Care Quality Commission

Aldanat Care Limited

The Retreat

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection was unannounced and carried out on 24 March 2016.

The Retreat is a residential care home that provides care and support for up to five people who have a learning disability or autistic spectrum disorder. At the time of our inspection there were four people using the service.

The service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service has appointed a new manager who commenced in post in January 2016 but they were not yet registered with the Care Quality Commission to manage this service. They have been employed to manage The Retreat and another service.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special Measures'. Services in Special Measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in Special Measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in Special Measures.

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

There had been a lack of oversight of the service by the provider to ensure the service delivered was of good

quality and safe. Opportunities to improve had not been taken which meant people's safety and welfare were compromised. The provider did not have a robust and effective quality monitoring and assurance processes to identify issues that presented a potential risk to people. Thorough risk assessments had not been carried out routinely to identify risks in relation to the physical environment and fire safety; necessary maintenance work and fire precautions had not been taken to protect people from risk of harm. Cleanliness in the service had been neglected.

A system was not in place to ensure there were sufficient numbers of staff on duty to support people to follow interests and take part in social and therapeutic activity. There were not enough staff to enable people to go out and to support those who remained at the service. People were not supported to participate in meaningful activities and the service did not provide people with opportunities and support to access the community on a regular basis. The two staff members on shift had additional responsibilities that included cleaning and preparing and cooking meals.

The service did not have a pro-active approach to staff member's learning and development needs in line with the provider's stated purpose and the needs of people using the service. Staff had not received training or refresher training in relation to caring for people with a learning disability which would enable them to develop the necessary skills to carry out their role and ensure their practice was relevant and up to date.

Staff had developed good relationships with people. They knew their individual care and support needs well and people were supported, where able, to express their views and choices. Staff had a clear understanding of how to safeguard people and knew what steps they should take if they suspected abuse.

However the service had not applied the principles of the Mental Capacity Act 2005 and issues of capacity and consent had not been considered in some circumstances. This had resulted in the inappropriate assessment which led to mismanagement of people's money. Action by the new manager and staff has since been taken to remedy the situation.

There was an effective recruitment and selection process to check that potential new staff were suitable to work with people who used the service. This was followed and helped to ensure that only suitable staff were employed.

Medication was managed and stored safely and administered correctly to people. People were supported to maintain good health. They received continuing specialist help pertinent to their healthcare needs. They had prompt access to a range of healthcare professionals for routine follow up and when they became unwell.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

The service places people at risk because the physical environment was not safe, adequately maintained or clean.

The service does not regularly review its staffing to make sure there is a sufficient number of staff to respond to people's diverse, social and changing needs.

Staff had an awareness and understanding of potential abuse and how to keep people safe from abuse.

People received their prescribed medicines properly.

Is the service effective?

Inadequate

The service was not effective.

The provider did not have a proactive approach to staff members learning and development needs in line with a service for people with a learning disability and associated needs.

Staff were not supported and did not receive regular supervision which was used to develop and review their day to day practice.

People's capacity was not always considered with regard to consent and some decisions were taken for them that were not always in their best interest.

Deprivation of Liberty safeguards were put into practice effectively.

People experienced positive outcomes regarding their health and staff engaged proactively with health care professionals.

Is the service caring?

Requires Improvement

The lack of maintenance to the physical aspects of the service did not promote an environment that was caring for people or

promoted their dignity and privacy.

Staff had developed positive and caring relationships with people using the service and people were treated with respect.

Staff put into practice effective ways of supporting people to exercise choice where they were able.

Is the service responsive?

Requires Improvement

The service was not flexible and responsive to every person's individual needs and preferences which meant equality and diversity was not always respected. People did not receive the opportunities and support to engage regularly with social or therapeutic activities or events outside of the service.

Staff endeavoured to deliver care to people in a personalised way.

Whilst staff addressed people's concerns where they were able; the provider was not receptive to complaints or concerns and did not view them as a way of driving improvement.

Is the service well-led?

Inadequate

The service was not well led.

There was a lack of oversight by the provider and people were not at the heart of the service.

The service had no established systems or processes in place to effectively assess, monitor and improve the quality and safety of the service provided.

Staff were not adequately supported or supervised and the service lacked drive for improvement.

Care Quality Commission

The Retreat

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 24 March 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we checked the information that we held about the service. Concerns had been raised with regards to the physical environment and cleanliness of the service. We also looked at the information sent to us from others, for example the local authority. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with one person who used the service. Other people were unable to speak with us directly because they had limited verbal communication or because they were anxious. We used informal observations to evaluate people's experiences and help us assess how their needs were being met. We also observed how staff interacted with people. Throughout the day we spoke with three members of the care staff, one senior member of care staff and the newly appointed manager. We spoke with members of the local authority safeguarding and quality improvement team, a fire inspection officer from Essex Fire and Rescue and an advocate from a local independent advocacy service.

We looked at four people's care records and information relating to the management of the service such as staff personnel and training records and quality monitoring information.

Inadequate

Is the service safe?

Our findings

We received information prior to this inspection telling us that the physical environment of the service was poor and a Fire Safety Officer found that the service was failing to comply with fire safety regulations during an inspection on 17 December 2015. This placed people who used the service and others at risk.

The fire inspection report was not available at the time of our visit to the service. The manager and staff were unable to tell us what issues were found or if any measures had been taken to address them.

The Fire and Rescue Service shared their inspection report with us which identified significant failings to comply with The Regulatory Reform (Fire Safety) Order 2005.

Following our inspection we discussed the report with the provider and they informed us that they had taken some remedial action but had not yet fully addressed all the failings. This was particularly in relation to the stairs and a bedroom on the ground floor that did not meet fire safety regulations. The provider told us that the bedroom, which was in use, was this way when they took over the service. However the provider at the time of taking over, or since, had not carried out a thorough fire risk assessment to identify risks to fire safety and taken necessary fire precautions within the home. By not doing this they had not considered what risk was posed to people using the service given their needs to ensure their safety in the event of a fire.

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

A revised Statement of Purpose submitted to the Commission in September 2015 informed us that the home 'employed domestic and maintenance operatives'. A Statement of Purpose provides the Commission with details about the location at which services are provided for the purposes of the regulated activity they are registered for. There were no domestic staff at the service, the premises were not well maintained and there were areas that posed a risk to people using the service, and staff.

Staff told us that some refurbishment had taken place approximately two to three years ago. This included the installation of a new kitchen and a conservatory. The conservatory windows and ceiling did not have any shades to protect people from sun light and heat during the summer months. This issue had been identified in a risk assessment by staff but no action had been taken by the provider to provide suitable shading and reduce the risk.

Three people had bedrooms on the ground floor and one person on the first floor. There was one vacant bedroom.

The first floor was in urgent need of attention. A window had been replaced in the shower room on the first floor but it was not finished, it was insecure and unsafe. Although this room was not in use people had access so were not protected from potential risks. The en-suite facility on the first floor could not be used because it leaked badly.

The landing carpet was water stained from a leak which had gone through to the ceiling of the ground floor hallway. Cables were visible and hanging down from the ceiling in the hall way. A large hole in the wall of the landing remained exposed where the air vent for a tumble dryer had been removed. There was rubble on the floor left from the removal and debris which had blown in through the hole from the outside. The hole was also letting in the damp and cold air. A passage way leading off from the landing to a person's bedroom was not very well lit and had a rusting unprotected radiator fixed to the wall. A fire exit was accessed via this person's bedroom which meant that the route of escape was not without risk.

The stair carpet was in a poor condition; very dirty, frayed and coming away from the stairs which caused a potential trip hazard. The stair banister was loose. Wardrobes in all bedrooms were not secured to the wall and were unstable. They were overfilled and doors to some were not secure. This caused a potential risk of harm to people from pulling them over.

On the ground floor the doorway to one of the en-suite wet rooms was unfinished and had jagged tile edges which could cause injury and the sliding doors of another shower unit were unsafe and could also cause injury. The doorway to a person's bedroom had a sign on it 'Fire door keep shut', this was wedged open by a towel hanging over it. The door was heavy and if it was required to be kept open for the person using the room it should have a suitable hold open and close device connected to a fire detecting system.

The garden area posed a risk of tripping and falling for people with limited mobility. There was building debris in most areas of the garden and paving stones were loose and uneven.

Radiators throughout the service were not covered and posed a potential risk of burns. Individual risk assessments which identified risks associated with mobility or burns had not considered this.

People's bedrooms and en suite toilet and shower facilities were not clean. Carpets, toilet bowls, shower trays and tiling were stained and dirty. Dirty and discoloured mops were found propped, mop head down, in pools of water in shower trays, posing a risk of infection.

One of the four people living at the service was able to carry out basic cleaning as part of their support to develop independent living skills. Staff told us they supported people where they were able to clean but the rest of the cleaning tasks was for them. They found little time to do this. The service did not have a cleaning policy or cleaning schedules in place that would identify cleaning responsibilities, which products and equipment to use or the training staff needed to implement the policy and ensure a standard of cleanliness and hygiene was maintained.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Premises and equipment.

The numbers of staff on duty were not sufficient to deliver consistent personalised support and enhance people's quality of life. Staff told us that it was normal practice for two staff to be on duty throughout the day. This impacted on peoples lifestyle; access to the community was minimal and staff told us that people did not go out, "Nearly enough as they should". They said that three people now required a wheelchair to go out as their mobility had deteriorated. This meant only one person could go out at a time leaving one staff member to support the other three people. Additional to their supporting and caring role staff were required to clean and prepare and cook all meals. On the day of our inspection there was a senior and a support worker on duty. A new member of staff was shadowing the support worker as part of their induction. Nobody was supported to go out. The registered manager confirmed that there was no system being used to determine the appropriate staffing levels according to people's care and support needs.

Staff told us that a lot of staff had left employment recently and shifts were being covered by agency staff. This was unsettling for people with complex needs who benefited from consistent staffing. Permanent staff covered shifts where they could. The staff rota showed that in the last week a staff member worked a 36 hour shift without leaving the home.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from bullying, harassment, avoidable harm and abuse. It was evident from our observations that people felt safe and comfortable within their environment and had a good rapport with staff supporting them. Staff demonstrated a good understanding of their responsibilities in relation to safeguarding vulnerable people and protecting them from harm, at home and out in the community. They knew how to recognise signs of harm and what their responsibilities were if they saw or suspected abuse or poor practice. Staff said that they had every confidence that any issues they raised would be taken serious and acted upon. The manager was fully aware of their responsibilities and had suitable arrangements in place to ensure that people were safeguarded against the risk of abuse and harm.

New employees were appropriately checked through robust recruitment processes to ensure their suitability for the role. Newly recruited staff confirmed that all necessary checks had been completed before they had commenced working with people. The most recently recruited staff member was undertaking shadowing shifts to get to know people they would be supporting, and their needs, prior to working independently.

People's medicines were safely managed and they received their medicines in a timely way and as prescribed by their doctor. Medicines were stored safely and were locked away when unattended. Staff responsible for managing medicines had received appropriate training. Medicine administration records were clear and up to date and all medicines administered or omitted for a reason had been signed for. Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was a written criteria for each person, within individual medication records to guide staff on the purpose of PRN medication and when it should be offered. This ensured people received PRN medication when it was needed. Guidance was also in place for staff to know when certain medications should be administered such as before food, with food or to avoid certain food types; this ensured their effectiveness.

Not all liquid medicines and eye drops had dates of opening on them and therefore staff could not be assured that they were still fit for use. One bottle of eye drops in the medication trolley, and in use, was dispensed on 24 February 2016, four weeks and two days ago. On the medication administration record it was recorded that the eye drops should be discarded four weeks from opening. It did not have a date recorded of opening and therefore staff could not be sure when the four weeks was up.

Inadequate

Is the service effective?

Our findings

People using the service had a learning a disability and/or moderate to severe spectrum autism.
The service did not have a pro-active approach to staff member's learning and development needs in line with the service being delivered, and people's specific needs.

The provider's website states 'Our staff are carefully selected and put through robust training. We believe staff development is important and invest heavily in updating their skills.' Whilst some staff were working towards or had completed a National Vocation Qualification level 2 or level 3 in care they had not undertaken training relevant to supporting and empowering people they cared for to live fulfilled and as independent a life as possible. Such training might include person centred active support, understanding challenging behaviours, positive behaviour support, training in alternative communication methods and understanding and supporting people with a learning disability. This is vital for people who may experience difficulties in communicating or managing their emotions and may use body language, voice and actions as a way to express themselves. New staff told us that they found supporting people who were non verbal in communication their biggest challenge and finding the right activities to engage with them.

The service did not keep up to date with new guidance and developments and did not have links with organisations that promote and guide best practice, using this to train staff and help drive improvement. Staff told us that they had not received recent training that would enable them to keep up with current guidance and best practice. They told us they would benefit from further training in working with people with a mental health diagnosis and or learning disabilities; this in turn would benefit the people using the service.

There was no current system in place to monitor, plan and refresh training courses for staff. When asked how training was planned the new manager told us they were having to look through staff members files to see if certificates were in date to enable them to plan training. Training in core subject areas was delivered through e-learning. Some staff said that this was not necessarily their favoured method of learning and that face to face attendance with other support workers had more benefit. They had not been consulted or discussed what would be the most appropriate and effective for staff and those they cared for. There were no systems in place to assess and monitor the competency of support staff to ensure that any training they had received was effective. The service had not introduced the Care Certificate for new staff to undertake. The Care Certificate covers an identified set of standards recommended by the Department of Health as a way to ensure new staff have a foundation of knowledge and skills based on good practice guidance that is assessed by a recognised assessor.

Formal supervision had lapsed and staff had not received support in their day to day practice. Supervisions provide opportunities for staff to discuss their performance, development and training needs.

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. When they lack mental capacity to make particular decisions, any made

on their behalf must be in their best interests and as least restrictive as possible.

The service had not understood or applied the principles of the Mental Capacity Act 2005 when considering issues of consent and capacity. No one using the service was able to manage their own financial affairs and they received a guardianship service from the local authority. Money for day to day personal use was received monthly and overseen by the support staff. On checking records we noted that costs for the up keep of chickens at the service were split between all people using the service, even though three were not aware of the chickens. All four people using the service contributed an equal share towards the cost of a vet bill without their consent. Staff told us one person was very distressed to find that they had no money left for the week to pay for personal items and this was because of the vet bill. People's capacity in relation to understanding how their money was being used and consent was not assessed and the decision was made on their behalf. We were concerned that this practice showed that the principles of the MCA were not being recognised or adhered to.

Staff told us people paid for redecoration of their rooms and replacement of furniture. This is acceptable if re-decoration and replacement furniture is the choice of, and consented to by the individual however the provider has a contractual and legal responsibility to provide and maintain decoration and furnishings. We brought these issues to the attention of the new manager.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People can only be deprived of their liberty when it is in their best interests and legally authorised. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and DoLs and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the service was working within these principles and applications for standard authorisations had been made to the local authority in relation to DoLs as it was in the best interests of people using the service not to leave it without support and supervision.

Staff protected people, especially those with complex needs, from the risk of poor nutrition and dehydration. Where required, individual care plan's contained detailed information on specific needs around dysphagia (difficulty in swallowing) and diet, including advice about textures and types of foods and thickness of fluids required to meet people's individual nutritional needs safely. One person received fluids and medication via a percutaneous endoscopy gastrostomy tube, usually referred to as a PEG because they were at high risk of aspirating. In these cases people's food and fluid intake and their weight were monitored regularly to ensure they were receiving adequate hydration and food. Staff prepared food items individually to the appropriate texture such as mashed or liquidised so people could identify them by colour and taste. Where people required support and assistance to eat their meal or to have a drink, they were helped sensitively and respectfully. Staff responsible for administering food, fluids and medication via a PEG had received appropriate training to do this and had their competency assessed either by the company that supplies the equipment and feed or the district nurse.

Staff told us that there was a planned four weekly menu and people's preferences were taken into account. Snacks and drinks were freely available and offered regularly by staff.

People had access to healthcare services and received on going healthcare support where required. Their general health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. Staff supported people to attend appointments and follow ups

with health care professionals such as doctors, dentists, chiropodists and district nurses. There was evidence that annual health checks had been carried out. Where people's mobility needs had changed they had received physiotherapy; assessments had been carried out by occupational therapists and at the wheelchair clinic for equipment and assessments and advice had been sought from speech and language therapists and dieticians for those people with swallowing and eating difficulties.

Hospital passports were completed for each person and kept in their care records. These assisted each person to provide hospital staff with important information about them and their health in the event of a planned or emergency admission to hospital.

Requires Improvement

Is the service caring?

Our findings

The physical environment of the service did not reflect a caring service and did not promote dignity and respect for people using the service, or support staff morale.

The en-suite shower facilities for the bedroom on the first floor was not in working order because it leaked, staff told us that it had been in this condition for a long time. The person whose room it was had to take a shower in another person's en-suite facilities on the ground floor. Although staff did this carefully the arrangement did not promote dignity or privacy for either person.

One person was consistently positive about the care and support they received. They told us that staff were nice and helped them. The atmosphere within the service was welcoming, relaxed and calm and staff had developed positive and meaningful relationships with the people they supported. Staff had a good rapport and interactions were patient, warm and engaging. They always stopped what they were doing, made eye contact and listened to what people were saying and showed genuine interest. There was a good friendly rapport and people were at ease with each other, and the staff. Staff explained the purpose of our visit and were alert to any changes in people's behaviour, provided appropriate reassurance and diverted their attentions, which reduced their anxieties about our presence in their home.

Support plans contained relevant and personalised information in relation to the individual's likes, dislikes and preferences. A keyworker system was in place and reviews were carried out each month by their keyworker and, where able, the individual. Support plans were revised accordingly when people's needs had changed.

We saw people were provided with good support to make choices and decisions wherever they could do so and longer term staff members clearly understood each person's way of communicating their needs, wishes and choices.

Some care records identified an advocate from a local independent advocacy service. When we contacted the advocate they said that they had not received any requests to provide advocacy services to anybody living at The Retreat for the last two to three years. An advocate would have been beneficial to support people in making decisions with regard to the chickens.

Requires Improvement

Is the service responsive?

Our findings

The providers revised Statement of Purpose of September 2015 informed us that 'Opportunities exist for individuals to access full community services within Walton and the surrounding areas and the home will actively encourage both social integration and participation in the local community at a level acceptable to the individual.'

Staff told us that social integration and participation in the local community was minimal and people needed and wanted to go out more. The care records for one person showed that they had been supported in July 2015 to identify their dreams and goals. The list consisted mostly of places they would like to go and activities they would like to do. Only one had been fulfilled which was a visit to a local health pool and Spa which they had enjoyed. No other trips had been organised as a result of their successful experience. Whilst some community activity was supported, for example in conjunction with the local church or attending a community social club. The service was not pro-active and responsive to people's individual needs and preferences and did not find creative ways to enable people to live as full a life as possible.

The provider's web site states, 'The Retreat provides residential and supported living accommodation for individuals with a learning disability. Situated in a semi-residential area of the seaside town of Walton, residents have the opportunity to access and participate in the local community and are encouraged to use the specialist services associated with Peter House. (another service run by the provider). The homely environment offered at The Retreat provides individuals with the opportunity to have a far more independent lifestyle, supported by highly experienced and qualified staff.'

However we found that people's experience of this approach was inconsistent. Three of the four people had lived at The Retreat for a long time. Only one person was able to participate in some day to day living activities around the house. They washed up after lunch and assisted staff to unpack the shopping delivery. They told us that they liked to be involved and enjoyed cleaning. However another person, with early onset dementia, had recently had a stroke which had impacted on their physical and emotional needs. Strategies were not in place to ensure changing needs were met.

Improvements were needed to ensure that care and support plans reflected how all aspects of people's lives would be supported. This was needed to demonstrate people were leading fulfilled and meaningful lives. The plans explained when prompts or more active support was required by staff to support people. There was detailed information about each person, their likes and dislikes, their behaviours and how to recognise and reduce their anxieties. However they lacked detail on how to support and promote social well-being through activity, therapy and social inclusion. During our inspection people did not go out and spent long periods of time disengaged or sat in front of the television.

When we discussed this issue with the manager they said that they had recognised that the service needed to adapt to respond to individual's changing or developing needs. Since they had been in post they had purchased lighting equipment to provide stimulation and therapeutic engagement for one individual. However these were located in the conservatory which was not a suitable environment for the activity.

Bedrooms were personalised with people's own belongings and they were encouraged and supported to individualise them. The service encouraged people to maintain their links to family and friends. We saw the positive impact for one person who was supported to maintain a close friendship which staff facilitated visits for them.

The provider's complaints policy and procedure was not visible and freely accessible to people using the service, and others, so it was not clear how people were encouraged to discuss any concerns. The service did not have any recorded concerns or complaints. Staff told us that they would recognise if anybody was upset and that they would address their concern immediately. However given the needs of those people living at the service the provider had not considered how to ensure that appropriate opportunities or ideas are explored to support people with any worries.

We received information which demonstrated that the provider had not responded robustly to concerns raised by staff. This included concerns about the deteriorating environment and staffing. There were missed opportunities for the provider to demonstrate that concerns were being listened to, responded and used to improve the service for all. This also impacted on the services ability to demonstrate that staff worked in an open and transparent culture.

Inadequate

Is the service well-led?

Our findings

There was a lack of effective provider oversight. The provider did not take all possible action to maintain and improve the quality and safety of the of the service, including the premises for people to live in. We received information from staff prior to our visit that they had raised concerns regarding these issues but they had not been listened to or acted on by the provider. Whilst staff were positive about the new manager's support they felt there was a lack of openness and transparency between the provider and staff team. This was because despite raising concerns they felt effective action had not been taken to promptly address deteriorating standards of quality. The senior leadership team had also not recognised that more urgent action was needed to reassure staff, people living in the service and visitors about how they planned to improve and by when.

There was a lack of effective quality assurance systems being used to maintain quality and drive improvement. This included key areas including staff training and development. There was no maintenance plan in place for the building and things were dealt with on an ad-hoc basis. The provider had failed to continuously monitor and review where necessary the effectiveness of a fire risk assessment and this was not available for the new manager or staff. Cleanliness and risk of cross infection was recognised as something that needed to be improved but effective and robust action had not been taken to address it.

The impact of the staff's task based duties had not been considered against how they met people's individual care and support needs and how they spent their day. The lack of regular staff supervisions and meetings meant there were limited forums in which staff could raise concerns, suggest improvements and share their views. Opportunities to improve the service and identify potential risks were limited. Whilst staff and the new manager demonstrated a caring and responsible approach, they were limited in their ability to improve as the provider had not recognised the impact of the deteriorating situation within the service. As a result the enthusiasm and commitment of the staff had not been utilised to encourage improvements through shared vision and values.

A new manager commenced employment in January 2016. They were recruited to manage two of the provider's services which included The Retreat. This meant they were not at the service full time. Staff told us despite this they found the new manager to be open and responsive. However they also expressed concerns because the manager was located and spent the majority of their time at the other service. Some action had been taken to strengthen the leadership team by introducing a senior member of staff to provide support and leadership to the staff in the managers absence. However we were concerned how effective this was because the senior was included in the normal staffing numbers and were expected to provide these extra duties as well as providing care and support to people.

When we fed back our concerns to the new manager they told us that they had also identified the same issues. They told us that they were having continued discussions with the provider to address these. Some plans were in place to introduce changes to improve staff training and supervision. However we were concerned about the ability of the manager to make these improvements without access to considerable further resources and support. Good support, oversight and financial input is required from the provider to

make necessary improvements.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent Where a person lacks mental capacity to make an informed decision, or give consent, the registered person did not act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Need for Consent.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not ensured that risk assessments were completed and regularly reviewed by a person with the qualifications, skills, competence and experience to do so and had failed to do all that is reasonably practicable to mitigate any such risks. This relates to the safety of the premises, physical environment and also includes furnishings. Regulation 12(1) (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe Care and Treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not

	protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Parts of the premises were unclean. Regulation 15 (1) (a)(c)(e) of the Health and Social care Act 2008 (Regulated activities) Regulations 2014. Premises and Equipment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have established and effective systems to assess, monitor and improve the quality and safety of the services provided including the quality of the experience of the people using the service. Regulation 17 (1)(2)(a) of the Health and Social Care act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person did not ensure there were staff in sufficient numbers to meet all the needs of people using the service. The registered person did not ensure that all staff members receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out their role. Regulation 18(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.