High Street Lodge Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 26 and 27 September 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that the registered manager would be present. The inspection was carried out by two inspectors.

At our last inspection on 19 and 24 February 2016, we found significant shortfalls in the care provided to people. We identified breaches of regulations 9, 10, 11, 12, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to inadequate risk assessments, people not being involved in planning their care, inadequate provision of staff training, staff understanding of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS), a lack of staff supervision and a lack of auditing processes to ensure good governance and overall management of the service provided. We were not satisfied that care and treatment was being provided safely.

We took action to impose a condition to restrict new admissions to High Street Lodge without the prior written agreement of the CQC. We also imposed conditions that the provider undertook audits of the training and supervision of all staff at High Street Lodge and people's risk assessments and care plans and send the CQC monthly written reports of the results of these audits and any action taken or to be taken as a result of the audits.

The provider was also placed into special measures. Special measures are designed to ensure a timely and coordinated response where we judge the standard of care to be inadequate. Its purpose is to ensure that inadequate care significantly improves and provides a clear timeframe within which the provider must improve the quality of care they provide. When a provider is placed into special measures, the CQC will re-inspect within six months.

This inspection was carried out within the six month time frame to check if improvements to the quality of care had been implemented.

The service offers supported living services to people with enduring mental health problems. At the time of our last inspection, the service was supporting 14 people across five locations where care was provided. At this inspection, the provider had closed two of the locations where care was provided and was supporting nine people across three locations.

There was a registered manager in place who was present during our inspection. 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.

All people living at the service had new style risk assessments completed. However, whilst these were better

than the risk assessments at the last inspection, they failed to provide staff with adequate guidance on how to mitigate risks in a person centred way. Some of these risks were significant.

The service was not always ensuring that appropriate staff recruitment checks were carried out. We found that the service had not monitored one staff member's eligibility to work in the UK. One criminal records check and some references had not been obtained.

At our last inspection, we found that the provider was not adequately assessing and mitigating known risks for people and there was a lack of management oversight regarding safe staff recruitment. At this inspection, we found that the provider had still not adequately addressed risk assessments and staff recruitment and failed to ensure that the service was meeting the regulatory requirements in this area.

The service carried out monthly health checks on things such as blood pressure and weight. For one person, the service had failed to identify a possible health concern and refer them to the correct healthcare professional. Generally however, people were referred to healthcare professionals in a timely manner.

Procedures relating to safeguarding people from harm were in place and staff understood what to do and who to report it to if people were at risk of harm. Staff had an understanding of the systems in place to protect people who could not make decisions and were aware of the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People told us that they felt safe within the home and well supported by staff. We saw positive and friendly interactions between staff and people.

People were supported to have their medicines safely and on time. There were records of medicines audits and staff had completed training on medicine administration. The home had a clear policy on administration of medicine which was accessible to all staff.

There were systems in place to identify maintenance issues. Staff were aware of how to report and follow up maintenance.

Since the last inspection, the provider had brought in a training company. Numerous training sessions had been provided and there was a plan in place for when staff required refresher training. Staff training was updated regularly and monitored by the registered manager.

Staff had regular supervision and annual appraisals that helped identify training needs and improve the quality of care.

People were supported to have enough to eat and drink. People were encouraged and supported to cook and plan their meals. Where people were unable to cook, people had choice on what they wanted to shop for and eat and were supported by staff.

Care plans were person centred and reflected individual's preferences. There were regular recorded key working sessions.

There was a complaints procedure as well as an accident and incident reporting.

We observed kind and caring interactions between staff and people. Staff knew people well and were able to tell us individual's likes and dislikes.

The registered manager and deputy manager were accessible and spent time with people. We saw that there was an open culture within the service and this was reflected by what the staff told us. Staff felt safe and comfortable raising concerns with the manager and felt that they would be listened to.

There were regular health and safety audits and monthly medicines audits. These allowed the provider to ensure that issues were identified and addressed.

There was an open atmosphere within the home. The management now encouraged a culture of learning and staff development.

We identified continued breaches of regulations 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to identifying and appropriately mitigating risks for people that used the service and ensuring safe staff recruitment procedures were in place.

You can see what action we told the provider to take at the back of the full version of the report. However, some enforcement action regarding our findings at this inspection are on-going. We will publish what action we have taken at a later date.

As the provider has demonstrated significant improvements and the service is no longer rated as inadequate for any of the five questions, it is no longer in special measures.

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. People had new risk assessments. However, risk assessments failed to provide staff with adequate guidance on how to mitigate risks for people in a person centred way. Some of these risks were significant.

The service did not always follow safe recruitment practices.

Staff were able to tell us how they could recognise abuse and knew how to report it appropriately.

There were sufficient staff to ensure people's needs were met.

People were supported to have their medicines safely. Staff had been re-trained in medicines administration and their competency to administer medicines assessed.

Is the service effective?

Good

The service was effective. Staff had on-going training to effectively carry out their role.

Staff were aware of the Mental Capacity Act 2005 (MCA) and the Depravation of Liberty Safeguards (DoLS).

Staff received regular supervision and appraisals. People were supported by staff who regularly reviewed their working practices.

People were supported to have enough to eat and drink so that their dietary needs were met.

People were generally promptly referred to healthcare professionals in a timely manner.

Is the service caring?

Good

The service was caring. People were supported and staff understood individual's needs.

People were treated with respect and staff maintained privacy and dignity.

People were encouraged to have input into their care.

Staff treated people with dignity and were patient and kind in their interactions.

Is the service responsive?

Good

The service was responsive. People's care was person centred and planned in collaboration with them.

Staff were knowledgeable about individual support needs, their interests and preferences.

People were encouraged to be independent, be part of the community and maintain relationships.

People knew how to make a complaint. There was an appropriate complaints procedure in place.

Is the service well-led?

Requires Improvement

The service was not always well led. Whilst risk assessments had been completed, reviews and audits of these had failed to identify that these failed to provide adequate guidance for staff. Auditing of staff files had failed to identify missing documentation.

There was good staff morale and guidance from the registered manager and team leader. Management had worked hard to ensure that changes were implemented and understood by staff.

The service had a positive open culture that encouraged learning. Best practice was identified and encouraged.

Systems were in place to ensure the quality of the service people received was assessed and monitored.

High Street Lodge Limited

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 26 and 27 September 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that the registered manager would be present. The inspection was carried out by two inspectors.

Before the inspection we looked at information that we had received about the service and formal notifications that the service had sent to the CQC. We also looked at the action plan that the service had provided to the CQC following the last inspection. We looked at seven people's care records and risk assessments, ten staff files, nine people's medicines records and other paperwork related to the management of the service. We spoke with eight people who used the service, seven staff and three people's relatives.

Requires Improvement

Is the service safe?

Our findings

At our last inspection, we found that risk assessments were inadequate and did not provide staff with enough guidance on how to mitigate risks. Risk assessments were not always present in the locations where care was provided and staff were not always aware of significant risks. At this inspection we found that the provider had addressed this issue in part. Risk assessments were now located at locations where care was provided. Every person being supported by High Street Lodge had a new risk assessment. Staff that we spoke with were able to tell us what people's individual risks were and how they would work with them.

The risk assessments were no longer in a tick box format but in a narrative format and provided staff with some information on what the risks were and how to mitigate these risks. However, risk assessments failed to provide staff with adequate guidance on how to mitigate the known risks identified for that person in a person centred way. Some of the risks were significant. For example, for a person that displayed behaviour that challenges, there was no information on what helped that individual calm down or how staff should work effectively with that person. For another person who had a history of substance misuse, there was no adequate guidance on what staff should do if the person began using substances or arrived at the home intoxicated. Other risks such as self-neglect and verbal aggression had not been assessed in detail.

Conditions imposed on the providers registration as part of our enforcement action required the provider to send monthly reports on risk assessments completed and any action taken in relation to risk assessments. Whilst the provider had met this condition, and during our inspection we found that risk assessments were more detailed, they still lacked sufficient information to make them effective.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection, we found that appropriate staff recruitment checks were not carried out or documented for all staff that were employed. At this inspection, we found that this issue had not been adequately addressed. The service had not taken on any new staff since the last inspection. The closure of two of the locations where care was provided allowed the registered manager to deploy staff across the other three locations. We looked at 10 staff files, including recruitment information. One staff member's visa had expired in July 2015. This had not been picked up or addressed. The service was unaware if the person was legally able to work in the UK. For one staff member, there was only one reference and for another there were no references. Another staff member did not have a Disclosure and Barring Service (DBS) check on file. The DBS checks criminal records and helps employers make safer recruitment decisions to prevent unsuitable people from working with vulnerable groups, including vulnerable adults.

High Street Lodge's recruitment policy stated, 'All offers of employment are made on the condition that satisfactory references and DBS certificates are obtained in respect of the applicant'. The regulations or provider's policy had not been followed. Whilst these staff had been working with the service for a considerable time, appropriate recruitment checks were not in place and this had not been identified.

Conditions imposed on the providers registration as part of our enforcement action required the provider to send monthly reports on audits of staff files that had been completed and any action taken in relation to risk assessments, this included safe staff recruitment. The provider had met this condition and sent monthly reports around staff recruitment and action taken. However, during our inspection we found that some staff files had not been checked by the provider to ensure that staff recruitment was effective and safe.

This was a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, we were sent evidence of the missing DBS check and visa renewal.

At our last inspection we found that medicines were not being stored safely. We also found that people's medicines were not always being administered safely or recorded appropriately. At this inspection, we found that the provider had addressed these issues.

New medicines cabinets had been installed in all three locations where care was provided. At one location, a purpose built medicines room and office had been created. People's medicines were recorded on Medicines Administration Record (MAR) sheets and used the blister pack system provided by the local pharmacy. A blister pack provides people's medication in a pre-packed plastic pod for each time a medicine is required. It is usually provided as a one month supply. People's medicines were given on time and there were no omissions in recording of administration. Staff showed us specific medicines that were not appropriate to be in the blister pack and these were clearly labelled with the person's name and kept in separate sections in the medicines cabinet.

Some people were using different pharmacists for the provision of their medicines. However, the deputy manager told us that from October 2016 all people that use the service would be using the same dispensing pharmacist. The pharmacy would be providing all MAR charts for people using the service. The deputy manager told us that this would allow for easier auditing of medicines.

Records showed, and staff told us, that there was clear guidance on the disposal of medicines. A new disposal of medicines record book had been provided by the dispensing pharmacy. The deputy manager told us that this would be put into use from October 2016.

Where people were receiving 'as needed medicines'. These were clearly documented and guidance provided for staff on when to administer these medicines. As needed medicines are medicines that are prescribed to people and given when necessary. This can include medicines that help people when they become anxious, aid constipation or inhalers for breathing difficulties.

The home had a clear medicine administration policy which staff had access to. Since our last inspection, all staff had received medicines training. The deputy manager told us, and records showed that they had re-assessed staff members' competencies with administering medicines.

People that were able to speak with us told us that they felt safe. People said, "I do feel safe. I feel safer in here than I do outside" and "Oh, I'm safe dear." Two relatives also said that they felt their relative was safe and said, "[my relative] is safe, staff know her" and "[my relative] is safe. We can sleep at nights without worrying about [my relative]."

All staff had received training in safeguarding since the last inspection. The safeguarding policy was located in all locations where care was provided. Staff were able to explain how they would keep people safe and

understood how to report it if they thought people were at risk of harm. Staff were able to explain different types of abuse and how people may present if they were suffering abuse. There were notices in communal areas telling people and staff who to contact if they needed to report abuse. Staff told us, and we saw, that safeguarding was discussed in resident's meetings and people were encouraged to report any concerns if they needed to. The service's safeguarding policy was available and accessible to staff. Staff told us that safeguarding was, "How to make sure that vulnerable people are being appropriately looked after and to protect them from abuse. I would report to my line manager or make an alert to the local authority safeguarding team" and "[Safeguarding] is about ensuring vulnerable people are safe and protected from abuse. We are encouraged to report anything we see and might be worried about."

Staff understood what whistleblowing was and how to report concerns if necessary. How to report concerns and contact details were clearly displayed on the office notice board. Staff told us that the registered manager and deputy manager actively encouraged people to raise concerns around safeguarding.

At two of the locations where care was provided, there were two members of staff on duty each day. At the third location where care was provided there was one member of staff on duty each day. A senior member of staff worked between the three locations each day. Staff worked 24 hour shifts, from 08:00 to 08:00 the next morning. This shift included a sleep-in shift between 22:00 and 08:00. During a sleep-in shift, staff were on the premises but not on duty, although they would be available in the event of an emergency. Rotas showed that staff were deployed adequately and clearly stated who was on duty and when. We observed that staff on the rota were working on the day of inspection.

The service had an emergency call system in place. Staff were able to press a button located on the handset of their work phone. This automatically alerted the on call person that help may be needed. Staff told us that they knew the procedure and it helped them feel safer as they often worked alone. The service had an on-call system in place between 17:00 and 08:00. The on-call procedure was clearly displayed in the homes and staff were aware of who to call in case of an emergency. Staff had access to a lone working policy.

There was guidance for staff on how to complete accidents and incident forms. There were records of accidents and incidents and staff knew what to do if someone had an accident or sustained an injury.

The home had up to date maintenance checks for gas, electricity, electrical installation and fire equipment. Fire alarms were noted to be tested on a monthly basis. However, documentation showed that these were not always tested. The senior staff member who was responsible said that he did the tests but that this was not always documented. We discussed this with the deputy manager at the time of inspection who told us that this would be addressed.

The home had a dedicated maintenance man. All staff were aware of how to report any maintenance issues. We looked at maintenance records and saw that issues were dealt with in a timely manner and signed to say that they had been completed. Staff told us that maintenance and its importance was covered in their induction.

Good

Is the service effective?

Our findings

At our last inspection none of the staff were receiving documented supervisions. At this inspection we found that the provider had addressed this issue. Staff told us and records confirmed they were now being supported through regular, documented, supervisions. Staff told us that they received supervision every month. One staff member said, "It's been really good [having supervision]. It's for them [management] to make sure that I am meeting the company's requirements and I am doing the right thing. It helps me understand where I can improve" and "I can discuss things and raise any issues I have in my supervision. Helps me focus on what I can improve on." All staff had received yearly appraisals.

The deputy manager told us that staff supervision was currently conducted on a monthly basis whilst the changes and improvements to the service were on-going. Once issues had been addressed supervisions, where it was appropriate for staff, would be decreased to every two months.

At our last inspection we found that staff had received little training since 2013. The deputy manager had been providing training. However, they had not been qualified to do so. Since the last inspection, an external training provider had been engaged to provide classroom-based learning. Records showed that all staff had received training in the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS), care planning and recording, safeguarding, food hygiene, first aid, managing behaviours that challenges, medicine administration, fire safety, infection control and moving and handling. The service was also booking specially designed training around working with people who had forensic needs. Staff told us, and records showed, that there had been a lot of training in the past six months and that it had helped with their understanding of their role.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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.

Staff were able to explain what MCA and DoLS was and they ensured that the principles were applied to the people that they were working with. Staff told us, "MCA is an act which protects vulnerable adults, those that cannot decide for themselves. We need to help them decide but it should always be in their best interests. Those that don't have family and friends we would appoint an Independent Mental Capacity Advocate (IMCA) to stand on their behalf" and "MCA is when people may be unable to retain information or are unable to decide for themselves properly. People would need a best interests meeting and assessment."

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisation to deprive a person of their liberty were being met.

Services providing domiciliary care, including supported living services, are exempt from the Deprivation of Liberty Safeguards (DoLS) guidelines as care is provided within the person's own home. However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the courts with the support of the person's local authority care team. We observed that in two of the locations where care was provided the front door was kept locked and some of the people were accompanied in the community at all times. The deputy manager told us that the service had identified five people that used the service where they felt a judicial DoLS was appropriate. There were records of contact with the local authority requesting assessments for these five people. The service was still awaiting feedback from the local authorities.

A person is deemed to have capacity until an assessment has been completed to say that they do not. At present all people using the service were regarded as having capacity and had signed their care plans. The deputy manager told us that when the five people identified had been assessed they would re-evaluate whether these people were able to sign their care plans and if best interests meetings needed to take place. A best interests meeting is when people have been deemed unable to be involved in aspects of their care and staff, healthcare professionals and relatives, make decisions on their behalf and in their best interests.

During our inspection we observed that a person was meeting with an Independent Mental Capacity Advocate (IMCA). IMCA's are a legal safeguard for people who may lack the capacity to make specific decisions about their care. They are instructed to represent people where there is no one independent of services, such as a family member or friend, who is able to represent the person. This had been arranged by the service for one of the five people identified as potentially lacking capacity.

People's personal files had details of healthcare visits, appointments and reviews. Guidance given by healthcare professionals was included in peoples care plans. Records showed that people had access to healthcare such as podiatry, opticians, and dentists.

The service completed monthly health checks with people such as monitoring their blood pressure and weight. However, for one person we found that, whilst the service had been monitoring their blood pressure, they had failed to realise that the person had extremely low blood pressure for the past four months. We raised this with the deputy manager immediately and requested that the person see their GP as soon as possible. Following the inspection, we received information to confirm that the person had received appropriate medical attention. The person's risk assessment had been updated with the current health condition following the inspection. There was a concern that, whilst staff were doing these checks, they were unaware of what the results meant and when it may be necessary to refer people to a healthcare professional. We discussed this with both the registered manager and the deputy manager at the time of the inspection. The deputy manager told us that he would look into this and ensure that appropriate training was provided to staff.

During our inspection, we observed lunch at one of the locations where care was provided. At this location people were less able and required more support from staff. People were asked what they wanted to eat for lunch and were supported to prepare their meals.

As this is was a supported living service, people bought their own food. At each location where care was provided, people had their own cupboards to store their food. Fridges and freezers were communal and people labelled their food. At another location, we spoke with a person who showed us their food cupboard that was stocked and said that staff had been encouraging them to eat healthily.

Some of the people living at the locations where care was provided were independent. They purchased ingredients and cooked their own meals. Where people needed support to cook and plan meals, they were

supported by staff. One person said, "They give me some of my money and I go to [the supermarket] and get what I want. I do the cooking and they [staff] observe. They help if I ask them to." People's care plans contained information on people's like, dislikes and support needs around food. One person's care plan noted, 'I can cook eggs, boiled potato, beans. Staff need to help me use the oven."

Good

Is the service caring?

Our findings

People were treated with respect and their views about their care were understood and acted on by staff. One person said, "I don't mind living here. Staff can be nosey and want to know if I have showered or eaten but I think they care." Another person told us, "The staff are kind". One relative said, "I'm happy where he is. Staff know [my relative] well now and I am happy [relative] is there." The atmosphere within the home on the day inspection was calm and relaxed. We saw friendly, pleasant interactions between staff and people.

People told us that staff knew them well. Care records had a section with people's personal histories, likes and dislikes. Staff were able to tell us, in detail what each person liked and enjoyed. This was reflected in the interactions that we observed between staff and people.

Care plans noted what people's interests were and people were encouraged in key-working sessions by staff to go out and engage with the local community. The service was beginning to arrange occasional group activities for people. Some people living at locations where care was provided were independent. One person said, "I do my own thing, I'm up, showered and out the door. I like walking." Staff told us that they supported people as individuals.

We asked people and relatives if they thought the service treated them or their relative with dignity and respect. One relative said, "I think they treat [relative] with respect. The staff are very good with [relative]." Staff told us, "I need to make sure that I respect everyone's dignity no matter what their preferences or lifestyle. I respect people and their choices" and "If I am going to a service user's room, I need to knock and make sure he or she will allow me to go into their room before I enter. It is their personal and private space." Staff were positive about working with gay, lesbian or bisexual people and had a good understanding of equality and diversity. One staff member said, "We are all different and we need to respect each other."

During the inspection, we observed staff knocking on people's bedroom doors and waiting for permission before entering. When we asked if we could look at people's rooms, staff ensured that they sought people's permission before allowing us to do so.

People's care plans noted if they needed prompting with their personal care and how the person liked to be prompted.

At our last inspection, the service was not conducting residents meetings. At this inspection we found that meetings with people that used the service were happening and were documented. People were able to have their views and opinions heard and the deputy manager told us that they listened to what people said and acted upon things identified. This included organising an upcoming day trip.

Relatives told us that they could visit whenever they wanted and said, "I always call, but I can visit anytime" and "Yes, I visit. Whenever I want." Staff were clear that the locations where care was provided was people's homes and that their relatives were welcome to visit whenever they wanted.

Good

Is the service responsive?

Our findings

At our last inspection we found that care plans were not person centred and not reflective of people's current needs and how staff should support people's needs. People were not always involved in planning their care. At this inspection we found that the service had addressed this issue.

The service had been working closely with the local authority and had developed new care plans. All people using the service had these new style care plans. Care plans were person centred and documented people's wishes, preferences and goals. People told us that they had been involved in writing their care plans and had also signed to say that they understood what had been written. One person said, "They sat down with me and went through it [the care plan], I said what I wanted and they put it in." A relative said, "They did ask me about [relatives] care plan. I told them."

Each person had a key worker. A key worker is someone who is responsible for an individual and makes sure that their care needs are met and reviewed. People were able to tell us who their keyworker was. There were regular recorded key working sessions in people's care files.

Care plans had a section that stated, 'what I like' and 'what I don't like'. These were individual and reflected people's preferences. People's opinions of what they wanted were clearly documented in the care plans. Care plans also asked people how they wanted to be supported with their care and treatment in areas such as budgeting, education and training, engaging with other community services, family and friends and what support they may need when attending appointments and reviews.

People were encouraged to maintain relationships that were important to them. Care plans noted family and friends that were involved in people's lives and there were plans of how contact was maintained. Staff told us that maintaining relationships was an important part of people's lives.

At our last inspection we were concerned that people were not supported to have a full and active life. At this inspection we found that people were being encouraged to become part of the community and engage in activities that they found enjoyable. One person had begun using a local day service and support group. The deputy manager had looked at various day centres in the local area and information around what was available had been made available to people that used the service. We saw that leaflets on day services were in the locations where care was provided. Key working records showed that this had been discussed with people. Two people were due to go and have a look at a nearby day centre that offered swimming, cinema, arts and crafts and exercise classes.

The service had begun planning monthly day trips. There were posters in each location where care was provided that allowed people to write down their ideas of where they wanted to go. Meeting records showed that this was also discussed in regular residents meetings. A trip to the beach was planned for September 2016. The deputy manager told us that the service was planning to ensure that day trips were a regular activity and that people who used the service were fully involved in choosing where to go. One person told us, "I'm going on the outing to Southend next week. I hope they do more outings."

The service had a complaints procedure that was available for staff and people to read. Information on how to complain was on notice boards in each location where care was provided. One person said, "I know how to [complain], I'd just speak to [the registered manager] or [the deputy manager]. He's cool with me." Relatives told us, "I would call the office or talk to them when I visit" and "Yes I do [know how to complain] but [relative] has been there for years and I've never needed to [complain]." Records showed that here had been no complaints since the last inspection.

Requires Improvement

Is the service well-led?

Our findings

Staff were positive about the registered manager and deputy manager and said that they felt supported. Staff told us, "They are supportive. If there is a problem they are able to help you out. They care" and "They do their best for us. Whenever we have any issues we can talk to them and give them our ideas. We are listened to."

Following our last inspection, we imposed conditions on the provider's registration that required the provider to send a report to CQC each month with details of audits of staff files, care plans and risk assessments. At this inspection, we found that although significant improvements had been made, there were still some shortfalls.

Although considerable changes had been made to people's risk assessments since the last inspection, risk assessments were not person centred and did not always provide staff with sufficient information about how to mitigate risks. Some of these risks were significant. The provider had not identified this issue when updating and reviewing risk assessments.

Even though the provider had been required by CQC to audit staff files, we found that some documentation was missing. One staff member's DBS check was missing from staff files. One staff member's visa had expired. Insufficient checks had been carried out to ensure that staff files contained the appropriate and up to date documentation.

The registered manager and deputy manager had put training in place for staff. Staff were now receiving adequate training. There were systems in place to ensure that staff training was up to date. Training records showed when staff needed to refresh training. Supervision records showed that staff were able to identify and request training. Staff were receiving regular supervisions and future supervision meetings had been planned.

At our last inspection, we found that significant information relating to people's care such as care plans and risk assessments were not available in the locations where care was provided. At this inspection, we found that the registered manager and deputy manager had placed all relevant information in the locations where care was provided. This ensured that staff had easy access to information and were able to understand the care needs of people.

At our last inspection, we found that staff did not have easy access to policies and procedures. Policies and procedures were held at head office. At this inspection, we found that this issue had been addressed. The provider had signed up to a company that provided up to date policies for all aspects of their service. The registered manager was able to tailor policies provided to ensure that they were in line with their ethos and style of care that they provided. Policies were located in each location where care was provided and staff had easy access to them. Staff were able to access policies and procedures easily. Staff told us that they had read the policies and were able to explain the content of relevant policies that we asked about such as, safeguarding and medicines.

At our last inspection, the registered manager or deputy manager had not completed audits for any areas of the service. Following our last inspection, we required that the service undertake monthly audits of care plan, risk assessments, staff files and medicines. Records showed that monthly audits were now taking place. Each audit contained an action plan for identified issues. We saw that, where issues had been identified, the deputy manager had put a plan in place to address the identified issue. There were weekly and monthly medicines audits. An independent medicines audit had also been conducted by the local pharmacist in August 2016. There was an action plan in place which was being addressed by the deputy manager.

Staff told us, and records showed, that there were now regular staff meetings in place. Staff told us that they were able to have input into the changes being made to the service and were happy that their views were being listened to. One staff member told us, "Since you came (the last CQC inspection) things have got much better. We understand so much more."

The deputy manager had put weekly management meetings in place. These included the registered manager, the deputy manager and a senior staff member. The deputy manager told us that the purpose of these meetings was to discuss the improvement plan for the service and to monitor how changes were being implemented. The purpose was to allow the management team to be aware of any problems or issues that arose. However, these were not documented as they were discussions. We discussed this with the deputy manager who said that he would now document these meetings.

Records showed joint working with the local authority and other professionals involved in people's care. The manager told us that they worked closely together to make sure that people received a good standard of care. The service had been working closely with the local authority to improve the service. We spoke with the local authority who told us that they were impressed with the amount of change that had happened within the service since our last inspection.

Since the last inspection the registered manager and deputy manager had been proactive and committed to improving the service. Managerial oversight of the service had improved since the last inspection. Good practice had been developed, but further time was need for the service to demonstrate that the improvements had been fully embedded into day to day practice.

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
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed the registered manager had failed to ensure safe staff recruitment. Regulation 19(1)(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
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments did not always provide enough guidance for staff to ensure that they were able to mitigate identified risks. Regulation 12(2)(a)(b)

The enforcement action we took:

Warning notice issued