

Valeo Limited

Cragside

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

The inspection took place on 27 June and 4 July 2017 and was unannounced. At the last inspection on 23 March 2016 we asked the provider to take action to make improvements around person centred care, safe care and treatment and good governance. We checked to see whether improvements had been made and found the service was still not meeting its regulatory requirements.

Cragside is registered to provide accommodation for up to nine people who require nursing or personal care. It specialises in providing support for people with learning disabilities, autism, highly complex needs and challenging behaviour. The accommodation is provided in a Victorian property over three floors with five self-contained flats each with a lounge, fully-fitted kitchen, bedroom and bathroom or shower room.

There were two managers registered at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The management of medicines had not been consistently safe and audits had not picked up the issues to drive the necessary improvements. Risk assessments in relation to the management of people's behaviours which challenged were detailed and provided a plan for staff to follow. However, not all risks to people's health and safety had been assessed thoroughly.

Staff demonstrated they understood how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents. Records showed recruitment checks were carried out to ensure suitable staff were recruited to work with people at the service.

Staff training was not up to date and not all staff had received regular supervision and appraisal to ensure they developed in their role. Competency checks on the administration of medicines were not up to date.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Not all staff had received training on the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards, and although the staff we spoke with could describe the principles of the Act and how they would support people who had been assessed as lacking capacity, they were not clear about their responsibilities in relation to assessing people's fluctuating capacity on a daily basis.

We found all the care staff we spoke with during our inspection to be caring in their approach to the people who lived at Cragside and we observed they treated people with dignity and respect and they clearly knew the people they supported. We saw evidence staff were working with people to maximise their independence in personal and domestic activities of living and accessing the community. We did observe not all staff had been compassionate in their interactions with people at the service.

Some care plans contained high quality and detailed information to enable staff to deliver person centred care. This included a record of people's preferences and views. They also had a one page summary at the front giving care staff an at a glance summary of people's support requirements. Not all information had been updated following a change in a person's needs.

People were involved in planning activities that were meaningful to them and the service was working on their activity programme to ensure they provided activities which people enjoyed and improved their mental wellbeing and independence.

The service was not well-led. The registered manager was not in day to day control at the service to be able to effectively monitor and drive improvements. Systems and processes were not effectively monitoring the quality and driving up improvements. The lack of robustness in the monitoring of quality at the service included an absence of the overview of staff training, competency checks, maintenance, medication audits, and safety of the environment.

We found breaches in Regulations 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People did not receive all their medicines in line with their prescribed needs. There were inadequate checks to ensure medicines were managed safely.

Risks assessments and associated plans around the management of behaviours were detailed and easy to follow. However, other risk assessments were not in place to ensure risks were reduced and people were protected from harm.

Staff understood how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents

Requires Improvement ●

Is the service effective?

The service was not always effective.

Deprivation of Liberty Safeguards (DoLS) applications had been made appropriately to comply with the Mental Capacity Act 2005. Not all staff had been trained in the MCA and DoLS.

Staff training, supervision and appraisal were not completed in line with the registered provider's policy and not all staff had specialist training to enable them to support people at the service.

People were supported to access healthcare such as chiropody and dental services. Specialist professionals were involved and supported people at the home.

Requires Improvement ●

Is the service caring?

The service was not always caring

Care staff we spoke with as part of our inspection were caring. However, not all staff acted in a compassionate manner.

Care staff encouraged and worked with people to maximise their independence.

Requires Improvement ●

We observed care staff treated people with dignity and respect.

Is the service responsive?

The service was not always responsive.

People were offered choice in how they wanted their day to be spent and staff focus was on facilitating this.

Information in some of the care plans were to a high standard and provided detailed information for staff to follow. Not all information in others had been updated.

People's views and preferences were recorded and staff knew the people they supported well to be able to support them in their preferred way.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

We found a lack of management and leadership at the home.

The management audits had not been robust and had not identified issues at the home around medicines management, maintenance and safe care and treatment.

The actions outlined to improve the service detailed in the registered provider's action plan had not been completed within the agreed timeframe.

Inadequate ●

Cragside

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection took place on 27 June and 4 July 2017 and was unannounced. The membership of the inspection team consisted of one Adult Social Care inspector.

We used a number of different methods to help us understand the experiences of people who lived in the home. Before our inspection, we reviewed the information and intelligence we had received about the service including the statutory notifications, enquiries and safeguarding referrals. We contacted commissioners of services provided at this home and the local authority safeguarding team. We also contacted other stakeholders such as the police, the fire service and infection control services. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with two of the four people who lived at Cragside. We spoke with the registered manager, the new manager, the deputy manager, and two senior care staff. We reviewed four care records in detail of people living at Cragside and four medication administration records. We spoke with two visiting professionals during our inspection and four professionals following our inspection for their views as to the quality of the service provided at the home. We also contacted four members of staff following our inspection. We reviewed the maintenance and audit records for the home and records relating to staff and their training and development.

Is the service safe?

Our findings

We spoke with two people using the service and asked them if they felt safe. One person told us they did and the other person expressed negative views about living at the home but could not specify why they were not safe. All the staff we spoke with demonstrated they understood how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents.

At our last inspection we found a breach of regulation 12 in safe care and treatment. We had found a lack of risk assessments in care plans and a lack of guidance for staff in relation to cleaning. At this inspection we found there had been an improvement in both these areas but we still found issues in relation to safe care and treatment.

As part of our inspection process we checked to see whether medicines were ordered, stored and administered safely. We did not observe any medicines administered during our inspection. Each person's medicines were kept in a locked cupboard within their apartment and staff supported people to manage their medicines. We reviewed four medicines files and administration records. We saw some 'as and when required' (PRN) medicines were supported by written instructions which described situations and presentations where PRN medicines could be given but this was not the case for all these medicines. We noted two people were prescribed creams to be administered daily, but there were no records to confirm these had been applied and there were no body maps to direct staff to where to apply creams. In addition, medication administration records (MARS) recorded "none supplied this cycle" which should have alerted the person auditing medicines that these were not being administered as prescribed. Handwritten MAR's had not been signed by two staff to check the entry for correctness. Although there was a record of staff signatures, there was no record of staff initials, which meant we could not determine which staff had administered the medicines. The new manager rectified this immediately and printed off the registered provider's signature form which contained both the signature and initials which would enable a full audit to be completed.

There was a lack of robustness in the management of medicines and errors were not picked up. We found two MAR sheets for the same person in relation to the same medicine; both were being completed at the same time. It was clear no one had picked this up, as both sheets had been completed at different times, although we did check that the person had not been overdosed. This posed a significant risk that the person could have received duplicate doses of their medicines, as this was 'as required medicines'.

We found that medicines had run out on one occasion and the wrong medicines had been sent by the pharmacist on another which meant people had been without their prescribed medicines. There was no one person in charge of ordering and booking in people's medicines. We discussed this with the registered manager and the new manager who told us they had highlighted this as an issue and would be addressing it to ensure the system improved and one person had this responsibility.

We were advised two people had their medicines administered covertly and although the assessment had been done in line with the Mental Capacity Act 2005, we had concerns as to how the medicines were

administered covertly. Although the GP had written a letter advising the home, they could administer the medicines in such a way, they had not specified which medicines this related to. The service had not followed their own medication policy or nationally recognised guidance which specifies pharmacist advice should be sought to check whether administration is safe. Mixing medicines in substances which might react with the medicine and can affect the efficacy is not considered safe or good practice and pharmacists have the specialist knowledge to determine whether this is safe and appropriate.

We found high quality and detailed risk assessment and risk reduction plans in place particularly relating to all aspects of the behaviours people might exhibit and the plans in place to support people at this time. However, other risks to people had not been identified. For example, one person was regularly standing on a chair at the top of a flight of stairs to resolve intermittent issues with the Wi-Fi to the upper floors of the house. When we raised this as a concern and suggested they looked at an alternative place to site the box, on the second day of our inspection the maintenance person removed the box which meant one person did not have access to the internet to use their x-box and a second person did not have access to their internet television system. The maintenance person did not discuss this with the registered manager before disconnecting the Wi-Fi and therefore there had been no discussion on the impact of this on the people living there. This was significant as any changes to people's routine could have a significant impact on their behaviours which challenged others.

A second example was in relation to window restrictors. A person on the top floor had been given the keys to their window restrictors and the windows were wide open. The Health and Safety Executive provided guidance on controlling risks to people who use health and social care services (service users) associated with falls from windows or balconies. This guidance aimed to help providers of health and social care services comply with their legal duties.

The guidance recommends "Where vulnerable people have access to windows large enough to allow them to fall out and be harmed, those windows should be restrained sufficiently to prevent such falls." The deputy manager had completed a detailed risk assessment in relation to this and concluded the person in the flat was at low risk in relation to falls from the window and had put some measures in place. However, this did not include the remote risk of another person at the home from accessing these windows. We raised our concerns with the registered manager, to consider measures which complied with guidance but which also considered the impact changes would have on the person living in this apartment when they considered alternatives.

Accidents and incidents were recorded, but the recording lacked evidence of a thorough investigation and analysis to ensure lessons could be learnt to prevent further episodes.

The examples in relation to the management of medicines and the assessment of risk demonstrated a breach in Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection we found maintenance issues highlighted by staff had not been marked as completed in the maintenance book. At this inspection the service no longer used a maintenance book and issues were emailed by management to the maintenance person. This meant there was no system in place for staff to log issues and to check when these had been completed. During our inspection one person who lived at the home told us their shower had not been working for two weeks, but the registered manager had no knowledge of this even though the person told us they had reported this to staff several times. The lack of a systematic way of logging and evidencing completion of maintenance work meant there was no evidence issues were addressed in a timely way.

We checked staffing rotas and spoke with staff about the staffing levels at the service. We could see that there were sufficient staff to meet the needs of the people at the home, although one of the people using the service told us there had been one occasion when a member of staff had been off sick and this had a direct impact on them. We did discuss this with the registered manager who told us, it was possible this had happened but it was an unforeseen situation. Staff told us one of the people supported had four of their core staff removed following an incident and new staff from the registered provider's homes had come to work at the service but this had an impact on the remaining staff, as the new staff were not as familiar with managing the person's challenging behaviour and on a daily basis staff were exposed to actual and potential physical abuse from this person.

Each person had a Personal Emergency Evacuation Plan (PEEP) to enable staff to assist people to evacuate the building if necessary. Regular fire drills and practices were undertaken at the home and there was a plan in place to determine where each member of staff would take the person they supported. Staff confirmed this too us. We had some concerns the person living on the top floor only had one staircase up to their flat, although this was enclosed with fire doors, and we therefore passed this information to the fire service. They visited the service and told us these arrangements met fire safety regulations. We saw evidence fire equipment was regularly checked and updated to ensure it was in good working order.

The registered provider had their own recruitment team and the registered manager told us they advised this team of what staff they required and they posted the advertisements, collated the application forms and assisted with the recruitment process. We looked at three staff files for staff that had been recruited since our last inspection. We found all necessary recruitment checks had been made to ensure staff suitability to work in the home. This included a Disclosure and Barring Services (DBS) check, a review of people's employment history and two references received for each person. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

At our last inspection we were concerned about the cleaning schedules in place. We checked for improvements at this inspection. Each person had a locked 'Control of Substances Hazardous to Health' COSHH cupboard in their apartment which contained cleaning materials and Personal Protective Equipment (PPE). The service did not employ staff to carry out the cleaning of the home and this formed part of the care staff role and the people living there were involved in cleaning their own accommodation. One person received a financial reward when they had completed their cleaning tasks which were detailed on a timetable. As a result of people cleaning their own apartments as part of their programme of activities, we found two of the apartments were not fully clean. Staff told us they would find it beneficial if the home employed a cleaner to enable the cleaning of one person's apartment to be undertaken when they were taking this person out of the building as any noise produced by cleaning their home provided sensory overload associated with their autism. We did contact the Infection Control Team following our inspection who told us they would contact the manager and offer to visit to provide guidance to the home manager.

Is the service effective?

Our findings

We asked one person whether staff had the necessary skills to support them. They told us, "Staff are well trained. They help me right." They told us the night staff had also been trained to care for them.

Staff completed an induction based on the Care Certificate. The aim of the Care Certificate is to provide evidence that health or social care support workers have been assessed against a specific set of standards and have demonstrated they have skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

The registered provider utilised their own training system to provide e-learning for staff in the following subjects: Deprivation of Liberty, Equality and Diversity, Fire Safety at Work, First aid, Health and Safety, Food safety, manual handling, medication administration, nutrition, person centred thinking, safeguarding, supporting people with autism and the Mental Capacity Act and Deprivation of Liberty. We asked both staff and the registered manager whether learning was assessed following training to check their knowledge and skills gained and how staff put this learning into practice. We were told learning was not checked following the on-line test at the end of each training module. In addition one person's training record showed they undertook 12 of these training courses in one day which meant they had no time to consolidate or reflect on their learning.

In addition to e-learning staff had face to face training in emergency first aid, for two days of their induction, mental health awareness and a three day conflict management course. The registered provider utilised Maybo conflict resolution and physical intervention training programmes to provide staff with the understanding and skills to build positive relationships and defuse, prevent and learn from conflict. We were told that no staff would be able to work at the service without this essential training.

The training matrix at the service was not up to date and one was sent to us following the inspection which showed us a range of learning opportunities were provided for all staff. It also showed that not all training was up to date and not all staff had received training around epilepsy and mental health awareness. Some of the staff we spoke with told us they lacked knowledge around mental health, and would welcome further training in this area to enable them to develop specialist knowledge and skills to ensure they provided the best service to the people they supported.

In accordance with the registered provider's supervision policy the frequency was dependent on the hours staff worked and between four and six each year. We could see from the supervision matrix that staff had not been supervised at a frequency in line with the policy and appraisals had not taken place. We reviewed the supervision records for three staff who had received supervision and found the records were comprehensive, detailed and looked at the development needs of staff.

Staff who administered medicines had received on line training and the registered provider's pharmacist training. However, there was no record to indicate each person had their competencies checked by those who had advanced training to do so. We were shown some Medication Administration monitoring and

review forms which showed staff had been observed administering medication but these did not evidence staff were competent and not all had been undertaken by staff who were competent to assess other staff.

These examples demonstrated a breach in Regulations 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 authorisation 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. We found people's liberty was being restricted and related assessments and decisions had been properly taken and the registered manager had applied for restriction to be authorised under DoLS and the provider was complying with the relevant conditions.

We did see some decision specific capacity assessments in the care files we looked at. However, one assessment in relation to the decision around medicines was incorrect as it deemed the person lacked capacity to consent to their medicines, when they had the capacity and were progressing towards self-administration. Staff could describe to us the principles of the Mental Capacity Act such as to support people with decision making and people have a right to make unwise decisions, but there was a general lack of understanding of what they should do when people had fluctuating capacity and their role in assessing a person's capacity.

We asked the registered manager how they supported the people living there to maintain a healthy diet. For one person who lived there it was more difficult, as their choice was for food considered to be unhealthy and they were able to purchase this without assistance. Although this was their choice, it wasn't evident staff were continuing to encourage the person with conversations about weight management and working with them to try and encourage a change in their lifestyle. The registered manager told us people were weighed monthly. They told us they did not carry out an overall audit or analysis of people's weight which meant there was no overview of people's weights to enable them to work on healthy eating and weight loss strategies.

Records showed that arrangements were in place that made sure people's health needs were met and visits to and by professionals were recorded. These evidenced people had received support from chiropody, psychiatrists, physiotherapy, learning disability nurses, psychologists and behavioural specialists. However, one of the professionals we spoke with told us the service had accessed support reactively rather than proactively which meant they had not always recognised the need for specialist interventions.

Is the service caring?

Our findings

We asked people who lived at Cragside whether the staff who supported them were caring. One person we spoke with told us, "All staff are caring. My key workers are." They told us how staff supported them with dignity and protected their privacy. They said, "I can shower myself. When I'm in the bathroom, they can be outside the door. They let me shower on my own. I do all that myself."

Not everyone at Cragside could communicate verbally. Staff told us they used picture cards to help one person communicate but also how they were able to support the person to understand verbal commands if these were kept simple such as "drink", "toilet" and "bed". People's communication needs were recorded in their care plans to provide staff with the best way to involve people in their care.

People living at Cragside had their own flat in which they received support including designated 1:1 and 2:1 care. Each person had their own bedroom, living room, kitchen and bathroom. People had personalised their accommodation to differing degrees, some having photographs, football paraphernalia and items personal to them.

Staff told us they supported people to be as independent as they could be, and we saw an independence plan in one of the care files we reviewed. This detailed how the person was to be supported to go to the shop without staff support and when this was to be achieved by. We spoke with the staff member who had worked with the person to identify the goals they wanted to achieve to support the person into the community without staff and our discussions confirmed they were monitoring and reviewing their progress to achieve the desired outcome. They said they felt a sense of achievement when the person achieved their goals.

People at Cragside utilised advocacy services including Independent Mental Capacity Advocate (IMCA)'s. An advocate helps people express their wishes and feelings, supports them in weighing up their options, and assists them in making their own decisions. An IMCA supports and represents the person in the decision-making process if they lack the capacity to make decisions on their own. One person had a paid relevant person's representative to advocate and support the person to make decisions.

Staff had received training around equality and diversity and were able to tell us how people were supported in relation to this. They told us how they supported one person with their expressed wishes in regards to developing relationships. However, we received feedback in relation to this which indicated not all staff had utilised the right approach which had negatively impacted on the person.

The disconnection of the WIFI following our concerns about safety in relation to the position of the router, lacked compassion. This had the potential to cause disruption at the service by an exacerbation of negative behaviours from the people affected by the loss of this service.

Is the service responsive?

Our findings

We reviewed the care files for three of the people living at the home. Each file contained a detailed pre-admission assessment which had been undertaken by a designated member of staff employed by the registered provider for this task. These detailed a proposed plan of care once a person came to live at Cragside and formed the basis of the risk assessment and care plans for the person.

Each file contained a one page profile which detailed what was important to the person and the best way to work with them. Information on a person's goals and dreams were recorded and what they liked to do. The files contained a sheet which confirmed the files had been reviewed on a monthly basis.

Care plans detailed each area of support required and how staff were to support the person. Information in the care files we reviewed gave staff detailed instructions on how to support the person including the best way to communicate with them. For example, for one person staff were to remind the person why it was important to shower and provide prompts such as, "don't forget to have a shower before you go out."

Staff we spoke with knew people well and how to support them. For example, one member of staff told us how important it was to follow a very set routine with one or the people they supported as if they did not follow a set pattern this would trigger behaviours that challenged staff. However, we received feedback from professionals, who told us not all staff were aware of the detailed care plans, and they therefore did not always follow the plans. They reported the same view as some staff, that some care staff were inconsistent in their approach to people, which negatively impacted on the person's behaviours.

Staff told us a person's key worker undertook reviews monthly or sooner if a care plan required updating or changing. We asked the registered manager if people living at Cragside were involved in reviewing their risk assessments and care plans. We were told they were not involved from choice. "They don't like reading things in the care plan. They can become agitated." We noted following a review with a professional, staff had been advised one person should be on 15 minute and not 30 minute observations but the care plan had not been updated to reflect the requirement for more frequent observations.

We observed people were offered choice during the day such as what time they wanted to get up and what they wanted to do during the day. The registered manager told us, "Service users are involved with running the service. They choose the food they want; they go out and to the shopping with staff. They choose all the furniture."

The registered manager told us how they tried to support people to access the community such as supporting one person to develop their interest in music by attending a music centre although when the time came to attend the person chose not to go. Another person had an interest in a rugby team and staff supported the person to attend matches. Staff told us how they tried to encourage people to attend community facilities such as going to the gym but when the time came to undertake these activities the people did not want to go.

We spoke with one commissioner of the service after our inspection, who told us they received a weekly report from the home updating them about the person they support and including a photograph of them undertaking an activity. They told us this enabled them to monitor how the person they commissioned was engaged in meaningful occupation.

We looked at the complaints log and saw the service had recorded one complaint in the last 12 months but it wasn't clear what the person was complaining about and the registered manager didn't have the information in relation to this issue. We asked how the service managed complaints from the people living at the home and they said these were recorded as a 'conversation' with the person in their records. Although these were concerns rather than complaints, recording them in a central place would enable the registered manager and provider to identify themes, and areas where the service might be able to improve and would also evidence they were acting on concerns to the satisfaction of the person and they had been listened to. Staff had told us they had raised concerns but we saw no evidence in relation to these and how these had been resolved.

Is the service well-led?

Our findings

At our last inspection we found a breach in Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found a continuing breach in this regulation due to the lack of robust governance arrangements in place to drive improvements at the service.

There was a registered manager at the service who had been registered since November 2016. The previous registered manager had not de-registered with the commission, which meant that the home had two manager's registered with CQC. The registered manager worked two days at this service and three days at another of the registered provider's homes. A new manager for the service had been identified and was due to start at the service during our second week of inspection and they would be based at the service for three days each week. They were present on both days of the inspection as they were shadowing the registered manager as part of their induction into the service. The new manager was fully aware of the role and their responsibilities in relation to the legal requirements of their registration and was already implementing changes at the time of our inspection.

We found the service had not been well-led. The presence of a registered manager for two days a week had not provided the resources required to address some issues at the home and audits had not been completed thoroughly and robustly or checked for completeness. Some of the evidence required to complete our inspection was not always readily available and we were often referred back to the deputy manager who was not present. The deputy manager provided day to day management at the home Monday to Friday with the support of the registered manager two days per week. We asked the deputy manager whether they had been provided with management and risk assessment training to support them in their role, and they told us they had not. The deputy manager was positive about the care staff provided to people at the service and said, "The staff care for the clients. They look after the clients. They are always there for the clients." Throughout our inspection, we observed staff interact positively and appropriately with the people they supported.

The lack of robustness in the monitoring of quality at the service included an absence of the overview of staff training, competency checks, maintenance, medication audits, and safety of the environment. Some audits we looked at were ticked as done and no issues highlighted but when we checked we found issues, which meant the systems for auditing and checking audits had been ineffective in picking issues up, and lacked robust analysis. There was no overview of people's weights in order to put in strategies to support weight loss and healthy eating programmes. Staff told us they had an alarm on each set of keys, but there was no robust system for ensuring these were charged, and not all sets of keys contained an alarm, which they said had been reported but the issue had not been resolved, which they said compromised their safety.

The registered manager told us the service manager visited regularly approximately three times each month to "look at reports and check up on things" and also speak with the senior staff. We were also told the registered provider had a compliance inspector who undertook unannounced inspections and depending on the rating awarded, would re-inspect every two months if necessary. The compliance inspector had completed a thorough inspection of the service in January 2017 and from this an action plan had been

developed to guide improvements. However, issues we found at our last inspection and actions from the registered provider's own inspection had not been resolved which demonstrated the service had not used available information to drive the necessary improvements.

The service could not evidence they had sought feedback from people using the service and/or their relatives and representatives by way of a questionnaire. We were shown the results from a 2015 questionnaire. They told us they had sent out questionnaires to professionals but had not received any back. The lack of action to follow this up and seek feedback from a range of involved professionals meant they had missed the opportunity to use this information to drive improvements.

The latest staff team meeting had taken place on 5 April 2017 and were planned to take place monthly. The registered manager told us there had been one due the day before our inspection but "no one had turned up." They told us they put an agenda up in the staff office for staff to input topic areas. We asked the new manager how they would ensure staff attended team meetings and they told us this would become a contractual obligation. There were no actions detailed on the meeting minutes to enable actions from past meetings to be reviewed at the following meetings. However, when we raised this with the new manager, they provided us with the registered provider's team meeting template which contained all the areas expected to be discussed at a team meeting. They told us they planned to utilise this template going forwards. Staff meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people using the service and this meant the opportunity for staff to influence change had not been available.

Some staff told us how much they enjoyed working at the service but told us this was down to the people they supported and their colleagues. They told us the team of carers worked well together and they had good rapport and listen to each other. One staff member said, "I enjoy my job, knowing I come and make a difference and I like my team." Staff all described a 'them and us' culture with the management at the service and told us they felt blamed when things went wrong.

We found in some instances, not all staff were providing the required level of service and the management had acted appropriately in response. However, staff told us they had reported concerns about other staff to management but they weren't sure anything had been done about their concerns as they received no feedback. Staff told us management listened to them in relation to some aspects of service delivery but not on others such as 'structure, discipline, staffing and things people need.' Staff were positive the new management structure would effect a positive change at the service.

The registered manager told us the registered provider provided incentives for staff such as a share scheme with staff which offered the opportunity to purchase shares in the company. The previous inspection ratings were displayed on the registered provider's website and at the service. This showed the registered provider was meeting their requirement to display the most recent performance assessment of their regulated activities and showed they were open and transparent by sharing and displaying information about the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The management of medicines had not been consistently safe and audits had not picked up the issues to drive the necessary improvements. Risk assessments in relation to the management of people's behaviours which challenged were detailed and provided a plan for staff to follow. However, not all risks to people's health and safety had been assessed thoroughly.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Training, supervision and appraisal was not up to date.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>This was a continuing breach from our last inspection. Systems and processes were not effectively monitoring the quality and driving up improvements. The lack of robustness in the monitoring of quality at the service included an absence of the overview of staff training, competency checks, maintenance, medication audits, and safety of the environment.</p>

The enforcement action we took:

Warning notice