked toilets on the first floor of the building contained a toilet, but did not contain a sink. This meant people could not wash their hands after using the facility.

This was a breach of Regulations 12 (2) (h) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that the safeguarding policy and procedures had been updated and the local authority's new safeguarding tool was in place. Safeguarding alerts were being recorded by the staff and the manager. There was a threshold tool document being completed when incidents did not meet the ERYC risk rating for an alert.

Staff had attended training with the East Riding of Yorkshire Council (ERYC) and alerts were now being reported to the Care Quality Commission (CQC) and ERYC. The frequency of reporting to CQC had been a little slow following the inspection on 29 January 2015, but we had a further discussion with the registered provider and staff had ensured that subsequent notifications were made to CQC in a timely manner. We spoke with two care staff who were able to tell us about their safeguarding of vulnerable adults (SOVA) training. They demonstrated a good understanding about different types of abuse and how to report these to senior management or the local authority.

Information in the accident records and care files indicated that falls and incidents relating to behaviours that challenged were being documented appropriately and action taken as needed. Relevant organisations were being notified of any incidents and people who used the service received input from health and social care professionals as needed. This helped reduce the risk of harm to people who used the service.

Staff within the service were monitoring and reviewing risks relating to people's mental and physical wellbeing. This meant people were kept safe and they received appropriate interventions as needed from health and social care professionals. For example, behaviour management charts were kept on file where needed. These were up to date and social services, the community mental health team and safeguarding team at ERYC had been notified as needed of any incidents as they arose. Evidence of this was seen in the safeguarding files within the service and in people's care files. Behaviour management plans

Is the service safe?

and risk assessments had been reviewed and updated in the care files we looked at. Dependency profiles for people who used the service were now in place and reviewed every two months.

As part of this inspection we carried out checks of two people's financial records. The records we looked at showed that for each person there was an error made in the running total of money held for them. Checks of the money held for the two people also did not tally. One account was £10 short and the other was £1.25 up. We asked the manager to complete an audit of the personal allowance records for everyone in the service by Friday 5 June and send the information to CQC by this date. This information was not sent by the manager and we still had not received any communication at the time of writing this report. Our concerns around the financial records were shared with East Riding of Yorkshire Council Commissioning and Safeguarding teams in June 2015.

We recommend that the registered provider carry out an audit of the personal allowance records for everyone in the service to ensure that there is no theft, misuse or misappropriation of money belonging to a person who uses the service.

The staff training plan showed that four out of the seven staff had completed medicine training and two others were in the process of completing this. The remaining member of staff was the domestic who was not responsible for administering medicines.

A new policy and procedure for medicine management had been developed, but further work was needed to ensure this was robust. The medication policy and procedure did not always document current practice in the service and did not reflect the NICE guidance.

Checks of the medicine administration records (MAR) and spot checks of the medicine stock levels showed that these were up to date and accurate. This indicated that people were receiving their medicines on time and as prescribed. Fridge and room temperatures were being recorded daily and were within acceptable limits. This indicated medicines were being stored at the correct temperature for them to be effective. Discussions with the manager and one care staff indicated they had a good knowledge of people's medical conditions and understood the medicines people were taking.

Concerns were raised with the manager about the location of the medicines trolley in a busy corridor within the service. There was a potential risk that staff administering medicines could become distracted and errors made. This was also raised with the registered provider during feedback at the end of our inspection on 1 June 2015.

We saw that a number of improvements had been made to the environment since our last inspection on 29 January 2015. The registered provider ensured that a contractor had adjusted the four fire doors mentioned in our previous report and the fire officer had visited and we were notified by them that the provider had taken action to make sure the premises were safe. We found a further two fire doors that needed adjustment and this feedback was given to the manager during the inspection on 1 June 2015.

The registered provider had put a handwritten notice on the door of one bedroom to indicate that oxygen was stored in this room for use by the person who lived there. The fire systems has been checked by a contractor, the fire risk assessment had been updated and individual personal evacuation plans were in place for people who used the service. Six out of the seven staff were up to date with their fire training and the remaining member of staff was to complete this on Wednesday 3 June 2015.

Fire safety drills had been carried out in February and April 2015. The records showed that each time one person who used the service was noted as not responding to the fire alarm. This had been discussed with both individuals regarding their safety.

Maintenance certificates were in place and up to date for the service. We were shown copies of recent quotes for the repair needed for the Gas Flue which was mentioned in our last report. We were told the registered provider would be arranging this repair as soon as possible.

We looked at the recruitment files of three care staff recently employed to work at the service. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). These measures ensured that people who used the service were not exposed to staff who were barred from working with vulnerable adults. Interviews were carried out and staff were provided with job descriptions and employment terms and conditions. This ensured they were aware of what was expected of them.

Is the service effective?

Our findings

At our inspection on 29 January 2015 we found that staff did not receive appropriate induction, training and supervision. People had not received comprehensive assessments of their mental and physical needs and individuals were not well supported with eating and drinking so their state of health deteriorated. We saw that through out the premises there were a number of areas that required repair and maintenance.

This was a breach of Regulations 9, 11, 14, 15 and 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection on 1 June 2015 we found that the provider had followed the action plan they had written following the 29 January 2015 inspection. Sufficient improvement had taken place to meet the requirements of Regulation 9 (3) (a) Assessment of need, Regulation 14 Meeting nutritional and hydration needs, Regulation 15 Premises and equipment and Regulation 18 (2) Supporting Workers.

All nine people who used the service had received a review of their mental health needs and care needs from the local authority between January 2015 and May 2015. This was evidenced in people's individual care files and meant that staff had up to date information on peoples physical and mental health needs, which helped staff deliver the specific care required by each person living in the service.

We saw that records of professional visitor input such as GP's were documented in the care files.

We spoke with eight service users who said they were able to see their GP when needed and had attended medical appointments. Everyone who spoke with us was satisfied with their care. Feedback we received from ERYC commissioners and the safeguarding team prior to this inspection on 1 June 2015 was that the improvements made meant people's needs were being met.

Most people who spoke with us felt their health needs were being met. Several mentioned that the chiropodist came to the home every six weeks. One person said, "I go to the doctor a few times. I've been to the dentist sometimes. The optician and the chiropodist comes here." Another person told us, "I don't see the doctor often". A further person said: "I got to see the dentist on my bike. She checks my teeth

and cleans them." Other people commented, "I see the chiropodist every six weeks and my GP at the end of the month" and "I see the doctor once a year for a review. They're referring me to a respiratory nurse."

Staff were monitoring the weight of people who used the service. Checks of the care files showed that only one person who used the service was deemed at risk of poor nutrition. Staff were completing weekly weight checks for this person and dietician advice had been sought. Discussions with this person indicated that they enjoyed the food provided and at the time of our inspection they were eating and drinking sufficient amounts to meet their nutritional and hydration needs.

Information in the resident meeting minutes showed that people were being consulted about the menus and the availability of drinks and snacks. Eight people who used the service said the food was good and they could ask for drinks whenever they wanted one or go in the kitchen and make one under supervision of the staff. The care files recorded likes and dislikes, risk assessments were completed for nutrition and food intake sheets were recorded daily.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected. Eight of the nine people in the service had been assessed as having the capacity to make decisions. One person had a DoLS authorisation in place about having an escort with them when they left the service.

Six people in the service had the ERYC as their appointee, which meant the ERYC acted on the person's behalf with regard to financial matters. In January 2015 there were problems with the arrangements for a suitable bank account to have their personal allowances paid into. This problem was still on-going and the registered provider was trying to sort things out. The ERYC had arranged for a weekly payment to be brought to the home in the meantime. Six people had agreed for the service to hold their personal allowances and they had access to these on demand.

Four of the seven staff had completed Mental Capacity Act 2005 (MCA) and DoLS training and the other three members

Is the service effective?

of staff were booked to complete this on Wednesday 3 June 2015. Three staff and the manager who spoke with us demonstrated an understanding of how MCA and DoLS influenced the care given in the service and supported people's rights.

We found evidence of institutionalised practice that restricted four people's rights around smoking. All four people had been assessed as having capacity to make day to day decisions about their lives. Discussion with the staff indicated that people who used the service were expected to hand in their cigarettes and lighters to the night staff to prevent the risk of them smoking in their bedrooms, but there were no risk assessments or care plans around this restrictive practice. People who spoke with us said they didn't realise they had a choice in the matter and in general were not bothered about it. However, we saw that on one occasion in May 2015 this restriction had led to a verbal argument between staff and one person who used the service when they were unable to have a cigarette either in the smoking lounge or outside the service because they had handed their cigarettes to staff who refused to give them back. This occurred at 20:30 hours, which was an early enough hour in the evening for someone who used the service to have a cigarette in the established smoking areas of the home.

Staff and people who used the service told us that the smoking arrangements in the service were changing. The lounge used as a smoking room was due to be refurbished as an activity facility and a new smoking area was being built outside at the rear of the property. People confirmed to us that the relocation of the smoking area had been raised and discussed at one of the residents' meetings. Two people who spoke with us were positive about the move saying "It's very good" and "I am happy with the proposed arrangements." One person was less positive saying "I would sooner it was indoors." We did not see evidence that people were given a choice over the moving of the smoking facilities, only that they had been informed of the changes taking place.

This was a breach of Regulation 11(1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw evidence that the provider had introduced a new induction and supervision programme for the staff. This was in its early days of development, but new staff had gone through the induction process. One member of staff

said they thought the induction programme was good, the other did not. We saw evidence that one member of staff had received supervisions in July and December 2014 and again in February 2015. Another staff member who started in March 2015 had received supervision in May 2015 and the third member of staff who also started in March 2015 had yet to have formal supervision, but there were written records to show that they had undergone discussions with the provider about work practices and sick leave in May 2015.

Checks of the staff training plan and staff certificates, along with discussion with the staff indicated that the amount of training accessible to the staff was slowly improving. Staff said some sessions had been cancelled, but we saw that the mandatory subjects were being covered and further sessions were being booked. Three staff had completed mental health awareness training and the staff we spoke with showed an understanding of people's specific needs and medical conditions.

The registered provider had employed contractors to carry out repair and maintenance work on the environment. We saw that the bathroom on the first floor was now in full working order and the roof, which had previously been leaking, had been mended. Redecoration had taken place in the lounge area and the flooring in the corridor near the medicine cabinet had been replaced. A window had been replaced in the second floor toilet and shower room, although the room still needed refurbishment. Broken furniture, previously seen in bedrooms on our inspection held on 29 January 2015, had been repaired or replaced.

The health and safety officer from the local authority visited the home after our last inspection and made a number of recommendations. We were notified by the officer that these were completed, prior to our inspection on 1 June 2015.

The service was clean and tidy with the rubbish previously stored in the rear outside space being disposed of. Tools and equipment being used by the maintenance person were currently stored in an empty bedroom which was locked and had a working smoke alarm.

We saw that the fire exits to the front and rear of the property had two or three steps for people to negotiate before they could leave the property, with the ones to the rear being quite steep and there was no hand rail fitted.

Is the service effective?

One person who used a wheelchair for trips outside of the home did have a mobile ramp in their room, which staff fitted over the steps when they wished to leave the building.

We recommend that the registered provider look at current legislation around disabled access into and out of the building with regard to the fire exit areas.

Is the service caring?

Our findings

At our inspection on 29 January 2015 we found that people were not always spoken with respectfully by staff.

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

At our inspection on 1 June 2015 we found that the provider had followed the action plan they had written following the 29 January 2015 inspection. We found breaches of regulation remained for Regulation 10 Dignity and Respect. However, sufficient improvements had taken place to move the impact rating from major to minor for this breach.

There remained limited resources within the service to enable people who used the service to make their own hot drinks, snacks and develop practical living skills. However, discussion with eight people found that they did not find this an issue and they were satisfied they could get a drink from the staff whenever they asked. The provider had told people in one of their meetings that they could make their own drinks in the kitchen under staff supervision. Cold drinks were made available, to people who used the service, in the entrance hall throughout the day of our inspection.

Three people who used the service told us that they were still limited as to when they could leave the service due to a lack of staff. One person told us “I like to go and see my relative who lives in (local town). There has to be enough staff on to go and visit, so this is not often an option.” Only one person had a DoLS authorisation in place, but the other two people felt vulnerable in the community and preferred staff to go with them when they left the service. The other six people in the service were independent and were able to come and go within the community with no restrictions on their daily lives.

Two people who used the service told us that one member of staff was shouting at one service user and others, but when we asked this person if they had a problem with staff raising their voice to them, they said “No”. The other six people who lived in the home told us everything was okay. When we asked further questions about this, one person said “Sometimes they [the staff] have a row with one another, but it is okay now it is sorted out.” There was no documented evidence in the meeting minutes that anything had been raised in the resident meetings about

this since January 2015. Feedback was given during the inspection on 1 June 2015 to the manager to look into this as there was no specific evidence from people who used the service about when or where the alleged shouting took place.

Eight people said they were able to raise any niggles or grumbles in the meetings held each month. People told us they had spoken about topics such as medicines, food and activities. However, there was little documented evidence to indicate what action had been taken by the registered provider or manager in respect of these meetings and the feedback received

People who used the service told us that staff did not always support them with their religious beliefs. One person who was a Jehovah Witness said that staff didn't fully respect their values and beliefs. They said, “Some of them can be a bit off with me. It's my belief.” Regarding their spiritual needs another person said, “They don't help me with that. Most of them here are Catholics.” This was fed back to the manager during the inspection.

The majority of people who spoke with us about their bedrooms said they were satisfied with their living space. One person said, “It's a big room. I like it. I'm going to have two more fish.” Another person told us, “I find it comfortable and nice.” Other people commented that, “Since it's been decorated a few weeks ago, my room is excellent. I have had a new carpet fitted” and “I've got a window, writing desk, television, bookcase, and a reclining chair. I like it.” However, one person who shared a bedroom in the service said that they would like their own room. This had been raised as an issue at the last inspection in January 2015, but we found no evidence to indicate that this request for a single room had been listened to and acted on by the registered provider.

The feedback we received from people who used the service about the attitude of the staff were mixed. Two people said, “Some of them can be a bit funny with you”, “When they shout sometimes, that is not respect.” Three other people told us “It's alright apart from [member of staff]. [Member of staff] is not too good at times. But they are all right now.” “Sometimes they [the staff] have a row with one another. Sometimes staff have a row with [service user].” Another person said “They're alright. We need more staff. I have a new key worker. [Member of staff] didn't like talking to me.” The concerns about the staff were fed back to the manager during our inspection.

Is the service caring?

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

We observed some good interactions between people who used the service and staff. Staff responded appropriately to

people and pre-empted people's needs such as providing teas and coffees and providing a footstool to one of the people living in the service. People were offered a choice of food for mealtimes and there was staff presence in the communal areas.

Is the service responsive?

Our findings

At our inspection on 29 January 2015 we found that people's care plans and risk assessments did not always represent their needs or ensure staff had the information to meet people's needs. The complaint procedure was not readily available to people and cooperation with other organisations was inadequate so that people did not always receive the care and treatment they required in a timely manner.

This was a breach of Regulations 9, 12 and 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection on 1 June 2015 we found that the provider had followed the action plan they had written following the 29 January 2015 inspection. Sufficient improvement had taken place to meet the requirements of Regulation 9(3) (b –h) person centred care; Regulation 12 (2) (i) Cooperating with other providers and Regulation 16 Receiving and acting on complaints.

We looked at four care files for people who used the service. We saw that the care plans and risk assessments had been reviewed and updated to give staff an understanding of what each person's needs were and what support they required. Since our inspection on 29 January 2015 everybody who used the service had been reassessed by a health professional to make sure their physical and mental health needs were clearly identified and being met. These reviews took place with the person who used the service and their case worker.

Discussion with health and social care professionals indicated to us that since the 29 January 2015 inspection, the registered provider, manager and staff were working closely with the professionals to make improvements to people's health and wellbeing. The registered provider had attended a number of meetings to discuss the progress of the service and feedback from those meetings to CQC indicated that positive changes in the service had been seen.

We saw evidence in the care files that staff were now recording any visits to external health professionals such as GP's or specialist nurses. As people's care needs changed then this was recorded in their care file and their risk assessments were updated. Improvements to the quality of the recording in the care files was noted, as staff were now

trying to make sure care plans were person centred. However, we did find that where restrictions on people's lives were made for example, handing in their cigarettes to the staff at night, these were not risk assessed or clearly documented in a care plan. Discussion with the manager indicated they were aware that further work was needed on the care files to evidence how people were supported in making decisions about their care and treatment

We saw evidence in the care files, the safeguarding folder and the accident and incident file to show that when people had made a complaint to staff since January 2015, this has been listened to and acted upon. People we spoke with confirmed that they understood how to make a complaint. One person said, "I know how to make a complaint. I made one about another person who lives here. It was dealt with properly and I am very happy with the result."

We found that new policies and procedures had been implemented for whistle blowing and complaints. However, the complaints policy did not have the contact details for the provider within it. The policy instructed people to make their complaint to the senior care staff or the manager. This did not address what the person needed to do if their complaint was about the senior care staff or the manager. These concerns were fed back to the manager at the end of this inspection.

During our inspection we saw little evidence of activities taking place within the service. One member of staff had been recruited by the registered provider to carry out activities. However, due to the current shortage of staff this person was working full time in the kitchen carrying out catering duties. We looked at the activity planner in place at the service and asked staff if there were any planned outings arranged or scheduled, as the last one took place in April 2015. Staff told us "There is nothing planned at the moment, because to be honest we don't have the staff to do this. This might change over the next few weeks though." The activity planner recorded a number of in-house activities that people could take part in such as board games, dominoes, knitting and bingo.

When describing hobbies, interests and activities to us most people spoke about pastimes outside of the home. They said they went to the library, gardening, cycling, walking, shopping, bowling and spending time with their families. Several people told us that there were not enough activities inside the service or arranged by the service. One

Is the service responsive?

person said “There is nothing to do here. We discuss what we want to do but nothing happens.” This meant there was a lack of meaningful activities to meet people’s mental, physical and social needs.

We observed that only one person was restricted by a DoLS authorisation in respect of being unable to leave the home unescorted. The majority of people were able to go out and

about in the local community and meet up with friends and family as they wished. We discussed people’s concerns about the lack of activities with the manager at the end of our inspection and we were told “As the staffing levels increase, this will give us more flexibility to carry out a wider range of activities.”

Is the service well-led?

Our findings

At our inspection on 29 January 2015 we found that the quality monitoring system was ineffective and had not been used to ensure the safety of people who used the service and staff. Through the inspection process we found a lack of training for staff relevant to mental health, safeguarding and MCA; care plans were not person centred and lacked accuracy; a lack of knowledge in respect of DoLS, capacity assessments and Best Interest Meetings; poor reporting of safeguarding incidents and a lack of appropriate referring to / seeking support from relevant agencies; poor maintenance of the environment and an overall lack of leadership.

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

At our inspection on 1 June 2015 we found that the provider had followed the action plan they had written following the 29 January 2015 inspection. We found a breach of regulation remained for Regulation 17 Good Governance. However, sufficient improvements had taken place to move the impact rating from major to minor for this breach.

At the time of this inspection on 1 June 2015 there was a manager working in the service who had been in post for two / three weeks and who was still getting to know the staff and people who used the service. The service last had a registered manager in July 2014 and failure to have a registered manager after six months could lead to CQC taking enforcement action. We wrote to the registered provider on 30 January 2015 about this matter, informing them that continuing without a registered manager would be a breach of a condition of their registration. We have received a response from the registered provider and we continue to monitor this situation.

Discussion with the staff and people who used the service indicated that the culture of the home was slowly changing, with individuals being more confident about voicing their opinions of the service and being heard by the provider. Improvements to confidentiality in supervisions and meetings meant people were more satisfied with raising issues with the management team.

Evidence was seen that audits of the service had been introduced. We saw completed audits for infection control, medication and care plans. However, further improvement

was still needed to make sure there was a robust audit system in place to cover all aspects of the service. For example, we fed back to the manager at the end of this inspection the fact that the medicine audits carried out in April and May 2015 did not have any action plans and no signature to indicate who had completed them. The format of the audits was a basic tick box questionnaire and did not explore vital aspects of staff practice such as if medicines had been administered correctly, if signatures were correct on the medication sheets and if stock levels were checked and tallied with the records.

We asked the manager to carry out an audit on the personal allowance records and monies held by the service due to concerns we had about errors in the system, and to send us information about this by 5 June 2015. However, we did not receive any information from the manager by the agreed date and at the time of writing this report we still have not had any feedback from the manager or provider. Our concerns have been shared with ERYC who are the appointees for six people who use the service.

We saw evidence that the registered provider had taken on board the issues identified in the audits completed by the staff as improvements to the environment, medicine management and care plans were seen during our inspection. However, there remained some significant work to be completed to ensure the service met all five of the key questions: safe, effective, caring, responsive and well led.

Policies and procedures had been developed since January 2015. Further improvement was needed to ensure these were reflective of best practice guidance. For example, the medication policy and procedure did not always document current practice in the service and did not reflect the NICE guidance on medicines.

Satisfaction questionnaires had been sent out to people who used the service, visitors and staff in February and in May 2015. Further work was needed to make sure the feedback from the May questionnaires was analysed and that documentation recorded what actions had been taken and how information was given back to people.

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

Resident, relative and staff meetings were now being held on a regular basis giving people a chance to give feedback to the registered provider about the service. We spoke with

Is the service well-led?

eight people who used the service who said they had seen improvements taking place and had the opportunity to discuss these changes and voice their opinions. The people we spoke with all said they were being listened to and were confident of raising concerns with the provider or manager. For example, one person said that the last meeting was a fortnight ago and that “We talked about the food we are offered, medicines and complaints and whether I was happy with everything. It's only little niggling things that were discussed.”

The assessment and management of risk in the service had improved. Care files included updated risk assessments

and the registered provider had acted on advice from the Fire Authority and the Health and Safety team in February 2015 to make improvements to the systems, fixtures and fittings within the service.

We attended two multi-agency meetings between January and June 2015 where the progress of the service was discussed. We received feedback from the commissioners and safeguarding teams of ERYC that they were satisfied with the progress and improvements being made by the service. The community team for mental health needs attended the multi-agency meetings and said they had reassessed people as needed and that no one in the service had any on-going acute mental health needs that required their continued input.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure they could meet people's care and treatment needs. Regulation 18 (1)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who used the service were not protected against the risks associated with acquired infections because of inadequate maintenance of appropriate standards of cleanliness and hygiene in relation to the premises occupied for the purpose of carrying on this regulated activity. Regulation 12 (2) (h)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered person failed to ensure that care and treatment of people who used the service was only provided with the consent of the relevant person. Regulation 11(1)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

The registered person failed to ensure that people who used the service were treated with respect and dignity at all times while they were receiving care and treatment. Regulation 10

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person failed to have effective systems in place to

a) Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of people who used the service in receiving those services) and

b) Assess monitor and mitigate the risks relating to the health, safety and welfare of people who use the service and others who may be at risk which arise from the carrying on of the regulated activity.

e) Seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

Regulation 17 (1) (2) (a) (b) (e)