Gensing Rest Home 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?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 03 June 2016. This was an unannounced inspection. This location is registered to provide accommodation with personal care for up to 17 people. People who used the service were younger and older adults with either physical or mental health needs and people with alcohol and substance misuse needs.

The service had a registered manager. 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.

Staff had not completed the relevant training in safeguarding adults. Staff could not explain the potential signs of abuse or understood what processes they needed to follow to keep people safe from possible harm. Safe recruitment systems were not in place to ensure the staff were suitable to work with people at the service.

Fire safety measures were not sufficiently robust to ensure people would be safely evacuated in the event of a fire. Adequate maintenance and infection control measures were not in place to ensure the environment was safe for people.

Staff had not completed a relevant induction or training to meet people's individual care and treatment needs. Staff had not received training in the principles of the Mental Capacity Act (2005) to ensure they obtained people's consent lawfully. Staff had not received regular supervision or appraisals to address their training and development needs to ensure people received effective care.

People had not consistently had access to appropriate health professionals to effectively meet their health needs. People's care and treatment was not routinely reviewed with the involvement of relevant health care professionals to ensure their health, safety and welfare.

Staff had not routinely reviewed people's care plans and risk assessments regularly with their involvement. Staff followed care plans and provided care which did not consistently reflect people's most current needs and preferences. People's care plans were not personalised in all cases to enable staff to meet people's individual preferences. There were insufficient activities available based on people's needs and wishes available at the service.

The provider had not routinely consulted people or staff to obtain their feedback to influence how the service was developed. A robust quality assurance system was not in place to effectively identify all service shortfalls and to ensure service improvements were made.

The provider had not demonstrated they fully understood their regulatory obligations to share important

information with us to keep people safe. The provider had not notified us of significant events at the service.

Medicines were administered and recorded safely and correctly. Medicines storage practices required improvements. We have made a recommendation about this.

The provider had not considered accessible ways to inform people about services available to them, to include advocacy. We have made a recommendation about this.
There was sufficient staffing level to meet people's assessed needs.

The staff provided meals that were in sufficient quantity and met people's needs and choices. Staff knew about and provided for people's dietary preferences and restrictions.

People told us staff treated them with kindness, compassion and respect. People's privacy and dignity was respected by staff. Staff promoted people's independence and encouraged them to be as independent as possible.

People were encouraged to make complaints where necessary. A complaints process was in place to ensure service improvements were made.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff were not trained to protect people from potential harm as they may not recognise potential types or signs of abuse. Safe recruitment systems were not in place to ensure the staff were suitable to work with people at the service.

Fire safety measures were not sufficiently robust to ensure people would be safely evacuated in the event of a fire. Essential maintenance work had not been completed to keep people safe from environmental risks.

Infection control measures were not in place to ensure people were safe from the possible spread of infection.

Medicines were administered and recorded safely and correctly. Medicines storage practices required improvements. We have made a recommendation about this.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff did not have adequate induction and training to meet the needs of people and effectively fulfil their role. Staff appraisals were not in place and supervisions had only recently been set up to review staff performance and development needs to ensure people received effective care.

Staff were not knowledgeable in the principles of the Mental Capacity Act 2005. Staff demonstrated a lack of understanding of how to apply the principles of the Act in practice to ensure people's consent was lawfully obtained.

Where the responsibility for people's care and treatment was shared with other people to include health care professionals, reviews of care had not always taken place with their involvement, in a formalised way.

The staff provided meals that were in sufficient quantity and met people's needs and choices. Staff knew about and provided for

people's dietary preferences and restrictions.

Is the service caring?

Good

The service was caring.

The provider had not considered accessible ways to inform people about services available to them, to include advocacy. We have made a recommendation about this.

Staff provided care with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and dignity by care staff.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans and risk assessments were not always reviewed regularly with people's involvement and updated when people's needs changed.

People's care had not consistently been designed or delivered to meet people's preferences and ensure their individual needs and goals were met. There were insufficient activities available based on people's needs and wishes available at the service.

A complaints process was in place to ensure service improvements were made.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider had not notified us of significant events at the service in line with their regulatory and legal obligations.

A robust quality assurance system was not in place to effectively identify all service shortfalls and to ensure service improvements were made.

The provider consulted people about the service. However, where people's feedback had been obtained, it was not recorded what action had been taken to address comments made.

Gensing Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 03 June 2016. This was an unannounced inspection. The inspection was undertaken by one inspector, a specialist advisor and an expert by experience. The specialist advisor had professional experience of mental health and substance misuse services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We checked the information we held about the service and the provider. We reviewed notifications that had been sent by the provider as required by the Care Quality Commission (CQC).

The registered manager had not received a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We gathered this information during the inspection. Before our inspection we looked at records that were sent to us by the registered manager or the local authority to inform us of significant changes and events. We reviewed our previous inspection reports.

During our inspection we spoke with four people. We also spoke with the registered manager, who was the owner of the home, the deputy manager (who had recently returned to the service after a period of leave) and another staff member on shift. We looked at six care plans. We looked at three staff recruitment files and records relating to the management of the service, including quality audits. The last inspection of this service was on 11November 2013. The provider was compliant with the outcomes we inspected at that time.

Requires Improvement

Is the service safe?

Our findings

People said they felt safe with the staff that supported them. Nobody reported any concerns about their safety in respect of the service they received. People said, "Staff are available 24/7. One of the staff will come if I need them" and "I feel secure. I was on the streets before. There is a red call button for emergencies in all our rooms" and "I never worry I might get hurt. I go and talk to any member of staff. I feel safe. Staff come and check on me at night" and "I feel very safe. If I didn't feel safe I wouldn't have moved. It's fine I have no troubles." People told us staff regularly asked them if they felt safe.

One person told us how they were protected against the risks of potential abuse. They told us how staff accompanied them when they went to the bank. They had previously been subject to financial abuse. They told us how staff kept their bank cards safe. One person disclosed some safeguarding concerns to us during the inspection that they had not reported to the provider. We informed the provider and they acted immediately to safeguard the person. They followed up the person's concerns with the police and another support service the person was involved with. The provider acted quickly to reduce risks to the person and keep them safe from potential harm.

However, people could not be assured that they were safe from harm as staff did not have the required training to identify safeguarding concerns and confidently act on these to keep people safe. Staff we spoke with were not able to recognise or explain potential signs of abuse to us. Training records showed staff had not completed the required training in safeguarding adults. The provider's safeguarding policy did not provide comprehensive information on the different types of abuse to inform staff to keep people safe. There was a whistleblowing policy in place. However, not all staff were aware of the policy or how to effectively report any concerns they had about potentially poor care practices.

The lack of staff training to protect people from abuse is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not follow safe recruitment practices. Staff files did not consistently include appropriate records of references, criminal records checks and detailed job application forms. In two out of three staff files, employment references were not available. Criminal record checks had not routinely been made with the Disclosure and Barring Service (DBS) to make sure people were suitable to work with vulnerable adults. Some staff applications had gaps in previous employment history that had not been explained. The provider was not able to assess whether there had been legitimate gaps in staff employment histories.

The lack of adequate staff recruitment checks is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were at risk of injury from potential safety hazards at the premises. Repairs and refurbishment work was required at the premises. The deputy manager told us that improvements were needed to the décor of the premises. The plaster was peeling off some walls and wallpaper was coming off the walls in some rooms. The carpets were worn and some carpets had stains or holes in them. Skirting boards and doors were

chipped and scratched and required repainting. Some ceiling areas required remedial work due to previous leaks. In one bathroom the bath cover had come loose and required repair. Some tiled areas needed repairing. There were holes in the walls in some people's rooms and in some communal areas. Some steps down to the dining room were loose under foot and could pose a trip hazard. The registered manager showed us some of the vacant rooms. They required refurbishment and redecoration before someone could move in. The registered manager acknowledged that some furniture was 'falling apart' and needed to be replaced.

This lack of adequate refurbishment and maintenance of the premises is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not kept safe from the risk of emergencies. A robust fire procedure was not in place at the time of our inspection. People did not have an individual Personal Emergency Evacuation Plan (PEEP) in place. PEEPs identify people's individual independence levels and provide staff with guidance about how to support people to safely evacuate the premises. The provider had not recorded when fire drills were completed. It was not recorded how people would respond or how staff would ensure their safety in the event of a fire. The deputy manager acknowledged that more work was required to meet essential fire safety standards to keep people safe.

There was no business contingency plan in place that addressed possible emergencies such as extreme weather, infectious diseases, damage to the premises, loss of utilities and computerised data. Procedures were not in place to ensure people had continuity of the service in the event of adverse incidents.

The provider told us that portable electrical and gas appliances were serviced regularly to ensure they were safe for people to use. However, they told us that safety testing was overdue for all electrical appliances at the home. They told us they did not know when this would be completed. Full records were not made available to us to check whether appropriate safety checks had been completed.

The provider had failed to ensure the premises and equipment were used in a safe way. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were at risk of infection due to poor infection control standards. The cleaner was on leave for a week and staff were tasked with cleaning the home. The floors had not been vacuumed and the toilets and bathrooms had not been cleaned. The contingency measures in place when the cleaner was absent were insufficient to ensure adequate infection control standards were maintained. There was no cleaner available at weekends. There was no formal deep clean schedule or regular cleaning schedule in place to detail which areas of the home required cleaning. The provider did not complete an infection control audit to ensure adequate infection control standards were maintained.

The provider had not adequately assessed infection control risks including those that are health care associated. Where people had a blood borne virus (BBV), there was no protocol in place to reduce the risk of infection to them and others. The provider had not completed nursing assessments to record people's needs and history. Staff had access to personal protective equipment (PPE) to include gloves which they used when providing people's care and treatment. However, staff required training and management information from local health care teams about managing the needs of people with BBV.

This lack of adequate infection control measures in place is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were informed about the medicines they were taking. They told us, "I get my medication at mealtimes. All the medicines are kept locked up. If you were that bad they would call you an ambulance" and "I get my medicines at the right time. Staff look after my medication. It is kept safe and secure" and "I am not able to take my own medicines. It is good getting the medication at the proper times before I was chaotic when I took my medication [independently]."

All Medicine Administration Records (MAR) were accurate and had recorded that people had their medicines administered in line with their prescriptions. Where people were independent with managing their medicines, this was clearly recorded. Any allergies people had were clearly recorded in their care plan. Staff gave people the correct medicines, followed the correct procedures, signed that people had taken their medicines and locked all medicines away afterwards. The medicines trolley and stocks were properly controlled and regularly monitored to ensure medicines were stored securely for use. However, the medicines trolley was stored inappropriately in a non-temperature controlled area. Temperature checks were not routinely taken and recorded to ensure medicines were kept at the correct temperature to ensure they remained safe for use.

We recommend the provider reviews medicines protocols to ensure safe medicines storage.

There was an adequate number of staff deployed to meet people's needs. People told us, "We have the same staff. Very occasionally if there is an emergency you have to wait" and "The staff have been here for some time they don't change very often. I have had no trouble with any of the staff at all. There is always somebody here. If I want any support they are always there for me." and "It's all the same staff and they all work on a rota. Staff never forget about me." The staff told us that there were sufficient numbers of staff on shift.

The registered manager completed staff rotas in advance to ensure that staff were available for each shift. There was an on-call rota so that staff could call a manager out of hours to discuss any issues arising. Our observations indicated that sufficient staff were deployed in the service to meet people's needs. Staff were not rushed, supported people in a calm manner and were able to spend time talking with people. As staff covered additional shifts in case of sickness no agency care staff were used, which meant people were cared for by staff who knew them.

Staff were aware of their responsibilities for reporting accidents, incidents or concerns to keep people safe. Records of accidents and incidents were kept at the service. When incidents occurred staff told us they completed incident forms, informed the registered manager and other relevant persons. One incident recorded where someone came home with an injury. The records stated that they cleaned the wound and offered to support the person to go to hospital, although they declined. Staff supported the person to go to their G.P. for help and support. Support was in place to reduce risks to the person. The deputy manager showed us a new incident report form they had devised. They introduced this improved version to ensure that all control measures were recorded for each incident to reduce future risks to people.

Requires Improvement

Is the service effective?

Our findings

People said they were happy with the care and support they received. One person told us, "When I came in here I was [underweight]. Now I'm back up to [my healthy weight]." One person said, "They always come with me when I go out because I have short term memory loss" and "The staff are there to assist you. They assist me with the shower, with my back and feet."

However, people were supported by staff that did not have access to a range of training to develop their skills and knowledge and provide effective care. Training records were out of date. The provider had not monitored staff training needs or scheduled required training courses for staff. Staff had not all completed training in areas to include, health and safety and infection control to effectively keep people safe. The provider had not set up a system which identified when staff were due for refresher courses or followed up when refresher training was needed.

Staff did not have the required training to effectively carry out their role and meet people's individual needs. For example, the service provided care and support to people with mental health needs, alcohol and substance misuse needs or behaviours which may challenge. However, staff had not completed training to effectively support people with these needs. Staff said they could benefit from training in these areas.

The provider had not supported new staff to complete a robust induction programme before working on their own. Staff competence in meeting the requirements of the role had not been assessed to ensure staff met good practice standards. The registered manager could not provide us with records of staff induction as they were not kept at the premises. They had not implemented the new 'Care Certificate' induction training or an equivalent to be used with all staff. The Care Certificate is based on an identified set of standards that health and social care workers adhere to in their daily working life. The deputy manager told us they would look to implement this induction framework.

People were supported by staff that had not completed regular supervisions (one to one meetings) or annual appraisals to discuss any training needs or concerns they had. Due to the lack of staff supervision and appraisals, there was a risk that any performance and development issues would not be addressed. The deputy manager since returning recently to role told us that they intended to put in place staff supervision and appraisals. They told us that staff were observed in practice to ensure they provided support in an appropriate way to meet people's needs; however this information was not recorded to demonstrate that staff effectively met people's needs.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the management and 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 so that they can 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. No-one met the conditions required to deprive a person of the liberty at the time of our inspection of the service.

Staff were not confident in explaining how to apply the principles of the MCA in practice. Staff did not know what they needed to do if they had concerns about someone's mental capacity to make decisions. Staff had not completed training in the Mental Capacity Act 2005 (MCA). This training provides staff with guidelines about seeking people's consent, assessing people's capacity to make decisions and what to do in the event people may not have capacity to make decisions. Staff were not confident in applying the principles of this Act when supporting people to ensure decisions were made in people's best interests and as least restrictive as possible.

This lack of effective induction, training, supervision and appraisals is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People signed consent forms for sharing information, consent to care and treatment and consent to use photos. People had signed consent forms to authorise staff to carry out physical searches and room searches to ensure people did not have alcohol or drugs on their person. This condition was also written into people's tenancy agreements which they had signed.

Where people had a history of substance and alcohol misuse, it was recognised that some people may be taking illicit substances. In these cases, where people became intoxicated regularly, there was no care plan or guidelines in place to enable staff to help people manage these needs effectively. We asked staff how they helped people manage these needs. They told us people usually went to their rooms to 'sleep it off' when intoxicated. People were encouraged and supported to review their drug or alcohol use and see a G.P. Staff supported people to attend East Sussex Drug and Alcohol Recovery Service (STAR). This service is available to provide people with support around their drug or alcohol use. They helped people create a recovery plan to address their drug or alcohol use. However, the registered manager told us that when people accessed this service, information was not shared with the staff team. Staff did not receive information on people's needs or progress to ensure they supported people consistently to meet their longer term outcomes.

Where the responsibility for people's care and treatment was shared with health care professionals, reviews of care had not always taken place with their involvement, in a formalised way to ensure the health, safety and welfare of people. External specialist healthcare support was not adequately accessed as needed and did not form part of an on-going review of people's needs. For example, where people had blood borne viruses, the staff team was not supported by health care professionals to support people to manage this need. The registered manager had attempted to obtain support on a number of occasions from the local health team. However, due to the lack of co-operation of the person and relevant health team, the person had been cared for by staff that did not have clinical training. People required regular professional advice about how to manage people's health needs and a formal and regular review of their health needs by trained health care staff.

Where people had significant health needs, the provider had reported their concerns to people's funding authority where required to make collective decisions in people's best interests. The provider expressed frustration about the lack of support available for people in some cases. For example, a safeguarding meeting had taken place for one person who could not access required local health care support. However,

actions from this meeting had not been established, so limited progress was made. People were at risk from long term health risks as their needs were not being addressed. The registered manager had not made formal complaints about the lack of progress in some cases to people's funding or health authority to ensure their needs were prioritised.

Handover between staff at the start of each shift ensured that important information to include health needs was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Staff told us updates concerning people's health and welfare were appropriately communicated between staff at handover meetings to support people's continuity of care. However, information from these handover meetings was not recorded to enable information to be shared with staff and relevant health care professionals.

This lack of safe care, care planning and adequate health care involvement is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person told us how they had reduced their cigarette intake with support and encouragement from staff. They had also attended a local cessation clinic to get local specialist support to help them stop smoking. They had previously worked with STAR, a local support service, on coping strategies to reduce their alcohol consumption. They had found it helpful to talk to their peers in the same situation and had a key worker at the service who supported them to manage their needs. They had attended this service on a drop-in basis. One person told us, "Since I have been here I have [reduced] my drug and alcohol use." Staff told us about two people who they had encouraged and supported to stop drinking on a long term basis at the service.

Staff understood people's food preferences and acted in accordance with people's choices. People's care plans recorded their food choices and support needed to eat meals. The staff were aware of people's dietary needs and preferences. People told us, "The food is very good. It is brilliant. My favourite is roast pork. Once upon a time food was decided by the management now it is decided for by the residents. There is tea and coffee in the sitting room. If it runs out you just let the staff know and they fill it up for you. I woke up hungry at the beginning of the week and got some sandwiches. It was about 1.00 am." Another person told us, "I have no troubles with the food. We have a set menu for the week based on what we want. There is a choice and there is an alternative. We can always ask for a sandwich, biscuits or toast."

People were able to make choices about what they wanted to eat. The chef told us that people decided menu options and came to speak with them about any special requests. They told us where people had special requirements for health reasons they adapted meals to support their health needs. For example, where people needed a low sugar diet they adapted desserts and offered people sugar free options. We observed lunch being provided. The meal was freshly cooked, well presented and looked appetising. It was hot and in sufficient amounts. Staff asked people what portion sizes they wanted. One person wanted salad cream with their meal and staff responded positively to their request. Condiments, coffee, tea and fruits bowls were available. People made positive comments to staff about their meal and indicated that they had enjoyed the meal when asked by staff. People were able to have second helpings and more drinks if they wished. People were consulted about menus every morning and specific requests were taken into account.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received and had positive relationships with staff. One person said, "I trust the staff implicitly. We each have a key worker but you can go to any member of staff." A keyworker is a named member of staff responsible for ensuring people's care needs were met. One person said, "The deputy manager is a very good listener and she has made it a happy home" and "Staff are very kind. You can go to them at any time". One person told us they had a good rapport with their key worker and stated, "I'm happy here, I come and go as I please." One person said, "The owners are absolutely brilliant. They have helped me no end. I enjoyed chatting with the staff they never upset me."

Someone had recently passed away who had lived at the service for many years. Staff and people were very upset about this. One person told us, "The staff are kind to me. They called me into the office and told me that [the person] had died. They told me just to come to the office and they would always be there for me if I wanted to talk to them about it." Staff demonstrated caring attitudes to people at the service. They told us that they were available to people to support people to come to terms with the person's death.

The deputy manager told us advocacy services were available to people at the service. However, people did not have access to accessible information about how advocacy services could support them or how to contact them. It was not clearly recorded how staff ensured people were informed of their rights and supported people to access this service to make independent decisions about their care and support needs. Advocacy services such as Independent Mental Capacity Advocates (IMCAs) or Independent Mental Health Advocates (IMHAs) help people to access information and services; be involved in decisions about their lives; explore choices and options; defend and promote their rights and responsibilities and speak out about issues that matter to them.

We recommend the provider reviews how people access information on advocacy services.

People's dignity was respected by staff. People said, "Staff always knock on my door and I have a key for my room." One person said, "I trust everybody here. They are very good. I get on well with all staff. I treat the staff like I want to be treated myself. I have always been polite and respectful and I get it back." People were treated with respect; their needs were met in a friendly and unhurried way. People appeared happy and relaxed when talking to care staff. People's care plans gave guidance on how people should be treated to ensure their dignity was upheld. Respectful language was used throughout care plan records.

Staff knew people's individual communication needs. Information on people's communication needs was recorded in their care plans. One person had a sensory impairment. They told us they had access to television and radio and talking books. This enabled them to have access to information and reading material to meet their sensory needs. They also had equipment to help them to find their way around the home safely and effectively.

Staff told us that people were encouraged to be as independent as possible. People's care plans indicated their abilities and independence skills for example, 'X self manages [their health condition]' and 'X likes to go

out most days' and 'X uses handrails in the home.' Where someone's independence with walking had reduced, staff had supported the person to access other healthcare professionals. Staff supported the person to move to a more accessible bedroom. Staff referred them to a physiotherapist to support their rehabilitation and encouraged them to complete physical exercises. They were also provided with a walking frame and other equipment which gave them greater independence in their home environment.

Staff supported people to ensure their end of life care needs were met. People's end of life care preferences were recorded in their care plans with their agreement. People had stated the type of funeral they preferred, whether they wanted a religious ceremony, the venue for their funeral and other wishes to include who would receive their belongings. Staff talked with people with their consent about their wishes and preferences for end of life care. The deputy manager talked fondly and respectfully about someone who had recently passed away. The person had been admitted to hospital. The deputy manager had visited the person regularly in hospital and stayed with them holding their hand in their final hours to reassure them and give them comfort.

Requires Improvement

Is the service responsive?

Our findings

Two people told us they were involved in developing their care, support and treatment plans. Care plans detailed people's daily routines specific to each person. One person told us, "My support plan is discussed with me. The idea is for rehabilitation to try to help me be as independent as I can. When I was ill I needed help with dressing and staff were brilliant. I am happy and contented especially because I am not drinking. I try to get out at least once a day in the local community." Another person said, "Yes we all have a care plan. It is in my file. It has been updated in the past year. I do most things for myself; the staff help me put on my socks."

However, people were not routinely involved in developing their care, support and treatment plans. Information was not recorded in people's care plan or care review records about their views and wishes as to how their care should be provided. Two people were not sure if they had a support plan, and staff told us, "I don't know if people are involved in their care plan." People's needs had not been reviewed regularly and as required. For example, one person's care records stated they needed constant supervision with bathing. There was no care plan or risk assessment to support staff to meet the person's needs. The person's keyworker told us they had no knowledge of this and said the person was independent with this. The person's care plan did not provide up-to-date information as to how staff supported them to meet their care and support needs. The deputy manager told us that people's care plans were not up-to-date as the previous manager had not prioritised this. They were in the process of reviewing people's care plans and would ensure they were reviewed every month. They told us they wanted to encourage people to be part of their care reviews, to discuss their goals and expectations to ensure people's needs could be met. This system was not in place at the time of our inspection.

People's care plans were not personalised in all cases to enable staff to meet people's individual preferences. People's care plans did not consistently take into account their longer term goals and objectives. For example, one person told us "I am not happy here because I want to live independently. I was told that it was only temporary and I am still waiting to be housed. I have sunk into depression. I feel stuck here." Where people had expressed a preference to move on from the service, their goals and objectives had not routinely been considered as part of their on-going assessment of need. Care records did not provide information on how people were supported to meet their goals. People's progress in meeting their goals was not routinely recorded in people's care records to ensure people could meet their individual goals.

People did not have a range of activities they could get involved in. The registered manager told us that due to financial constraints they had cut back on entertainment and recreational activities. People told us there were not enough activities or opportunities to pursue hobbies and interests. People said, "There are none as far I know. I am totally on my own" and "There aren't any activities here." Another person said, "There are no activities to do in here. I get terribly bored in here. It is the loneliness that gets to me. I haven't tried to talk to my key worker. I keep myself to myself." Another person said, "Sometimes, they have somebody in to give us a sing a long or once a magician came in. Once every three to four months. Normally we entertain ourselves." Staff said there were limited activities provided, "People like to sit and chat. People go out independently and can do their own thing. Some people like to watch television. One person likes to go to

the gym." There were no records of when people engaged with activities.

This lack of person-centred care planning and lack of adequate activities to meet people's individual needs is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's bedrooms were personalised and decorated to their taste. One person told us they 'loved their bedroom. I chose the colour.' They showed us their memorabilia, collections and artefacts which they had on display. They said, "The lounge does get noisy at times, but I go to my room and go out to the garden. So to me it is not a problem." Another person said, "My bedroom is okay. I don't come into the lounge. I just stay in my room. I have a television in my room" and, "I like my bedroom; I never really come out of it. I don't really like or want to associate with people. I feel comfortable when I am on my own" and "I get on well with the staff. I like my bedroom it is nice and it is cosy."

Information was available to inform people about how to make a complaint. People told us they did not have cause to complain. One person told us, "I haven't made a complaint before I don't have any need to complain. I am happy and I am content. If I had a problem I would take this higher up." There was a complaints process in place. One complaint recorded how staff had given someone their medicines from their hand not from pot as required. The provider responded promptly and appropriately to the complaint. The staff member was supervised and advised of best practice and reminded to use the correct procedure.

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. People told us, "Staff help you see relatives and friends if you want too" and "I go out once a week with X to town. My brother and sister come down four times a year to take me out and we have a pub lunch" and "Staff help me see relatives. For example, yesterday they let me use the office phone to phone my brother." People visited friends and family and friends came to see them. Where people wanted to maintain relationships with people who were important to them, this was written into their care plans.

Requires Improvement

Is the service well-led?

Our findings

People and staff had confidence that the registered and deputy manager would listen to their concerns and they would be received openly and dealt with appropriately. The registered manager knew people well and understood their support needs. The registered manager and owner of the service had managed the service for 32 years. People spoke highly of the registered manager and said they felt well supported by them. One staff member told us, "It is well managed here. We are well supported here. It is a close knit team. We can talk freely about things. We rely on each other and help each other out." The deputy manager said, "There is an open culture here. Staff and people can talk openly with each other."

However, effective systems were not in place to ensure quality standards and to keep people safe. For example, the provider had not put in place an effective infection control audit or cleaning schedule. The provider had not ensured an effective maintenance audit was in place to ensure repairs were prioritised and dealt with in a timely way. There was no refurbishment plan in place to ensure the premises were routinely checked and upgraded where required.

The provider had not put in place a care plan audit system to ensure people's care plans were up-to-date and were reviewed with people's involvement and relevant health care staff to meet people's needs. People may therefore not be receiving effective care. Health action plans were in place, however the provider had not put in place regular medical reviews for people as part of the care review process to support positive health outcomes for people.

The provider and deputy manager had not formally discussed and recorded the operational and strategic requirements of the service. They had not identified the shortfalls we found in quality assurance systems during the inspection. They had not put in place a service improvement plan to support service improvement or development. Communications had not been consistently and effectively recorded between the provider and management.

The provider had asked people for feedback and encouraged people to make suggestions to develop the service. A survey had been completed. One person had commented that 'the accommodation was average and wanted locks on their doors.' Another person had said that their comments were not listened to or acted on. Whilst feedback was requested it was not clear what the provider had done in response to suggestions made to improve the service. The registered manager had not recorded the dates when surveys had been sent to people and how quickly the provider had acted on reported concerns. One person said, "We don't have a residents meeting, but a little while ago they did a survey about the food I think." There was no evidence recorded about this survey and what actions the provider had taken in light of feedback provided.

A lack of effective audits, quality assurance systems, consultation processes and service improvement plans is a breach of Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

The provider had not demonstrated they fully understood their legal obligations and the conditions of their

registration. The provider had not demonstrated they understood when CQC should be made aware of events and the responsibilities of being a registered provider. They had not notified us of all deaths which had occurred at the service in a timely way or of all safeguarding investigations that had taken place. We use this information to monitor the service and to ensure the provider responds appropriately to keep people safe.

Failure to notify CQC of deaths of service users at the service is a breach of Regulation 16 of Care Quality Commission (Registration) Regulations 2009.

Failure to notify CQC of other incidents to including safeguarding concerns is a breach of Regulation 18 of Care Quality Commission (Registration) Regulations 2009.

Staff had recently attended a team meeting to discuss people's support needs, policy and training issues. Team meetings had not previously taken place regularly before the deputy manager started in role. Recent staff meeting minutes showed that staff talked about people's needs and how best to support them. Staff were informed of any changes occurring at the service and policy changes. The deputy manager told us that regular team meetings would now take place since they returned to role.

The provider had a medicines audit in place. No medicines errors had been identified as part of a recent audit. This system helped ensure that people received their medicines safely and this was accurately recorded.

The service had recently been inspected by the Food Standards Agency. The chef told us how they had worked to ensure high standards of cleanliness in the kitchen and food preparation practice. The service attained the food hygiene rating of '5' on 30 May 2016. This is the highest level that can be achieved.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 Registration Regulations 2009 Notification of death of a person who uses services 1. The registered person had not notified the Commission without delay of the death of a service user— a. whilst services were being provided in the carrying on of a regulated activity.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents 1. The registered person had not notified the Commission without delay of the incidents specified which occur whilst services are being provided. 2. The incidents referred to in paragraph (1) are— a. any abuse or allegation of abuse in relation to a service user; b. any incident which is reported to, or investigated by, the police; .

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person had not ensured:

1.The care and treatment of service users was appropriate, met their needs and reflected their preferences.

3. a) an assessment was carried out collaboratively with the relevant person, to meet the needs and preferences for care and treatment of the service user;

b) care or treatment was designed with a view to achieving service users' preferences and ensuring their needs were met.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment had not been provided in a safe way 2. The registered person had not routinely— a. assessed the risks to the health and safety of service users b. done all that is reasonably practicable to mitigate any such risks c. ensured that staff had the skills to do so safely d. ensured that the premises are safe e ensured that the equipment is safe h assessed the risk of spread of infection i ensured health care planning took place with other professionals

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not in place. 2. Systems did not enable the registered person to: a. assess, monitor and improve the quality and safety of the services provided b. assess, monitor and mitigate the risks relating to the health, safety and welfare of people

c. maintain complete records of the care provided to people and of decisions taken about their care

e. seek and act on feedback from people

f. evaluate and improve their practice in response to information received

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed 1.Persons employed for the purposes of carrying on a regulated activity must: a.be of good character 2. Recruitment procedures had not been established and operated effectively to ensure that persons employed meet the conditions in: a. paragraph (1) 3.Information was not available in relation to each such person employed: a. with regard to the information specified in Schedule 3

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing 2. Persons employed by the service provider in the provision of a regulated activity had not— a. received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.