

Emerald Care Services Limited

Station House

Inspection report

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Rotherham
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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?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 8, 9 and 14 October 2015 and was unannounced on the first day. The care home was previously inspected in August 2014, when no breaches of legal requirements were identified.

Station House is a care home situated on the outskirts of the village of Laughton Common. There are local facilities close by and good public transport links. The home caters for up to ten younger adults with learning disabilities and autistic spectrum disorder in two

separate buildings. The provider also operates a domiciliary care agency from the same location. It offers personal care to a small number of people with a learning disability who are living in their own homes.

At the time of our inspection there were seven people living at the home. We spoke with three people who used the service and two relatives about their experiences. They told us that overall they were happy with the service provided.

The service did not have a registered manager in post at the time of our inspection. An acting manager had been

Summary of findings

appointed in July 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

In the past safeguarding concerns had not always been reported in a timely manner. However, further training had taken place and the staff we spoke with demonstrated a satisfactory understanding of safeguarding vulnerable adults, which included what action they would take if they had any safeguarding concerns.

We saw a structured recruitment process was in place to help make sure staff were suitable to work with vulnerable people; however this had not always been followed. We found not all staff had been recruited robustly. For example, in the seven staff files we checked five did not contain two written references and two files did not contain details of the staff members work history. You can see what action we told the provider to take at the back of the full version of the report.

The service had a medication policy outlining the safe storage and handling of medicines, but we found this had not always been followed. We found shortfalls in relation to recording, ordering and the administration of medicines. You can see what action we told the provider to take at the back of the full version of the report.

We found that overall there were enough staff available to meet people's needs. However, the home had experienced difficulties in recruiting and retaining staff so was relying on agency care workers and existing staff to fill any gaps.

People who used the service, and the staff we spoke with, felt sufficient training was provided to meet people's needs. However, training records were incomplete therefore they did not demonstrate that all staff had received essential training. Staff support sessions had taken place in the past, but recently this had not been on a regular basis. Records also failed to demonstrate that appropriate staff had received an annual appraisal of their work performance.

The service had a policy in place for monitoring and assessing if the service was working within the Mental Capacity Act and they were following local authority advice on this topic. Most staff had completed training

regarding the Act and the procedures to follow should someone lack the capacity to give consent. The provider was working with the local authority to ensure decisions made in people's best interest were applicable and applications under the Deprivation of Liberties Safeguards were made as necessary.

We saw people were provided with a choice of suitable and nutritious food and drink. Some of the people we spoke with told us about how they were involved in shopping and preparing meals.

People were supported to maintain good health, have access to healthcare services and received on-going healthcare support. The care records we checked showed they had received support from healthcare professionals when required.

People who used the service were supported to maintain friendships and we saw care plans contained information about their family and friends and those who were important to them. People had access to a varied activities programme that met their needs and preferences.

The people we spoke with said they had been involved in formulating and reviewing care plans. Care files checked contained information about people's needs, preferences and risks associated with their care. However, this documentation did not always provide sufficient information. In some cases files were disorganised, which meant it was difficult for staff to find relevant information easily. Although this had not had any adverse impact on the person, staff did not have clear information about how to manage some areas of risk, and shortfalls had not been identified and addressed by the management team.

We saw the complaints policy was available to people using and visiting the service. The people we spoke with told us they would feel comfortable speaking to any of the staff if they had any concerns. Complaints recorded contained information about the concern, action taken and the outcome.

The provider had a system in place to enable people to share their opinion of the service provided and the general facilities at the home. This included surveys, meetings and care reviews.

There was a quality assurance system in place so the provider could make sure policies and procedures had

Summary of findings

been followed, and to monitor how the home was operating, as well as staffs' performance. However, we saw that recently these had not been consistently

completed and action had not always been taken promptly to address shortfalls. You can see what action we told the provider to take at the back of the full version of the report.

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?

The service was not always safe.

We found the company's recruitment process had not always been followed as essential checks had not been undertaken for every staff member delivering care. This meant people could be put at risk.

The provider had appropriate arrangements in place to manage medicines, but we found staff were not always following the medication policy.

People felt the home was a safe place to live and work. Staff understood how to recognise signs of potential abuse and were aware of the reporting procedures.

Care files included risk assessments to minimise identified risks, however the system in place was difficult to understand and some information was inaccurate.

Requires improvement



Is the service effective?

The service was not always effective.

Although staff told us they were well trained for their job, training records did not demonstrate that staff had received all the essential training they needed to meet people's needs. We also found staff support and appraisal sessions had not been undertaken in line with the provider's policy.

Staff had access to training about the Mental Capacity Act and the procedures to follow should someone lack the capacity to give consent. The provider was working with the local authority to ensure decisions made in people's best interest were applicable and applications under the Deprivation of Liberties Safeguards were made as necessary.

People were actively involved in planning their menus, which they sometimes shopped for and prepared, with the support of staff.

Requires improvement



Is the service caring?

The service was caring.

Staff were aware of people's needs and the best way to support them, whilst maintaining their independence, respecting their choices and maintaining their privacy and dignity.

Care records contained information about people's family and friends and those who were important to them.

People told us they were happy with how staff supported them and delivered their care. We saw staff interacting with people in a positive way respecting their preferences and decisions.

Good



Summary of findings

Is the service responsive?

The service was not always responsive

Each person had a care plan which they, and their relatives, if applicable, had been involved in developing. Care plans were individualised and reflected each person's needs and preferences, but some files were disorganised and risk assessment documentation was not always appropriate.

People had access to individual activity programmes that were formulated around their personal hobbies and preferences.

People were aware of how to make a complaint and knew how it would be managed. In most cases where concerns had been raised action had been taken to address them.

Requires improvement



Is the service well-led?

The service was not always well led

There were systems in place to assess and monitor the quality of services provided. However, we found these were not always completed consistently or effectively. We identified areas that required improvement which had not been picked up through the quality monitoring systems.

We saw people using the service, their relatives and staff were consulted about the running of the home and the care provision.

Staff were clear about their roles and responsibilities, but senior staff had not always ensured company policies had been followed and staff were working effectively.

Requires improvement



Station House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on the 8, 9 and 14 October 2015 and was unannounced on the first day. An adult social care inspector carried out the inspection. On the second day we visited, the local authority contract monitoring officer and a community nurse were carrying out a review to evaluate the provider's progress in meeting their action plan. They shared their findings with us.

Before our inspection, we reviewed all the information we held about the home. We asked the provider to complete a provider information return [PIR] which helped us to

prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with the local authority and Healthwatch Rotherham, to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were seven people using the service. Over the three days we spoke with four people who used the service and two relatives. We also spoke with the nominated individual for the company, the acting manager, three of the management team and four care workers.

We looked at the care records for two people using the service as well as records relating to the management of the home. This included staff rotas, meeting minutes, medication records, staff recruitment and training files. We also reviewed quality and monitoring checks carried out by senior staff and the home's management team.

Is the service safe?

Our findings

People indicated they felt safe living at the home. We saw risk assessments had been undertaken to minimise any potential risks, but these were not always incorporated into the planned care clearly. Staff demonstrated a satisfactory understanding of people's needs and how to keep them safe. They described how they encouraged people to be as independent as they were able to be, while monitoring their safety. We saw risk assessments for the premises were also in place.

The service had a staff recruitment system which included pre-employment checks being undertaken prior to candidates commencing employment. This included obtaining references, and a satisfactory Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people. The aim of these checks are to help reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. We checked seven staff files and found appropriate checks had been undertaken for two of the staff employed. However shortfalls were found in the other five files we looked at.

We saw that although DBS checks had been carried out for all seven staff five files did not contain two written references, as required in the provider's recruitment policy. We found two application forms were incomplete as they did not provide the staff member's employment history. This meant the interviewer did not have essential information regarding their past experiences and if the referees provided were appropriate. One file containing no proof that the provider had checked the person's identity and there was no photograph of the staff member on their file. We also noted that four of the seven files checked did not contain offer letters or a contract outlining the job they were employed to undertake. We asked the acting manager about the lack of references and other documentation, but after looking at the files they could not offer any explanation as to why essential information was not obtained prior to staff commencing work.

This was a breach of Regulation 19 (1) (a) (2) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We spoke with three recently recruited staff who confirmed they had completed an application form, attended a face to face interview, undertaken a DBS check and supplied referees. One care worker told us, "I also had a second interview" adding that as far as they knew their references had been received. The staff we spoke with said they had been given a job description when they started working for the service, but none could recall receiving a job offer letter.

The service had a medication policy outlining the safe storage and handling of medicines. However, prior to our inspection the provider had notified us about medication errors that had occurred at the home. The local authority had also told us they had found the policy was not always followed. A new medication system had been introduced to help address these issues, however we found shortfalls were still evident.

On the second day of our inspection a team from the local authority were checking to see how the provider had progressed in meeting their action plan. They told us they had found staff signature sheets were missing from three files and over stocking of medication. They also reported that one medicine they checked had passed its expiry date, but no new stock had been ordered. We checked three people's records and found gaps where staff had administered medication, but had failed to sign the medication administration record [MAR] to confirm this. However, on one MAR we found a medicine prescribed to be administered daily had not been given for at least the previous five days. Staff could not explain why this had happened and the previous MAR could not be found so staff could check when it was last administered. The acting manager had told us they had audited medication records weekly, but there was no evidence that these shortfalls had been identified and action taken.

This was a breach of Regulation 12 (1) (2) (f) (g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

On the third day of our inspection we saw a member of the management team had carried out a medication audit and the person who had completed it explained what they had found and how they had actioned any shortfalls. They showed us how medication was stored safely, with each person having their own medication cupboard. The person's health file, including their MAR, were also kept in the cupboard.

Is the service safe?

We saw medication had been booked into the home using the MAR. However, we were told the returns book could not be found so a photocopied form had been used to record medicine returned to the pharmacy. Following the inspection it was confirmed that a new book had been ordered.

There were no controlled medicines being held on the premises at the time of our inspection. However we were told there was no storage cupboard that met legal requirements, or a controlled drugs register, available should this be necessary. A member of the management team told us they would discuss the topic with the provider.

Staff had access to policies and procedures about keeping people safe from abuse and reporting any incidents appropriately. However, since our last inspection safeguarding concerns have not always been reported to the local authority safeguarding team or the Care Quality Commission (CQC) in a timely manner. We found this had been addressed and any concerns were now being reported appropriately. We saw the provider was also completing a log of these concerns and the outcomes.

The staff we spoke with demonstrated a satisfactory knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns of this kind. Records and staff comments confirmed they had received training in this subject. There was a whistleblowing policy which told staff how they could raise concerns. Staff we spoke with were aware of the policy and their role in reporting concerns.

We looked at the number of staff that were on duty on the days we visited and checked the staff rotas to confirm the number was correct. One of the management team showed us the new rota system being introduced shortly after our visit. We saw staff were able to meet people's needs in a timely way and support them to go out into the community. This included attending appointments and taking part in social activities and outings. Where there were gaps in the rota existing staff or agency staff had been used to fill these. We spoke with an agency care worker who said they had worked at the home over the past five to six weeks mainly supporting the same people each time.

The majority of people we spoke with said that most of the time there was enough staff available to meet people's needs on a one to one basis. At other times small groups of people were supported together, either in-house or on outings. One of the relatives we spoke with mentioned that staff turnover had been an issue. They also said they felt the constant movement of staff was not good for people living at the home as it made them anxious. Although they went on to add that the service had "Bent over backwards" to put their family member with the right staff.

Some staff we spoke with felt there was sufficient staff available to meet people's needs, whereas other staff felt staffing needed improving. One staff member said, "We are always short of staff." They went on to explain agency staff were used, but they felt they did not have the knowledge required to support some people living at the home, which they said put extra pressure on the permanent staff. Another staff member told us there was enough staff "At times" but added, "Recently there were five staff off at the same time. Agency were used, sometimes they are regular agency staff [implying they therefore knew the people they were supporting]."

Care files checked included assessments which identified risks associated with people's care. Each assessment provided staff with guidance on how to minimise and monitor the risk but this was not always easy to follow. In one person's file we saw staff had clear guidance about potential risks and appropriate information about how to minimise them. However, in another person's file we saw that although risk assessments had been updated there were some potential risks identified in the care plan that had not been fully taken into account. We also found information was difficult to find due to how the file was set up. This meant staff did not have easy access to the information. The local authority contracting officer told us they had been working with the management team regarding this subject. We found that although some action had been taken to improve documentation further work was required to meet their action plan.

Is the service effective?

Our findings

People using and visiting the service told us they felt staff were trained adequately to meet people's needs. Staff said they felt well trained and discussed the training they had completed since our last inspection. This included specific training to support the people they supported, as well as routine essential training. For example, one person said they had completed further medication training so they understood the new system that had recently been introduced. Another person told us they had completed a level three diploma in care.

However, we found there was no clear record of the training undertaken. We saw the company used a computerised training matrix which identified any shortfalls in essential training, or when update sessions were due. The acting manager told us the training matrix had not been updated so it showed most staff required training or refresher courses. We saw there was a pile of training certificates in the office which had not been added to the training matrix. Although this evidenced that various training had taken place the management team was unable to demonstrate that all staff had completed the required training. On the third day we visited the home the management team told us a full audit of all staff training was to be undertaken and the training matrix updated as soon as possible.

We saw a workforce development plan was in place and the management team told us further training sessions had been arranged. These included: emergency first aid, basic health and safety, effective communication & recording skills, positive behavioural support & learning disabilities. We were told the local intensive behavioural support team would also be delivering in-house training in November. We also saw letters confirming training had been arranged in topics such as moving people safely, fire awareness and safeguarding adults.

Staff we spoke with told us they had undertaken an induction when they started to work at the home. This had included completing the company's mandatory training. One recently employed care worker described their induction saying, "They explained everything and I shadowed another carer. I have an induction booklet I am working through it." They added that they had completed some essential training in subjects such as food hygiene and safeguarding people from abuse, but had not finished

all the training needed. Another care worker confirmed their initial induction had taken place and said they were booked on a three day induction course to complete essential training.

Records, and staff comments, showed most staff had received support sessions after this had been raised by the local authority as an area that needed improving. However, records did not demonstrate that all staff had received regular formal supervision or an annual appraisal of their work performance. The acting manager told us all staff had been given an appraisal form in September in preparation for annual appraisals in October. We saw evidence that one of these had taken place, but it had not been recorded on the matrix they were using.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff had an awareness of the Mental Capacity Act 2005. Certificates seen showed some staff had received training in this subject, but due to lack of organisation we could not evidence that all staff had completed this training. Staff we spoke with were clear that when people had the mental capacity to make their own decisions, this would be respected. The service had a policy in place for monitoring and assessing if they were working within the Act and they were following local authority advice on this topic.

We also found the service was working with the local authority to ensure the requirements of the Deprivation of Liberty Safeguards (DoLS) were met. Deprivation of Liberty Safeguards (DoLS) are part of MCA 2005 legislation and ensures that, where someone may be deprived of their liberty, the least restrictive option is taken. The staff we spoke with had a basic knowledge of this topic.

We saw people were provided with a choice of suitable and nutritious food and drink. One person we spoke with explained how they chose what they wanted to eat and sometimes went shopping for the ingredients. They went on to describe how they sometimes cooked for themselves and other people living at the home. Staff told us that each person completed a weekly menu with support from the care staff. These detailed what the person preferred for each meal. We also saw staff supporting people to prepare their own meal or cooking their chosen meal. One person

Is the service effective?

using the service told us, “I shop and cook for myself quite a lot and I try to get my five a day [meaning fruit and vegetables]. There are plenty of snacks like fruit, but I do like a bacon sandwich sometimes.”

Although training records did not demonstrate that all staff had completed food hygiene training to enable them to prepare food safely the majority of the staff we spoke with said they had undertaken the course. People’s care files reflected their food preferences and we saw assessment tools were used to record any medical needs in relation to eating and drinking. Staff told us how they would monitor what food people had eaten to make sure they were eating sufficient. We saw each person had a health file where their weight was monitored regularly to help ensure they maintained a healthy weight.

Drinks and snacks were available and we saw people who used the service making drinks for themselves, visitors and other people who lived at the home. Staff told us people could always help themselves to snacks such as fruit, biscuits and yogurts between meals.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. We looked at people’s records and found they had received support from healthcare professionals when required.

Is the service caring?

Our findings

Our observations and people's comments indicated that staff respected people's decisions and confirmed they had been involved in planning their care and support. People who used the service, and the relatives we spoke with, indicated that on the whole they were happy with how staff supported people. We found staff were aware of people's needs and the best way to support them, whilst maintaining their independence.

Throughout our inspection we saw people were generally happy and relaxed and staff communicated with them positively. We saw staff supporting people in a caring and responsive manner while assisting them to go about their daily lives and take part in social activities. We observed that people were always asked what they wanted to do, giving them control over what and how things were done. We also saw that in the main staff were dedicated to the person they were supporting so were available to provide hands on care and support as required.

Staff we spoke with told us how they would respect a person's privacy and dignity. For example, one care worker told us, "I give them time on their own if it's possible. Some people can have a shower by themselves whereas other people need more support." Another care worker discussed always knocking on people's doors before entering and about how people could spend time in their room if they wanted time on their own.

We saw people who used the service were supported to maintain friendships, and family and friends could visit at any time. Care plans contained information about their family and friends and those who were important to them. They also contained a description of the person's past history, including their preferences and what they enjoyed doing. This helped staff to understand the person better.

We saw staff being patient with people, offering them choice and waiting for a response before proceeding with the option expressed by the person. They encouraged people to be involved in activities and make informed decisions. They enabled them to be as independent as possible while providing support and assistance where required. We saw staff supporting people to cook meals and asking them what activities they preferred to do that day. One care worker commented, "I offer people two or three choices at a time, so as not to overwhelm them. It could be about the food they want to eat, what they want to wear or what outings or activities they want to do." Another care worker spoke about supporting someone to attend church on a regular basis.

Staff said most people living at the home had relatives that would speak out for them if they felt unable to do so themselves. However they told us one person used an advocacy service. Advocates can represent the views and wishes of people who are unable to express their wishes.

Is the service responsive?

Our findings

The people we spoke with indicated they were happy with the care and support provided. We saw they looked happy and interacted with staff in a positive way. One person told us, "I get on really well with my key worker."

We saw needs assessments had been carried out before someone moved into the home and they and their relatives had been part of that assessment. People we spoke with confirmed they had been involved in planning and reviewing their care.

We checked two care files which contained differing levels of information about the areas the person needed support with and risks associated with their care. In one file the information was organised and easy to follow. However, the other file we looked at contained a lot of information that could have been archived as it was old information, making the most recent information difficult to find. For example, we saw one file contained colour coding in respect of potential risks which was difficult to cross reference back to the care plan. The care plan discussed supporting the person to make toast, but when cross referenced back to the risk assessment it referred to baking. We also saw risk assessments were in place for areas that posed no risk. For example, we saw a risk assessment for communication, but we were told there was no potential risk in relation to this area which could have been addressed in the care plan. The acting manager told us they had audited the care files, but they could not evidence this had taken place.

Care reviews had taken place involving the person concerned, staff, parents and any healthcare professional involved in their care. Care plans and risk assessments had been reviewed and updated on a regular basis, but changes the local authority had recommended in their action plan had not always been followed through. On the third day of our inspection the management team told us

they had begun auditing all care files to make sure they were structured better and contained all relevant information. We were shown a sample of how care files were being structured and updated which took into consideration feedback given by the local authority and as part of our inspection.

The provider had introduced a communication sheet since our last inspection. These were meant to be completed on a daily basis to highlight changes in the person's condition and how they had spent their day. However, we found there were gaps in the records where these had not been completed or records were missing from the care file.

We saw there was a wide choice of activities people were involved in, these included days out with their allocated staff member or in small groups. Records, and people's comments, showed they had participated in activities such as shopping and cinema trips, dog walking, swimming, the gym, bowling and horse riding. We also saw some people were involved in cleaning their rooms and cooking. On the first day of our inspection we found most of the people living at the home were away at the coast on holiday. When they returned the next day a barbeque had been arranged with family and friends invited to join them. Everyone we spoke with said they had enjoyed their holiday and the barbeque.

People had access to the company's complaints procedure, which was also available in a pictorial format. The provider told us 17 complaints had been received over the last year. We saw a system was in place to record complaints, actions taken and the outcomes. A relative we spoke with said that overall they were happy with the care and support provided but highlighted a concern regarding poor communication between staff and relatives. For example, they told us emails were not always responded to. They said they had raised this with the provider in the past, but to date things had not improved.

Is the service well-led?

Our findings

At the time of our inspection the service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. An acting manager had been appointed in July 2015. The nominated individual told us a management team, which included registered managers from his other homes, were providing additional support.

Overall the people we spoke with said they were happy with the support they or their relative received. However, a relative told us they felt communication between staff and themselves could be improved and they were worried about the “Constant movement of staff.”

We saw there were policies and procedures to inform and guide staff and people using the service. However, these had not always been followed. For example, referrals to the local authority safeguarding team and CQC had not always been made in a timely manner and recruitment procedures had not been followed.

There was a system in place to assess and monitor the quality of the service provided at the home. However, we found it had not been used effectively, which meant that shortfalls and issues of concern had not always been identified or followed up in a timely manner, and the provider had failed to monitor this.

We saw various audits were available to make sure policies and procedures had been followed and to monitor how the home was operating, as well as staffs’ performance. However, we saw that recently these had not been consistently completed. For example, weekly audit forms were in place for staff to monitor areas such as water temperatures, emergency lighting and fire systems, but records did not demonstrate that these had been undertaken since June 2015. The acting manager told us they had identified this shortfall but we saw no evidence of them taking action to rectify the issue.

When we looked in the file which contained the manager’s weekly audit reports the last audit was dated May 2015. The acting manager confirmed they had not completed this audit since they commenced employment. They told us they had audited care plans, but could not provide

evidence to support this. The local authority had highlighted issues to be addressed in one care file in August 2015, but there was no evidence that all the recommended changes had been made.

We also found care records had not always been completed correctly and medication shortfalls had sometimes not been identified. When shortfalls had been highlighted this had not always prompted staff to take action to address areas that needed improving. Staff training records had not been maintained therefore the provider could not demonstrate that all staff had received the expected training. We also saw not all staff had received regular support sessions and an annual appraisal of their work. These along with the shortfalls we found in recruitment practices showed the management team had not monitored, identified or taken action to ensure the service was operating to a satisfactory standard.

The system to assess and monitor the quality of service provided was not robust, so did not always identify and address shortfalls in a timely manner. Regulation 17 (1) (2) (a) (c).

On the third day we visited the home the management team had commenced auditing the systems in place included care files, medication records and stock, and staff files. We also saw a health and safety audit had been completed. Regarding the latter, areas needing attention had been highlighted with timescales for completion and space for each area to be signed off once completed.

The company had used questionnaires in 2013, and more recently in September 2015 to gain people’s views, but only a small number had been returned. These gave differing opinions on the service being provided. One indicated that the service was ‘good or ‘average’ while another contained more negative responses. Areas highlighted as needing attention included the condition of the exterior of the home, including the gardens.

We saw meetings had taken place to give people the opportunity to share their opinions and ideas for the running of the home. The relatives we spoke with confirmed they had attended review meetings and shared their views at group meetings. Staff told us they also attended staff meetings where they could voice their opinion. However, the last minutes on file were for

Is the service well-led?

February 2015. The acting manager said a meeting had taken place since they started to work for the company but they could not locate the minutes. Staff told us a meeting was also arranged for later that week.

Staff we spoke with said they enjoyed working at the home. They told us they knew what was expected of them and said they had been given a staff handbook and a job description outlining their role. The majority of the staff we spoke with said they felt they could speak to one of the management team about any concerns they might have.

When we asked staff if there was anything they felt could be improved at the home they identified some areas they felt needed attention. This included having more permanent

staff, and how staff rotas were organised. The management team told us they were working on both of these areas. One staff member commented, "Staff moral needs improving. We need the right people in the right place." They said they also thought the induction given to new staff could be better, with more shadow shifts before they worked alone, which they felt would help them better understand the people they were supporting.

The local authority told us they had seen some improvement since they assessed the home in June 2015. However, they said they were continuing to monitor the home to ensure all the points in their action plan were completed and changes were embedded into practice.

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	Regulation
Accommodation and nursing or personal care in the further education sector	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
Personal care	Appropriate background checks were not consistently undertaken before staff began working for the service. Regulation 19 (1) (a) (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Personal care	People were not fully protected against the risks associated with medicines because staff had not followed policies and procedures with regarding to ordering and administering medicines. Regulation 12 (1) (2) (f) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Personal care	The system to assess and monitor the quality of the service provided was not robust, so did not always identify and address shortfalls in a timely manner. Regulation 17 (1) (2) (a) (c)