

Leonard Cheshire Disability

Champion House - Care Home with Nursing Physical Disabilities

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 9 November 2015 and was unannounced. At the last inspection in November 2013 we found the provider was meeting the regulations we looked at.

Champion House provides nursing care for up to 27 people who have a physical disability. At the time of the inspection, the service did not have a registered manager. A registered manager is a person who has registered with

Summary of findings

the Care Quality Commission (CQC) 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. A new manager started working at the home in September 2015. They told us they would be applying to register as a manager with CQC.

People we spoke with told us they enjoyed living at Champion House and were complimentary about the staff who supported them. They told us they felt safe, enjoyed the food and received good support with their health needs. People consented to care and had the freedom to make their own choices. People were relaxed in the company of staff. Staff interactions were friendly, respectful and caring. Visitors were happy with the standard of care and told us the service was well led.

There was a lack of consistency in how people's care was assessed, planned and delivered. Guidance around care delivery was not easy to find because people's care files contained lots of old information. Sometimes important information about people's care and welfare was not recorded.

Staffing arrangements did not always meet the needs and circumstances of people using the service. Some people received funding for one to one staffing support but they did not always receive this. People sometimes sat for long periods with little stimulation.

Staff understood how to safeguard people and knew the people they were supporting very well. During the

inspection staff assisted us to communicate with people. Staff clearly knew the people well and enabled communication. Medicines were managed consistently and safely.

People lived in a safe environment. Rooms were decorated to individual taste and people could choose what items to keep there. Some of the décor was dated; a refurbishment programme was under way to improve the environment.

Information to help inform people was displayed in the home, this included leaflets about people's rights, standards people should expect and customer surveys results. People had access to advocacy services.

Staff we spoke with told us they were well supported by peers and management. However, they did not receive appropriate training, supervision and appraisal which places people at risk of being cared for by staff who do not have the right skills and knowledge.

Everyone we spoke with was complimentary about the new manager. Staff told us although the manager had only been in post a short time, they felt positive changes had already been introduced. People got opportunity to comment on the service and influence service delivery. However, systems to monitor the quality and safety of the service were not effective.

We found the home was in breach of regulations 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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Staff were confident people living at the home were safe. They knew what to do to make sure people were safeguarded from abuse.

The staffing levels and skill mix of staff did not respond to the needs of people who used the service.

Staff managed medicines consistently and safely.

Requires improvement



Is the service effective?

The service was not consistently effective.

Staff were not always appropriately trained and supported which puts people at risk of being cared for by staff who do not have the right skills and knowledge.

People had plenty to eat and enjoyed the food.

Systems were in place to monitor people's health and they had regular health appointments to ensure their health needs were met.

Requires improvement



Is the service caring?

The service was caring.

People were happy with the care they received and were complimentary about the staff who supported them.

Staff knew the people they were supporting well and were confident people received good care.

People had access to advocates who could speak up on their behalf. They were given information about their rights and standards of service they could expect.

Good



Is the service responsive?

The service was not consistently responsive.

Care and support was not always well planned. The lack of up to date information meant it was not possible to establish that people's needs were being met.

People enjoyed individual and group activity sessions and regularly accessed the local and wider community.

Requires improvement



Summary of findings

People told us they would talk to staff or management if they had any concerns. Visitors said when they had raised any issues the service was responsive.

Is the service well-led?

The service was not consistently well led.

People who used the service, visitors and staff spoke positively about the new manager.

People who used the service could express their views. They had opportunity to attend meetings and complete surveys.

The systems in place to monitor the quality of service provision were not effective.

Requires improvement



Champion House - Care Home with Nursing Physical Disabilities

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 9 November 2015 and was unannounced. There were 27 people living at the home when we visited. Two adult social care inspectors and an expert-by-experience visited. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted health professionals, the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our visit we spoke with 13 people who lived at Champion House, three visiting relatives, an advocate, 11 members of staff and the manager. We observed how people were being cared for. We looked at areas of the home including some people's bedrooms and communal rooms. We spent time looking at documents and records that related to people's care and the management of the home. We looked at four people's support plans.

Is the service safe?

Our findings

On the day of the inspection we observed some people were busy with activities but others were sitting around for much of the day with very little staff interaction. The call bell was constantly going off and not responded to for long periods of time. During the inspection we observed staff passing the call bell display panel when it was activated but they did not respond. On one occasion after a call bell had been sounding for a prolonged period we asked a staff member to investigate the call. They told us someone was in the toilet and required help. One person was observed to be in the same chair from 10am- 6pm. We also noted two people were in the lounge when the television automatically switched off. As a result, both were left facing a blank screen with no way of turning the television back on. They did not have any way of requesting help. It was fifteen minutes before a member of staff entered the room and noted the television was switched. The day after the inspection, the manager contacted us and told us they had taken action to address the call bell issue. They had purchased pagers for staff to use to ensure they can hear the call system. They told us they were also going to purchase a radio system.

People we spoke with generally told us there were enough staff. When we asked the person who had been waiting on the toilet if staff attended to call bells quickly they replied, "Yes most of the time." Another person said, "Not enough staff. Sometimes they don't come back when I say I want a drink, they are better at getting me to the toilet though."

Some people had funding for one to one staff support. We looked at the staff rota and saw the staffing arrangements were not identified so we could not establish people were receiving the allocated staffing time that was agreed. The manager said they were aware this was an area they needed to develop to ensure the staffing levels were sufficient to meet people's individual needs.

The service had two permanent nurses and one bank nurse employed who covered shifts. Other shifts were covered by agency staff; we noted that often the same agency nurse covered shifts. The deputy manager/care supervisor was also a qualified nurse. The manager and deputy manager said the nursing situation had created difficulties because

they did not have a regular nursing team. They had, however, been trying to recruit nurses since March 2015. We saw interviews had taken place in October and November 2015.

Some staff told us sometimes there were not enough staff to meet people's needs. One member said, "There is not always the staffing. Sometimes people can't have their baths or showers and sometimes we are delayed. People are never told no but they are told you will have to wait a bit." Another member of staff said, "Sometimes we don't have enough staff and this can have a massive impact on breakfast routines and people are waiting for personal care. Sometimes we can't get people up until 11am." Another member of staff told us, "Staffing is a real concern. We rush." On the day of the inspection there were two nurses. One nurse said when they only had one nurse on duty it could take up to four hours to complete the morning medicines round. We concluded that the provider did not have a systematic approach to determine the number of staff and range of skills required in order to meet the needs and circumstances of people using the service. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they felt safe. One person said, "I feel safe and wanted." When we asked them to explain, they said, "I'm not a nuisance to them." Visiting relatives and staff we spoke with also told us people were safe living at Champion House. No one had witnessed any incident which had caused them concern in relation to avoidable harm or inappropriate behaviours.

Staff told us they had completed safeguarding vulnerable adults from abuse training and knew how to respond if they wanted to report any concerns. They could identify types of abuse and knew what to do if they witnessed any incidents. Staff told us they would always report any incidents of abuse or allegations of abuse. They were aware the provider had a whistleblowing policy. 'Whistleblowing' is when a worker reports suspected wrongdoing at work. They told us the management team had an open approach and were confident that any concerns would be dealt with promptly and appropriately.

Information was displayed in the home about keeping safe from abuse, whistleblowing and harassment. Making everyone aware of procedures helps keep people safe.

Is the service safe?

A range of systems were in place to help people feel safe and have the most freedom possible. Care files contained risk assessments for health and support, which covered areas such as moving and handling, and becoming ill.

We looked around the home and reviewed a range of records which showed people lived in a safe environment. For example, fire-fighting equipment was checked, and fire drills and training were carried out. Contracts were in place for the maintenance of hoists and waste management. Electrical equipment had been tested. Environmental risk assessments such as maintenance and repair, and electrical equipment were in place. We noted some had not been reviewed within the agreed timescales. The manager agreed to update these.

Some of the décor around the home was dated. In the PIR they told us, 'We are having internal refurbishment to improve the environment, this includes the main entrance, corridor, sluice rooms, specific new windows, upper hall, stairs and roof. We saw this work was underway and areas were screened off to keep people safe.

The main entrance to the home was through the front door, which opened automatically. This gave people the opportunity to enter and leave the home independently. However, we also saw people enter the building unchallenged on several occasions. The manager agreed to look at potential risks in relation to access and ensure these were managed to keep people safe.

In the main, the home followed safe recruitment practices. We spoke with a member of staff who had been recruited in the last few months and they told us the process was robust. They had filled in an application form, attended an interview and could not start work until relevant checks were completed. We looked at the recruitment records for two members of staff and found a number of checks had been carried out. We saw completed application forms, interview assessments, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records and persons who are barred from working with vulnerable people. One saw a member of the management team had followed up and clarified one point in relation to one application. However, we noted there was another point that had not been clarified. The manager said they would ensure all anomalies were followed up in future.

People received their medicines safely and when they needed them. A standard monitored dose blister pack system was in place in the home. This was supplied directly from the pharmacy. We checked the stock levels for five people against their medicine administration record (MAR) and found they were correct. We looked at five MAR charts and saw there were no gaps where staff were required to sign to say they had given people their medicines. We saw on the reverse of the MAR there were notes made to evidence decisions to omit medication and where people had received 'as required' medication. We saw each person had a medication file in their bedroom which listed all the medication required for that person and any allergies. People had signed an authorisation form for staff to support them with their medication.

We inspected the storage room and saw there was enough storage for the amount of medication within the home. We saw ordering systems ensured people did not run out of their medicines. We observed staff administering people's medication. Staff did this in a sensitive way giving people time to understand what was happening throughout. Staff appropriately administered and recorded controlled medicines. Controlled medicines are prescription medicines that are controlled under the misuse of drugs legislation.

The medication policy that was in use at the time of the inspection was out of date and made no reference to NICE guidance for managing medicines in care homes. NICE guidance provides recommendations for good practice on the systems and processes for managing medicines in care homes. The manager obtained a copy of the NICE guidance on the day of the inspection. The provider sent us a copy of their up to date policy after the inspection which did make reference to NICE guidance.

Nurses were responsible for administering medicines. They told us they had completed appropriate training. However we found annual competency checks had not been completed. The manager and deputy manager said they would carry out competency checks straightaway and then at least annually.

Is the service effective?

Our findings

Staff we spoke with told us they were well supported by peers and management. They said they received appropriate training and were equipped to carry out their roles and responsibilities effectively. Some staff said they received regular supervision and an annual appraisal but others said they had not. Supervision is where staff attend regular, structured meetings with a supervisor to discuss their performance and are supported to do their job well to improve outcomes for people who use services.

We looked at training, supervision and appraisal records. These indicated staff had not completed all the required training and some staff had not received regular supervision or an annual appraisal. We reviewed a training key indicator report. This showed that a high percentage of staff had completed some training. For example, fire safety - 92.59%, food hygiene - 93.10%, health and safety awareness - 96.30%. However, for some other training the completion rates were lower. For example, 33.33% - Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), communication 16.67%, emergency first aid - 55.77%. We spoke with a member of staff who had recently been asked to co-ordinate training sessions because the provider had identified all staff training was not up to date. They told us the percentage of training completed had improved and they were arranging sessions to ensure staff completed all necessary training and the required updates.

We asked to look at induction records for two staff who had started working at the home in the last 12 months. The records indicated both staff had received two six hour sessions as their induction programme but there was no evidence to show they had covered key areas that were relevant to providing care to people at Champion House; this should be included in an induction programme. The manager told us they were introducing the 'Care Certificate' so in future any new starters would complete this. The 'Care Certificate' is an identified set of standards that health and social care workers adhere to in their daily working life.

We concluded that staff did not receive appropriate support, training, supervision and appraisal as is necessary to enable them to carry out their duties they are employed to perform. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The 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 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 homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People clearly told us they had the freedom to make their own choices. One person said, "I can do what I want when I want." Another person said, "I can eat when I want if I don't want tea at tea time they will serve me another time." Another person said, "They ask me if I want to get up and we can stay in bed." Another person said, "The best thing is I can do what I want." An advocate who was visiting people at the home told us issues were fully discussed with people. An advocate is someone who is independent and represents people's wishes.

During the inspection we observed staff asking consent before care was given. For example, when a person had fluid on their face a member of staff said, "Is it ok if I just wet a tissue and wipe your face?" Another person was asked, "Would you like me to cut up your meat?" And another was asked, "Can I sit here with you?"

Staff told us effective systems were in place which ensured people could make decisions about their care and support. They felt where people did not have the capacity to make decisions, any decisions made on their behalf were in their best interest. Some staff told us they had completed MCA and DoLS training and understood their responsibilities. Others said they were unsure. The manager said knowledge and training gaps would be picked up as they improved the training programme for staff.

People's care records indicated they had consented to care. We saw signed documentation for consenting to medication, data protection and the use of video. Capacity assessments relating to specific decisions were also in place; however we struggled to find these because there was so much information in the files including records that were no longer relevant. The provider told us in their PIR

Is the service effective?

that they were planning on reviewing their care documentation. They said, 'We will review all the service users care/support plans looking at capacity and best interest decisions to identify each and every service users understanding and capacity in every area of their life.'

We saw the provider had requested 11 DoLS applications and a senior member of staff told us five more were in the process of being assessed. The service was waiting for the authorisation to be confirmed by the local authority.

One person's care records indicated they had capacity to make decisions. However, we saw documentation was signed by a relative and a Do Not Attempt Cardiopulmonary Resuscitation decision stated they did not have the capacity to understand what was being discussed. The manager agreed to review the person's records and follow up the DoLS applications with the local authority.

People told us the quality of food and menus were good. They said they always had plenty to eat and drink. One person said, "The food is good." Another person said, "If you fancy something not on the menu they will make it for you." A member of the catering team told us they had set meal times but also had a choice of being served at a different time if preferred.

At lunchtime staff assisted people to eat and drink. People were treated with dignity and respect, and staff were responsive to the needs of the person they were supporting. Some people chose to eat their meals in their room. People were offered drinks during the day. We also observed people making food in the communal kitchen area. One person told us, "I like baking." Another person said, "I made a Thai curry."

The service had a three week menu, which offered two choices at meal times. A healthy options menu was also

available. We spoke with the catering manager who explained that menus took into account people's preferences and were changed twice a year. They said there was always a good supply of provisions which included fruit and vegetables. The catering manager had a good understanding of healthy eating and how to ensure they met people's individual needs.

Through discussions with people and reviewing care records it was clear systems were in place to meet people's health needs. People told us they received good support with their health needs and visited health professionals when needed. Opticians visited the service and records showed people had contact with the local GP, social workers, wheelchair services and dieticians. People were weighed on a regular basis.

People had hospital passports; these were used to provide information in the event of a hospital appointment or admission, and contained very good information. However, all four passports we looked at were out of date. We spoke to a member of the management team who told us they were updating them.

We spoke with a physiotherapist and a physiotherapy support assistant. They were employed by Leonard Cheshire Disability and worked closely with people who lived at Champion House. The physiotherapy support assistant was based at Champion House. They were both confident people's therapy needs were met. The physiotherapist was covering maternity leave and only at the service half a day a week instead of three days. They felt therapy delivery was being properly monitored and arrangements were working satisfactorily on a temporary basis. We observed people receiving physiotherapy support. It was well co-ordinated and everyone involved understood what they were doing. Staff were friendly and patient, and offered encouragement and reassurance.

Is the service caring?

Our findings

Everyone we spoke with told us they enjoyed living at Champion house. People were complimentary about the staff. One person said, “I feel at home; they can’t do enough for you.” Another person said, “Nothing is too much trouble.” A visiting relative described the staff as “caring and helpful”. An advocate said, “This is my favourite home of all the ones I visit, they provide professional person centred care.”

Throughout the day we observed staff being polite, respectful, friendly and professional. During the inspection staff assisted us to communicate with people. Staff clearly knew the people well and enabled communication. People used different communication techniques and staff were familiar with these. For example one person used simple sign language and another person had an “alphabet spelling board”. We looked at a communication book, which had images and words and was being developed by a member of staff who was a ‘communication associate’ and new in their role.

In the PIR they told us, ‘People at the service are encouraged to maintain their independence and to be as fully involved as possible in the provision of their care.’ We observed this on the day of the inspection. People could leave the building independently. We observed a member of staff respecting a person’s right to go out on their own but also made sure they were prepared for the windy weather. Another person was being supported by a member of staff to re-enter the building. We asked them if they had chosen to come back inside. They said, “Oh yes, I didn’t realise it was so windy outside and when she [the member of staff] saw me she just asked if I wanted to come back in.”

People were comfortable in their environment. Rooms were decorated to individual taste and people could choose what items to keep there. People had computers, their own furniture and televisions. Some had notices on the door which outlined their preference relating to the opening or closing of the door and any requests regarding knocking before entry. For example, ‘I like my door left open’, “Please ring the bell before entering”. People also had placemats at the table which identified their choice of seating, cutlery and food preparation.

Staff talked to us about the care provided at Champion House and told us it was good. Several staff felt the staff team were very dedicated and described staff as “caring”. Staff were able to give good examples of how they promoted people’s dignity and privacy. They also felt people were encouraged and supported to be as independent as possible. One member of staff discussed mealtime options and finished the sentence with “it’s their home after all”.

Information to help inform people was displayed in the home, this included leaflets about people’s rights, standards people should expect and customer surveys results. People had access to advocacy services.

Visitors, including an independent advocate told us they were free to visit the home without restriction. They also told us communication was good. One visiting relative said they occasionally visited late in the evening and had always been made welcome. People told us they maintained contact with family and friends via personal visits, email, letter and telephone. We observed people used email.

Is the service responsive?

Our findings

Care and support plans generally reflected people's choices and preferences and some guidance for care delivery was comprehensive, however, there was lots of information in the care files and some detail was not accurate. It was difficult to find which information was up to date and reflected people's current care needs. Often old information was at the front of the file and new information was at the back which was confusing and could lead to people's needs being overlooked.

Some people received funding for one to one staffing to help make sure their individual needs were met. We saw in three people's care plans this was to provide emotional support. However, there was no information about when people received this additional support. The management team said they had identified this was an area they needed to develop and were reviewing these arrangements.

Daily records were very basic and did not contain enough information to show that people received appropriate care to meet their needs. We concluded the provider had not done everything reasonably practicable to make sure people received care to meet their needs. This was in breach of Regulation 9 (Person- centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before the inspection, the provider told us they were making the care planning process more effective. In the PIR they said, 'We are currently in the process of updating and reviewing all service users' needs of assessment and looking at streamlining our care plan documentation, with a view to looking at service user accessible format, also we will use technology during review to enable service users to have full participation and use their preferred method of communication'.

Although there were gaps in the care planning process, we found that some aspects of care were well planned. Some people communicated in different ways and we saw specialist equipment was provided to meet their needs. For

example, a joystick and roll balls as an alternative to a mouse on the computer, a special keyboard, an automatic combined television and lighting and equipment control. We looked one person's communication passport which was personalised and had all information that was important to them.

People spoke positively about social events and activities where they accessed the local and wider community. They enjoyed individual and group activity sessions. Several people talked to us about a pantomime, which they were performing at a local community centre in front of an audience. Two people told us they enjoyed "outings and holidays". On the day of the inspection, we noted several people had planned sessions which included going out with members of staff.

People told us they would talk to staff or management if they had any concerns. Relatives we spoke with said they had no concerns about the service. One visiting relative said they had raised issues with management and were happy with the response. An advocate told us when they had raised anything management had been "both responsive and helpful".

We saw information about 'how to make a complaint' was displayed in the home. A member of the management told us people's comments and complaints were fully investigated and resolved where possible to their satisfaction. The manager told us they had no ongoing complaints at the time of the inspection.

The provider told us in their PIR they had received compliments. They said they had, 'Thank you cards from family members thanking all the staff at Champion House for supporting service users to access holidays of their choice, and to maintain regular contact/visits with their family and friends. We have received feedback from other professionals praising the staff for always providing specific, detailed information regarding the service users at Champion House, and that they enjoy visiting/supporting the service.

Is the service well-led?

Our findings

At the time of the inspection, there was no manager registered with the Care Quality Commission (CQC). A manager had started working at Champion House in September 2015. They told us they would be applying to register with CQC. People who used the service and visitors spoke positively about the new manager and knew them by name. Staff told us although the manager had only been in post a short time they felt positive changes had already been introduced. One member of staff said, “[Name of manager] has got lots to do. She’s busy but very good.” Another member of staff said, “I had one experience where she [manager] dealt with one issue and she did this very well.” Another member of staff said, “It’s been a positive start and I think good things will be introduced.” Several people described the manager as “professional”.

People who used the service could express their views. They had opportunity to attend meetings and complete surveys. We looked at meeting minutes and saw they discussed the service and were asked to put forward ideas. One person told us that meal times had changed as a result of the resident meeting. We saw on display how the provider said they had changed the service in response to ‘customer surveys’. They said, ‘You said not everyone knew how to make a complaint. We made sure leaflets were available throughout the home. You said we would like support to access the internet. We have installed Wi-Fi throughout the building’. We saw these measures had been introduced. However, they also said that people’s person centred plans had been thoroughly reviewed in 2014/2015 so they totally reflected the support they needed. These had not been completed as described; at this inspection we found the provider needed to review how care was planned because their current system was not effective.

Staff meetings were held which gave opportunities for staff to contribute to the running of the home and provide feedback about the service. We saw at a recent staff meeting discussions were held around staffing, policies and procedures, training, communication, refurbishment and the staff survey. We also reviewed other meeting minutes which showed various topics were discussed. However we noted they were not always professionally written and did not identify if actions from previous meetings were completed. These records were made

before the new manager started. At the inspection, some staff told us they felt communication within the service could improve and felt the new manager would achieve this.

During the inspection we asked to look at a range of records that evidenced quality and safety was being monitored. In August 2015, the provider had carried out a health and safety audit. A 19 page report evidenced the auditor had looked around the premises and checked certificates and records. During the inspection some information was located easily such as bed and mattress checks. However, staff often had difficulty locating the relevant information and produced old or incorrect records. For example, we asked to look at maintenance files; staff brought seven different lever arch files but we were still unable to find all the information required. They could not find the emergency lighting certificate, gas safety certificate, and medication or infection control audits. The manager did, however, email this information to us after the inspection. A certificate of motor insurance and employers and public liability had to be sent from the provider’s head office. Some records were not completed consistently. For example, the temperature record in a shower room indicated no-one had received a shower for two weeks; this was clearly incorrect because people told us they were showering on a regular basis. Care plan audits were not being completed.

The management team explained that management changes and other unexpected absences had contributed to the lack of organised systems, they were however confident that more effective systems would be introduced shortly and had started drawing up an action plan.

We asked to look at how the provider monitored the overall service and found this was not done robustly. They were not checking whether the systems and processes were effective and happening at all times and we concluded scrutiny was not carried out at provider level. The management team said representatives of the provider had visited the service but these visits were not recorded. No visit reports were available for the last 12 months. Staff we spoke with said they did not get opportunities to speak with the provider during these visits because they mainly spent time with management. We concluded the provider

Is the service well-led?

did not effectively assess, monitor and improve the quality and safety of the service. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A senior manager contacted us after the inspection. They explained due to changes at senior management level,

there had been some omissions in the provider monitoring but assured us robust systems were being introduced. They had visited the service after the inspection and had already started working on key action points.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
The provider had not done everything reasonably practicable to make sure people received care to meet their needs.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
The registered person did not have systems that were effective to assess, monitor and improve the quality and safety of services.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
The provider did not have a systematic approach to determine the number of staff and range of skills required in order to meet the needs and circumstances of people using the service.
Staff did not receive appropriate support to enable them to carry out their duties they are employed to perform.