Housing & Care 21

Housing & Care 21 - Lincoln Gardens

Inspection report

Lincoln Street
Lawrence Hill
Bristol
Avon
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26 January 2017

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10 May 2017

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**

Summary of findings

Overall summary

We undertook this inspection on 26 January 2016 and this was announced. The provider was given short notice of this inspection to ensure that staff would be available to assist us during the inspection. At our previous inspection of Housing and Care 21 - Lincoln Gardens in December 2015, we found one breach of regulations as the provider had not always ensured that complaints made by people using the service or their relatives were fully investigated. In addition to this, safeguarding procedures were not consistently applied which may have placed people at risk. The provider had failed to ensure a safeguarding notification was sent as required.

The provider wrote to us in January 2016 to tell us how they would meet the requirements of the Health and Social Care Act 2008. During this inspection we found the provider had met the legal requirements of the regulation relating to receiving and acting on complaints.

Housing and Care 21 Lincoln Gardens is a purpose built independent living facility and provides personal care to people living there. This comprises of 46 flats and shared communal facilities including a hairdressing salon, bistro, activity rooms, therapy room, laundry, lounge and landscaped garden. The communal facilities, including the restaurant can be accessed by the general public. At the time of our inspection 36 people were receiving personal care from the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection, the registered manager was currently receiving training, support and guidance at one of the providers other local locations.However, a registered manager from a different service run by Housing and Care 21 was overseeing the management of Lincoln Gardens.

There had been a lack of leadership within the service which the provider addressed by appointing an interim manager. The service needed to develop more robust quality assurance systems. Although some processes were in place, effective monitoring and auditing systems at service level were required to provide consistent, good quality, safe and effective care for the people who used the service. This would also help drive improvement.

Care records in respect of people's health and specific management of a health condithin did not adequately reflect people's needs. Care plans were not audited regularly to ensure they contained accurate information to support people effectively. Accidents and incidents were not effectively monitored to reduce the risk of reoccurrence.

The management of medicines was not always safe and improvements were required to the service's practices with regard to the recording of medications given to people.

Staff members were not supported regularly through formal supervisions and appraisals in accordance with the provider's policy. Competency checks were also not carried out to ensure people were receiving care and support from adequately skilled and competent staff members. Required training and refresher courses were not monitored effectively to ensure they were up to date with current guidance. Concerns were responded to immediately by the service.

People's nutritional needs were supported adequately and staff members were mindful of people's wellbeing. People and their relatives knew how to make a complaint; complaints had been resolved and documented appropriately. The high level of comments reported staff members were respectful and caring towards people. Care was provided in a way that intended to promote people's independence and wellbeing.

People felt safe and staff members had an understanding of how to keep people safe and avoid harm. Management and the provider had taken steps to ensure that sufficient members of staff would meet people's individual needs consistently and within reasonable time frames. There was a robust recruitment process in place and staff were only employed upon completion of required checks. Staff had attended training on safeguarding people from abuse or harm.

Staff supported people to ensure they received access to healthcare services when required. Management and staff understood their responsibilities and the framework of the Mental Capacity Act 2005 (MCA) and demonstrate they had received adequate training. Staff members supported people to maintain their independence and make their own choices.

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 consistently safe.

People received the medicines safely. However, hand written medicines on medication administration records (MAR) were not properly recorded to ensure safe administration of medicines.

Accidents and incidents were not effectively monitored to reduce the risk of reoccurrence.

Satisfactory staffing levels were in place to meet people's needs.

Appropriate checks were carried out making the recruitment process effective in recruiting skilled staff

Is the service effective?

Requires Improvement

The service was not consistently effective.

Regular formal supervisions and appraisals were not kept up to date. This could put people at risk of not receiving good and effective care.

Competency spot checks were also not carried out to ensure people received effective care from competent staff.

People were supported with their nutritional needs effectively

Is the service caring?

Good

The service was caring

People said they felt well cared for by staff.

Care workers treated people kindly and positive relationships had been formed.

People said their privacy, dignity and independence was well respected by staff

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

There were no care plans in place where required to show how people specific health condition was being managed.

Care plans were person centred although not audited to ensure accurate information was provided to staff who care for them.

Individual complaints were responded to appropriately and had been resolved in a timely manner.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The service had not developed a robust quality assurance systems to help ensure people received good quality safe care.

There had been a lack of leadership within the service which had impacted negatively upon governance. The provider had addressed these concerns of leadership and appointed an interim manager.

Accurate and complete records were not consistently maintained for people who used the service. This put people at risk of unsafe inappropriate care.

Staff felt supported by each other and had created an open and person centred culture.

Housing & Care 21 - Lincoln Gardens

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 was carried out by two inspectors. At our previous inspection of Housing and Care 21 - Lincoln Gardens in December 2015, we found that the provider had not always ensured that complaints made by people using their service or their relatives were fully investigated. In addition to this, safeguarding procedures were not consistently applied which may have placed people at risk. The provider had failed to ensure a legal notification was sent as required.

The provider wrote to us in January 2016 to tell us how they would meet the requirements of the Health and Social Care Act 2008. During this inspection we found the provider had met the legal requirements of the regulation relating to receiving and acting on complaints.

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 the improvements they plan to make. We also reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

During the site visit, we spoke with five people who received personal care from the service. We also spoke with the senior management who were covering in the absence of the registered manager, and six other members of staff providing care to people on the day of our inspection. We also looked at 10 people's care and support records.

We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records. We also reviewed information such as meeting minutes and audit reports.

We spoke with one social care and one health professional on the phone after our inspection to ascertain the views of the service.

Requires Improvement

Is the service safe?

Our findings

People's risks were not consistently fully documented placing people at risk of unsafe care. We reviewed the care records of some people that were diabetic. All of these records showed that there was no guidance that showed how the person's diabetes should be managed to ensure their safety. For example, within one person's record we were unable to clearly identify that the person was diabetic. One another record it stated that the person was diabetic however, there was no guidance for staff on how to manage the risks associated with the condition to ensure they were safe.

Within the first person's 'Daily Support' records that were created in August 2013 there was no reference to the person being diabetic. In addition to this, within the 'Medical Conditions' document of the person's support plan it asked staff to provide a 'Yes or No' answer to if the person was diabetic and the record stated, 'No' despite the person being diabetic. Towards the back of the person's care plan there was a medication risk assessment from December 2016 that read, '[Person's name] is diabetic and is able to tell you what tablets she is taking for her health conditions.' This was the only reference to the person's diabetes but did not detail the type of diabetes or how it was managed. The absence of the provider failing to complete an appropriate assessment of this person's needs and risks placed them at risk.

Within another record we reviewed for people with diabetes there was no guidance for staff on how the person could be kept safe in the event they became unwell. There was no care plan detailing the person's risks associated with their diabetes and their daily living. There was no record showing what action staff should take in the event of the person suffering hyperglycaemia (high blood sugar levels) or hypoglycaemia (low blood sugar levels) and becoming unwell. During such medical episodes, a person may not be able to verbally communicate their needs to staff. A record showing the immediate actions staff should take on discovering the person unwell could reduce the risk of the person coming to further harm.

The provider had not ensured that accidents and incidents were effectively monitored to reduce the risk of reoccurrence. There were no systems to complete a management review of reported incidents and accidents. A review would identify any patterns or trends in incidents and accidents and could be effective in preventing or reducing reoccurrence through intervention and support for people. Records from 2016 showed no reviews had been completed so the service was unable to establish any trends in the reported incidents or accidents. Records we reviewed showed that during 2016, 37 incidents or accidents were documented and these included falls in the hallway and within people's accommodation. No management reviews had been completed which meant the provider was not doing all that was reasonably practicable to mitigate or reduce known risks.

People said they received their medicines when they needed them. People we spoke with had a variable dependency level in relation to their medicines. Most people we spoke with told us they managed their own medicines. One person said, "I do my own medicines but they always ask me if I've had it." We reviewed a sample of people's Medicine Administration Records (MARs) within their accommodation and saw they had been completed accurately by staff. We also reviewed another 10 MARs in the office and found that there were gaps where staff members had not signed to confirm that medicines had been administered. However,

these had been identified during a recent monthly audit. The senior team leader told us they had meetings with the staff members concerns but there were no records to confirm this. We also noted that handwritten medicines on the medication administration record (MARS) was not signed and dated. This meant that people could not be confident that they would be given the correct dose of their medicine for effective treatment.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Where people received 'as required' medicines, for example paracetamol for pain relief, there were guidance in place. The records showed why people may need the 'as required' medicine, the reason they need it, the maximum daily dosage they may have and any possible side effects they may experience. Where people received topical creams, there were also protocols in place to guide staff on when to use the creams, and also body map diagrams that highlighted the site on the person's body where the cream should be applied..

People we spoke with told us they felt safe in the company of staff. We received positive feedback about staff, with people commenting on their kind nature. One person told us, "They are really great here." Another person we asked about their care appointments said, "Always on time, they've never let me down." Another person commented, "I feel safe here, nice and enclosed." We spoke with people about staff response times if they pressed their emergency pendant or pulled their emergency cord. No concerns were raised and one person joked with us and told us, "I've not used the call bell but my grandchildren have tested it! They came very quick."

The service had undertaken an assessment of the risks associated with some people's care and risk management care plans had been completed when needed. For example, within people's records we saw that risk assessments had been completed in relation to people's risk of falls and any moving and handling procedures they may receive support from staff with. Where a risk was identified there was a plan completed that showed staff how to manage the identified risk. For example, we saw an assessment had been completed where a person was hoisted. The guidance showed what type of hoist the person used, what sling they needed and what adjustable sizes and settings the straps needed to be set at to support the person safely. We saw other risk management guidance relating to staff wearing personal protective equipment and monitoring the food in people's fridges was within its use by date. This meant the risk of unsafe or inappropriate care was reduced. However, we noted that three people did not have access to pendants even though they had requested it. This was to enable them to summon help in the event of an emergency. The interim manager told us they did not know the reason the people were not provided with pendants. Although no harm had been reported in regards to the people risks to their safety could be compromised.
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There were sufficient numbers of staff to support people safely and ensure care people's need were met and completed on time. We received positive feedback from people when we asked about the punctuality of staff at care appointments. People told us that staff were normally on time and they received a call from the service should an appointment be running late. One person commented, "Staff will phone if they are running late, but it's not very often." Staff we spoke gave mixed feedback about the current levels and explained how staff numbers had been low but had improved in the last two months following the recruitment of new staff. One staff member did comment, "We meet people's needs but it's rushed – it's not a staffing issue it's just that's the appointment time the person is allocated." Another staff member told us "My main concern is that we are not getting enough staff especially in the morning which means we are constantly looking at the time so that we don't miss the next run or be late. We don't have enough time to look after people". The staff rota showed that there were six staff in the morning, four staff in the afternoon and evening and two waking night staff. The interim manager told us that bank and existing members of

staff where used to cover sickness annual leave and other shortfalls. There was an on call out –of- hours arrangement to support care staff at night and on weekends. Staff knew to call 999 in the event of an emergency.

The provider had arrangements in place to identify and respond to the risk of abuse. There were policies in place for safeguarding and staff had received training. Staff understood their duties in relation to reporting suspected or actual abuse. They explained how they reported concerns internally to senior management or to external agencies such as the Commission or the local safeguarding team. Staff understood the concept of whistleblowing and how they could confidentially report any concerns they may have about the service. The provider had policies in place to support staff should they wish to report concerns through whistleblowing.

An effective system was in place for safe management of staff recruitment. This included recruitment procedure for processing applications and conducting employment interviews. Staff files we looked at contained appropriate recruitment documentation. Many of the care workers were long standing employees and relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the prospective employees provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). The DBS help providers make safer recruitment decisions about the staff they employ. Staff we spoke with told us they had interviews and supplied all the relevant documents before they started work at the service.

Requires Improvement

Is the service effective?

Our findings

Not all training to meet the needs of some of the people using the service was provided. We saw that training was provided in key areas such as first aid, moving and handling, medicines and infection control. However, we found that training in diabetes to ensure staff could effectively support people living with the condition had not been provided. We spoke with staff about the training they received from the provider. In general, the feedback was positive and staff said they felt enabled to support people effectively. However, when we spoke specifically about diabetes knowledge and training with staff they told us they were not confident in supporting people. Staff said they had not received training in diabetes and some told us they had requested it but it had not been provided This placed both the people living at the service with diabetes at risk

Regular training, formal supervisions and appraisals were not consistent. Although staff members told us they received formal and informal supervisions, the record we were provided with showed that formal supervisions were not carried out in accordance with the provider's policy. This was known as Value Individual Performance (VIP) and specified four supervision meetings over a12 month period. This included direct observations, one to one, and competency checks in addition to team meetings. Supervision notes we saw within staff support files were detailed and covered topics such as, performance, training needs and peoples support needs. However, the frequency of supervisions was inconsistent. For example, seven staff were overdue to receive one to one supervision in the last 12 months and one staff member had their last direct observation on 24 March 2015. We also noted that only four out of 22 staff had received competency spots checks as a part of their VIP in the last 12months. Not carrying out checks on staff consistently meant that the provider could not be assured that staff had received the necessary training and support they needed to carry out their roles and responsibilities so as to meet people's needs effectively.We were not provided with any any records in relation to staff appraisals, therefore, It was unclear how and if appraisals were undertaken to review staff overall performance and provide them with appropriate support if needed to ensure people's needs were met.

The provider's internal audit of December 2016 identified that "Staff supervisions and appraisals were not being carried out in accordance with the required frequency and in accordance with VIP policy and procedures". The interim manager advised us that they were aware that supervisions and appraisals had not been carried out regularly and had developed an action plan to address this. Without regular supervision and review of staff practice, the provider could not be assured that staff were being given the opportunity to discuss their performance, development and support needs to enable them to fulfil their role effectively.

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

The interim manager provided us with an updated training record which showed required and refresher training completed and scheduled for staff members. The training record verified when staff members had completed their required training and when refresher courses were due. These included medication awareness and administration, health and safety, first aid, infection control, safeguarding adults, dementia

awareness, awareness of mental health which includes Mental Capacity Act 2005. We found that some staff training update or refresher training had expired. This was also identified in the provider's last internal audit in December 2016. One staff member told us "I think I need a refresher training to know how to provide for the needs of people". The interim manager told us that they were in the process of being scheduled onto training courses either face to face training or through the provider's online portal immediately.

New staff members were enrolled on the Care Certificate. This is an industry recognised set of minimum standards to be included as part of the induction training of new care staff. The interim manager informed us that all new staff members had undertaken corporate induction as well as an induction to the service. New care workers were also given the opportunity to 'shadow' and work alongside more experienced members of staff to understand people's needs. The records we saw confirmed this

People were positive about the staff employed at the service. We received good feedback from the people we spoke with about the staff who supported them and all said they felt the staff were competent in their roles. One person we spoke with commented, "I can't complain at all about the care staff. They are excellent." Another said, "The staff seem to know what they're doing." Another person. When asked about the current staff and newer staff told us, "Staff know what they are doing, the new ones come around with the other." This showed that people felt that new staff members were effective at meeting their needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions 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 had in place a lasting power of attorney, where appropriate People were encouraged to make their own decisions even if these were unwise. For example one person chose to have only female carers and another person chose to have their medicines after they had eaten food.

Staff members had a good understanding of the Mental Capacity Act. One care worker told us, "People have the right to make their own choices unless they had been assessed that they have no mental capacity We must not take away their rights to make their own decisions". Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. People had also signed their in some of the care plans to document that they had been asked and consented to the daily care and support provided. However, consent forms had not the signed as well as the care plans had not been signed. This could mean that people's right may not be fully protected.

People's' Do Not Attempt Resuscitation' (DNARCPR) documentation were stored within their homes and a copy in the office file. There was also end of life care plans were which was evident within people's care records. This meant that people had been supported by the service to communicate their preferences and choices for their end of life care.

People using the service that we spoke with were able to contact their own GP or other healthcare professionals should this be required. People told us their relatives were also involved in communicating with healthcare professionals at times on their behalf. People said that they would feel comfortable, should the need arise, to ask for support from staff to contact the GP or other relevant professional. People said they would either walk or take public transport to see their GP if needed.
Staff provided assistance to some people in the preparation of their meals and drinks. During our conversations with people were satisfied with the level of support people received with their meals and drinks. Within people's records we saw the level of assistance people required in relation to supporting them with their weekly shopping and preparing their meals for them. We reviewed the records for one person who

was on a modified consistency diet. We saw that a Speech and Language Therapist (SALT) had been involved in the person's care. The person's care records included guidance for staff on what texture food should be, meal ideas, food types to try and avoid and different additives such as cream to help increase the person's calorific intake.

Good

Is the service caring?

Our findings

We received a high level of praise and feedback from people about the caring nature of staff at the service. All of the people we spoke with told us they felt well cared for. One person we spoke with told us, "They are really nice staff. Staff do what I need, I tell them what to do for me." Another person said, "I've got two [staff members] that are like my family. They are not like carers at all." Another commented, "I really am very, very happy. It's the best thing I've done coming here."

People were given a 'service user guide' that communicated important information to people about the service. People received this guide when commencing a care package and we saw that the guide was within people's accommodation when we visited them. The guide contained information such as contact numbers for the service. For example, contact details for the on call service, an introduction to the service, the aims and objectives of the service, the complaints procedure and quality assurance systems. There was also useful contact numbers for people such as the social services, the care council and the Care Quality Commission.

People said their privacy, dignity and independence was well respected by staff. People said they had sufficient privacy in their accommodation and that staff respected that. One person said, "They don't even come in [to their accommodation] unless you tell them to come in." Another comment we received was, "I've got my independence, it's like home from home here - plus there's help if I need it." Another person told us, "They respect my privacy. They always knock or ring the bell. All is done as I want it; there is nothing I would like them to do differently."

Staff spoke in a caring manner about people and demonstrated a good knowledge of the people they cared for. Staff told us the service tried, if possible, to ensure they [staff] cared for the same people on a regular basis. This was to allow staff to understand the people they cared for and enable them to form a good relationship with people. People we spoke with told us this was normally the case and that they received care from the same people. In general, people said they felt staff had sufficient time to meet their needs and that on the whole care appointments were not rushed. We did however receive one negative comment from a person who told us that staff did not always staff the full length of time they should and that they had needed to highlight this to them.

People could be visited by their friends and relatives at any time of day. There were no restrictions on people's relatives or friends visiting the service and relatives were welcomed. This meant that people living in the service were not isolated from those closest to them. During our inspection, visitors came to the service to see people. It was clear that staff knew the visitors well when we heard them speaking with them. Staff were aware of advocacy service and when people might require it to make their views known. Although none of the people who used the service needed an advocate, information about advocacy service was available when needed. One social care professional told us the service user they were involved with had no concerns about their care and support. Comment included "The service user seem very happy about the way they were being treated and supported especially being as independent as they could be". We also spoke to one health professional who told us" No resident has expressed unhappiness to us. Whenever

there have issues it was always sorted out quickly. We have no concerns. However they don't seem to encourage people to have as much fluids as possible."

Requires Improvement

Is the service responsive?

Our findings

At the inspection of Housing and Care 21 - Lincoln Gardens in December 2015, we found that the provider had not always ensured that complaints made by people using their service or their relatives were fully investigated. The provider wrote to us in January 2016 to tell us how they would meet the requirements of the Health and Social Care Act 2008. During this inspection, we found the necessary improvements had been made.

All of the people we spoke with felt able to complain. People commented they would have no concerns raising issues with the service. One person commented, I would tell the manager downstairs, but I've nothing to change - I'm quite happy." Another commented, "I would know how to make a complaint." People were given a copy of the complaints procedure within their service user guide. The provider's complaints procedure detailed how a complaint would be dealt with and gave information on third parties people could contact should they wish to escalate a complaint. It was noted however that the government ombudsman's details were not highlighted. The ombudsman would be the immediate point of escalation for people and their families.

We reviewed the complaints log at the service which showed only one complaint had been recorded in 2016 and the senior staff currently responsible for the management of the service were unable to confirm if this was accurate. From reviewing the current 2017 complaints log, two matters had been raised by people and their families which had been resolved timely by holding meetings with the relevant people and discussing matters with staff.

People told us care was delivered in accordance with their preferences and wishes; however it was not clear that people had received a regular review of their care needs. We also found records that contained inconsistent information. Although this information did not directly place people at the risk of harm, it was demonstrative that there was no current system to ensure records were current and accurate. Most of the people we spoke with did not recall discussing their care needs with staff regularly to ensure they were receiving care in line with their preferences. One person we spoke with about care reviews said, "I've never had my care discussed." This person did however confirm they were happy with the level of support they received. Another person told us they didn't recall having a care review but said, "If I don't like the way they do things I tell them and they change." We spoke with one person who had been in the service for approximately one year. This person said they were happy with the care provided and that everything was done in accordance with their wishes. They commented, They come to my flat and had a chat about if I was happy with things."

During a review of people's care records we found a significant variance in the dates some plans had been reviewed. This was discussed with the senior staff responsible for the service. They told us that some records had been reviewed towards the end of 2016 however they were aware others required prompt attention. For example, one care plan we reviewed had been created in October 2016 and clearly contained the person's current assessed needs. The lack of regular or consistent reviews place people at risk of inappropriate care should their care needs change.

In another person's 'Daily Support' record, we saw this had been created in 2013 and was not showing as having been reviewed since May 2015 . In another care plan it showed the persons 'Daily Support' record was created in 2013, and that the most recent falls risk assessment was done in January 2015 and was over two years old. The historical nature of these documents did not demonstrate a responsive approach to ensuring care reviews and records were current and accurate. It was evident that senior staff were aware of this shortfall and were being proactive in addressing the matter.

The provider's quality monitoring report from 13- 14 December 2016 had identified the need for the service to regularly review the effectiveness of care plans and ensure that they are kept up to date to support people's changing needs. In addition the Extra Care manager and the interim manager sent us an action plan from 24 January 2017 following the audit. This identified the need for the service to complete and update care plans for each person receiving care and support.

These identified issues although they had not been robustly rectified as they were still present during our inspection, the interim manager and the senior team leader assured us that systems had been put in place to ensure people's needs were regularly assessed, documented and reviewed.

Requires Improvement

Is the service well-led?

Our findings

People were at risk of unsafe and inappropriate care as accurate and complete records were not consistently maintained for people. This included a record of the care and treatment provided to people and of decisions taken in relation to the care and treatment provided. For example, during our inspection we found examples of inaccurate or incomplete records.

Within one person's record we found conflicting information about the person's mobility needs. All of the risk assessments and guidance within the person's records were undated, so we were unable to ascertain which document was current. The person's mobility guidance record stated the person was 'Fully Mobile' and further stated 'With the use of a wheeled frame.' However the person's moving and handling risk assessment under the 'Walking' section stated the person was 'Unable' demonstrating conflicting information. Other examples of inaccurate record keeping included the absence of highlighting the person was diabetic within their care plan and failure by staff to make an accurate record about a person's hospital admission.

The service did not have robust quality management systems. The lack of leadership had impacted negatively upon quality monitoring at service level. Care plans were not audited regularly to ensure they contained accurate information. General and medication competency assessments had not been completed to ensure that staff who administered medicines to people using the service were competent to undertake this task safely and provide care to an appropriate standard.

Suitable systems were not in place to ensure that staff were appropriately supported, supervised and trained. Staff had not received regular appraisals. Incidents and accidents had not been documented effectively with actions taken and learning outcomes in 2016. The service was unable to evidence how they monitored or analysed incidents and accidents to identify trends to drive improvement.

The provider's comprehensive monitoring report completed in December 2016 which was also used to monitor the quality of the service was sent to us two days before the inspection. This report identified issues within the service such as; supporting staff and maintaining records of supervisions and competency checks, staff training, management of medicines and management of staffing levels. Although quality assurance tools were in place and action plans had been put in place by the provider to respond to concerns, we found that the identified issues from by the provider in the previous audit in January 2016 hadn't been resolved and further quality shortfalls had occurred. After the inspection we viewed the provider's quality assurance visits for April, July and September 2016. An interim manager had been overseeing the service and identifying areas of improvement.. This lack of leadership and poor responses to concerns identified, including a lack of robust quality monitoring had resulted in poor governance, which increased risks to people's safety and wellbeing.

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

It was not evident that current management arrangements had been communicated effectively to people. People we spoke with told us that although they felt it had not directly affected them, they were unsure of who to contact in relation to management enquiries. This did not demonstrate that people were always made aware of significant information in relation to their care. For example, one person we spoke with said, "I think I know who the manager is but I don't see her very often." Another person said, "I'm unsure of the current manager." A further comment from a person was, "I'm not sure who the manager is here." The other people we spoke with gave the incorrect name of the person they thought was the manager. People were informed of the management changes following our inspection.

Some staff told us they would currently prefer to approach a senior member of care staff to raise an issue or concern and not the registered manager. We received information from staff how they felt the registered manager did not support them when staffing levels were low and some said they found the registered manager difficult to communicate with and argumentative. When asked about the current stability of the management team, one member of staff said there had been, "A lot of changing managers which hasn't helped - it's all up in the air at the moment." Another staff member said "because the manager is on her own sometimes they go for their training so we don't have any support or anybody to speak to".

The provider informed us that the interim manager, who had been appointed, would support service to fully meet the regulations and ensure robust governance would be put in place. At the time of inspection the interim manager had only been in post for two weeks and was gaining an understanding of the daily operations of Lincoln Gardens.

The interim manager provided us with documentation that evidenced how the service gained people's views of the service. Questionnaires were distributed to people who used the service and those acting on their behalf. A total score of 80% was achieved as positive in 2016 and the service had responded to individual concerns directly to improve the quality of individual experience. For example, some people were concerned that the service had not checked if they were happy with the service. The action plan showed that the registered manager attended a residents meeting to enable the people who used the service to voice their opinion on how they felt about the service.

Staff spoke of a strong team ethos and ethic within the service and it was clear they all aimed to provide high standards of care. All of the staff we spoke with commented on how all the care staff worked together to ensure the people at the service were happy. One staff member said, "We all get on well, we want to give good care. We are a really good team and we support each other." Another told us, "[It's a] really good staff team, they are really good and very caring people." A further comment we received about the staff team was, "We all get on and work very well as a team. We support each other to make sure that our customers receive the care they deserve".

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
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's risks associated with pre-existing medical conditions were not consistently assessed. The provider had not done all that is reasonably practicable to mitigate risk to people. The provider had not ensured that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely. Regulation 12(2)(a), 12(2)(b) and 12(2)(c)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing The provider has failed to provide adequate monitoring of staff training and supervision which has placed people's health and wellbeing at risk. Regulation 18(2) (a)

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
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured accurate, complete and contemporaneous records in respect of each person, including a record of the care and treatment provided to the person had been maintained. Poor governance resulted in lack of effective systems and processes to ensure the provider was mitigating against risks

The enforcement action we took:

We have issued a warning notice to the provider