

United Response

United Response - 26

Tennyson Road

Inspection report

26 Tennyson Road
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 31 May 2017. The inspection was unannounced. 26 Tennyson Road provides accommodation for persons who require personal care for up to five people with a learning disability or autism. At the time of the inspection visit four people lived at the home. The service is a terraced three-storey building, with a separate lounge and dining room. The kitchen leads out to a well-kept garden. There is a downstairs and upstairs toilet with a bathroom on the first floor.

A new manager was appointed in May 2017. They had submitted an application form to the Care Quality Commission to be registered as a 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.

The last inspection took place on 4 April 2016. As a result of this inspection, we found that care plans did not always include guidance to reflect people's preferences on their care, treatment and support. This was a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made recommendations for the provider to refer to the Mental Capacity Act 2005 (MCA) and its codes of practice as we found consent to care and treatment had not always been sought in line with the MCA. In addition, for the provider to review their complaints system to ensure it is effective and accessible for identifying, receiving, recording, handling and responding to complaints. Following the last inspection, the provider wrote to us to confirm that they had addressed these issues. At this visit, we found that the actions had been completed and the provider had now met those legal requirements.

At this inspection we found further improvements were still needed and therefore the service remains rated "requires improvement" overall. Staff had received safeguarding training, demonstrated an understanding of key types of abuse and explained the action they would take if they identified any concerns. However, whilst some incidents had been reported, other incidents, such as verbal abuse, intimidation and physical abuse between people, had not been identified as safeguarding concerns and had not been reported to the local authority safeguarding agency or to the Care Quality Commission as required by law. Safety incidents were not always analysed and responded to effectively, which meant the risk of further incidents was not always reduced. Overall, there were effective systems to check the safety and quality of the service, however they had not always been properly utilised and as a result, opportunities to identify and address areas for improvement had been missed. We found that the lack of audits and gaps in records had impacted on the safety of the service people received.

We found that recruitment processes ensured staff were safe to work with people and although the provider had ensured staffing levels was adequate to meet people's needs, we observed the way staff were deployed could be improved. We made a recommendation about this at the time of the inspection. Following the inspection the manager provided evidence of this recommendation being met.

Identified risks associated with people's care were assessed and plans developed to mitigate them. Risk assessments were in place and reviewed monthly. Where someone was identified as being at risk, actions were identified on how to reduce the risk and referrals were made to health professionals as required. There were also risk assessments in place to help keep people safe in the event of an unforeseen emergency such as a fire.

Medicines were managed safely. People were supported to take their medicines as directed by their GP. Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines.

People's capacity to consent to care was considered and the home worked in accordance with current legislation relating to the Mental Capacity Act 2005 and the Deprivation of Liberties Safeguards. This included training for all staff on both subjects.

Care plans reflected information relevant to each individual and their abilities, including people's communication and health needs. Staff were vigilant to changes in people's health needs and their support was reviewed when required. The service had good links with health care professionals to ensure people kept healthy and well.

People were supported to have enough to eat and drink and were provided with a balanced, healthy diet. Mealtimes were often viewed as a social occasion, but equally any choice to dine alone was fully respected.

People looked happy and were relaxed and comfortable with staff. They were supported by staff that understood their needs and abilities and knew them well. Staff were kind and caring towards people and upheld their privacy and dignity at all times.

People were involved as much as possible in planning their care. People had monthly meetings with their keyworkers to discuss all aspects of their care. The manager and staff were flexible and responsive to people's individual preferences and ensured people were supported in accordance with their needs and abilities. People were encouraged to maintain their independence and to participate in activities that interested them.

There were processes in place for people to express their views and opinions about the service provided. The complaints procedure was displayed and people said they knew what to do if they were not satisfied with the service. Complaints were logged and records showed the provider looked into complaints and responded to complainants.

During this inspection, we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found one breach of the Care Quality Commission (Registration) Regulations 2009. 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?

The service was not always safe.

Staff had been trained in safeguarding vulnerable adults. However, we found there had been incidents which had not been recognised as safeguarding concerns which had not been appropriately reported.

Recruitment processes ensured staff were safe to work with people, however the provider had not ensured appropriate staffing levels were in place to meet people's needs.

Identified risks associated with people's care were assessed and plans developed to mitigate them.

Medicines were managed safely.

Requires Improvement 

Is the service effective?

The service was effective.

Consent to care and treatment had been sought in line with the Mental Capacity Act 2005 (MCA). Deprivation of Liberty Safeguards (DoLS) were in place.

Staff had received training as required to ensure that they were able to meet people's needs effectively. Staff received supervision and appraisal.

People had sufficient to eat and drink and were encouraged to eat a healthy diet.

People were supported to maintain good health and had regular contact with health care professionals.

Good 

Is the service caring?

The service was caring.

People were treated with kindness and dignity by staff who took

Good 

time to speak and listen to people.

Staff acknowledged, maintained and promoted people's privacy.

People were consulted about their care and had opportunities to maintain and develop their independence.

Is the service responsive?

Good ●

The service was responsive.

People's needs were comprehensively assessed and reviewed. Care plans were individualised and reflected people's preferences.

There were structured and meaningful activities for people to take part in.

People were aware of the complaints procedure and knew what to do if they were dissatisfied.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

There was no registered manager in post and had been lack of consistent leadership for a number of months. There was a new manager in post at the time of the inspection.

The provider had not notified the Care Quality Commission of incidents which they needed to tell us about.

Processes for monitoring quality and safety across the service had not always been used effectively. This meant that opportunities for improvements had been missed.

There was an open culture at the service and staff told us they would not hesitate to raise any concerns.

United Response - 26 Tennyson Road

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 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 31 May 2017 and was unannounced. One inspector undertook the inspection.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service including previous inspection reports. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection, we spoke with four people who were living at the service. We spoke with two members of staff and the newly appointed manager. We spent time observing people in the communal living areas. We looked around the premises, at the communal areas of the home and two people's bedrooms. On the day of the inspection, we received contact via email from a Director representing United Response who was unable to meet with us face to face.

We looked at the care plans and associated records for two people. We reviewed other records, including the provider's internal checks and audits, staff training records, staff rotas, accidents, incidents and complaints. Records for three staff were reviewed, which included checks on newly appointed staff and staff supervision records.

Is the service safe?

Our findings

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from the risk of abuse and neglect. All staff had undertaken training in safeguarding adults and mostly demonstrated they were aware of their role and responsibilities in keeping people safe by reporting any concerns. The provider did not always take appropriate action in the event of possible safeguarding concerns and this may have placed people using the service at risk of unsafe care. For example, people's daily records and incident forms we reviewed detailed 15 incidents where the provider should have raised a safeguarding alert with the local authority. In all 15 examples, a person using the service had alleged that they had been harmed by another person living in the same service. The provider should have informed the local authority's safeguarding adult's team and the Care Quality Commission (CQC) of these allegations. This would have enabled an independent investigation of the incidents to ensure people using the service were cared for safely.

For people who had been injured in these incidents, body maps had not been completed detailing the injury and there was no evidence of these injuries being followed up on to ensure injuries had healed. The injuries sustained were as a result of being kicked and being slapped on parts of the body, for example on the back, shoulder or leg. We were unable to assess the severity of injury due to the lack of information detailed in the daily notes and incident forms. We identified these to the manager who was unable to provide an explanation to these. There was no evidence to demonstrate the provider was learning from incidents of alleged abuse to prevent further incidents from occurring. For example, of the 15 incidences we found, care records showed 11 of these alleged incidents of physical altercations between service users due to people being too close in proximity to each other.

Following the inspection, we spoke with the local authority safeguarding team about the incidents we had identified at our inspection. Following this discussion, CQC made safeguarding referrals to the safeguarding team as part of our duty to keep people safe from harm.

The provider failed to ensure systems and processes enabled appropriate investigation of potential safeguarding issues, which placed people at risk of abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2014.

Following the inspection the director and manager provided the Commission with additional evidence on how people were being protected from immediate risk of harm and abuse in regards to challenging behaviours. For example, all of the incidences that had occurred involved one initiator, this person had a positive behaviour support plan which had been updated. This gave clear details about how the person presented when they were relaxed, agitated and displaying behaviours which challenged. Each section detailed who was at risk, how they were at risk and how staff should respond. The manager also confirmed that all staff had been retrained in safeguarding awareness. The manager had also carried out competency assessments in relation to safeguarding to ensure this training had been effective and understood. The manager told us they felt assured that staff did know how to respond to a concern of alleged abuse. The manager provided evidence that on 7 June, safeguarding was discussed at the staff meeting. The manager

used this topic as a basis for reflective practice on how the safeguarding policy is adhered to and examples of when it would need to be implemented. The manager sent us evidence of a new monthly audit tool which means incident records will be audited by a manager on a monthly basis to ensure incidents are analysed for patterns and trends. The tool also checked that incidences requiring referral to the local safeguarding team had been made and if the Commission had also been notified as required.

Daily staffing needs were analysed by the senior support worker and manager. The manager told us this was to ensure there were always sufficient numbers of staff to support people. There were two members of staff who generally worked 8am to 3pm and one member of staff working from 3pm to 10pm. This person slept at the service and was available to support people if needed. The service had a 24 hour on call system in case additional staff were needed. The rota included details of staff on annual leave or training. Shifts had been arranged to ensure that known absences were covered. The manager told us they had identified the current shift pattern was not adequately meeting people's needs and had reviewed the rotas since commencing in May 2017. The manager told us from 5 June 2017 the shift changes would be effective. Rotas demonstrated that from 5 June there would be one staff member 8am to 3pm, one staff member 3pm to 10pm and one staff member working a mid shift starting at 9am or 10am but finishing by 5pm. Records that detailed the alleged abuse indicated that evenings were when incidences were occurring. We also found a review document for one person which occurred in late May 2017 which also stated 'evenings were the risky time and it needed to be better staffed - by having two staff on shift'. However, the new rotas implemented from 5 June did not reflect this. At the time of inspection we recommended that the provider review how staff are deployed to ensure sufficient staff are on duty at all times to safely meet people's needs. Following the inspection the manager provided sufficient evidence that demonstrated staff were now working in the evenings to ensure people were supported and remained safe.

Staff had undergone pre-employment checks as part of their recruitment, which were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Prospective staff underwent a practical assessment and role related interview before being appointed.

Risks affecting people's health and welfare were understood and managed safely by staff. Risks to people had been assessed in relation to their mobility, social activities and eating and drinking. People's care plans noted what support people needed to keep safe, for example in relation to safety awareness and completing activities, such as swimming and using transport. These risk assessments detailed the required staffing ratio at different times and for specific activities to ensure the safety of people, staff and others. If people displayed behaviours which may challenge, these were reported to the manager and where required referred to health professionals.

People could access their money at any time and were supported by staff to ensure they were not subject to financial abuse. During the inspection we observed staff supported people to manage their finances and protected them from the risk of financial abuse by adhering to the provider's recording processes.

Checks were made by suitably qualified persons of equipment such as the gas heating, electrical wiring, fire safety equipment and alarms, Legionella and electrical appliances to ensure they were operating effectively and safely. The service had a fire risk assessment, which included guidance for staff, in how to support people to evacuate the premises in an emergency.

People's medicines were managed safely in accordance with current legislation and guidance. This was

because medicines had been administered by staff that had completed appropriate training and had their competency assessed annually by the registered manager. Staff told us about people's different medicines and why they were prescribed, together with any potential side effects. People's preferred method of taking their medicines, and any risks associated with their medicines, had been documented. We looked through everyone's medication administration records (MAR). They included a picture of each person, any known allergies and any special administration instructions. The MAR forms were appropriately completed and records confirmed that people received their medicines as prescribed. Where people took medicines 'As required' there was guidance for staff about their use. These are medicines which people take only when needed. Medicines were stored safely and securely.

Is the service effective?

Our findings

At the last inspection we made a recommendation for the provider to refer to the Mental Capacity Act 2005 (MCA) and its codes of practice as we found consent to care and treatment had not always been sought in line with the MCA. 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. At this inspection we saw people who used the service were able to express their views and make decisions about their care and support. We saw people were asked for their consent before any care interventions took place. People were given time to consider options and staff understood the ways in which people indicated their consent.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that appropriate DoLS applications had been made, and staff were acting in accordance with DoLS authorisations. Where Deprivation of Liberty Safeguards decisions had been approved, we found that the necessary consideration and consultation had taken place. This had included the involvement of relatives and multi-disciplinary teams.

We checked people's files in relation to decision making for those who were unable to give consent. Documentation in people's care records showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests. Records showed that staff had received training on MCA and DoLS. When we spoke with staff, they were able to explain their understanding of this topic. Staff were knowledgeable and were able to apply the requirements of the legislation in practice ensuring people's day-to-day care and support were appropriate and that their needs were met.

People told us that they were happy with the support they received from staff. One person told us, "I like living here. I like the staff, they really help me. I make decisions about my life. I love the food, it is good." Another person said, "I can do what I want, I make choices each day. The food is nice. If I need help I ask staff."

People received support from staff that had been taken through a thorough induction process and attended training, which enabled them to carry out their role. The induction consisted of a combination of shadowing shifts and the reading of relevant care records and home policies and procedures. Newer staff were supported by senior staff to assess their competency before performing their tasks independently within areas such as providing intimate personal care or supporting people attend their planned activities.

Staff were enrolled on the Care Certificate (Skills for Care). The Care Certificate is a work based achievement aimed at staff who are new to working in the health and social care field. It provides an opportunity for providers to provide knowledge and assess the competencies of their staff. The Care Certificate covers 15

essential health and social care topics, with the aim that this would be completed within 12 weeks of employment. Staff were also encouraged to complete various levels of National Vocational Qualifications (NVQ) or more recently Health and Social Care Diplomas (HSCD). These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

The manager maintained a spreadsheet record of staff training in courses considered mandatory to provide effective care and recorded when staff had completed these. This allowed the manager to monitor this training and to check when it needed to be updated. These courses included infection control, moving and handling, fire safety, first aid, health and safety, and food hygiene. Refresher training was provided to ensure staff routinely updated their knowledge on particular subjects. Staff told us that training was on going and they were able to approach the provider if they felt they had an additional training need.

Staff received supervisions with the manager approximately two monthly and notes of supervision meetings confirmed this. Staff told us they found supervision meetings helpful. Two staff said they discussed work, training, residents, any problems, staffing and any suggestions for improvements. Records showed the discussions that had taken place, together with a review of actions agreed from previous supervision meetings. Staff also received annual performance reviews

People were supported to have enough to eat and drink and were provided with a balanced, healthy diet. People were encouraged and supported to prepare their own meals, snacks and drinks in accordance with their eating and drinking plans. We observed communal mealtimes where people and staff ate together. Three people told us, they liked the food and enjoyed cooking. The atmosphere around the table was relaxed and everyone appeared to enjoy the meal that was served and were happy in each other's company.

People's records contained essential information about them which may be required in the event of an emergency, for instance if they required support from external health professionals. These were referred to as 'hospital passports.' Information included people's means of communication, medicines, known allergies and the support they required. This ensured health professionals would have the required information in order to be able to support people in line with their needs and preferences.

Each person had a health plan which documented their health appointments and reviews, and advice and guidance from health professionals. For example, one person had a skin rash during the month of May; staff immediately identified that there might be a health problem and arranged a GP appointment. Staff then implemented the advice and guidance provided by the GP. This demonstrated that health issues or concerns identified by staff were raised with and addressed by health professionals promptly.

People's care records showed that their day to day health needs were being met. People had good access to healthcare professionals such as dentist, optician, chiropodist and GPs. People's care plans provided evidence of effective joint working with community healthcare professionals. We saw that staff were proactive in seeking input from advocacy services. Advocates help people to make decisions that are right for them and in line with their personal preferences and choices.

Is the service caring?

Our findings

Positive, caring relationships had been developed with people. We saw frequent, positive engagement with them. Staff patiently informed people of the support they offered and waited for their response before carrying out any planned interventions. The atmosphere was relaxed with laughter and banter heard between staff and people. We observed people smiling and choosing to spend time with staff who always gave people time and attention. Staff knew what people could do for themselves and areas where support was needed. Staff appeared very dedicated and committed. They knew, in detail, each person's individual needs, traits and personalities. They were able to talk about these without referring to people's care records. One member of staff told us, "We are caring. This is a small house and we need to make sure people's needs are met. You want their lives to be good lives." Another staff member told us, "I am a visitor in their [people's] home. We do respect this. I have worked here a number of years and we know each other well. We generally care about the people who live here. It's a good team of staff."

The home encouraged people to express their views as much as they were able. People were provided with opportunities to talk to staff including their key workers and the manager about how they felt on a daily basis. A keyworker is a staff member who helps a person achieve their goals, helps create opportunities such as activities and may advocate on behalf of the person with their care plan. To ensure that all staff were aware of people's views and opinions, they were recorded in people's care plans, together with the things that were important to them. Without exception, staff told us that it was important to promote people's independence, to offer choices and to challenge people where needed to help give people a normal life.

Each person had a communication care plan, which gave practical information in a personalised way about how to support people who could not easily speak for themselves. The care plan gave guidance to staff about how to recognise how a person felt, such as when they were happy, sad, anxious, thirsty, and angry or in pain and how staff should respond. On the day of our visit staff communicated with people in an appropriate manner according to their understanding. They communicated with some people using short words and phrases. We heard one member of staff speaking in a steady and quiet voice to a person who could become anxious. The staff member asked the person short simple questions, in a soft voice, to direct this person to the activity in hand and help them to remain calm.

Staff understood the importance of respecting people's privacy and dignity and of promoting their independence. Staff made sure they carefully wiped people's mouths after eating and drinking. They supported people in going to the toilet and cleaning their hands before and after meals as they wished, or needed. A person showed us how their nails had been done that morning and indicated the care worker had helped them to do it in the way they wanted. One staff member explained that they, "Do not go in rooms without seeking their permission. We knock at the door and wait for the person to respond. When we support people with personal care, we always check the curtains are closed, the door is shut and we ensure the person is protected as much as possible when supporting people's private areas. We do this by putting a towel over the persons lap while supporting other parts of the body. We explain what we are doing. This is really important to ensure the person is as comfortable as possible."

People wore clothing appropriate for the time of year and were dressed in a way that maintained their dignity. When people were going out in the community staff advised they take sun hats and protective cream. Attention had been given to people's appearance and their personal hygiene needs had been supported.

Is the service responsive?

Our findings

At the last inspection, we found that care plans did not always include guidance to reflect people's preferences on their care, treatment and support. This was a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Shortly after the inspection, the provider sent us a plan, which told us the actions they were taking. At this inspection, our observations, records and people we spoke with confirmed people received personalised care from staff. Care provided considered the preferences and needs of the individual person. The requirements of the regulation had been met.

We found good examples of care planning that was centred on the individual needs, preferences and wishes of the person. For example, clear details about people's preferred daily routines and how they liked to spend their time. Each person had a care record which included a care plan, risk assessments and other information relevant to the person they had been written about. Care plans were personalised and reviewed monthly or sooner if required. They included information provided at the point of assessment to present day needs. The care plans provided staff with detailed guidance on people's histories, how to manage people's physical and/or emotional needs, their goals and their aspirations. This included guidance on areas such as communication needs, continence needs and mobility needs. Staff told us they found care plans easy to read and follow and effective working tools. At least once a year each person had an annual review to discuss their care and support needs, wishes and goals for the future. Records evidenced that everyone of importance involved in a person's life were invited to attend, including the person, staff at the home and representatives of the local authority.

Views of the people using this service were sought through an annual questionnaire, which a member of staff, an advocate or relative supported them to complete. Monthly 1:1 key worker meetings occurred which; is when an allocated staff member meets with the person each month to discuss their views on the care they received, activities they would like to do in the future and discuss any changes occurring in the service, for example, décor, staffing or new people moving in.

People were supported to access and maintain links with their local community. People confirmed that the activities offered were flexible and included both in-house and external events. People were supported to increase their independent living skills based on their individual capabilities. People decided what they wanted to do spontaneously on the day according to how they felt. People told us this is what they preferred. People enjoyed shopping for food at a local supermarket and were supported by staff to purchase food of their choice, and then prepare a meal. Information about what activities people liked to take part in was recorded in their care plans. During our visit to the service, people were occupied in household tasks, vacuuming, making meals, visiting the bank and accessing the local area. People were asked throughout the day if they wanted to go out in the community. On the day of our inspection, we observed people leaving the home to attend a day service to do gardening. People went out to the shops and out for a meal.

People's rooms were personalised to reflect their tastes, preferences and interests. Photographs of families and activities were displayed in the service to remind people of events and others important to them. This ensured that relationships were maintained to promote people's wellbeing. Staff were aware of items of

particular importance to people, which were available when people wanted them.

At the last inspection we made a recommendation for the provider to review their complaints system to ensure it is effective and accessible for identifying, receiving, recording, handling and responding to complaints. At this inspection people told us that they were routinely listened to and their comments acted upon. Pictorial information of what to do in the event of needing to make a complaint was displayed prominently in the home. Staff were seen spending time with people on an informal, relaxed basis and not just when they were supporting people with tasks. The opportunity for people to raise issues and complaints was included as a set item on the weekly house meeting agenda in order that issues could be raised and acted upon promptly. The complaints procedure for visitors and relatives included information about how to contact the local government ombudsman, if they were not satisfied with how the service responded to any complaint. The manager told us in the event of a complaint they would make a record of this, together with the action they had taken to resolve them. Complaints in the past 12 months, had been recorded as resolved to the satisfaction of the complainant.

Is the service well-led?

Our findings

There were systems in place to monitor the quality and safety of the service and make continuous improvements. There were quarterly audits and these included care plans, staff files, medicines and training. However, where shortfalls were identified, there was a lack of detail regarding the action taken to address this and how it was followed up at the next audit to check it had been completed appropriately. For example, the area manager completed the quarterly audits in December 2016, January 2017 and April 2017 which had looked at some of the incident records we found at this inspection. However the area manager who had completed the audits did not demonstrate how concerns were followed up. On one audit the area manager wrote, 'what additional action was taken?' This was in response to a record indicating a person had hit another person. On these records the area manager had also written, 'has the assessment now been updated? What was the outcome?' The manager told us this meant a behaviour assessment. The audits did not answer these questions posed, nor had it checked if the local adult safeguarding team or the Commission were informed of these incidences as safeguarding allegations. The provider was unable to evidence how accidents and incidents were analysed and learnt from to reduce the risk of reoccurrence. We also found that records relating to accidents did not give sufficient detail about any injury sustained and follow up care to ensure the alleged victim's welfare. We found that the nature of accident and incidents that had occurred were repeated ones and therefore found this had impacted on people's safety. We found that the lack of audits and gaps in records had impacted on the quality of service people received. The above findings demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider is required to notify the Commission of certain events occurring at a registered service. We found examples where the provider had failed to notify us of safeguarding concerns as required. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We discussed the failures in relation to governance with the new manager and had email correspondence regarding this area with the director, who acknowledged improvements in the monitoring of safety and quality were required. They were able to give us examples of measures they had started to take to ensure these improvements were made and to ensure the service benefited from good quality leadership in the future. Following the inspection the manager sent us evidence of a new monthly audit tool which means incident records will be audited by a manager on a monthly basis to ensure incidents are analysed for patterns and trends. The tool also checked that incidences requiring referral to the local safeguarding team had been and if the Commission had also been notified as required. In the 'Safe' domain we have expanded on how people are being protected from immediate risk of harm and abuse in regards to challenging behaviours.

There was a new manager in post at the time of the inspection who was still going through an induction. The manager was very keen and enthusiastic about their role and had made a number of changes in the five weeks they had been there. For example the manager had made changes to the rotas regarding shift patterns, changed the format of handovers regarding what information is handed over to the next staff on shift and how this information is presented. The manager had implemented a new information board for

how information is communicated with people who reside at 26 Tennyson Road and had changed the cleaning schedules that staff needed to complete each shift.

The staff gave us mixed feedback in response to these implemented changes. For example some staff told us these changes were long overdue and felt the changes would mean better outcomes for people. Other staff felt these changes had occurred too soon together and without consultation, causing them stress and uncertainty. We agreed that although these changes were positive, the timespan implemented did not take into account staff's individual learning styles or the fact that the team had been without a registered manager since August 2016. The home had been covered by various managers since August 2016 with an area manager supporting the service. This meant that many changes had occurred since August 2016 which staff told us had affected their morale. We fed this back to the manager. The manager told us they had involved the staff in the changes however this could not be evidenced. The manager told us in future they would ensure meetings were minuted to reflect discussions regarding change and that staff comments / feedback and suggestions to change would be evidenced. We also spoke to the director regarding these changes who offered assurances that any further changes would be done in consultation with staff.

The manager told us the usual annual provider's satisfaction questionnaires were not completed in 2016. The manager told us the annual survey for relatives' views would be sent out in June 2017. The survey is a way the provider is able to analyse feedback to make improvements to quality of service being offered at 26 Tennyson Road.

Staff meetings were held although irregular. Minutes demonstrated that staff had the opportunity to give feedback on the care that individual people received. Discussion points were mainly around, key worker allocation, legislation updates, policy and procedure updates.

Staff said they felt valued, that the manager was approachable and they felt able to raise anything, which would be acted upon. We were told that despite having a period of management instability, there was a stable staff group at the service who knew people well and that people received a good and consistent service.

Two staff explained their understanding of the vision and values of the service. They told us, the ethos of the service was to provide and ensure meaningful trusting relationships were built, that people were respected, all in a homely relaxed environment. Overall staff said their focus was to ensure the quality of care provided and that people and their relatives were happy. We observed these values demonstrated in practice by staff during the provision of care and support to people.

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 18 Registration Regulations 2009 Notifications of other incidents The provider failed to notify the Commission without delay of any abuse or allegations of alleged abuse. (1) (2) (e)
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider failed to ensure systems and processes enabled appropriate investigation of potential safeguarding issues, which placed people at risk of abuse. (1) (2) (3)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not operate effective systems to assess, monitor and improve the quality and safety of the services provided. The provider failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user (1) (2) (a) (b) (c)

