Caretech Community Services (No.2) Limited

Cedar House

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?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

This inspection took place on 21 January 2016 and was unannounced.

At our last inspection in October 2015 we judged that people were at risk of receiving inappropriate and unsafe care. We found breaches of six of the Health and Social Care Act 2008 (Regulated Activities) 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. The home was rated as Inadequate and the service was placed into special measures. We carried out another comprehensive inspection in January 2016 to see if improvements had been made to meet the fundamental standards.

Cedar House is registered to provide accommodation with nursing and personal care, diagnostic and screening procedures and treatment of disease, disorder or injury for up to 12 people.

There were seven people living in the home at the time of this inspection. Six were present during this inspection and one was in hospital. Two people were using the home for respite care until October 2015 when the provider suspended the respite service due to the serious concerns at the last inspection about safety and quality of the service provided. The people living in the home all had multiple disabilities and needed full support with all aspects of daily living. The home is registered as a nursing home and there is one nurse on duty 24 hours a day plus support workers. The home is fully wheelchair accessible and has appropriate bathroom and hoist facilities for people with physical disabilities.

The home has had no registered manager since March 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service has been in special measures since October 2015. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration. For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

We found staffing levels had improved since the last inspection. Infection control, medicines management, provision of nursing care, reporting of safeguarding concerns, and recording care and treatment have all improved in the last three months. The provider had employed a temporary cook/cleaner and the home was cleaner and more hygienic than at the last inspection. There were more staff on duty during the day to meet people's needs and less agency staff used. People's health had been reviewed by professionals who had given advice to staff at the home on how to meet their needs. Medicines management had improved and was safer and staff had received some individual supervision.

Despite these improvements we found the provider did not have effective systems to monitor risks and quality at the home. The provider's auditing processes failed to identify some of the concerns found on the day of our visit.

There had been inadequate recruitment practice, lack of oversight of staff training, lack of training for some staff and lack of oversight of people's fluid intake to prevent risk of dehydration.

Although the provider responded to make improvements identified at the last inspection there was insufficient evidence that their own systems and processes were effective at identifying areas needing improvement. They had not identified serious concerns and their systems for doing so were not effective.

We found breaches of five of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection in respect of safe care and treatment, staff recruitment, staff training and support, and governance. We are taking enforcement action against the registered provider and will report further on this when it is completed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. The provider had not always followed safe recruitment practices to ensure staff employed were suitable for the role before employing them. The home was not fully prepared for first aid emergencies.

There had been significant improvements in safety in the last three months. Additional staff had been employed. The cleanliness of the home and medical equipment had improved and medicines were managed more safely.

Relatives who had serious concerns for people's safety in this home three months ago now felt more confident that people were cared for safely.

Is the service effective?

Requires Improvement

The service was not consistently effective. Some staff did not have all the required training to meet people's complex needs. Advice from a physiotherapist was not being consistently followed. Some people were not drinking the recommended amount of fluids and this had not been noticed and acted on despite staff keeping records of fluid intake for people.

There were improvements in staff supervision and people's health care and nutrition.

Is the service caring?

Good

The service was caring. Staff had formed good relationships with people living in the home and were kind and gentle in their interactions.

Staff knew people well and understood their communication. They supported people's relationships with their families.

Is the service responsive?

Requires Improvement

The service was not consistently responsive. The service was more person centred than at the last inspection and improvements had been made in understanding and meeting individual needs. Staff spent more time with people and some

progress had been made in engaging people in activities. The provider's response to complaints and concerns had improved though recording did not always reflect the action taken.

Is the service well-led?

Inadequate

The service was not well led. The provider had made improvements since our last inspection. They had responded to concerns from CQC and the local authority but had not identified those concerns through their own systems. Audits carried out by the provider had not been effective in identifying a number of concerns which we brought to the provider's attention. They had not identified in their own audits inadequate monitoring of people's drinking, training and recruitment concerns and issues with first aid boxes. This showed a lack of effective oversight despite the provider sending us weekly updates in their improvement plan.

Cedar House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. At our last inspection in October 2015 the provider was not meeting legal requirements and the home was given a rating of Inadequate.

This inspection took place on 21 January 2016 and was unannounced. The inspection team consisted of two inspectors, a Specialist Professional Advisor who was a nurse and a pharmacist inspector.

Before the inspection we reviewed all the information we had about Cedar House including notifications made by the provider, concerns raised with CQC about the home, the provider's action plan to comply with the regulations breached at the last inspection and weekly improvement plan updates sent to us by the provider.

We talked to the acting manager, deputy manager, and bank nurse on duty, three senior staff from Caretech (locality manager, service improvement manager and a senior manager), three support workers, and a temporary cook/cleaner. We heard the views of three people's families and five professionals involved with the home.

We read five people's care files and carried out pathway tracking for three of them, which involved reading all the care plans, risk assessments, reports from other professionals and records of care provided (fluid charts, turning charts, daily progress notes, medicines records and seizure charts) to check if people's assessed needs were being met. We also requested and received documents from the provider after the inspection.

We observed interaction between staff and people living in the home and observed what was happening in the home at various times between 8:00am and 10:00pm including observation during mealtimes.

We reviewed recruitment records for three staff and training and supervision records for all staff. We

checked records of complaints, staff rotas, minutes of staff and relative's meetings, policies, audits and the provider's monitoring of the home, inspected medicines, infection control, cleanliness and safety of equipment and checked all communal rooms and a sample of three bedrooms. We looked at records of care and treatment given and also health and safety records.

Requires Improvement

Is the service safe?

Our findings

A relative told us, "I feel confident [my child] is safe here now."

There had been improvements since October 2015 to reduce the risk of people receiving unsafe care.

People had risk assessments which highlighted risks to their safety and health and informed staff how to minimise risks. There were also risk assessments relating to their risks of developing pressure sores, nutrition risk assessments and moving and handling as each person needed support from two staff to move from their wheelchair to bed.

There was a 'Reporting Abuse' poster on display. This gave the contact details of CQC, the Police Community Safety Unit and the local authority safeguarding phone number. Sixteen staff had been trained in safeguarding adults and reporting allegations of abuse through e-learning and two had not had this training. There was information to assist staff and senior staff understood safeguarding procedures. Staff were aware of safeguarding issues, what to look for and how to report any concerns.

Since October 2015 the provider had reported safeguarding alerts when there were errors with medicines and this was evidence that they knew how to follow appropriate safeguarding procedures.

A Whistleblowing poster was displayed which offered appropriate information so that staff knew what to do if they had concerns about the care provided. We asked two staff about this and they said they would report any concerns using the whistleblowing procedure and that if they felt the provider was not responding to any concerns they would bring these to the attention of CQC or visiting professionals from the local authority. They had completed training in whistleblowing and had the number of a senior manager displayed if they did not feel comfortable reporting any concerns to the home manager.

At the last inspection we found staffing levels were not sufficient to meet people's needs and no dependency assessment had been carried out to see what staffing levels were needed to meet people's needs. After the inspection the provider made improvements to staffing. They employed an extra support worker in the evening and early morning to help support people with their personal care. Their dependency assessment determined that five staff were needed on duty in the morning to assist people with personal care and breakfast and this was now provided. A temporary staff member had been employed to cook and clean for 7 hours a day, as previously support workers were having to cook and clean as well as care for people living in the home. The provider was now providing a member of staff to work with one person who was assessed as needing one to one care 24 hours a day but had not been receiving it.

Relatives of people living in the home and staff all confirmed that extra staffing was now provided and that this had a positive impact for people living in the home. Two relatives said they thought people were safer since staffing levels had increased and they felt more confident that staff would provide safe care. Staff members said they had noticed changes in the last four months, particularly in staffing levels which they described as "much better" and "good now.'" Another staff member said that previously they had to choose

between spending time with people or doing domestic tasks such as the laundry or cleaning which was the reason why the home was less clean at the time of our last inspection when there were less staff, as they chose to be with people. When we arrived for this unannounced inspection the home was well staffed and the acting manager, locality manager and service improvement manager were all present and working in the home at 8:00am. The deputy manager was working alongside staff on shift to supervise and provide support.

Night staffing had increased as an extra staff member had been employed to sleep in the home to be on call if extra help was needed. Three agency nurses had been contracted for three months continuous hours to provide better continuity as at the last inspection people were looked after by a number of changing agency nurses who did not always meet their needs. The provider confirmed that the nurses currently working were all trained in catheterisation and percutaneous endoscopic gastrostomy (PEG) feeds which was essential for all nurses who work at the home

The provider had a recruitment department which supported local level recruitment, specifically advertising vacancies and requesting and verifying documentation. Despite this, two of the three staff whose files we looked at were not recruited in accordance with the provider's recruitment policy or regulations. For one staff member there had been no reference requested from their previous employer in a health and social care job, no verification of the reason why the job ended which is required by Regulation relating to recruitment of staff, and their relevant qualifications had not been checked. Gaps in employment history had not been followed up at interview as required. Another person was employed without following appropriate recruitment procedures to check their suitability and skills for the role. Although the appointments had been made at local level by previous managers, we were concerned that the provider did not have a system in place to ensure their recruitment team checked all recruitment was in accordance with Regulations.

This was a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

A positive aspect of recruitment was that relatives of people living in the home had an opportunity to be involved in recruitment. An agency nurse had been offered a permanent contract after consultation with relatives for feedback on their work and one relative helped interview some staff.

We found that medicines were being managed more safely and improvements had been made since the last inspection. At the last inspection we found that there was no effective protocol to advise staff what to do when people had a seizure and people had been out without their emergency epilepsy medicines which put their health and safety at risk. After the inspection the provider wrote a protocol for staff to follow if they were out with somebody who had a seizure. We reviewed this protocol and found it was putting people at risk, as staff, instead of giving the emergency medicine when out of the home, were advised to call an ambulance to come and administer the medicine. This protocol was inappropriate and did not keep people safe as they needed to have this medicine without any delay. The provider had trained some support workers to give this emergency medicine (though they had not yet done so) and the acting manager and four other staff were booked to do this essential training. We checked that the nurse on duty was trained. They had a current certificate for Epilepsy Buccal Midazolam training. We saw that the nurse had to administer this medicine to somebody during our inspection and was able to do so safely.

Medicines were stored on a locked medicines trolley and in locked medicines cabinets in the clinical treatment room. The nurse on duty held the keys to the medicines room and the medicines trolley at all times. The ambient temperature where medicines and PEG feeds were stored was taken daily and found to be within the required range which meant that we were assured that medicines and PEG feeds were fit for

use. The fridge temperature was checked daily, but maximum/minimum temperatures were not checked or recorded. This did not have an impact on people. Controlled drugs (CD) were stored securely in a locked CD cupboard. The CD balance checks were completed daily by two registered nurses. A CD cupboard stock check was completed during the inspection and there were no concerns found.

People were registered with the same GP surgery and we were told that the GP would visit Cedar House on request. The lead nurse took responsibility for completing the medicines ordering, but if another nurse noticed that something was running out, they reordered it. A nurse said that the medicines were always delivered on time by the pharmacy.

Medicines were dispensed into blister packs where possible, and the remaining medicines were dispensed in their original boxes. All medicines were in stock for each person. Further supplies for a person who only had one dose unit left had already been ordered and delivery was expected imminently. Running balances of medicines were kept and this helped nurses to identify when medicines supplies were running low. We also checked that catheters were in stock for people who used them. They were stored appropriately and were ordered and delivered on a monthly basis.

Medicines were administered by the nurses in the lounge or in people's bedrooms. We were told that if a person refused to take their medicines, this was reported to the GP.

We saw individual protocols for each person to explain how they take their medicines for example, with food / crushed / via PEG tube. Topical medicines charts were in place for each person that clearly indicated where on their body to apply topical medicines (creams and ointments).

People who were having their medicines crushed each had their own individual tablet crusher annotated with their initials, so there was no risk of cross contamination. The nurse on duty told us that gloves were always worn when medicines were crushed. One person was having a crushed tablet, however the tablet was not designed to be crushed as it was a modified release preparation for the control of epilepsy. We advised the manager and nurse on duty that this was not appropriate and they agreed to contact the GP to get a more suitable formulation without delay. They agreed to do so.

We were told that the spacer device for people having inhaled medicines was cleaned by the nurses daily. Other medical equipment such as nebulisers, suction machines and PEG feeding equipment were clean at the time of this inspection and were being cleaned and the records of cleaning were checked regularly by managers.

When liquid medicines were opened, the date of opening was written on the bottle. Medicines that were no longer required were placed in a green clinical bin. This was removed by a waste contractor at the request of the nurses. Records were kept of all medicines that were awaiting disposal. A sharps bin was also available for use.

The Medicines administration record (MAR) charts were computer generated and produced by the pharmacy who supplied the medicines. All seven MAR charts and associated paperwork were reviewed during this inspection. We saw that there was a photograph of each person available to enable the nurses to correctly identify who they were administering medicines to. We also saw that allergy statuses were clearly documented for each person. There were documents available which explained when to give 'when required' medicines, and what conditions they were for.

There were no gaps in the current January 2016 MAR charts. We checked the MAR charts from December

2015 for five people, and there was one missed dose seen for tablets for a person on 28 December 2015. This was despite daily checking of the MARs by the management team but they had taken appropriate action once the error was found.

There were individualised epilepsy treatment protocols in the MAR chart folders for each person. Support workers did not administer any medicines other than emergency epilepsy rescue medicines but they did sometimes flush the PEG tubes at the request of the nurse.

There were some improvements in the cleanliness of the home since the last inspection as the provider had employed a staff member to clean. Although there was some dust, bedrooms were cleaner and more hygienic

Staff did not always follow moving and handling guidelines safely. Staff supported one person to use the toilet using equipment that did not follow the professional's guidelines. We brought this to the attention of senior managers so that they could check this and ensure safe moving took place. Records showed equipment such as bedrails and hoist slings were checked every one to two months to ensure they were safe and fit for use.

People had a recognised (Waterlow) risk assessment to identify any risks of pressure sores. We noted one person had a high Waterlow score of 20+ showing they were at high risk of developing a pressure sore. This person had an appropriate bed to minimise this risk. Staff recorded each time they helped people change position. The turning regime was similar for each person. The service improvement manager said that these regimes had been approved by professionals but the frequency of turning was not specified on individual care plans or the charts.

Records showed four support workers had no first aid training. Although whilst in the home there was always a nurse on duty, when support workers go out with people they could encounter emergency first aid situations. We checked one first aid box and found it did not contain all the required items. Some items were missing and the dates on fifteen other items had expired. There was therefore a risk that staff may not be able to respond promptly in the event of a first aid emergency.

The above issues amount to a breach of Regulation 12 of Health and Social Care Act (Regulated Activities) Regulations 2014.

Requires Improvement

Is the service effective?

Our findings

The provider submitted an action plan following their last inspection report in October 2015. This stated that training needs were discussed and completion times set at staff supervisions. A second laptop had been obtained for the purposes of e-learning. We saw that these discussions had taken place in staff supervision sessions.

We reviewed training for permanent and bank staff. We looked at the bank staff training file and found that records indicated that three out of four current bank staff training had expired. One bank nurse and two support workers had not completed any training since 2014 and they had passed the date when refresher training was due for other training topics.

We were shown a training list for Level 2 Food Safety in Care e-learning which evidenced that 15 of 24 staff listed had completed the training. This training is essential as staff have had to prepare food for people living in the home.

The locality manager gave us the tool used by managers to monitor staff training. Records showed two staff member had not been provided with any training since working in the home. Senior staff said one of these staff members had been present in recent moving and handling training. We had seen this person support with transferring somebody from their wheelchair to bed using a hoist at our previous inspection without the provider having trained them or asked them for evidence that they had been trained in moving and handling people prior to this job. This person had recently been trained but there was no written record of this training available.

Fourteen staff had completed Manual Handling People e-learning and fifteen had classroom training in moving and handling people recently. There was no record that they had been assessed as competent.

Some nurses were not up to date with medicines management training the provider required them to complete. One nurse's medicines training had expired and another had taken multiple attempts to complete the training with no explanation recorded. The provider had not yet managed to employ a clinical lead nurse to oversee the nursing care provided which was needed as neither the manager or deputy had a nursing qualification. But there were temporary arrangements in place to ensure nurses had some clinical supervision from the provider until a lead nurse was appointed. This provided some guidance and support to nurses working at the home.

Training on awareness of epilepsy e-learning had been completed by fourteen staff(taking between two and sixty five attempts to pass but no clear explanation as to why some staff took so many attempts before completing the training successfully). Some staff had not yet had classroom style training on "Epilepsy including Rescue Medications" despite people in the home having epilepsy which required close monitoring and support and use of emergency rescue medicines at times. There was therefore a risk that staff who had not completed the training may not be able to recognise and respond appropriately to someone having a seizure. This training was booked to take place in the next weeks.

One staff member had no record on file of any induction or training for their job. A lack of training meant that people may be put at risk of unsafe or inappropriate care.

Team meetings were taking place with the next one booked for March 2016. Staff received supervision but had not had an appraisal. Staff had been under scrutiny since October 2015 with frequent visits by the local authority and other professionals as well as having senior managers present in the home monitoring care and making improvements. Although staff said they thought the home was running much better than at our last visit in October 2015 they were not supported with regular supervision. Staff said they were not given any breaks when working long shifts. Senior managers said staff did have breaks but were not able to say how this was managed or how long they were entitled to. Following the inspection they sent us a blank template where staff were going to record breaks and told us all staff would have minimum of 20 minutes break per shift. This was not happening at the time of the inspection.

The above amounts to a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

One staff member said they felt supported in their role and was confident in asking for help as needed. They said they had received training relevant to their role and received formal supervision. Most training was by e-learning but some classroom training was also available.

The deputy manager and three support workers have a Diploma in Health and Social Care Level 2 and two support workers have a Diploma in Health and Social Care Level 3 which are appropriate qualifications for working in a nursing home.

Staff were knowledgeable about the people living in the home. Staff told us that there was a formal staff handover at each shift change where relevant information about people was shared.

All staff were subject to a six month probation period with one; three and six month reviews though there were no records of these taking place for two staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The provider understood the MCA and the requirements of the DoLS and had this year trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general, and the specific requirements of the DoLS. We saw mental capacity assessments in place and best interest decisions made when people were unable to give their consent to take medicines. Staff were aware of DoLS and Mental Capacity Act, able to give overview of decision making and acting in a person's best interest. The provider had notified us as required when DoLS had been authorised.

The provider had arranged for people to have health checks with their GP since the last inspection in October 2015 and these had all taken place. They had also arranged for people to see specialist healthcare

professionals to review their care and treatment, including epilepsy, asthma and diabetic nurses, physiotherapists and their specialist consultants.

A staff member told us how people were supported with oral health care by brushing teeth and cleaning one person's mouth with a sponge several times a day. There were no care plans for mouth care.

Relatives told us the quality of meals had improved since the last inspection. A cook had been employed after the inspection. People had fresh fruit smoothies before breakfast in the morning and a home cooked lunch and dinner. The cook knew people's dietary needs in terms of the consistency of food they needed (some had pureed food) and preferences. People's prohibited foods due to religion or to food allergies were clearly recorded in the kitchen for the cook to refer to.

Guidance from a speech and language therapist to support people with eating and drinking was printed onto placemats on the dining table. However for three people we saw that staff were not following the guidance. This was because the guidance on the placemat was out of date. Guidance said three people were to be supported to help feed themselves but staff did not do this and the recommended equipment was not provided. It was evident that one person would not be able to help feed themselves as per the guidelines on their placemat but the guidelines had not been changed. One member of staff supported somebody to eat without having had any training. People were at risk of choking or aspiration due to dysphagia and so it was a concern that an untrained staff member was allowed to support them. After the inspection the provider advised us that they would provide dysphagia training for all staff.

Staff were completing fluid charts to record how much each person drank each day and a recommended amount was recorded on each person's chart. However although the deputy said she and the manager checked these charts were completed, there was no evidence that anybody checked to see whether the person had drunk enough or whether action was needed, for example, to give extra drinks or seek medical advice. One person had drunk only half of their recommended amount for the past three days and there was no evidence that this had been noted or acted on. There was no record that staff had offered more drinks. The recommended fluid intake for that person was recorded as 1600ml and records showed they had only drank 800ml of fluids a day over the last few days. This person was constipated needing laxatives and other treatment for constipation and would require a good fluid intake. Another person had drank less than their recommended daily intake for several days according to the records but no action was recorded as being taken to address this risk. There was no record of people refusing drinks. The service improvement manager said that one person only drank small amounts and all staff knew this. However staff had not been asked to offer drinks more frequently or to record if and what they refused to drink to help understand what their preferences were. We saw from the complaints records that there had been a complaint from a relative in November 2015 that someone was not getting enough drinks.

The above was a breach of Regulation 14 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in October 2015 we found that nobody was being supported to have any physiotherapy and staff had not been supporting some people properly with equipment such as arm splints and sleep positioning equipment. Since then a physiotherapist had assessed each person and written physiotherapy programmes for each person and trained staff how to carry out each individual programme including use of equipment. Staff completed a record of when they had supported people with physiotherapy but there were occasions when this was not happening including one person who needed to lie on their side to clear their chest daily and may need suctioning by the nurse during that time. This was not happening as often as recommended by the physiotherapist. Each person had severe physical

disabilities and it was important for their health and comfort that exercises prescribed by physiotherapists were carried out as instructed.

The above was a breach of Regulation 12 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014.

One person had lost a significant amount of weight and staff had appropriately referred this person to a dietitian. We checked breakfast, lunch and dinner on the day of the inspection and found the food was nutritious. Staff were supporting people to eat in a sensitive and unrushed way. The cook was involving one person in the preparation of lunch by sitting them where they could watch and talking to them whilst cooking.

Good

Is the service caring?

Our findings

Relatives told us that there had been a significant improvement in the home since the last inspection and some staff members leaving after the inspection. Their comments included; "I have much more confidence," "there is a nice atmosphere now" and "[my child] is a lot happier."

We observed staff interacting with people in a gentle way and people responded by looking at staff and smiling showing that they were comfortable.

Staff were aware of people's support needs and one described how important it was to know how each person communicated. People living in the home were nonverbal so staff needed to interpret their body language, eye movements and sounds to understand their needs.

Staff had limited training in dignity but all staff were caring and gentle in all their interactions with people. Nine staff had completed training in Enabling Communication through Sensory, Intensive Interaction & Engagement which was relevant to their role as people living in the home were all nonverbal. One session on dignity had been held at a staff meeting and further training was planned.

Staff on duty during our inspection knew people well and were able to understand their needs. One example of this was when one person did not want to eat and staff asked another staff member to support this person as they knew the person preferred to be supported by staff they knew very well.

Three people's cultural preferences were met by their families who visited frequently. Staff in the home were aware of people's religious and cultural backgrounds. A relative said that the Diwali celebration in the home was very enjoyable.

Four people had relatives who were closely involved in their care, visited frequently and advocated for them. The other three people had been referred to an advocacy service and one had recently been visited by an advocate.

Requires Improvement

Is the service responsive?

Our findings

Relatives told us that they felt the care had improved since our last inspection in October 2015 and one said the home was "a thousand times better." They said staff were more responsive to people's needs and the provider was more responsive to them, listening to any concerns they had and trying to resolve them.

Care plans, health action plans and other documents had been updated since the last inspection so staff were able to understand people's current needs and know how to meet them. There was also a one page summary of each person's needs.

The provider informed us in an action plan after the last inspection that each person would have an individual plan of activities. This had not yet happened but there was some improvement in the variety of activities since the last inspection. During the inspection day, one person went out for lunch and another went "window shopping" though there was no record in their care plan that this was an appropriate activity for them or that they liked this activity. A senior manager started supporting the home after our last inspection to set up meaningful in-house activities. This person had bought a parachute and sensory "toys" to use at the home. They said the provider had agreed the day before this inspection to fund both a music therapist and a drama therapist to visit once a week but a date had not yet been set to start these therapies.

The deputy manager said there was an easy read version of the complaints procedure available but despite being in an easy read format, it was still inaccessible to people in the home due to their disabilities. It would be difficult for people at the home to make a complaint but family and other professionals involved in their care could and did advocate for them.

We spoke to two relatives who had previously made complaints about the care provided at the home and experienced an unsatisfactory response to their concerns. Both said that the provider had made improvements in the area of listening and acting on concerns and complaints in the last three months. Since the last inspection the provider had arranged two meetings of the families for people living in the home and listened to their concerns and responded more appropriately. They had also offered individual meetings to relatives.

Some relatives said that staff did not behave in a caring way on Christmas Day as they did not make an effort to make the day special or open people's gifts with them until prompted by visitors.
Complaints about this had not yet been investigated and the outcome given to the complainants as required by the provider's complaints policy.

There were five recorded complaints since October 2015, all of which contained insufficient information to understand the nature of the complaint, and how it had been investigated. We found some records had either no investigation or outcome recorded, so we were unable to conclude from the records if the complaint had been resolved and if the complainant had been satisfied with the outcome. We discussed this with the acting manager, the locality manager and the service improvement manager and they were able to reassure us and show us records to evidence that all but one of the complaints had been resolved. One

example was a complaint made that one person in the home was not receiving a shower every day. The investigation and outcome of this had not been recorded. The locality manager was able to show us email correspondence to the complainant and a written instruction to staff in the staff communication book instructing them to follow the care plan of daily showers. We were shown the daily records which demonstrated that this person had received a shower each day as requested, since the complaint had been made.

A one page summarised version of the provider's complaints process was on display near the main entrance. This told people 'your coordinator or home manager will talk to you about how to make complaints if you think anything is wrong'. It went on to give alternative people within the organisation to contact if they did not wish to talk to the manager, as well as CQC and the Ombudsman.

One written compliment had been received from a family member thanking staff for the enjoyable Diwali celebrations.

Inadequate

Is the service well-led?

Our findings

Since our last inspection in October 2015 the provider had replaced the acting manager and arranged for the new locality manager and service improvement manager to spend more time at the home overseeing the care and implementing an improvement plan. The acting manager had been replaced by another manager who had experience of managing a care home and relevant management qualifications. The service improvement manager was carrying out her induction at the time of the inspection as she had only been in post for a few weeks. The service improvement manager would gradually reduce her working hours at the home as the new manager took over the running of the home but would continue to support the manager with improvements and quality checking. The acting manager said she felt supported by senior managers. The deputy manager had been working alongside staff to support and supervise since the last inspection.

Since our last inspection in October 2015 the provider has made significant improvements to the safety and quality of the service. However we were not assured that these improvements would have been made or would be sustained without regular input from external professionals, CQC and the local authority who were carrying out weekly monitoring visits to the home. The provider's last full audit was in July 2015 where they judged the home to be overall good with some safety issues requiring improvement. The provider did not dispute any of our findings which rated the home as inadequate in October 2015.

Relatives of people living in the home said they felt people were safer since the inspection as the provider had made improvements to staffing, cleanliness, quality of food and the management of the home. They felt the culture and atmosphere of the home had improved, "the atmosphere is light and welcoming" and "completely different" to how it was in October and prior to that.

We found some improvements took longer than expected. One example of this was that the provider's improvement plan after the last inspection stated that they would review all service users' care plans to ensure these were up to date and reflected their current needs. This work started in October and six had been completed by 14 January 2016, therefore taking three months to complete. Another example where actions were delayed was the recording of essential information such as when people were supported to change position to minimise the risk of pressure sores and recording and monitoring people's drinking to ensure people were not at risk of dehydration. Regular MAR chart audits were completed but these did not always record errors that had been identified. .

We found the provider's systems for monitoring risks and quality of care were not effective. Some risks had not been identified through their own monitoring processes. Some risks had been identified but no effective action to mitigate risks. The provider had quickly improved staffing levels after our October inspection which was positive and had benefited people living in the home, but they had been aware before that inspection that the cook/cleaner post was not being covered and support workers had to clean the home and cook meals as well as provide care to people. The provider had not overseen the recruitment of two staff in 2015 despite there being a central recruitment team and had not picked up from their own audits the concerns we found about staff recruitment and training. There was inadequate oversight of staff training. The

provider was not aware that some staff had made multiple attempts before passing e-learning training and some staff members' training was overdue to be updated.

After the last inspection the provider sent us a copy of a new protocol for giving people emergency epilepsy medicines when out of the home. When we asked why people were going out with staff who were not able to give them emergency medicines, the provider informed us that they thought only nurses were allowed to give medicines. This misinformation and the failure to seek advice about this had left people at risk. Improvements had been made but the provider had not identified the risks associated with their protocol until our intervention.

Another concern was that neither staff nor the management team were able to tell us when they could take a break during their working day. There continued to be no management oversight of breaks despite this being a concern at the last inspection in October 2015. Senior staff gave conflicting information when asked what breaks staff were entitled to. Some staff worked 14 hour shifts and did not get any official break. We saw staff had an opportunity to eat during the evening but took people in the dining room with them to keep an eye on them at the same time. This was not appropriate as it was not a break and could have caused confusion to people in the home to see staff eating when they were not eating. The nurse said they could not take any break but senior managers said that the nurses did take breaks.

The quality of auditing was not effective as although the provider made improvements where the Commission or the local authority or other professionals brought concerns to their attention, they had not highlighted concerns through their own auditing which was not effective and did not identify and mitigate risks to people in the home. One example of this was the use of fluid charts for staff to record all the drinks each person had each day so that their fluid intake could be monitored and action taken to reduce the risk of dehydration. Although these had been moved so that support workers could access them more easily and record when they gave people a drink, neither the nurse on duty nor the management team were monitoring these charts to highlight when somebody was not drinking enough and needed extra support to avoid dehydration. Other daily records such as turning charts were not monitored daily. There was no system in place to review if people's care needs had all been met each day. Staff did not know if action would need to be taken to address unmet needs during the night or the following day, for example for a person to spend more time out of their wheelchair or to be given extra drinks. The provider's service improvement plan stated that first aid boxes were checked regularly yet this had not been done as when we inspected one we found there were items missing and other items past their expiry date. .The provider had made improvements since October 2015 but we remain concerned that their own company systems for checking quality and risk and taking appropriate action was not fully effective. Other professionals involved with the home gave similar feedback. One said, "there are some improvements but they are quite slow in making them" which was indicative of feedback from other professionals.

The provider's own audits of the home had identified that no staff had appraisals in February, April and July last year but had not taken action to do them. At our inspection in October 2015 we found staff had not received an appraisal and at this inspection they still had not been appraised. The new manager said they planned to appraise staff once they had got to know them.

The above issues were a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Relatives were pleased that the managing director and other senior staff had met with them and taken their concerns seriously after our last inspection and felt there was a more open inclusive culture. There was a clear positive impact on relatives as a result of this change in culture and they did not feel as worried for

people's safety and wellbeing as they said they did three months ago.