Together for Mental Wellbeing

Green Lane

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This was an unannounced inspection that took place on 5 November 2015.

Green Lane Care Home is registered to provide accommodation with care for up to 15 people. At the time of our visit, there were ten people living at the home. People who live at the home are living with various types of enduring mental health issues, some have physical needs. The accommodation is provided over two floors. The home also provides additional accommodation for people who require assistance during a crisis situation.

Green Lane had a registered manager in post. 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.

People were at risk because systems and procedures to protect them from harm were not being followed correctly. Although risk assessments were in place there were inconsistencies in the recording of information on risk assessments which could put people at risk of harm.

Summary of findings

The premises were not adapted to meet the needs of people living at the home; some people had mobility issues and found it difficult to manoeuvre around the home. There was no lift at the home and some of the home's corridors and stairways were narrow.

There were not always enough staff effectively deployed to meet people's needs. The lack of staff deployed had an impact on the care and support people received, for example people had to wait to go shopping.

People were at risk as they had access to items such as scissors and syringes that could cause harm. Protocols for people taking PRN (as when required medicines) were not in place therefore people were at risk of not receiving this type of medicine in a consistent way.

Staff had basic understanding of Deprivation of Liberty Safeguards (DoLS), the Mental Capacity Act (MCA) and their responsibilities in respect of this. Mental capacity assessments and DoLS applications had not been fully completed in accordance with current legislation.

People were not fully supported to have balanced nutritious meals. There were inconsistencies in the arrangements to identify and support people who were nutritionally at risk.

There were inconsistencies in the way people's care and support needs were met. People were not always treated with respect. However people's privacy was respected and promoted and we did see examples of caring practice from staff. People's preferences, likes and dislikes had not always been taken into consideration and support was not always provided in accordance with people's wishes.

Staff did not always respond to people's needs in the right way and information around people's care was not always detailed with the correct information.

People attended activities in the home and in their community, however there were not always sufficient activities to meet people's needs or preferences.

Although there were quality assurance systems in place, to review and monitor the quality of care provided, they were not robust or effective to identify and minimise risk or correct poor practice.

People received their medicine on time and were administered safely and any changes to people's medicines were prescribed by the person's doctor.

Recruitment practices were in place and were followed to ensure that relevant checks had been completed before staff commenced work. People told us they felt safe at the home. Staff had a good understanding about the signs of abuse and were aware of what to do if they suspected abuse was taking place.

The registered manager ensured staff had the skills and experience which were necessary to carry out their role. Staff had received appropriate support that promoted their development. The staff team were knowledgeable about people's care needs. People told us they felt supported and staff knew what they were doing.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of people's health.

People told us if they had any issues they would speak to staff or the (registered) manager. People were encouraged to voice their concerns or complaints about the home and there were different ways for their voice to be heard.

People told us the staff were friendly, supportive and management were visible and approachable. People's relatives and friends were able to visit at any time.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

People were at risk of harm as arrangements in place were not always followed.

Staffing levels were not appropriate to meet the needs of people. This had an impact on the level of care and support provided.

Medicines were administered by staff in a safe manner; however there were inconsistencies in regards to the storage of medicines.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

Is the service effective?

Requires improvement

The service was not consistently effective.

People's rights under the Mental Capacity Act were not met. Assessments of people's capacity to understand important decisions had not been recorded in line with the Act.

Where people's freedom was restricted to keep them safe, Deprivation of Liberty Safeguards (DoLS) applications had not been fully completed in accordance with current legislation.

People were not fully supported to have balanced nutritious meals. People were supported to have access to healthcare services.

Staff had received appropriate training and support that promoted their development.

Is the service caring?

Requires improvement

The service was not always caring.

People were not always treated with respect.

People's preferences, likes and dislikes had not always been taken into consideration and support was not always provided in accordance with people's wishes or needs.

People's privacy was respected and promoted.

People's relatives and friends were able to visit when they wanted.

Is the service responsive?

Requires improvement

The service was not always responsive.

Summary of findings

Staff did not always respond to people's needs in the right way and information for people around their care was not always detailed with the correct information.

There were not enough activities provided for people specific to their needs.

People were encouraged to voice their concerns or complaints about the home and they were dealt with promptly.

People's needs were assessed when they entered the home and reviewed regularly.

Is the service well-led?

Requires improvement 

The service was not consistently well-led.

The provider had systems in place to regularly assess and monitor the quality of the home but they were not robust or effective enough to identify and minimise risk or correct poor practice.

The provider had sought, encouraged and supported people's involvement in the improvement of the home. People's opinions had been recorded.

People told us the staff were friendly, supportive and management were visible and approachable.

Green Lane

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.

We visited the home on 5 November 2015 and it was an unannounced inspection. The inspection was conducted by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience who accompanied us on the inspection had experience of mental health services.

Before the inspection we gathered information about the home by contacting the local authority safeguarding and quality assurance team. We also reviewed records held by Care Quality Commission (CQC) which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the home is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We contacted the local authority and health authority, who had funding responsibility for people using the home. We contacted five health and social care professionals who were involved with the home to obtain their views.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

During the visit we spoke with ten people living at the home, one relative, three care staff, and the registered manager. We spent time in communal areas observing the interaction between staff and people and watched how people were being cared for by staff. We reviewed a variety of documents which included four people's care plans, risk assessments, medicines administration records and accident and incident records. We also reviewed three staff files, minutes of meetings, complaints records and some policies and procedures in relation to the quality of the service the home provided.

We last carried out an inspection to Green Lane Care Home in November 2013 and found no concerns.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe and secure in their home and with the staff who provided care and support. We observed that people were safe and were provided guidance about what to do if they suspected abuse was taking place.

Risks to people had not always been managed safely. People's care records included assessments for mobility, nutrition, hygiene, social interaction, and behaviour that may challenge. However, not all of the risk assessments were in place or put into practice. For example, where a risk was identified for a person who had mobility issues, risks were recorded for when the person was out in the community, however information was not recorded about risks when they were out in the garden. Another person had to adhere to a strict criteria set by the hospital with regard to their health, to avoid re-admission. There were no risk assessments in place to reduce or minimise the risks for this person. There were no risk assessments regarding people's mental health conditions, triggers and ways for staff to support people.

Where people were at risk of harm from others, risk assessments were in place but guidance were not always followed. For example, a person had been identified to have a negative fixation on another person living at the home and therefore this person was at risk of harm. We noted that an incident had taken place and documentation recorded that, 'staff should support if X and X are in the kitchen together'. Throughout the day we noted staff did not follow this guidance.

Where people had to collect their prescription medicines from the pharmacy or hospital, there was no risk assessment in place for the collection and safe transportation of their medicines.

People were at risk of harm due to people not following the home's safety policy, which was that smoking was not permitted in the home. When we entered the home we smelt cigarette smoke and found cigarette ash on the window sill in the home. It was evident that people were smoking and put the home and people living there at risk. There was fire safety equipment in the home to alert people to the presence of fire and if necessary to extinguisher it.

The premises were not adapted to meet the needs of people living at the home; some people had mobility issues and found it difficult to climb the stairs. There was no lift at the home and some of the home's corridors and stairways were narrow. Where mobility was an issue there were no handrails in the home to help people to support themselves.

Some carpets were heavily stained; there was a black sticky coating on the carpets where people had split drinks or food and they had not been effectively cleaned. This coating prohibited effective cleaning of the carpet and therefore harboured germs and bacteria which could easily spread.

The home was not kept in good decorative order. Some areas of the home had not been updated for a long time. One of the bathrooms did not have appropriate flooring as it did not finish to the edge or around the bath. There were damp spots on the ceiling in a number of areas.

Failing to ensure that the premises were safe and not assessing risks appropriately was a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were not always enough staff effectively deployed to meet people's needs. The registered manager informed us that senior management decided the rationale of the staffing levels and these would change depending on activities or the needs of people living at the home. They said there should be a minimum of three members of staff on duty during the day. On the day of the inspection there was only two members of staff on duty as one had called in sick and a replacement had not been found.

Staffing levels fell below the required minimum as stated by the registered manager. People did not receive the support they needed. For example, people had to wait for staff to become available so they could go shopping. That meant at times when there were only two members of staff on shift there was only one member of care staff left in the home. Although the staffing information showed an activities coordinator was in post, this was actually covered by a care staff member who had been appointed the responsibility of co-ordinating activities for people and did this as part of their shift. We reviewed the staffing rotas over a four-week period; we found that on 21 days they were below the minimum staffing levels. An additional person

who had been assessed to use the 'crisis' service was admitted to the home on the day of the inspection. There was no additional staff placed on duty to support this person.

The lack of sufficient staff deployed to meet people's needs was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were at risk of harm as medicines were not stored securely. Medicines were kept in a locked in a trolley, however, the door in which the medicines were stored was left open. The registered manager told us the door remained open to keep the room cool and within the temperature range for the storage of the medicines as there was no air conditioner in the room. A previous pharmacy audit had identified the temperature of the room as too hot and thus could have an impact on the effectiveness of the medicines stored.

People could not gain access to the medicines stored in the room, however they could gain access to items such as scissors or syringes which were stored in unlocked cupboards which could pose a risk to others. The refrigerator that contained nutritional supplements were also unlocked.

People were at risk of not receiving their PRN [to be taken as required] medicines in a consistent way. There were no written individual PRN protocols for each medicine that people took. This information would provide staff about the person taking the medicine, the type of medicine, maximum dose, the reason for taking the medicine and any possible side effects to be aware of.

Failure to ensure the proper and safe management of medicines was a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safety arrangements for people were in place in the event of an emergency. Fire safety arrangements and risk assessments for the environment were in place to help keep people safe. The service had a business contingency plan that identified how the home would function in the event of an emergency such as fire, adverse weather conditions, flooding and power cuts. The provider had identified alternative locations which would be utilised if the home was unable to be used.

Staff confirmed that they had received safeguarding training and they were aware of their responsibilities in relation to safeguarding adults at risk. Staff were able to describe the different types of abuse and what might indicate that abuse was taking place. For example, one member of staff said, "If I saw anything that put someone at risk of abuse. I would report it to the manager and I would also inform the safeguarding team. I would make sure the person is safe and I would document the incident."

The service had the most recent Surrey County Council (SCC) multi agency safeguarding policy. This provided staff with guidance about what to do in the event of suspected abuse. We saw incidents and safeguarding had been raised and dealt with and notifications had been sent to CQC in a timely manner.

There was a staff recruitment and selection policy in place. All applicants completed an application form which recorded their employment and training history. The provider ensured that the relevant checks were carried out as stated in the regulations to ensure staff were suitable to work with people. Staff were not allowed to commence employment until satisfactory criminal records checks and references had been obtained. Staff files included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or are barred from working with people who use care and support homes. All new staff attended induction training and shadowed an experienced member of staff until they were competent to carry out their role.

Only staff who had attended training in the safe management of medicines were authorised to administer medicines. Staff attended regular refresher training in this area and after completing this training, the registered manager observed staff administering medicines to assess their competency before they were authorised to do this without supervision. When staff administered medicines to people, they explained the medicine to them and why they needed to take it. Staff waited patiently until the person had taken their medicines. People told us, "They help to give me my medication." "My medication is helping me." "I think the tablets are alright."

A medicines profile had been completed for each person, and any allergies to medicines recorded so that staff knew which medicines people received. The medicines administration records (MAR) were accurate and contained

Requires improvement

Is the service safe?

no gaps or errors. A photograph of each person was on their MAR to ensure that staff were giving the medicine to the correct person. There was guidance for staff about the recording of medicines that people required to take whilst away from the home. For example, on day trips, at work or college. All medicines coming into the home were recorded and medicines returned for disposal were recorded in a register. Medicines were checked at each handover and these checks were recorded. Any changes to people's medicines were verified and prescribed by the person's GP.

Requires improvement

Is the service effective?

Our findings

People had mixed feels about the home, comments made were, “I don’t mind being here.”, “I am not overly happy being here”, “It seems like a good house”, “Yeah its ok, there is always people around.”

Staff had a basic understanding of their responsibilities under the Mental Capacity Act 2005 (MCA, and the Deprivation of Liberty Safeguards (DoLS). The MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. People should be enabled to make decisions themselves and where this was not possible any decisions made on their behalf should be made in their best interests. We reviewed the provider’s records and saw that staff had received training in the MCA and DoLS.

People’s right were not upheld in light with current guidelines. The registered manager told us that there were some people who lacked mental capacity. Mental capacity was not routinely assessed or considered and action taken when a person was found to lack capacity. There was no record on people’s files that demonstrated a person did not have capacity to consent or that showed who had legal responsibilities to make decisions on their behalf.

People who lacked capacity were not fully protected and best practices were not being followed in accordance with the Mental Capacity Act (MCA) 2005. One person told us, “I don’t have my freedom as I should.” There was inconsistency in the way staff obtained people’s consent. For example, a member of staff was seen telling one person they could not have the amount of fizzy drinks they wanted as it was not in their care plan. Some people told us that staff went through people’s refrigerators and threw out of date food out with their permission. Whilst on other occasions staff were seen obtaining consent or sought confirmation of decisions made.

The Care Quality Commission (CQC) monitors the operation of DoLS which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The registered manager had not completed and submitted DoLS applications to the local authority for people living at the home despite possible restrictions in place.

Failure to meet the requirements of the Mental Capacity Act 2005 and associated code of practice was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Despite formal consent processes not being followed in full, staff checked with people that they were happy with support being provided on a regular basis and attempted to gain people’s consent. Staff waited for a response before acting on people’s wishes. Staff maximised people's decision making capacity by seeking reassurance that people had understood questions asked of them. They repeated questions if necessary in order to be satisfied that the person understood the options available. Where people declined assistance or choices offered, staff respected these decisions.

People were not fully supported to have balanced nutritious meals and were not given adequate support or knowledge to create, plan or cook healthy meals. Although some people were able to cook for themselves, others could not and instead brought convenience food. For example, we heard one person say they were hungry at lunchtime. Staff were standing close at the time but did not support this person to cook their lunch. Another person was sitting in the lounge eating hot cross buns directly from the packet; staff did not support them to cook their lunch or supper later in the day.

Some people only cooked with staff during planned activities which occurred once a week. People were expected to cook independently, with the support of staff if required. However a lot of the people living at the home did not possess these skills. Staff told us that every Sunday they cooked a roast dinner for people, however people needed to contribute financially towards the meal (the cost was £5) from their personal weekly shopping budget otherwise they could not partake in the meal.

People at risk of malnutrition did not always have their food intake monitored. For example, one person was identified as being at risk of malnutrition, but we found several occasions on their food and fluid chart where they

Requires improvement

Is the service effective?

had missed meals. There was no evidence to show staff had taken any action to ensure this person was not at risk of re-admission to hospital as they had previously been assessed by a health care professional.

Risk assessments did not always involve guidance from other healthcare professionals such as speech and language therapists or dieticians. For example, one person had been referred to a dietician and had been prescribed with fortified drinks. Whereas another person had been encouraged by staff to purchase a nutritious drink instead of being referred to the GP or dietician. We noted that people had access to the district nurse who visited the home to provide treatment for conditions such as pressure ulcers. However they were not referred to the GP to discuss their dietary needs.

Failure to assess and monitor people's nutritional and hydration needs was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were qualified, skilled and experienced staff to support people living at the home. The registered manager ensured staff had the skills and experience which were necessary to carry out their roles. Staff confirmed that a staff induction programme was in place. One member of staff said, "I attended safeguarding, health and safety, infection control, mental health awareness, dealing with personality disorders and MCA and DoLS training." We found the staff team were knowledgeable about people's care needs. Training was provided during induction and then on an ongoing basis. Staff said that they received training that helped them care for people and meet their needs.

Staff had received appropriate support that promoted their development. Staff told us they had regular meetings with their line manager to discuss their work and performance. The registered manager confirmed that supervision and annual appraisals took place with staff to discuss issues and development needs. We reviewed the provider's records which reflected what staff had told us.

People had access to healthcare professional such as doctors, district nurses, psychiatrists, and other health and social care professionals. One person told us, "I saw my consultant a couple of months ago." People were supported by staff or relatives to attend their health appointments. Outcomes of people's visits to healthcare professionals were recorded in their care records.

People's bedrooms were personalised with pictures, photographs or items of personal interest. We saw evidence of people's individual or personal interests integrated into the home outside of their rooms.

Requires improvement

Is the service caring?

Our findings

People told us that staff were kind and caring. One person told us, "Staff are alright." Another person told us, "The staff have a good attitude towards us." A third one told us, "They motivate us to get up." The atmosphere in the home was calm and relaxed during our inspection. The healthcare professionals who visited people living at the service told us they felt that the staff were caring.

People were able to make choices about when to get up in the morning, what to eat, what to wear and activities they would like to participate in, so they could maintain their independence. One person told us, "I go and play football on a Friday and visit my family at the weekend." Another person told us, "I do my own washing and I do my own cooking." Others told us, "Money matters are an issue because I want to buy a nice coat and I haven't managed to do that yet.", "Quite a few residents have to pay taxi fare to go out, this could be quite expensive."

People were able to personalise their room with their own furniture, personal items and choosing the décor, so they were surrounded by things that were familiar to them. People had the right to refuse treatment or care and this information was recorded in their care plans. Guidance was given to staff about what to do in these situations. For example if people refused to take their medicine or attend appointments.

Staff knew the people they supported. Staff were able to talk about people, their likes, dislikes and interests and the care and support they needed. Information in care records highlighted people's personal preferences, so that staff would know what support people needed.

There was inconsistencies with how staff treated people with kindness. We saw example of where staff treated people with dignity and respect. Staff called people by their preferred names, and personal care tasks were conducted in private. Staff interacted with people throughout the day, for example when preparing for lunch, helping someone to get dressed, listening to music and watching television, at each stage they checked that the person was happy with what was being done. Staff spoke to people in a respectful and friendly manner. There was one occasion where a member of staff spoke to one person in a disrespectful manner. We raised this concern with the registered manager who stated they would investigate the matter.

People were involved in making decisions about their care. We observed that when staff asked people questions, they were given time to respond. For example, going out to the shops. Staff did not rush people for a response, nor did they make the choice for the person. Staff were knowledgeable about how to support each person in ways that were right for them and how they were involved in their care.

Relatives and friends were encouraged to visit and maintain relationships with people. People were able to attend various activities taking place inside the home and outside in their local community.

People could be confident that their personal details were protected by staff. There was a confidentiality policy in place. Care records and other confidential information about people were kept in a secured office. This ensured that people such as visitors and other people who were involved in people's care could not gain access to their private information without staff being present.

Requires improvement

Is the service responsive?

Our findings

Staff including the home's values were inconsistent in the way they responded to people's needs. Some people told us that staff were supported and encouraged them. Other people living at the home did not possess the type of independent skills that the provider's ethos was working towards. Therefore due to the lack of skills, people's needs were not being fully supported or provided. The home provided an additional service to people living in the community who required support and respite during a mental health crisis situation. However, people had to meet specific criteria before they were able to access the home. Staff told us that people needed to be independent and have the necessary skills to be able to cook and look after themselves. Staff told us that if people were unable to meet the home's criteria they would not be admitted.

There were inconsistencies in the monitoring of people's health and support needs. Where people required their health needs to be monitored, this was not always put into practice. Some people living at the home were not able to cook, or plan a meal for themselves, information recorded that staff needed to support them; however this was not always put into practice. For example 'X has been advised to have at least 1 cooked meal daily and needs support to warm food in the microwave.' We noted that X was not supported by staff to cook a nutritious meal on the day of inspection; they only ate a few hot cross buns.

Some people told us that staff had encouraged and enabled them to be independent. One person told us that staff were assisting them to integrate into the community by supporting them in living in one of the self-contained flats. This enabled them to experience life in the community, developing skills such as cooking, cleaning, shopping and washing.

We saw that pre and admission assessments were carried out before people moved into the home; these were reviewed once the person had settled into the home. The information recorded included people's personal details, care needs, and details of health and social care professionals involved in supporting the person such as doctor and care manager. Other information about people's medical history, medicines, allergies, identified needs and potential risks were also recorded. However care records did not contain up to date information about the person's mental health issues and triggers. For example, where people who had **obsessive thoughts and compulsive behaviour, there was no information or guidance for staff about how to support them in reducing their anxieties.**

Care records held information which identified individual's care and support and any changes to people's care was updated in their care record, however the information recorded was not always up to date or in accordance with people's care needs. For example, X exhibited behaviour that can be both challenging and harmful to others, but there was no information recorded on how to keep them or others safe or to identify possible triggers.

Information in people's care records was based on an individual's needs, care and treatment. For people whose behaviour may be challenging, guidance was provided to staff to minimise risk, however there were inconsistencies in the way staff put this into practice. For example X and X should not be left alone when they are in the kitchen, staff should be always present. On the day of the inspection staff were observed not to follow this guidance.

Failure to provide appropriate care and support to meet people's needs and reflect their preferences was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had up to date information relating to people care needs. Staff told us they completed a handover sheet after each shift which relayed changes to people's needs. This information recorded details such as a change in medication, healthcare appointments and messages to staff. Daily records were also completed to record each person's daily activities, personal care given.

People confirmed they took part in the activities in the home. One person told us, "I like going shopping." Another person told us, "I stay in on the weekend. Sometimes we watch a DVD. This is what I like." Some people went out to work and attended college during the week. However some people told us that they would like more specific activities to help them such as cooking and budgeting. There was no physical stimulation around the home for people that would have provided them with something to do during the day when organised activities were not happening. There were no areas in the home that could create

Requires improvement

Is the service responsive?

sensations to assist people living with mental health issues with relaxation, or stimulate people's senses. People also confirmed that friends, relatives and people from the local community visited them at the home.

The activities at the home consisted of group cooking, art sessions, film nights and a breakfast club. There was an activities programme which was displayed throughout the home and each person received a copy of the activity programme in an appropriate format.

People had their comments and complaints listened to and acted upon and they were made aware of the complaints system. There were various ways that people could voice their opinion about the home. For example, completing a form or discussing issues with the registered manager. We looked at the provider's complaints policy and procedure which was displayed at key points around the home. When people first moved in there was a copy provided in the resident's guide which people kept in their rooms.

Staff told us they were aware of the complaints policy and procedure as well as the whistle blowing policy. Staff knew what to do if someone approached them with a concern or complaint and had confidence that the registered manager would take any complaint seriously. The registered manager maintained a complaints log and we read complaints were dealt with in a timely manner, in accordance with the complaint policy. We noted that there were six complaints made in the last twelve months.

Requires improvement

Is the service well-led?

Our findings

The complexities of the needs of the people living at the home were in conflict with the values and aims of the home. The home's values were about working alongside people with mental health issues towards independence and a fulfilling life. Throughout our visit it became apparent that people who had been recently admitted into the service fitted into this ethos. However those who had lived at the home for a long time and were living with enduring mental health and physical needs did not fit into the home's ethos and therefore the support provided was not person centred. This sentiment was echoed by the health care professionals involved in the home.

Although policies and procedures were in place it was clear that they were not always put into practice. Staff and management had a basic working knowledge of the current changes in legislation to protect people's rights and freedom and that staff did not always follow best practices which put people at risk of harm. For example staff used antiquated words when describing people. Another example was it was clear that people were smoking in the home which was against the home's policy and current legislation.

Care records did not reflect up to date information regarding people's care or support needs which meant new or agency staff who did not know people might not be working to the most up to date information. The records were completed in an inconsistent way. For example information provided by healthcare professionals was not always integrated into risk assessments or support plans.

There were a number of systems in place to make sure staff assessed and monitored the quality of care provided to people living at the home. We reviewed various audits carried out such as care plans, medicine administration records, health and safety, room maintenance and housekeeping, we noted that issues such as decorating and new carpets were identified. We noted that fire, electrical and safety equipment was inspected on a regular basis. However these audits were not robust or effective enough to monitor, reduce risks or escalate identified issues.

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

Accident records were kept which contained a description of the accident, time it occurred and if people required hospital treatment. Each accident had an accident form completed, which included immediate action taken, injury evaluation; follow up investigation and action taken.

The manager had notified the Care Quality Commission (CQC) about a number of important events which the home is required to send us by law. This meant that we were able to effectively monitor the home or identify concerns.

We found during our inspection staff had a good knowledge of the home and the people living there and were able to answer our questions easily or provide us with the information we required.

Staff were involved in the decisions about the home. We reviewed staff meetings where staff discussed a variety of topics. These included food, supervision, 'residents' care, absences, medicines and new policies. Staff also could discuss their views of the home and their role during their supervisions and felt supported by the management. A member of staff said of the management, "Yes I feel very supported, I can discuss issues at supervision or staff meetings. We are a good team." Another told us, "I do enjoy working here and I feel supported. If I have any concerns I would talk to the manager."

People and relatives were involved in how the home was run in a number of ways such as daily conversations with staff, and residents meetings. We noted from minutes of a residents meeting held in July 2015 they discussed issues regarding the home. For example, providing information to people about safeguarding issues, discussion about household chores and possible activities such as swimming and day trips.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 (1)(2) (a)(b)(d) (g)of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment The registered provider had failed to ensure people received safe care and treatment. The registered provider had failed to assess the risks to the health and safety of people. The registered provider had failed to ensure the proper and safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing The registered provider had not ensured there were sufficient staff deployed to meet people's needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent. The registered provider had failed to follow legal requirements in relation to consent.

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Regulations 9 (1) (2) and 3 (d)(I) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care. The registered provider had not ensured that people received care and support that was appropriate to their needs.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance The registered provider had not ensured good governance in the home.