

# Connifers Care Limited

# Ebony House

## 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

We inspected Ebony House on 12 and 18 October 2016. This was an unannounced inspection. At our last inspection of the service on 13 and 25 January 2016 we found the service to be in breach of two Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009.

Risk assessments did not always include risks associated with people's medical conditions. The provider did not always notify the Care Quality Commission of Deprivation of Liberty Safeguards applications and decisions and of incidents that occurred in the service. Accurate records were not always kept of how the service monitored, learnt from incidents, handed over information to staff and monitored people's needs following an incident. Refresher training in first aid for staff was not up to date. We imposed conditions on the provider's registration.

At this inspection we found the provider had addressed some of these issues. However we found the provider was in breach of three regulations of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009 Notification of Other Incidents. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after representations and appeals have been concluded.

The service was registered to provide personal care and support for people with learning disabilities. The service is registered for nine people. At the time of our inspection they were providing care and support to seven people. The service is a large property arranged over two floors. All bedrooms are single occupancy.

At the time of our inspection the service had a team leader in post who was in the process of applying to become the registered 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 service was not always safe. Medicines were not safely managed or administered. Relatives of people using the service had mixed views about the safety at the service. Staff training was not up to date in line with the providers statutory training requirements. Records were not always fully completed and quality checks did not identify some of the issues we found during the inspection.

We found there were enough staff working at the service and checks were carried out on staff before they commenced working. The premises were found to be clean and secure. Support plans and risk assessment were in place and provided guidance on how to support people.

People using the service and their relatives told us the service was caring and we observed staff supporting people in a caring and respectful manner. People were able to participate in a programme of varied

activities. There was a choice of food and drinks available.

Relatives of people using the service felt the service met their relative's needs. The service had a complaints procedure and relatives of people using the service knew how to make a complaint.

Staff told us they felt part of the team working at the service and found the management team approachable.

## 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. Medicines were not always safely managed or administered.

Risk assessments were in place to ensure risks were minimised and managed,

There were robust safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it.

Staff were recruited appropriately and adequate numbers were available to meet people's needs.

The provider carried out equipment and building checks.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective. Staff did not receive up to date training in line with the providers statutory training programme to enable them to carry out their roles.

People had access to enough food and drinks.

The provider ensured staff received supervision and appraisals to support them in their role.

The provider met the requirements of the Mental Capacity Act (2005) and DoLS to help ensure people's rights were protected.

People's health and support needs were assessed and reflected in care records.

People were supported to maintain good health and to access health care services and professionals when they needed them.

**Requires Improvement** ●

### Is the service caring?

The service was caring. People were happy at the service and staff treated them with respect and dignity.

Care and support was centred on people's individual needs and wishes. Staff knew about people's interests and preferences.

**Good** ●

People using the service and their relatives were involved in planning and making decisions about the care and support provided at the service.

### Is the service responsive?

Good ●

The service was responsive.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service. However, some people's life histories were not always fully completed in their support records. We have made a recommendation about best practice when gathering information about people's life history.

Relatives of people using the service told us they were given information about changes to medical treatment or medical appointments.

People had an individual programme of activity in accordance with their needs and preferences.

People were encouraged and supported to provide feedback about the service. We saw meetings were held with people who used the service.

There was a complaints process. Relatives of people using the service knew how to complain if they needed to.

### Is the service well-led?

Requires Improvement ●

The service was not always well led because handover records were not always accurately completed.

Various quality assurance and monitoring systems were in place. However, these were not always effective.

The service sought the views of people that used the service.

Relatives of people living at Ebony House and staff told us they found the team leader to be approachable and accessible.

# Ebony House

## **Detailed findings**

### Background to this inspection

This inspection took place over two days on 12 and 18 October 2016 and was unannounced. The service was previously inspected on 13 and 25 January 2016 triggered by concerns raised in a coroner's report about the service in December 2015. Conditions were placed on the registration of the service.

The inspection team consisted of one inspector and a social work specialist advisor on the first day. A specialist advisor is a person who has professional experience in caring for people who use this type of service. The inspection was carried out by one inspector on the second day. Before the inspection we looked at information we already held about this service. This included details of its registration, previous inspections reports, action plans and information the provider had sent us. We contacted the host local authority to gain their views about the service.

During the inspection we spoke with three people and three relatives of people who used the service. We spoke with seven members of staff. This included the service provider, a senior manager, team leader and three support workers.

We examined various documents. This included four sets of care records relating to people who used the service, staff recruitment, training and supervision records, minutes of staff meetings, seven medicines records, audits and various policies and procedures including adult safeguarding procedures.

# Is the service safe?

## Our findings

At the last inspection in January 2016 we found the service was not always safe. Risk assessments did not address the risk associated with certain medical conditions for some people using the service which put people at risk of harm. The management of accidents and incidents was not always safe. At this inspection we found the service had addressed these issues. However, we found concerns with the management and administration of medicines.

We looked at seven medicine administration records (MAR) and noted gaps in the MAR charts for three people. We spoke with the management team about this. They were unable to confirm if all three people had received their medicines. On the second day of the inspection we saw records that this had been addressed with relevant staff members and the management team had put a plan in place to ensure training needs were addressed and monitored.

Records were not always completed when people using the service refused regularly prescribed medicines. For example one person was prescribed medicines to relieve pain every four hours. There were gaps in the MAR chart on 7, 8, 9 and 11 October 2016. In the four day period the MAR chart was completed on two out of a possible 16 occasions when the medicine should have been administered. It was unclear whether this person had received or had refused their prescribed medicine.

Another person's MAR chart was not completed for their evening medicines on 11 October 2016 and it was unclear if this had been administered. A third person's MAR chart showed they had not been given a prescribed medicine since 19 September 2016. We spoke with the management team about this. They told us the medicine had been prescribed in error because the person no longer needed it but the MAR chart had not been returned or updated by the GP or pharmacist. They said all staff knew not to administer it. We did not see records relating to this.

Some people had medicines prescribed which were in individual sachets. We found there was no record of running totals for these medicines administered to people. This meant the provider could not ensure that the correct amount of medicine had been administered and was available for the person prescribed. This meant people were at risk of not receiving their medicines safely. We spoke with the provider about this. On the second day of the inspection we saw measures had been put in place to record the stock of medicines.

Medicines were not managed safely. Unused medicines were stored in small envelopes in the medicine cabinet. The amount was not documented and was not checked before returning to the pharmacy to be destroyed. Unused medicines could therefore not be accurately accounted for. We spoke with the management team about this. They said they would contact the pharmacy for guidance on storage of unused medicines.

Non-prescription and over the counter medicines (homely remedies) were not managed appropriately. Records showed staff had taken one medicine for their own use. We spoke with the management team about this. On the second day of the inspection we saw records of discussions that had taken place with

staff to ensure this practice did not occur in the future.

These findings had not been identified in the provider's monthly medicines audits. The service did not follow correct procedures for the safe administration and management of medicines. The above findings were a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

The systems in place for ordering of medicines were appropriate and utilised local pharmacy provision. Medicines received from the pharmacy for each person were recorded in their medicine administration records (MAR) charts. We saw records that medicines were prescribed and ordered in a timely manner to enable people to have their medicines when they needed them.

We looked at the provider's protocol for giving PRN medicines. These are medicines which are prescribed to be given as required. We noted that PRN medicines given were appropriately recorded in people's MAR charts and behaviour monitoring charts.

Risk assessments detailed any use of PRN medicines and the daily log for each person identified what measures had been taken by staff including behaviour techniques prior to the administration of PRN medicines.

Individual risk assessments were completed to identify the risks presented to people using the service and others. At the last inspection we found that some risk assessments did not address the risk associated with certain medical conditions for some people using the service which put people at risk of harm. We also found risk assessments did not always have dates of on-going reviews. At this inspection we found the service had addressed this.

Risk assessments covered people's specific medical conditions and any additional risks. Staff were provided with information detailing how to manage these risks and ensure people were protected. Some of the risks that were considered included choking, behavioural risks and medicines. Staff we spoke with were familiar with the risks that people presented and knew what steps needed to be taken to manage the risk.

At the last inspection we found the management of accidents and incidents was not always safe. The service did not always identify changes that could be made following accidents or incidents to prevent harm to people using the service. At this inspection we found the service had addressed this.

The service had an incident reporting protocol which included conducting post incident meetings. Staff we spoke with were able to explain the protocol for reporting incidents. We looked at records of incidents that had occurred at the service since our last inspection. We noted that in line with the providers' protocol they had notified relevant agencies.

Relatives of people living at Ebony House had mixed views about the safety of the service. One relative said, "I think my [relative] is only safe because I put my foot down and I keep checking." They also said they often visited unannounced to put their mind at ease. Another relative said, "I know my [relative] is safe. He can't go out into the street and things are locked away so he can't get hurt. He's monitored and not in danger." A third relative said, "It's the safest place my [relative] has been in."

The service had safeguarding policies and procedures in place to guide practice. Staff at the service received up to date training in safeguarding of vulnerable adults and we saw records of this. Staff we spoke with were able to tell us about the different types of abuse and the procedure for reporting safeguarding concerns. The service had a whistleblowing policy. Staff we spoke with told us they would feel comfortable to whistle blow



and would contact the local authority safeguarding team or CQC to report their concerns.

There were enough staff to meet the needs of people living at Ebony House. Relatives we spoke with said they felt there were enough staff at the service. One relative told us, "There are usually staff around and its calm not rushing around." We saw there were staff available to provide personal care and support when people needed it. Staff we spoke with told us they felt there were enough staff on each shift. We looked at staffing rotas and noted that staff were available to cover staff sickness, annual leave and training. We saw records of changes made to the rota in these situations. The service had a bank of staff working at the providers other services who were available to cover staff absence.

The service had a recruitment and selection policy. We looked at staff files for staff who had been recruited since our last inspection and saw there was a robust process in place for recruiting staff that included relevant checks carried out before someone was employed by the service. These included criminal record checks, written references and proof of identity to confirm newly recruited staff were suitable to work with people. Records also showed that staff's visa status where relevant had been monitored to ensure they were eligible to work. This meant the provider had taken appropriate steps to make sure people were safe and their welfare needs were met by staff who were suitably qualified, skilled and experienced.

On the second day of the inspection we noted that the first floor bathroom used by people living at Ebony House had a strong smell of urine and was in a state of poor repair. We spoke with the management team about this. They told us they had reported this and had contacted contractors for quotes to carry out a total refurbishment of the bathroom. We saw records of this. We asked the provider to ensure this was completed as a priority as the flooring was unsafe and the facilities were in an unsanitary condition. On 22 October 2016 the provider confirmed that the refurbishment had started and further confirmation was submitted on 2 November 2016 by the team leader with photographs once the refurbishment was completed.

The service had an infection control policy and procedure to prevent cross infection. The service was clean and we saw records of staff cleaning rotas which were signed by staff after cleaning tasks were completed. The service carried out monthly audits to monitor this.

We looked at records of safety checks at the service. These included a weekly fire safety check and fire drills which were carried out every two months. Fridge temperature, portable appliance testing, gas and legionella testing were carried out at the service at appropriate intervals to ensure peoples safety.

## Is the service effective?

### Our findings

At the last inspection we found that staff had not attended annual mandatory first aid refresher training. We asked the provider to ensure all staff completed this training by 21 July 2016. Staff training records showed the training had been completed by staff within the specified timescale.

The service had a staff training programme divided into mandatory and statutory training. Mandatory training included fire safety, infection control, safeguarding of vulnerable adults, manual handling, food hygiene, health and safety, and medicines. Statutory training included mental health awareness, autism, epilepsy, end of life, eating and drinking, communication, breakaway techniques and equality and inclusion. Records showed mandatory staff training was up to date and future refresher courses had been pre-booked as appropriate.

However, we found that of the twelve staff employed at the service prior to May 2016, seven staff had not completed statutory training for eating and drinking, nine had not completed communication training and 11 had not completed end of life training. This meant people using the service may be at risk of receiving care from staff who had not completed the relevant training to support them with their needs.

These findings were a breach of Regulation 18 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us the service offered opportunities to attend training and to progress in their role. They said training was "Useful" and "Informative." Staff told us their "Learning is checked during supervision after attending training" to ensure they had the required level of knowledge. We saw records of this in staff supervision files.

Staff had regular formal supervision meetings with their line manager and we saw records confirming this. These meetings were an opportunity to raise any concerns about the service and individual areas of development and training. Supervision records confirmed monthly meetings and annual appraisals were conducted. The service had robust disciplinary and capability procedures to ensure staff performance was monitored and performance issues were addressed.

Induction processes were in place to support newly recruited staff and we saw records of this. The process included shadowing more experienced staff, reading policies and procedures and regular meetings with line managers. Staff we spoke with said the "Induction training is excellent." One staff member told us, "The induction was fantastic it wasn't rushed and I felt very supported."

At the last inspection we found that consent to care forms were not always signed by peoples relatives where they were unable to do so themselves. At this inspection we found this had been addressed by the service.

Staff we spoke with understood how to enable each person using the service to give consent. One member

of staff gave clear examples of how they worked with one person and how they ensured they sought consent before carrying out support. The methods they told us about were also documented in the persons support file. During the inspection we observed staff asking for consent prior to providing care or support to people using the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty 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 are called the Deprivation of Liberty Safeguards (DoLS).

The staff were knowledgeable about the MCA, how to obtain consent before giving care and about completing mental capacity assessments for people using the service. Records showed staff had attended MCA and DoLS training. Staff were aware of the MCA and were able to explain its application in practice. 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. At the time of inspection five people using the service had DoLS authorisation in place and the service had notified the Care Quality Commission of this. At the time of the inspection the service was awaiting the outcome of a further two applications.

Peoples support plans and risk assessment records clearly outlined where decisions were taken in their best interest and the relevant documents were available relating to these best interest decisions.

People living at Ebony House had access to nutritious food and drinks. During our visit we saw a variety of drinks and fresh fruit was readily available for people to help themselves. We looked at the menu plans for the week. People were involved in planning the menu and we saw records of this. The service used pictorial menus to enable people to choose their meals. There were two meal choices available for evening meals. Although most people were out during the day, we saw a variety of lunch choices available. People who were able to do so were encouraged to prepare their own drinks and snacks.

People were able to choose the foods they liked and could change their meal choices if they wished. For example, during our visit one person decided they wanted a take away meal for lunch. Staff took the order and purchased the meal for them. We saw records in peoples support plans regarding the types of food they preferred and guidance for staff to ensure people had a balanced diet.

Relatives we spoke with had mixed views about the meals at the service. Some felt there was a good choice of meals while others said there should be greater emphasis on "More fresh and natural foods and less of the processed and frozen foods."

The service had a nutrition and hydration protocol. We saw up to date daily records of food and fluid intake for people living at the service. Risk assessments were in place for people who had identified risks associated with eating and drinking. People's weight was recorded monthly to monitor any weight loss or gain and to ensure people were receiving adequate nutrition to maintain their healthy weight.

We looked at records of food temperature checks and noted meals were cooked to the minimum temperature and records were up to date. Procedures were in place for the storage and preparation of food.

People's health needs were identified through needs assessments and support planning. Records showed

that all of the people using the service were registered with local GP's. We saw people's support files included records of all appointments with health care professionals such as GPs, dentists, chiropodists, speech and language therapists, and learning disability teams. Records of appointments showed the outcomes and actions to be taken with health professional visits. This meant people were supported to maintain their health.

The service was tidy. Bedrooms and communal spaces had been recently decorated. We looked at up to date records of maintenance checks and repairs carried out at the service.

## Is the service caring?

### Our findings

Relative told us the service was caring. One relative said, "They are caring and kind. They can relate to my [relative] really well. Really respectfully and I can see he feels respected." They also said, "Staff are calm and that makes my [relative] and everyone living there calmer." Another relative said, "They know how to look after my [relative] I can't knock them, my [relative] is happy."

We observed staff speaking with people patiently and respectfully. Support was given with kindness and compassion. For example we saw a member of staff speaking with a person using the service who did not want to be supported with personal care although the situation meant they needed support. They patiently allowed the person time to consent explaining the reasons why they wanted to support them and eventually leaving the person and returning at short intervals until the person agreed to be supported.

Staff showed a caring attitude in their language, voice, tone and body language with people using the service and with each other. People using the service had a close and trusting relationship with support staff who demonstrated understanding of their communication and ability to meet their complex needs. We observed skilled use of understanding and playful interventions when a person using the service was being supported to interact with the inspection team.

Staff we spoke with knew what privacy and dignity meant in relation to supporting people with all aspects of personal care. Staff gave examples of how they maintained people's dignity and respected their wishes.

Care and support was delivered according to people's individual needs. Care and support records were written in an individual way. Staff members knew people using the service well. They were able to tell us about the personal preferences of people using the service. For example one person using the service liked to sort out the items for recycling. Staff ensured the items were available and stored neatly until the person was ready to do this. Staff explained that it was important to the person that items were stored neatly and that they had time and a quiet calm environment so they could concentrate on the task.

Support plans included providing cultural and spiritual activities and access to their specific community when they wished. We saw records of people's choices and preferences in their personal support plans. We saw plans in people's care records regarding their wishes for end of life care. The plans were up to date and best interest meetings had been carried out to put plans into place.

People living at Ebony House were involved in the service. We saw records of weekly house meetings which took place at the weekend when people were at home. This included menu planning and activities within the service. We saw that decisions made by people living at the service were followed through by the provider. For example people were happy with the meals at the service but were unhappy with meals provided when they went to the Pavilion day centre. Records showed this had been addressed and people received a wider choice of meals they liked.

## Is the service responsive?

### Our findings

At the last inspection we found monthly support plan reviews had not taken place in line with the provider's policy and procedure. At this inspection we found this had been addressed by the provider. Monthly support plan reviews were carried out by each person's keyworker and updated as necessary.

Each person living at Ebony House had a key worker. This was a member of staff who worked closely with them and their families as well as other professionals involved in their care and support. We saw records of keyworker support sessions. There was evidence of seeking consent from each service user for the sessions and effort was made by the staff to assist each person using the service to have a positive experience during this meeting. The length, content and scope of the key working sessions were tailored to each person's ability and comfort.

Staff knew the people they supported well. They told us they developed relationships with people using the service and knew their needs. One staff member told us, "We get to know what they like. Some people like their own space, reading or watching TV. We allow them time to do what they want and to be themselves and support them how they want to be supported."

We saw records of assessments of people's needs. The support plans showed evidence of a person centred approach detailing preferences regarding morning and evening routines, meals, activities, health and well-being, mental health, mobility, personal care and sleeping. The support plans allowed staff to have an understanding of people's needs and how to support them.

The staff team included any personal details they could find out about each person's background, family, life and experience in the care and support record. We noted that some records contained more detailed information than others. We spoke with the management team about formalising the approach to gathering information about people's life history. We recommend the provider seek advice and guidance from a reputable source regarding the best approach to gathering information about people's life history and background.

Relatives had mixed views about how the service met their relative's needs. One relative told us, "I was really concerned about my [relatives] health. The staff worked with me and managed to get the doctor involved to change the [treatments] I've seen an improvement." Another relative said they had concerns about changes to staffing and how it affected their relative and communication with the service. They said, "Staff leave really often. It makes you wonder why. They never explain what's happened."

Support staff described how people using the service were supported to maintain meaningful relationships with their friends and relatives. They gave examples of how they were supported to stay in touch and have good contact by visits and telephone calls. One relative told us they often spoke on the phone with their relative living at Ebony House and how useful this was when their relative became distressed or felt unwell.

Staff described ways in which they supported people using the service to have a safe and varied activity

programme when at home and when accessing other services. Most people using the service attended a full day of activities outside the home during the week. The provider had a day centre called The Pavilion, which had a program of activities and could be accessed by all people living in their services. The service had a minibus which was well used to assist people living at Ebony House to visit relatives and activity centres in different areas of London.

The service had its own sensory room on the premises which was well equipped. People told us they liked using the sensory room. We looked at activity plans for each person and saw activities included physical activities as well as relaxing therapies such as reflexology and art and craft. The activity plans were concise and detailed with all activities people liked to participate in.

Relatives of people using the service told us they felt there were enough meaningful activities at the service. Staff we spoke with told us about recent outings and plans for a camping trip. Staff explained that the outings had a positive effect for people using the service who may have behaviour that challenges as they were engaged and enjoyed the variety of visiting new places and doing new activities. One staff member told us about specific outings that were organised at the weekends which included going out to different places by bus and stopping off to do small amounts of shopping for the service. They told us of the positive effects this had for people to encourage independence and involvement. We saw records of this in people's support plans.

The service had a complaints policy and procedure. Relatives of people using the service said they knew about the complaints procedure and how to complain. One relative said, "I have complained before. It was dealt with well." Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints log and saw complaints dealt with in line with the procedure.

## Is the service well-led?

### Our findings

At the last inspection we found the service was not well led. We were concerned about the leadership of the service and risks to the health, safety and welfare of people living at Ebony House. We imposed conditions on the provider's registration to restrict admission of new people to the service. We asked the provider to submit fortnightly monitoring reports. The reports covered identification and analysis of audits relating to risks to the health, safety and welfare of people using the service and actions taken. The provider submitted the relevant reports and where unable to do so provided an explanation. We were satisfied the provider had carried out the required audits. However at this inspection we found further improvements were required.

At the last inspection we found handover records at the service were not always up to date. Records of incidents relating to behaviour that challenges the service and others did not match handover records of information communicated to staff during the staff handover at the beginning of each new shift. This meant that staff were not always aware of incidents that had occurred during the previous shift and any monitoring that may be needed following the incident to minimise the incident reoccurring to keep people safe.

At this inspection we found some improvements had been made and incidents relating to behaviour and accidents were documented. The service had a new form for recording the handover information. However, the quality of information on the handover records remained inconsistent. Some handover forms were not fully completed. We spoke with the management team about these findings. They acknowledged that the handover forms were not always fully completed. We asked to see policies and procedures relating to staff handover. The management team told us the service did not have a handover policy or procedure to guide staff.

We remained concerned that in some instances staff may not always be aware of important information to minimise reoccurrence of incidents and to keep people safe.

These findings were a breach of Regulation 17 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014.

Services that provide health and social care services to people are required to inform the Care Quality Commission (CQC) of important events that happen at the service. At the last inspection we found the service had not informed the CQC of important events in a timely way. The provider had not submitted notifications to the CQC about the decisions of or applications submitted for Deprivation of Liberty Safeguards (DoLS) and had failed to notify us of an investigation by police into safeguarding concern.

At this inspection we found the service had not informed the CQC of important events in a timely manner. We found that the provider had not submitted notifications to the CQC about an event in July 2016 that stop the service running safely or properly. The service also failed to send a notification to CQC to inform us that the same incident was investigated by police. This meant that the CQC were unable to monitor that appropriate action had been taken.

These findings were a continued breach of Regulation 18 of the Care Quality Commission (Registration)



At the last inspection we found the service did not always maintain accurate records of risk assessment reviews. At this inspection we found the risk assessment reviews were stored electronically and were accessible for comparison with peoples most recent risk assessments. This meant we could see if previous risks were on-going or were no longer a risk.

At the last inspection we found the service did not always complete monitoring forms for people following incidents of behaviour that challenges. At this inspection we found hourly and two hourly monitoring records had been completed and it was clearly recorded each time a person had been monitored.

The service had quality monitoring systems in place which included quarterly quality assurance and compliance audit. Internal audits were carried out daily, weekly or monthly at the service. These included medicines, accidents and incidents, infection control, maintenance checks, fire safety, fire drills, emergency lighting checks, premises and health and safety audits. Monitoring visits were carried out at the service monthly by the provider. The most recent visit was in 13 September 2016 and we saw records of this visit. However, they had not identified some of the issues we had identified during our inspection.

The management team told us quality assurance monitoring systems were in place, some of which included seeking the views of people that used the service and their relatives. People using the service were able to give their views during weekly meetings held at the service. We looked at records of these meetings. They also completed annual surveys about the quality of the service. We saw the most recent survey carried out in September 2016. People rated the service as good in areas including personal care and support, catering and food, daily living and management. Relatives we spoke with told us they were asked for their views about the service annually. The most recent survey was carried out in September 2016.

The service worked in partnership with other agencies and health professionals. We looked at records of the most recent monitoring visit carried out by the local authority in March 2016. We saw records of recommendations following this visit which included obtaining consent from relatives regarding care and support and medicines protocols. We saw records that these actions were completed. We looked at the findings of the most recent stakeholder survey conducted by the service in September 2016 and noted stakeholders rated the service as good in areas of dealing with staff, management, feedback, information and involvement in support planning for people at the service.

The service did not have a registered manager at the time of our inspection. The service had a team leader who had been working in the role for five months at the time of our visit.

Relatives of people using the service had positive views about how well the service was led. One relative said, "I think the management has improved. The new manager [team leader] is very pleasant and forthcoming with information and advice. We speak often and he is easy to talk to" Another relative when asked if they thought the service was well led said. "The new manager [team leader] is very good, very professional and on the ball. Very special."

Staff working told us they enjoyed working at the service, felt part of a team and found the management team approachable. One staff member said, "[Team leader] always asks how we are and speaks to us all, there's no favouritism. Really is respectful to each of us." Another staff member said the team leader, "Teaches us and shares the responsibility so we work as a team." Staff told us there had been changes in the way they worked after the last inspection and felt that the service was "More professional."

Staff meetings took place monthly or more often to address specific issues. Discussions recorded at staff meetings included updates about people using the service, staffing, recording information, budgets and learning and development. Staff told us they found the meetings useful and informative. Staff were updated daily by entries in the communication book which detailed appointments and any updates on working practice.

During the inspection the management was open about areas of improvement. Throughout and following the inspection we requested records and information from the management team and provider which was provided promptly and with detailed explanations. All staff we spoke with were helpful, co-operative and open.

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 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider did not notify the Commission without delay of incidents which were reported to, or investigated by the police and events which may stop the service running safely or properly. 18(1)(2)(f)(g)(i)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not ensure persons employed by the service receive appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties they are employed to perform. 18 (1)(2)(a)</p>

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not properly managed in line with policies and procedures of current legislation and guidance to address supply and ordering, administering and recording 12 (1)(2)(g)

### The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems or processes were not established and operated effectively to ensure compliance with the requirements. 17(1) The provider did not maintain accurate, complete and contemporaneous records in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. 17 (2)(c)

### The enforcement action we took:

Warning Notice