Caretech Community Services (No.2) Limited

May Morning

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?	**Inadequate**

Summary of findings

Overall summary

The inspection was unannounced and took place on 18 & 19 October 2016. May Morning is a care home which provides care and support for up to eight people with learning disabilities or autistic spectrum disorder who may also have some behaviours that other people could find challenging. The service was full at the time of inspection and most people had lived there for a number of years. People have their own bedrooms with access to several communal areas and a garden. The service is located in a detached period house in its own grounds. It is adjacent to another service owned by the same provider. May Morning is not accessible to people who use wheelchairs. The service is set back from the road amongst residential housing and off street parking is available.

At our previous inspection of this service on 17 November 2015 we found the service was not meeting the required standards of quality, safety, protection from abuse and employment of suitable staff. There were breaches of regulations and we asked the provider to tell us what they were going to do to put the shortfalls right; they sent us action plans to tell us what they were doing and when this would be completed. This inspection was to assess whether the improvements they had told us about had been embedded and were now everyday practice.

A registered manager had not been in post since December 2015, although there was an on-going recruitment for this. A registered manager is a person who is 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.

Our inspection and feedback from relatives and care professionals indicated that whilst they felt that the day to day delivery of care people received from staff met their basic care needs, we found there were a number of areas where improvement was still needed, for example in regard to protecting peoples privacy and understanding and documenting better some peoples communication styles to inform staff engagement with them. Relatives said they were always made to feel welcome whenever they visited and that people were supported to maintain contact with the important people in their lives. Relatives said they felt they were kept informed about care and health issues.

The lack of oversight and settled management had meant that a number of important areas had lapsed or not been addressed at all including some of the previous breaches. The provider had not ensured that the previous inspection rating was visibly displayed in the service or on the provider's service website. The inspection found that much of the operational knowledge for running the service had been invested in the previous registered manager, with the deputy manager having a fairly narrow role; the deputy manager was unaware of many of the tasks the previous manager undertook and as a consequence many of these areas had not been proceeded with for example there was a lack of awareness about previous action plans and what audits were undertaken to monitor service quality. Some information could not be found.

There were signs that incidents of abuse between people had reduced and staff were more alert to what would be considered abusive under safeguarding. Overall medicines were better managed and the previous shortfall had been adequately addressed, however, protocols for administering 'as required' medicines to people were generic and this could lead to inconsistency in the way these medicines were administered by different staff. There were enough staff to keep people safe but this was unsettled and supplemented each week by agency staff whilst recruitment was on-going to permanent posts. Recruitment documentation had deteriorated further and failed to demonstrate that all necessary checks were being undertaken before staff were employed.

A range of risk assessments were in place but some risks had not been identified and assessed or risk reduction measures in place for others managed well for example, people were at risk because staff were not receiving adequate fire drill training. Staff had received training in regard to the Mental Capacity Act 2005 and the use of Deprivation of Liberty safeguards authorisations (DoLS). Referrals for DoLS authorisations had previously been made but not progressed therefore restrictions placed on people were still be authorised albeit in place in the interim in their best interest.

There had been no complaints and relatives told us they felt confident of making a complaint should they need to do so. A previous recommendation in regard to providing accessible visible complaints information to people in the service had not been undertaken and people who could not complain for themselves were not accorded the right to have complaints made on their behalf for repeat issues that they experienced from other service users.

Staff felt well supported by the deputy manager and thought there was good teamwork and communication between staff, but systems in place for the induction, supervision and training of staff had lapsed. Staff said they felt listened to, and their views and opinions valued by the deputy manager, regular staff meetings had lapsed but staff said they found the deputy manager approachable at any time and they often got together for informal discussions when on shift together.

The premises were clean and relatively well maintained although there were some unnecessary delays in the provision of equipment or repairs and this needed review.

Staff engaged well with people and where possible protected their privacy and dignity, they encouraged healthy eating and were increasingly using pictorial menus to enable people to make informed choices about what they ate. Staff monitored peoples wellbeing and ensured they were referred to health professionals appropriately as and when required.

Staff support was guided by detailed plans of care, relatives were consulted about these and invited to attend annual reviews. Peoples interests were known to staff and individualised activity planners were developed for them. People went out on a regular basis if that was what they wanted to do and staff were available. They were also supported to help out with domestic tasks in the service to develop their skills and help increase their independence.

Updated policies and procedures were in place. Senior management staff understood their responsibilities to alert the Care Quality Commission to events in the service and had done so recently.

We have made two recommendations:

We recommend that the provider ensure that a competent person makes known to staff the business

continuity arrangements and a copy of this is made accessible to staff in the service.

We recommend the provider appoint a competent person to review the current arrangements for ordering equipment and undertaking repairs and maintenance of services.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Recruitment files did not provide assurance that all required checks of new staff were being made. Medicines management had improved but individual protocols were needed for 'as required' medicines to aid consistency. Some risks were not assessed or well managed.

The premises were clean and in good order but a review of equipment and repairs ordering was needed to avoid unnecessary delays. People could be at risk through a lack of fire drills for all staff. Staffing was unsettled but usually maintained at the required levels with vacancies and gaps in shift covered by agency staff.

Accidents and incidents were appropriately managed and reported on. Staff had received safeguarding training and were confident of being able to recognise, act on and report abuse appropriately.

Is the service effective?

Requires Improvement

The service was not always effective

Staff were trained in the Mental Capacity Act 2005 and understood the use of Deprivation of Liberty (DoLS) authorisations but Dols referrals were outstanding and restrictions in place not authorised. Systems in place for the induction, supervision and training of staff had lapsed.

People with epilepsy were at risk through lack of guidance for staff, but overall people's health and wellbeing was well managed and monitored; people were referred to health professionals as and when needed.

Staff encouraged healthy eating where possible and people were consulted about what they ate; pictorial menus helped them in making choices.

Is the service caring?

Requires Improvement

The service was not consistently caring

Staff respected people's privacy and dignity but improvement was needed to resolve on-going issues for some people. Better understanding and documentation of peoples communication was needed to aid staff engagement

Relatives and a professional thought staff provided good quality care. Relatives said they felt informed and consulted and that staff supported people to maintain links with their families and friends. Staff engagement with people was respectful, and supportive they demonstrated an in-depth understanding of peoples characters, and their different methods of making their needs known

People were provided with opportunities to spend time on their own or with staff to do things they wanted to do. People were encouraged to personalise their bedrooms to their own taste. They were given opportunities to achieve manageable goals each month some of which could be around development of independence skills.

Is the service responsive?

Requires Improvement

The service was not always responsive

Complaints information was not visible in accessible formats and staff were not proactively making complaints on behalf of those who could not do so themselves. There was no mechanism for recording what people were funded for one to one hours or how these were used in accordance with their agreed support package.

People were assessed prior to coming to live in the service to ensure their needs could be met, detailed care plans were developed that guided staff in the day to day support they offered.

People and their relatives were involved and consulted about their care and treatment which was kept under review. People were supported to make use of activities and services within the local community and helped to pursue and develop their interests.

Is the service well-led?

Inadequate

The service had not been well led

The service had been without a registered manager for ten months. Senior staff team members had not been given the knowledge to undertake operational management. Action plans provided in response to previous breaches were unknown to staff and had not been fully implemented.

Systems to assess and monitor service quality were ineffective and shortfalls in the service were more evident. There was no evidence of how people's feedback informed service improvement. Staff meetings had not been held regularly.

Staff said they felt listened to, and able to express their views at informal staff discussions. Staff day to day practice was informed by policies and procedures that were kept updated.

May Morning

Detailed findings

Background to this inspection

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

This inspection took place on 18 October 2016 and was unannounced with a follow up day on 19 October 2016. The inspection was conducted by one inspector.

Prior to the inspection we had not requested the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at previous actions plans and reviewed other records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

At inspection we met six of the people who lived in the service. Sometimes people preferred their own space and did not respond to direct questions we asked them, so we spent time over the two days observing briefly their interactions with staff and how they engaged with people they lived with using the Short Observational Framework for Inspection (SOFI); SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff carrying out their duties and how they communicated and interacted with each other and the people they supported.

We spoke with the deputy manager two senior staff and three support workers. After the inspection we contacted seven relatives and received feedback from six, we received feedback from two care professionals that had contact with the service previously although not recently.

We looked at three care and associated health plans, environmental and individual risk assessments, medicine records, and some operational records that included three staff recruitment training and supervision records, staff rotas, menus, accident and incident reports, servicing and maintenance records, complaints information, policies and procedures, survey and quality audit information available was

limited.

Requires Improvement

Is the service safe?

Our findings

People were calm and relaxed they were comfortable around staff and went about their daily routines confidently; staff were alert and mindful to possible incidents intervening quickly to distract and direct people's attention elsewhere. Relatives told us that their relatives were safe and well looked after, comments included "It couldn't be a better place", and the nice thing about the service is the staff don't change much", "I would not want him to go anywhere else". A care professional spoke positively about how staff were managing a person's complex needs and that they were safe and well managed but expressed some concern that the high turnover of staff was unsettling for people and could lead to a lack of continuity in service delivery.

At the last inspection we identified that the systems that were in place to help ensure people's safety required improvement. Following the inspection the provider told us that they had taken action which would address the shortfalls we had identified. This inspection was to check these improvements had been implemented and sustained.

The provider has previously taken the decision to reduce recruitment documentation held within the service. A form that detailed all the information required to demonstrate that safe recruitment practice was in place recorded all the documentation seen and checked by the provider's personnel department. At the last inspection we found there were gaps in the completion of this form and we were concerned that the provider could not demonstrate that their recruitment procedures were sufficiently thorough or safe and that information they were asked to gather on prospective staff had been undertaken in line with regulation.

The provider sent us an action plan which said they had taken action and would be compliant by 1 April 2016. At this inspection we checked four staff files. Three staff were new to the company, two were without evidence that a full employment history had been gathered from them, and there was no verification of reasons for leaving previous care settings for another person who had previously worked in care. Two files were without confirmation that declarations of health had been received in accordance with regulation and for an overseas staff member only character references had been received with no evidence that overseas employment references had been sought. A fourth person had transferred to the service from elsewhere in the company several months previously but no recruitment information had been transferred with them. There remains a failure to provide assurance that new staff had been recruited safely and this is a continued breach of regulation 19 of the HSCA 2008 (RA) Regulations 2014.

At the previous inspection we had identified that improvements were needed to the procedures for managing medicines, specifically prescribed creams. Since then improvements had been made to address these shortfalls. Systems were in place for their ordering, receipt, disposal and audit. Medicines were kept in safe secure temperature controlled storage, and administered in accordance with people's needs and preferences. Medicine records were appropriately maintained. There was however, a generic protocol that covered the administration of prescribed 'as required' medicines by staff to all the people that needed them that did not take account of individual needs. This posed a risk that staff may not administer these medicines in a consistent manner and ensure they were only used when necessary. The failure to provide

appropriate guidance to staff regarding peoples 'as required' medicines is a breach of Regulation 12 (2) (g) of the Health & Social care Act (HSCA) 2008 (Regulated Activities) (RA) Regulations 2014.

The service has developed a wide range of risk assessments. Some were generic and related to risks everyone could experience within the environment, each person has their own set of personalised risk assessments to take account of different settings and situations they might find themselves in and the risks they may be subject to. On this visit we noted that there were no individual risk assessments for two people in regard to their epilepsy, or the impact this might have on their daily living. Staff had not considered that people had access to baths in their rooms or close-by and when asked they said that it was possible that someone could run a bath without staff being aware, plugs had been left in situ and people knew how to turn taps on. Staff said seizures were infrequent but this could not be checked because a record of these was not maintained. Risks in relation to another person's mental health had not been adequately assessed to provide assurance that the person when unwell was not a danger to themselves or others. There was a failure to ensure that risks associated with health conditions had been adequately assessed or that in regards to access by those affected by epilepsy to the possibility of unsupervised bathing.

The fire risk assessment required staff fire drills be held every quarter however, a review of those staff attending showed 50% of the staff shown on the rota were still to attend a drill this year. A concern was that on occasion the two staff on waking night duty had both not received any or adequate fire drill training in this service and there was therefore a risk they would not be aware or competent to take appropriate action to keep people safe.

Equipment checks and servicing were regularly carried out to ensure this was safe and in good working order. Some internal checks however, to ensure hot water temperatures did not exceed required temperatures were not always completed for example hot water outlet temperatures had not been recorded since July 2016, cold water outlets since 2014, a quarterly safety checklist had not been completed since December 2015 these checks are in place to ensure the service has taken all reasonable steps to keep people safe, the lack of completion undermines this and people could be placed at risk. There was a failure to adequately assess and manage some risks and this is a breach of Regulation 12 (1) (2) (a) (b) of the HSCA 2008 (RA) Regulations 2014.

A fire risk assessment was in place, fire equipment was serviced and checks and testing were routinely carried out. Individual personal evacuation plans were in place. A hearing impaired person was provided with equipment to alert them to a possible fire. Staff who were trained understood the fire evacuation procedure and assembly point. None of the staff had an awareness of a business continuity plan should it not be possible to return to the service or in respect of other events that could impact on its operation. A business continuity plan was found on the computer but had not been shared with staff.

We recommend that the provider ensure that a competent person makes known to staff the business continuity arrangements and a copy of this is made accessible to staff in the service.

The premises were clean and this was undertaken by care staff with the help of some of the people living there when they chose to help. Staff understood the process for separating soiled from normal laundry using red bags and separate higher temperature washes for this type of laundry. At the time of inspection the washing machine had broken but satisfactory alternative arrangements were in place to ensure laundry could be undertaken on a daily basis.

There was a degree of wear and tear on fabric and furnishings around the premises and in people's bedrooms, but most were personalised and contained things of importance to the people living there.

Maintenance and repairs were carried out albeit this could sometimes be slow. For example a window in an upstairs bathroom had been broken since June 2016 and had been added to the job sheet each time it was sent in but someone came to look at it and ordered a new window only on the day of inspection. The cooker had been only part working for two weeks and a new one had been ordered; this arrived on the second day of inspection. Staff felt delays were often caused by the number of different people or departments having to be involved in approving repairs or replacement equipment.

We recommend the provider appoint a competent person to review the current arrangements for ordering equipment and undertaking repairs and maintenance of services.

When fully staffed there were enough staff to provide people with the support they needed, however there were currently four staffing vacancies, gaps in the rota were supplemented with agency staff. Staff said they pulled together and tried to cover as many shifts as they could, using agency as a last resort and trying to ensure that only agency staff familiar with the service were used. The Provider Information Record informed us that at the time of completing it agency staff cover was running at 75 hours per week. At night there were two waking night staff. Rotas between 26 September and 30 October 2016 showed that required staffing levels had not always been maintained even with agency support. At the last inspection we had recommended that staffing availability was increased during staff meetings to ensure that staff could have uninterrupted time to discuss issues, there had not been a staff meeting held since January 2016 that would enable us to judge whether this had been implemented; staffing remains an area for improvement.

A review of accidents and incidents showed these to be of a low level considering the complex behaviours of people living in the service and that staff were responding appropriately when accidents and incidents occurred.

Staff were trained to recognise and respond to abuse but we had previously raised concerns that staff had struggled in regard to incidents between people because of their complex needs and behaviours to distinguish between what was intentional and abusive and what was not. Since then this had been discussed within the staff team, the number of physical altercations had become negligible with those being of a minor nature, recorded incidents showed these to be more of a verbal nature, although verbal and physical assault of staff was still evident on occasion. Overall there had been a reduction in all incidents as people settled into their relationships within the service; the atmosphere becoming much calmer. Staff were now confident they would be able to distinguish what incidents would require alerts to safeguarding and notification to the Care Quality Commission (CQC).

Requires Improvement

Is the service effective?

Our findings

Relatives told us that they were kept informed about the health needs of their family member. A professional told us that staff were managing the complex needs of their client well.

We observed staff responding to people's different characters and styles of communication to ensure they felt included and involved. People were happy to be around staff and actively sought their attention, others were content to spend time away from everyone else in their rooms, coming into the communal areas when they wanted to eat or seek out staff company.

Staff had received training in the Mental Capacity Act 2005 (MCA). This provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. An assessment of people's ability to make day to day decisions had been completed with people in accordance with their varying levels of capacity. This was reflected in the way staff communicated information and sought consent, from people in a variety of ways that best suited the person's ability to absorb and handle the information presented for example a verbal response "four sleeps" coupled with four fingers shown to the person. Restrictions placed on people in their best interest in accordance with the Mental Capacity Act had been referred for Deprivation of Liberty safeguards (DoLS)authorisations in 2014 but there was no evidence that these had ever been authorised even for two people that staff thought had been authorised there was no evidence found at inspection or known to staff to support this or that outcomes of these applications had been pursued with the local authority by anyone from the service. The failure to ensure procedures that deprived people of their Liberty were appropriately authorised is a breach of Regulation 13 of the HSCA 2008 (RA) Regulations 2014.

Staff understood that when more complex decisions needed to be made that people did not have the capacity to decide on their own, relatives and representatives and staff would help make this decision for them in their best interest.

All new staff received an induction to the service and attended a four days of training during which they completed the majority of their mandatory training and were informed about the aims and objectives of the provider and their responsibilities. Several newer staff we spoke with had not however completed induction workbooks to meet the requirements of the Care Certificate. The Care Certificate was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. Staff contracts made clear that they were subject to a six month probationary period but there was no evidence that probationary performance had been assessed or how judgements had been made as to whether staff had passed their probationary periods of not.

Staff said they felt better supported now than they had in a long time; they liked and respected the deputy manager who did not undertake the majority of management duties. Staff said she was always approachable, that they felt comfortable having informal chats when necessary about aspects of their work, or could be private at any time to discuss issues affecting them personally. When we viewed staff files

however we noted that since October 2015 one staff member had received three supervisions, two staff who were new to the service had received supervision once each despite commencing work in May 2016 and another staff member who commenced work in January 2016 had received no supervisions. When we spoke with a registered manager from another service it was clear that the provider had systems in place for the induction of staff in line with the care certificate and for the performance monitoring of those working probationary periods but in the absence of regular management oversight these procedures had not been carried out.

Staff showed that they had an understanding of people's individual needs. In order to ensure they had the right knowledge and skills to support people appropriately they were required to demonstrate they hade completed a wide range of training. The deputy manager monitored staff completion of their required refresher training and printed out each staff members training record on a monthly basis to remind them of courses that were due to expire or were overdue. The majority of training was provided through on line courses for which staff had to complete an end of course test to assess their learning and understanding they were required to achieve a pass rate of 100%. There were also some class room based interactive training for induction, epilepsy training, first aid and conflict management training. A review of 16 training records for members of the current staff team showed that on average only 60% of staff had either completed their mandatory training or undertaken refresher updates in for example safeguarding, fire, first aid, food hygiene, infection control. In the absence of a registered manager the provider had not ensured that staff were keeping their training updated and this could pose a risk to the health and safety of people.

There was a failure to ensure that new staff were suitably inducted into their role, had their probationary performance adequately monitored, were provided with ongoing necessary training to ensure the appropriate and safe support of people using the service and this is a breach of Regulation 18 (1) (2) (a) (b) of the HSCA 2008 (RA) Regulations 2014.

People received good support around their health with evidence of health appointments and contacts with different community and hospital health professionals. There was a concern however that there was an absence of guidance to inform staff about two people who experienced seizures for which they received medicines. Given that there were a number of new staff in the service there was no epilepsy plan in place for each person to inform staff of possible signs of the onset of seizures, how long they lasted how the person was affected during and after a seizure, if people were unresponsive how long they should be left before rescue medicines were used or emergency services called. The absence of individual guidance for people with epilepsy could place the people concerned at risk and is a breach of Regulation 12 (1) (2) (b) of the HSCA 2008 (RA) Regulations 2014.

Weekly menus were developed from an understanding people's likes and preferences and these were provided in picture formats and provided a varied diet. People were consulted on a daily basis about what was on the menu for the day and if they wanted the main meal or an alternative. A light lunch was usually provided during the day with the main meal in the evening when people were home from activities. People ate well and they maintained good stable weights, staff encouraged healthy eating and supported people to choose healthy options where possible but accepted that some people did not eat a balanced diet and no amount of encouragement or persuasion had been able to change this without placing unnecessary restrictions on the people concerned. People had free access to the kitchen helping themselves to breakfast cereals, some people were also supported to make light snacks for themselves, staff were available to support others who needed breakfast and lunch made for them.

Requires Improvement

Is the service caring?

Our findings

Relatives told us that they were happy with the placement and the attitudes they had witnessed from staff both in their interactions with themselves as visitors but also towards the people they supported. Several commented about how willing and happy their relative was to return to May Morning after visits home. Comments included "They are amazing, so supportive not only of my relative but of me", " Staff attitudes are good", "Generally happy with the service she is very well looked after" and "We are very happy with her placement, it's lovely", The "staff are very nice people and he is happy there". "Staff arrange for me to eat dinner with him there".

A professional told us "overall I think they provide good care".

There was a relaxed atmosphere in the service and we observed many examples of good humoured exchanges and gentle patient and supportive interactions between staff and the people they were supporting.

Staff showed that they understood people's individual styles of communication well enough to know their preferences and wishes. We looked at one person's records and found that communication information although comprehensive talked about the persons use of body language and signs they preferred to use but lacked clarity as to what were the favourite signs and body language used and what staff thought they meant, so that new staff felt better informed of how to communicate with the person and this would help in the continuity of support they received. In discussion, it was clear that staff who had worked with the person for some years were themselves not always sure what some body language meant and this was often a case of trial and error; this was an area for improvement.

Staff protected people's dignity and privacy by providing personal care support discreetly, respecting confidentiality and speaking about people's needs with other staff in privacy. The storage of people's individual medicines in cabinets in their bedrooms had improved privacy and dignity for them when their medicine was administered.

Although mindful of people's privacy we discussed with staff how they could improve this for a hearing impaired person to reduce the need for staff to open their door and flick the light switch to alert them to their presence, the deputy manager agreed to look into whether a doorbell with a flashing light could be installed and this is an area for improvement.

Some people had keys to their rooms and locked these when they were out, other people were unable to manage a traditional key and to ensure people had the least restrictions possible their doors were not locked when they were away from them so they could come and go at will without the need to seek out staff. Most people respected each other's privacy and possessions and staff tried to ensure people were discouraged from entering others rooms however this was not always successful. One person in particular suffered regular incursions into their bedrooms when they were not there, sometimes resulting in damage. Without providing people with one to one supervision at all times this was difficult to control and we

discussed potential options for securing the rooms of the person affected which has been a recurrent problem for some time without being resolved; the deputy manager agreed to look into this further and this remains an area for improvement.

When at home people were able to choose where they spent their time, for example, in their bedroom or the communal areas. Bedrooms had been personalised not only with personal possessions and family photos but décor had been chosen carefully to reflect people's specific preferences and interests.

Staff supported people to make choices and decisions for themselves in their everyday lives about how they spent their time, when they went to bed, what they wore, or did, where they ate and what they ate. Staff respected people's choices.

Relative's told us that they were always contacted about matters relating to the health and wellbeing of their family member, and any changes in care and treatment before these were implemented. They said they were included in regular reviews and were asked to contribute their thoughts and felt listened to. They said that they were always made to feel welcome whatever day or time they turned up and were very happy with the responses they received from staff.

People were supported to maintain relationships with the relatives and friends who were important to them, and were supported to make regular contacts or visits. Some activities people participated in, for example day centre, enabled them to meet with people from other services and this enhanced their social circle and helped them with making relationships with people outside of the service.

People's potential for developing skills was assessed and staff helped people work towards achieving a level of independence in some of their care and support routines and people worked towards this at a pace to suit themselves. Some people for example helped with getting their own breakfast or helped with some household tasks when motivated to do so.

People's end of life wishes were recorded where they or relatives had made these known to staff.

Requires Improvement

Is the service responsive?

Our findings

Relatives told us that they were involved in discussions about their relatives care and were invited to reviews of their care and support. A professional told us that they had picked up no concerns in the support their client received when they undertook their review and thought the service had done well to cope and manage the complexities of their client's needs.

At the previous inspection we had recommended that information about how to complain was made available in formats suited to the needs of the people using the service; this had not been completed. There was a lack of any visible information informing people of their right to complain and how to do it, the complaints log was empty and yet we were made aware that on numerous occasions one person was repeatedly affected by uninvited incursions into their bedroom that in some instances led to damage to their effects or fittings. The person was unable to complain on their own behalf. Staff understood that some people they supported were only able to use sign, body language or their general mood, behaviour and demeanour to show that they were unhappy or sad. Although staff might look for causes to this which in some instances may be linked to other people's behaviour or interaction with them no thought was given to interpreting this as a complaint on the person's behalf and logged accordingly to ensure action was taken and not overlooked. The failure to establish an accessible complaints process for people in the service, make information about this visible, and to implement complaints on the behalf of those who cannot is a breach of Regulation 16 of the HSCA 2008 (RA) Regulations 2014.

No one new had been admitted to the service since the last inspection at which we had reviewed the pre-admission process and found this to be satisfactory, with appropriate assessment undertaken over a period of time to accommodate the needs of the person being assessed. These ensured needs could be met in the service with trial stays and a transition arranged at a pace the person could cope with.

Previously we had expressed concern that there was no mechanism for recording accurately the amount of one to one funding people received and how this was used to demonstrate it was being utilised effectively. This remained unchanged at inspection with a list of one to one hours posted on the office wall which the deputy manager felt was inaccurate as she was not aware that some people had been allocated one to one hours at all . There was nothing within peoples records to confirm what one to one funding was in place and how it was meant to be used; there was no assurance this was being used appropriately. The failure to make clear to staff the hours of one to one support people were funded for and how this was to be used meant there was a risk that the package of individual support agreed and designed for each person was not being carried out in accordance with these funding arrangements. This is a breach of Regulation 9 (3) (b) of the HSCA 2008 (RA) Regulations 2014.

Following initial assessment people's everyday care and support was designed around their specific individual assessed needs. This included an understanding of their background history called 'My life story', interests, 'Things that make me smile' likes and also dislikes, 'My life now' information about communication needs, social activities, day and night time personal care support routines including continence management, and support with religious observance. There was also information about

people's behaviour and how they needed to be supported with this. People's records contained information about the events and people that were important in the person's life and also any daily living skills they had. This information provided staff with a holistic picture of each person and guided them in delivering support consistent with what the person needed and wanted. There was recognition of what people could do for themselves and small targets were set with people each month of what they wanted to achieve and this helped to develop and enhance their skills and experience at a pace suited to their abilities. Although care plans were kept updated some information relating to care managers who fund and review the placements and their contact details was not and we were provided with information by the service which was no longer current; this is an area for improvement.

Each person had a weekly activity planner that had been developed from an understanding of what they were interested in and liked to do, this included free time when people could choose what to do and also an allocation of time spent undertaking domestic tasks with staff support for example room cleans. The planner was adjusted to take account of activities that people no longer showed interest in and new ones were added. Some people preferred to spend time in their room doing craft or activities that interested them, they went out less frequently by choice, and other people went out daily or several times per week. We looked at several activity records which showed that people were going out regularly for example one record over a 17 day period showed someone had gone out nine times. Transport was available to take people out to local towns and places of interest and rotas tried to ensure that a driver was on the day time shift. Staff showed that they were proactive in trying to provide the service in accordance with people's wishes for example, one person had shown interest in having more direct access to the garden and a review of how this could be achieved for them was being undertaken.

Staff completed daily reports for each person, these detailed peoples wellbeing on the day and reflected on their mood, behaviour, what they had eaten and where they had been. Key workers completed a monthly summary report of what events, changes and achievements had taken place during the course of the month and sometimes this precipitated updates to the care plan or risk assessments to ensure these were kept updated, any significant changes were alerted to staff through handovers and the communication book.

Inadequate

Is the service well-led?

Our findings

Relatives said communication from staff in the service was good but one relative said they thought communication from the senior management team had been poor in regard to keeping parents informed about changes in management at the service. "A couple of managers have come and gone and we have not been informed". Staff said they felt well supported by the deputy manager and that as a staff team they had pulled together to ensure people did not experience poor quality of care during this unsettled period. A professional we contacted was concerned at the unsettled staffing and continuity of care issues.

The overall leadership and management of the service was not effective and this has impacted on the care people received. The service is currently without a registered manager and has been since December 2015. There have been some interim management arrangements that have not worked out and at inspection we were informed that the deputy manager had agreed to apply for the registered manager position. The area manager also spent time in the service each week to provide staff with management support. Despite this the expected progress regarding the shortfalls identified at the previous inspection had not been implemented and there remained continued breaches and new breaches where shortfalls have not either been identified or addressed.

The inspection highlighted that a lot of operational information had previously been confined to the Registered manager leaving the deputy manager role with limited involvement. The deputy manager told us that her role was very narrow with one day spent on administration work and the rest of the weekly shifts spent working on shift. As a consequence in the absence of the registered manager and the supporting area manager her operational knowledge of how the service ran, for example systems and processes for monitoring the quality of service people received, and where documentation other than care records could be found was limited.

The previous inspection had identified that people were at risk because monitoring systems that assured the provider that people were receiving a safe quality of service were not effective. Whilst we noted at this inspection that care plans were being updated and randomly audited there were a number of areas where improvements had not been made for example, the authorisation of DoLs applications applied for in 2014 had not been followed up and most people were still awaiting outcomes for these. We were informed two people had been authorised but there was no evidence of this in their care records. Action plans to address previous breaches were unknown to the deputy manager and had not therefore been prioritised for actions to be taken to address them. Continued breaches remain in respect of recruitment and quality assurance monitoring.

Overall the monitoring and checks that we were able to access showed these were not always completed well and timescales for auditing some areas had lapsed, for example a quarterly safety checklist had not been completed since December 2015, checks and monitoring of water temperatures had not been completed since July 2016, a broken first floor window reported in June 2016 was still broken at inspection and maintenance visited to assess during the inspection. Auditing by the providers representatives had also lapsed in some areas for example: finance. Although this was now back on track this had highlighted issues

within finance management in the service that have now been addressed. We were not provided with any other audits to view or those completed by the area manager. Some risks to people regarding their health and welfare had not been mitigated, and this placed them at risk of harm.

Relatives confirmed their views were sought through surveys but could not recall seeing the outcome of any analysis of survey feedback and there was nothing to show this within the service or that this was used to inform service development.

There were no formal systems in place to monitor and appraise staff performance. Staff worked well together there was a good sense of team work and they showed commitment to ensuring people remained safe and well cared for. Staff said they felt supported through informal discussions held with the deputy manager and were confident with raising issues but no formal staff meetings had been held since January 2016. As a consequence a previous recommendation that additional staffing be provided to cover staff meetings so that staff could meet without the presence of people had not been implemented.

The provider had not taken all reasonable steps to assess monitor and implement improvements in service quality and this is a continued breach of Regulation 17 (1) (2) (a-b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The previous inspection rating was not visibly displayed either in the service or on the provider website detailing their residential services. This is a breach of Regulation 20A of the HSCA 2008 (RA) Regulations 2014.

Information about individual people was clearer, person specific and readily available. Guidance was mostly in place to direct staff where needed. The language used within records reflected a positive and professional attitude towards the people supported.

Staff had access to policies and procedures, these were reviewed regularly but in the absence of a registered manager and staff meetings it was unclear how information other than information about people was being cascaded to staff.

The Care Quality Commission was notified appropriately of events that occurred in the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care There was a failure to make clear to staff the hours of one to one support people were funded for and how this was to be used. There was a risk that the package of individual support agreed and designed for that each person was not being carried out in accordance with these funding arrangements Regulation 9 (3) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The failure to provide appropriate guidance to staff regarding peoples 'as required' medicines. Regulation 12 (2) (g). The absence of individual guidance for people with epilepsy could place the people concerned at risk. Regulation 12 (1) (2) (b) There was a failure to adequately assess and manage some risks. Regulation 12 (1) (2) (a) (b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment There was a failure to ensure procedures that deprived people of their Liberty were appropriately authorised. Regulation 13 (5)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints There was a failure to establish an accessible complaints process for people in the service, make information about this visible, and to implement complaints on the behalf of those who cannot do for themselves. Regulation 16 (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The previous inspection rating was not visibly displayed in the service or on the provider website. Regulation 20A

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There was a failure to ensure that new staff were suitably inducted into their role, had their probationary performance and competency adequately monitored, were provided with ongoing necessary supervision and training to ensure they provided appropriate and safe support to people using the service. Regulation 18 (1) (2) (a) (b).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a failure by the provider to take all reasonable steps to assess monitor and implement improvements in the service quality and this is a continued breach of Regulation 17 (1) (2) (a-b)

The enforcement action we took:

issue w/n

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed There remains a failure to provide assurance that new staff have been recruited safely and this is a continued breach of regulation 19.

The enforcement action we took:

issue w/n