

Rehabilitation Education And Community Homes Limited

REACH Wendover Road

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 3 and 4 July 2017. It was an unannounced visit to the service.

We previously inspected the service on 29 and 30 November 2016. The service was not meeting the requirements of the regulations at that time and was rated as requires improvement with an inadequate rating in caring. Requirements were set to address the breaches in regulation. This inspection was a comprehensive inspection to review the rating and progress made.

Wendover Road is a care home which provides accommodation and personal care for up to ten people with learning and/or physical disabilities. At the time of our inspection there were eight people living in the home.

In this report the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a Registered Manager on our register at the time. Therefore the home did not have a registered manager. The provider had advertised for a new manager and interviews were taking place. A registered manager from another location was managing the home until that position was filled.

At this inspection we found progress had been made in addressing the requirements made at the previous inspection. Staff were caring and responsive to people. Improvements were made to the safety, effectiveness and management of the service. Some further improvements were still necessary in those areas to benefit people. Relatives were generally happy with the care provided. They recognised the improvements made to the service although some relatives felt the lack of consistent management created anxiety for them.

Appropriate Deprivation of Liberty Safeguards (DoLS) applications were made to the local supervisory body for people who had restrictions imposed on them. However staff did not work to the principles of the Mental Capacity Act 2005 (MCA). This meant decisions on their care and treatment was not made in a best interest meeting in accordance with the act.

Systems were in place to keep people safe and safeguarded from potential abuse. Most relatives felt the home provided safe care.

Risks to people were identified. Staff were aware of risks people presented with. Some aspects of practice such as leaving the laundry room unlocked, used gloves in an open bin and propping open fire doors still had the potential to put people at risk of injury.

Systems were in place to ensure people were assessed prior to coming to live at the home. People had care plans in place. They were detailed, up to date and reflective of people's care needs. People's health and nutritional needs were identified and met although follow up health appointments were not always recorded as taking place. Some relatives felt their family member's health and nutritional needs were met.

One relative felt person centred care was not promoted and their family member's health had deteriorated due to their diet not being monitored and regular exercise not encouraged.

Systems were in place to manage people's medicine. Improvements were needed to the way medicines for home leave and thickeners in people's drinks were managed. This was addressed at the time of the inspection.

Improvements were made to the way staff supported people. Staff were kind, caring and responsive to people. They promoted people's privacy, dignity and independence. They supported people to be involved in the service by giving them choices and using their preferred means of communication to communicate with them. Staff supported people to attend college, work placements and leisure activities.

Staffing levels were flexible to take account of how many people were at home. Improvements were made to the way shifts were managed to provide a more timely response in meeting people's needs.

Staff were inducted, trained, supported and supervised. They were clear of their roles and responsibilities and felt suitably skilled to do their job. Robust recruitment processes were followed

The provider had increased and improved their monitoring and auditing of the service to promote safe practices. Staff felt communication and team work had improved to provide a more inclusive way of working.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk. Some areas of practices such as medicines, access to equipment and the environment needed to improve to further mitigate risks to people.

People were supported by a staff team who were available to support them with their needs in a timely manner.

People were safeguarded from abuse. Staff were suitably recruited and systems were in place to respond to abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective

People were supported to make decisions about their day to day care. However the principles of the Mental Capacity Act 2005 were not upheld.

People's health and nutritional needs were met. However some follow up health appointments were not recorded as being provided.

People were supported by staff who were inducted, trained and supported in their roles.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

People's privacy, dignity and independence were promoted.

Is the service responsive?

Good ●

The service was responsive

People had care plans in place which provided guidance for staff on how they liked to be supported.

People had access to activities and were supported to go to college and work placements.

People were provided with the information on how to raise concerns about their care.

Is the service well-led?

The service was not always well-led

The service did not have a registered manager.

The provider monitored the service to ensure people received the required care.

People's records had improved. Further improvements were planned to the way records were organised to make them more accessible for staff to complete and keep up to date.

Requires Improvement ●

REACH Wendover 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 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 3 and 4 July 2017. This was an unannounced inspection which meant staff and the provider did not know we would be visiting. The inspection was carried out by two inspectors on day one and one inspector on day two.

At our previous inspection on the 29 and 30 November 2016 the service was not meeting the regulations inspected. The service was rated requires improvement and received an inadequate rating in the caring domain. This inspection was a comprehensive inspection to review the rating and progress made.

A Provider Information Record (PIR) was not requested prior to this inspection. The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. However we reviewed the previous inspection report and other information we held about the home. After the inspection we contacted health care professionals involved with the service to obtain their views about the care provided.

We used the Short Observational Framework for Inspection (SOFI) to observe the care and support provided to people in the home. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

The inspection was facilitated by the operation managers, one whom was a registered manager for another location and temporarily managing the service. We spoke with five staff and one relative during the inspection. We spoke with five relatives by telephone after the inspection. We looked at a number of records relating to individuals care and the running of the home. These included three care plans, medicine records for five people, three staff recruitment files, six staff supervision files, accident/incident reports and audits. We observed staff practices and walked around the home to review the environment people lived in.

We asked the provider to send further documents after the inspection. The provider sent us documents which we used as additional evidence.

Is the service safe?

Our findings

At the comprehensive inspection in November 2016 the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because risks to people were not managed which included the risks associated with eating, infection control and the environment.

At this inspection we found an environmental risk assessment in place. This outlined potential risks to people who used the service, staff and visitors. People's care plans contained a range of risk assessments. These included risks associated with eating and drinking, moving and handling, epilepsy, pressure sores, activities out of the home, behaviours that challenged, finances and other risks specific to individuals. Management plans were in place to manage the identified risks. These were kept up to date and reviewed. Staff had signed to confirm they had read and understood people's risks and management plans. Staff spoken with were clear of risks to people and actions required to manage and minimise risks. We saw staff supported people appropriately at lunch time and in line with the risk management plan contained within their care plans.

On day one of the inspection the laundry room was unlocked and used gloves were disposed in an open bin in the bathroom. A board game with small parts was left unsupervised on the dining room table. The service had one person who was at risk of putting things in their mouth. A risk assessment was in place which highlighted the risk. Staff were aware of the risks the person presented with but had overlooked those risks in their everyday practice. These issues were immediately addressed by staff to safeguard the person.

At the previous inspection infection control risks were not managed. At this inspection staff were trained in infection control. They worked to the infection control guidance to prevent the risk of cross infection. Staff wore gloves and aprons when required and washed their hands when going from one task to another. An infection control risk assessment was in place and an infection control audit was carried out monthly.

Systems were in place to manage accidents and incidents. Staff were aware of their responsibilities in relation to accident and incidents. Accident and incident records were reviewed by the manager. De-briefing meetings took place to promote learning from incidents and the action taken.

People were supported by staff to take their medicines. Staff were trained and deemed competent to administer medicines. People's care plans outlined the support they required to take their medicines. Guidance was in place on the use of as required and homely medicines for individuals. We observed medicines being administered. Two staff were involved in medicine administration. They took the person's medicine and the record to the person. The medicine was signed for once it had been observed as taken. Staff carried out daily stock checks of medicines and monthly medicine audits were completed to pick up any gaps in administration. There were no gaps in administration in the records viewed. Systems were in place to record medicines ordered, received and disposed of. Staff told us they take medicines from their original packing to give to people to take on day or weekend leave. This is considered to be secondary dispensing and is not in line with pharmaceutical guidance. The operations manager informed staff to cease this practice with immediate effect and informed staff how this should be managed.

Some people had prescribed thickeners in their drinks. On day one of the inspection the kitchen cupboard containing the thickeners was unlocked. This was addressed and remained locked during the course of the inspection. There was some confusion among staff as to how individual's thickeners were to be prepared. This had the potential to put people at risk of choking. This was immediately addressed by the operations manager and jugs were purchased to enable staff to make up individual drinks to ensure accurate measurements. Staff were all informed of this and aware of it during discussion with them on day two of the inspection.

At the previous inspection a recommendation was made for the provider to review their medicine policy to provide specific guidance for staff on their responsibilities in relation to medicine administration. The provider's medicine policy was under review. They agreed to include guidance on medicines for home leave and management of thickeners in fluids to promote safe and consistent practices in those areas.

Relatives told us they believed the service was safe but told us conflict between individuals did impact on their family member's safety at times.

At the previous inspection a recommendation was made that the provider ensures staff understand their responsibilities in relation to safeguarding. At this inspection guidance on safeguarding was displayed and made available to staff. Staff had attended training in safeguarding. During discussion with us they demonstrated a good understanding of their responsibilities to report poor practice. We observed a staff member addressed another staff member's practice in a supportive way to provide positive engagement with a person which promoted good practice.

At the previous inspection a recommendation was made that the provider reviews their staffing levels. This was to ensure staff were deployed effectively to meet people's needs in a timely manner and to consider how they manage the staff vacancies to provide consistent care to people. At this inspection we found the provider had filled some staff vacancies and was continuing to recruit into the existing vacancies. They used regular agency staff to cover the vacancies. Those staff demonstrated they had a good understanding of people's needs. The provider had made improvements to the way shifts and the allocation of work was delegated. There was a nominated shift leader on each shift which was highlighted on the rota. The home had introduced a white board in the dining room. This outlined which staff were supporting individuals with their personal care, activities and one to one care. It also showed what tasks staff were responsible for such as cooking, cleaning and medicine administration. These were ticked when completed and outstanding tasks handed over to the next shift.

We saw the shifts were much better managed. Staff were aware of their responsibilities for the shift and these were completed in a timely manner. Staff appeared to work cohesively as a team and the work load was fairly distributed. Staff felt the improvements were positive and enabled them to provide more consistent care to individuals. Staff commented "Teamwork is better and the workload is shared", "Shifts are more organised".

People who required it were provided with one to one support and people were supported to attend activities and work placements on time. The rota was flexible to take account of who was in the home. When all eight people were home five staff were provided on the day time shifts and two waking night staff were provided. The manager provided back up on call cover and the organisation had a senior manager on call. Staff were aware how to access back up support.

The service followed safe recruitment practices. Staff files contained a photo, an application form, medical questionnaire and evidence of an interview and written assessment. Records showed checks had been

made with the Disclosure and Barring Service (criminal records check) and appropriate references were obtained to make sure staff were suitable to work with the people they supported. The home used regular agency staff. They had obtained confirmation from the agency that the agency had carried out a Disclosure and Barring Service (criminal records check) and obtained two references for each staff member. They provided the home with a profile of each staff member which included a photograph and a list of their training.

People were kept safe from the risk of emergencies in the home. Each person had a personal emergency evacuation plan which was up to date and reviewed. A fire risk assessment was in place. During our walk around the home we saw two of the bedroom doors were propped open. One of those bedroom doors had an approved fire door guard in place so it was not necessary for it to be propped open. The other bedroom door did not have a fire door guard and the person whose bedroom it was liked to keep their bedroom door open. The operations manager agreed to review the installation of a fire door guard on that bedroom door to enable it to be kept open if required without the use of a door stop.

Records were maintained which showed equipment such as electrical appliances, the fixed lighting, fire safety and moving and handling equipment was regularly serviced and fit for purpose. The home carried out a range of health and safety checks of the environment and fire safety checks such as fire drills, window restrictors, legionella and water temperature checks. The home had a business contingency plan in place. It provided guidance to staff on the action to take in the event of a major incident at the home such as fire, flooding, electric, gas or water supply failure. Staff were trained in health and safety and were clear of their responsibilities in relation to health and safety within the home.

At the previous inspection a recommendation was made that cleaning schedules were put in place which outlined the tasks to be completed. Staff were responsible for cleaning the home. Cleaning schedules were now in place which outlined which areas were to be cleaned daily. The home was generally clean however the skirting boards were stained in the dining room and the banister was sticky. Staff said this was as a result of a person throwing drinks. The home had access to a maintenance member of staff to deal with emergency and less urgent maintenance issues. We saw they responded promptly to the front door not shutting properly. Records were maintained of maintenance issues reported, responded to and outstanding.

At the previous inspection we reported that the flooring in the dining room was lifting around the edges and the upstairs bathroom had damp on the ceiling. This had been addressed. However the dining room flooring was now coming away from the seal down the middle of it, a number of door handles were loose and the bath panel in the communal downstairs bathrooms was warped. The provider confirmed after the inspection these issues were being addressed. The provider had a refurbishment plan in place which showed some communal areas were decorated in February 2017 and other communal areas were due to be decorated in October 2017.

Is the service effective?

Our findings

At the inspection in November 2016 the service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because staff were not suitably trained.

At this inspection new staff told us they felt suitably trained and skilled to meet people's needs. They said they had completed an induction into the home, had attended induction training and had worked alongside other experienced staff in getting to know people. Staff felt the induction was thorough and provided them with the knowledge on people they required to support them as well as formal training and skills to do the job. We reviewed a sample of completed induction records. These were detailed and provided staff with key information on the home and their role. The home had one staff member who had completed the care certificate induction training with another organisation. The Care Certificate is a recognised set of standards that health and social care workers adhere to in their daily work. This involves observations of staff performance and tests of their knowledge and skills. The operations manager confirmed all new staff had completed the care certificate induction training. They had planned to meet with individual staff to assess their understanding. These would then be signed off and added to the training matrix.

Relatives told us staff seemed to have more awareness of their role and responsibilities. They described a new staff member as "Competent, very able and skilled". Staff had received training the provider considered mandatory. This included training in topics such as fire safety, food handling, moving and handling, epilepsy awareness, first aid, health and safety and infection control. Staff were also provided with specialist training in autism awareness, learning disabilities, communication passports and MAPA (Management of actual or potential aggression training). We saw there was some gaps in training. This was being addressed with individual staff in their one to ones. The Quality in Care Team are employed by the Local Authority to support services to bring about improvements. They had facilitated a number of training sessions for staff on a range of topics such as safeguarding, person centred care and records. They had also facilitated group discussions on communication, dignity in care and infection control. Agency staff had access to that training too. A member of the Quality in Care team was facilitating a training session during the inspection. They were positive about staff's involvement in the sessions and their willingness to learn to improve practices.

Staff told us they felt supported and got regular supervision. Staff files showed an improvement in the quality and frequency of the one to one supervisions and appraisals of staff. Team meetings took place which included meetings with the night staff. This ensured all staff were informed of key issues and changes within the home.

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.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and demonstrated variable levels of

understanding of the act and how it related to the people they supported. At the previous inspection we noted that people were not been offered health screening. The registered manager in post at the time agreed to follow that up to ensure people had access to regular screening and any decisions not to attend screening were made in person's best interest. People's care plans viewed did not evidence this had been done. Some people required their medicines to be given in yogurt or thickened drinks to enable them to swallow it more easily and safely. People did not have capacity to make that decision. The operations manager told us the GP had agreed to individuals medicines being administered in that way. However there was no record of that decision on file and no evidence that a best interest discussion had taken place to support the decision. This is not in line with the MCA guidance.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the service was not working to the principles of the Mental Capacity Act 2005.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were trained in DoLS and were aware that having the door locked was a restraint. They were not aware who had a DoLS approved and in place. Applications had been made to the Local Authority for people who required it. A list was maintained of which applications had been approved, pending and required renewal.

Relatives told us people's health needs were met. One relative told us their family members health had deteriorated due to weight gain and lack of regular exercise. This was fed back to the provider to address. People's care plans outlined the support they needed with their health needs. Health action plans were in place which outlined people's medical conditions and risks. People were offered annual health checks. Records were maintained of appointments with health professionals and the outcome. We saw for two people follow ups were required in relation to a blood test and an x ray. There was no indication these had happened. The operations manager agreed to look into it and reinforce to staff the importance of scheduling any follow up that is required. People had access to health professionals such as a GP, dentists, opticians and other professionals such as a speech and language therapist and psychologist. People had a hospital passport in place which provided key information on a person in the event of their admission to hospital.

The home had a four week menu. A pictorial menu was in use to enable people with limited verbal communication to have a choice. Staff involved in menu planning and cooking were aware of special diets and people's likes and dislikes. People's care plan outlined the support required with meals and the required consistency of their meals. People who required to be weighed were weighed monthly and records maintained. Records of meals eaten and fluids taken were recorded on individual's daily record. People who used the service seemed to enjoy the meals prepared and given. Some relatives were satisfied with the meals provided. Other relatives were less satisfied. One relative raised concern that their family member had put weight on but commented "This was now better managed". Another relative told us their family member had also put weight on but no one had taken responsibility for addressing that.

At the previous inspection mealtimes were chaotic and disorganised with a delay in people getting the support they required. We observed mealtimes on both days of this inspection. The meal times were calm, organised, relaxed and people got the right level of supervision and support they required with their meal in a timely manner.

Is the service caring?

Our findings

At the inspection in November 2016 the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because staff failed to treat people in a caring and compassionate way and did not promote their dignity and respect.

At this inspection we observed positive interactions and engagement with people. A staff member was allocated to support people with tasks so that continuity of care was always promoted. Staff appeared kind, gentle in their approach and caring. They provided people with good eye contact when engaging with them. They gave people time and used appropriate touch to provide reassurance and direction. They explained to people what they were doing and why. During meal times they sat next to the person they were supporting and prompted and encouraged them with their meal. Throughout the inspection there was a calm and much more inclusive atmosphere within the home.

People who required full support with their personal care were nicely presented and protective clothing was used to ensure people's clothes were protected during mealtimes. One person required staff to prompt them to go to the toilet at regular intervals. During the mealtime we observed the person was already incontinent and had not been toileted prior to the mealtime. The operations manager advised the person would have refused to be assisted to the toilet at lunchtime. They reminded staff they needed to ensure the person was assisted to the toilet before the meal was served. On day two of the inspection this was the case.

Relatives described staff as "Excellent, welcoming, kind and caring". They felt their family member was always nicely presented and well looked after. A professional told us some staff engages fully with people whilst other staff seemed less interested. This was fed back to the operations manager to follow up on.

People's care plans outlined their communication needs and the support required. The home was looking to produce a video communication passport for one person in conjunction with their relative. We saw people were offered choices in relation to drinks, food and activities and pictures were provided for people who required them to make their choices. A staff member consistently used sign language to communicate with one individual and promote their involvement in their care. Some information was provided in a format that was accessible and understood by some people such as menu plans, activity programmes and the complaints procedure. Photos of staff on each shift was displayed on the notice board in the dining room and accessible to people.

People who were able to were supported to assist in making a cup of tea, their breakfast and in cleaning their bedrooms and laundry to promote their involvement. Other people choose not to be involved or participate and this was respected.

People's privacy was respected. Staff knocked on people's bedroom doors prior to entering and told us we could not go into bedrooms of people who were out. People's bedrooms were personalised and decorated to their taste.

The home had no advocacy involvement but was aware how to access advocates for people if required. End of life care plans were not in place. People's family members were actively involved in their care and would make the necessary arrangements if required.

Is the service responsive?

Our findings

At the inspection in November 2016 the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because pre admission assessments were not routinely carried out to enable the provider to satisfy themselves they could meet people's needs prior to them coming to live at the home. Care plans were not clear and designed to make sure they meet people's identified needs.

The home had no new people move into the home since the previous inspection. A pre assessment tool was in place which included a transition plan for a person to move to the service. The operations manager confirmed that the registered manager and operations manager would be involved in assessments of prospective people referred to the home. The home did not currently offer respite care and any new person moving to the home would have to be assessed for compatibility with the other people already living there.

Some relatives felt the service provided responsive care and staff responded promptly to issues with their family member's care. One relative told us they felt the service did not provide their family member with person centred care and their family member had not benefitted from living there. They commented "The home does not offer person centred care. [Family members name] has to fit in with the home rather than the home providing a service that is for [family member]. The relative confirmed this was being discussed and addressed with professionals involved in the person's care.

Improvements had been made to people's care plans. Care plans were organised and the information much more accessible. They outlined the support people required to meet their needs. They were informative and detailed as to the care required and included guidance around medical conditions such as epilepsy and behaviours that challenged. Staff were aware of people's needs and had signed to say they had read and understood people's care plans. Care plans lacked the specific detail around the use of thickeners in fluids. This was immediately addressed to promote a safe and consistent approach by staff. People had reviews of their care which family and professionals were invited to. Two relatives told us they had not been provided with copies of minutes from recent reviews. This was fed back to the operations manager to action.

People had a named keyworker. A key worker is an identified member of staff who supported the person to coordinate their care. People were informed who their keyworker was and a list was on the notice board to remind people of that. Staff were aware of their responsibilities as a keyworker and had a good knowledge of the people they were key working. A keyworker meeting booklet had been developed which the keyworker would be expected to complete monthly to give an overview of the person. Three of the four relatives spoken with were aware who their family member's keyworker was. One relative could not recall that they had been informed.

Throughout the inspection we saw staff were responsive to people's needs. They regularly intervened in conflict between individuals to prevent escalation and distracted people by taking them out in the community.

Some people had individual programmes of activities which included access to college, leisure and work

placements. Other people choose to only access leisure activities. These were recorded in people's daily activity logs so an overview was not available of what leisure activities had been provided. During the inspection some people went out for lunch, shopping and people who stayed at home were offered board games and jigsaws to play. Some relatives felt regular activities were not provided. They told us activities were not structured and there was no continuity in activities for people. The operations manager acknowledged this was an area they were looking to develop.

A recommendation was made at the previous inspection that the provider ensures people and their relatives are provided with a copy of the complaints procedure and that the log of complaints is reflective of the action taken and outcome. The home had a complaints procedure in place. A user friendly version of the complaints procedure was available on notice boards for people. The operations manager told us they had sent a copy of the complaints procedure to relatives. Relatives confirmed they were provided with a copy of the complaints procedure. Relatives said they felt able to raise issues and issues raised were addressed. A professional told us the operations manager was receptive to feedback. The operations manager had introduced a log to record complaints and compliments and the outcome. The home had no complaints logged for 2017.

Is the service well-led?

Our findings

At the inspection in November 2016 the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the provider failed to ensure records were up to date, fit for purpose, accessible and failed to have effective systems and processes established to assess and monitor all aspects of the service they provided.

At this inspection we found improvements had been made to people's records. However the operations manager recognised there was still improvements to be made in relation to people's daily records, activity records, people's financial records and in the way daily checks were recorded. They had already commenced organisation of some of those records at the time of the inspection.

At the previous inspection in November 2016 the service had not been effectively audited. At this inspection we found a number of quality audits had been introduced such as infection control, health and safety, staff files and medicines. Alongside this an external consultant had audited the service in March and April 2017 and the operations manager had carried out monthly monitoring visits. The providers monthly monitoring visit records were comprehensive and audited the service in line with the five domains the Care Quality Commission inspect against. An action plan was in place to address issues from audits. The operations manager confirmed they were looking to introduce one action plan to capture actions from all of the audits within one document. This was still work in progress.

At the previous inspection in November 2016 resident meetings were not taking place. We saw these had been established. Pictorial minutes were available which showed discussions had taken place with people about holidays, meals and changes within the home in relation to staff and people moving on.

At the previous inspection in November 2016 the provider was in breach of Regulation 18 of the Health and Social Care act 2008 (Registration) regulations 2009. This was because the provider failed to make the required notifications to the Commission. At this inspection we reviewed the information we had received. This showed the home had completed the required notifications to us.

The home did not have a registered manager. The registered manager had left the organisation in June 2017. An agency manager had been supporting the registered manager to make improvements to the service. The agency manager had finished working for the service in the week before the inspection. At the time of the inspection a registered manager from another location who was an assistant operations manager was managing the service until a new registered manager was appointed. The provider had advertised the position and interviews were scheduled and taking place.

Staff acknowledged the home had been through management and procedural changes. They felt changes made had been positive and provided them with more clarity and guidance on what was expected from them. The agency manager had worked alongside them which they found helpful and felt this had provided them with guidance on different ways of working. They told us they found the operational managers helpful, knowledgeable, supportive and approachable. They were positive about the proposed change in manager

to further develop the service. Staff told us they felt management communicated more with staff and they felt the atmosphere within the home was more inclusive.

Professionals involved with the home were working with staff in supporting them with managing behaviours that challenged. They told us they had noticed improvements in staff's practices but also recognised there was still work to do to embed best practice. Another professional told us communication with the home was generally poor. They had recently raised concerns with the operations manager who was receptive to the feedback and agreed to take action to address their concerns.

Systems were in place to get feedback from relatives, staff and stakeholders. A survey was completed in August 2016. The provider was aware of their responsibilities in relation to duty of candour. They had worked with other professionals in bringing about improvements to the service. They had informed relatives of issues which affected their family member, including our previous inspection findings and action taken. However relatives told us they were not informed on what was happening in relation to the current arrangements for the management of the service. One relative commented "This creates anxiety for me". Another relative commented "I was kept in the dark as to what was happening in relation to the management of the home. The lack of a permanent manager means no one person is in control which has definitely impacted on [family member]. During the inspection the operations manager told us they had intended to write to relatives to inform them of the recent management changes. They confirmed after the inspection this had been done.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>This was because the service was not working to the principles of the Mental Capacity Act 2005.</p>