Careline Lifestyles (UK) Ltd

St Stephen's Court

Inspection report

St Stephen's Court
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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was an unannounced inspection which took place on the 10 December 2015. The service was last inspected in June 2015 and was meeting the regulations in force at the time.

St Stephen's Court is a residential care home providing accommodation and nursing care for up to 30 people. Care is provided for people with learning, neurological and physical disabilities. At the time of the inspection there were 27 people living at the service, including one person receiving respite care. One person was in hospital.

The service did not have a registered manager, but had an acting manager who was in the process of applying to register. 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.

People told us they felt safe living at the service and that staff knew how to act to keep them safe from harm. Safeguarding alerts were raised with external agencies however there was limited review and learning by the service after incidents had occurred. The provider reviewed long term trends and supported services to improve. The building and equipment were not always well maintained. We found that some repairs were required and areas needed improved cleaning to control the risk of infection. Staff worked with people to improve their environment and self care skills.

We observed that people had to wait for staff to respond to their needs at times. People told us staffing levels, staff absence and use of agency staff were an issue. Staff were not always properly trained and supported to meet people's behaviour support needs. We observed that some staff lacked the skills to support people's behaviour. Not all staff had received appropriate checks by an appropriately skilled person to provide PEG feeding assistance.

Medicines were managed well by the staff and people received the help they needed to take them safely. Where people's needs changed the staff sought medical advice and encouraged people to maintain their well-being. External healthcare professionals' advice was sought quickly and acted upon. There were regular meetings with external healthcare professionals.

People were supported by staff who did not always know how best to support them. Staff were generally aware of people's choices and how they preferred to be cared for, but some care plans lacked personal details. Where decisions had to be made about people's care, families and external professionals were involved and consulted as part of the process. The service did not always respond quickly to people's needs as they changed over time. Some reviews of care plans we saw lacked detail about how best to support the individual as their needs changed. The service looked to ensure that records were kept to demonstrate that reviews were occurring. The service supported people to access appropriate external healthcare support so

the staff could keep them safe and well.

People were not always supported to maintain a suitable diet. Not all staff were aware of people's dietary requirements and people told us the choices of food were sometimes limited. People told us there was times when portions were limited. Feedback from the service showed that people could have additional portions or access a skills kitchen themselves. However, not all people seemed to be aware of this or staff did not suggest this to them.

Staff were caring and valued the people they worked with. Some staff showed kindness and empathy in responding to people's needs. However others did not interact well with people and we observed some negative interactions between staff and people.

Privacy and dignity were not always respected by the staff team. Care notes were not always stored in a confidential manner.

The service did not respond consistently to complaints. Some records did not show how complaints were investigated or resolved or what actions the service had taken. There was limited evidence of learning from complaints within the service.

The acting manager has a process for reviewing the safety of the service. However, there was limited evidence that actions were taken or learning and feedback from previous satisfaction surveys.

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. Staff knew how to keep people safe and prevent harm from occurring. People in the service felt safe and able to raise any concerns. However there was limited review following safeguarding and other safety incidents.

The service did not use a dependency tool to calculate staffing numbers; some people told us there was not enough staff at busy times. We observed staff were often task focussed and people had to wait for support to be available.

People's medicines were managed well. Staff were trained and monitored to make sure people received their medicines safely.

Some parts of the service were in need of repair and improved cleaning.

Is the service effective?

Requires Improvement

The service was not always effective. Staff received support from senior staff to ensure they carried out their roles effectively. However not all training required to meet people's needs had been completed by all staff. Supervision was not always to an expected standard and training was being developed to support improved supervision.

People could make choices about their food and drinks. However not all staff were aware of peoples individual dietary needs which meant they were not able to ensure that people were supported to eat safely.

Arrangements were in place to request health and social care services to help keep people well. External professionals' advice was sought when needed.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005.

Is the service caring?

Requires Improvement

The service was not always caring. Some staff provided care with kindness and compassion, but other staff did not engage

positively with people. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were not always treated with respect. Some invasive care was provided in communal areas and peoples confidentiality was not always protected.

The staff took an interest in the needs of people, but did not always have the skills to support them effectively.

Is the service responsive?

Requires Improvement

The service was not always responsive. Staff knew how to support people according to their preferences. However care plans were not always personalised to the individual. Some reviews were not happening as often as required.

People felt there was variation in how different staff supported their choices.

People could raise any concerns and felt confident these would be addressed promptly. The service did not have a robust process to respond to and learn from complaints.

Is the service well-led?

Requires Improvement

The service was not always well led. The home had not had a registered manager for a period of time. The service had an acting manager who was applying to register.

The provider had notified us of any incidents that occurred as required.

People were able to comment on the service provided to influence service delivery. However there was limited evidence of formal action being taken in response to feedback from people, and learning from safeguarding and complaints.

People, a relative and staff spoken with all felt the acting manager was visible, caring and responsive.

St Stephen's Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 December and was unannounced. This meant the provider and staff did not know we were coming. The visit was undertaken by two adult social care inspectors and an inspection manager.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Information from the local authority safeguarding adult's team and health and social care commissioners of care was also reviewed. They had no concerns about the service. We had received concerning information from a former employee about the training they had received.

During the visit we spoke with 11 staff including the acting manager, seven people who used the service and one relative. Observations were carried out over a mealtime and during an activity, and medicines were reviewed. We also spoke with an external professional who regularly visited the service.

Eight care records were reviewed as were nine medicines records and the staff training matrix. Other records reviewed included safeguarding adults records and deprivation of liberty safeguards applications. We also reviewed complaints records, five staff recruitment/induction and training files and staff meeting minutes. We also looked at records relating to the management of the service.

The internal and external communal areas were viewed as were the kitchen and dining areas, storage and laundry areas and, when invited, some people's bedrooms or apartments.

Requires Improvement

Is the service safe?

Our findings

We observed there were two qualified nurses and 15 support workers on duty. Between six and eight of these staff were supporting people on a one to one basis. Staff told us they thought there was enough staff on duty to meet people's needs. A number of staff were deployed to support people on a 1 to 1 basis. We observed that people who were not supported 1 to 1 approached these staff on a number of occasions in the absence of general staff availability to seek support. The 1 to 1 staff then had to actively seek out other available staff to support them. We also saw that staff working on a one to one basis had to provide support to other staff when issues arose, particularly at mealtimes. We observed that staff seemed task focussed and did not always have time to speak with people. People we spoke with told us they were sometimes bored and that staff were often busy and did not have much time to spend with them.

We asked the acting manager how they calculated the staffing numbers in the service. They were unable to advise us, but after inspection we were advised the service used a needs analysis tool which is completed for each person. This information is then sent through to the Head of Business Operations who inputs the information into the residential forum calculation tool to identify the staffing levels required and this information is then agreed with the Home Manager. We saw that the service had a number of staff vacancies and was using agency staff on a regular basis. The acting manager told us they tried to use the same agency staff where possible and deploy them to support existing staff. On the day of the inspection four staff were unable to attend work so staff had to be recalled from training to fully staff the service. Alternative training was arranged for two weeks later.

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

The building was mostly clean and well maintained. However there were several areas where damage had occurred to the building fabric. For example, we were able to see into one person's bedroom through a hole in the wall, a communal room was closed due to damage and bedrooms had broken appliances or fixtures. Staff told us these had been reported and materials ordered to repair them. Some people's rooms and apartments were untidy and had malodours. We discussed this with the acting manager and senior staff who told us they worked with people to encourage improved cleanliness in their person and rooms. Some communal furniture was marked or stained. We brought this to the attention of staff and the acting manager who agreed to take action to improve the environment. The acting manager had ensured that monthly checks were undertaken for fire safety and in the event of people needing to be evacuated from the home. A monthly audit was undertaken by the acting manager which included fire safety and evacuation plans, feedback reported to the providers head office. The compliance team of the provider undertook quarterly visits to the service to check for safety and other issues. The services maintenance records showed us that checks on building maintenance and safety were checked as part of this monthly and quarterly cycle.

Staff told us there were schedules in place to make sure all areas of the home were kept clean during the week. Staff told us they wore suitable protective clothing when they were cleaning. However there were some areas of the home, particularly some bedrooms where there was rubbish and dirt accumulated and

malodours present. We observed staff come in and out of the kitchen whilst in the kitchen. They were collecting their own cups and milk and at one point a person in outdoor clothing came through to go off duty. We pointed this activity out to one catering staff member who told us staff should have been using supplies in creative kitchen rather than coming in the main kitchen. Protective clothing such as aprons were available, but was not being used by all staff.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed staff supporting people to manage their behaviour. We saw some positive interactions where staff supported people and reduced potentially aggressive behaviours. However we observed one incident where a staff members behaviour was inappropriate and escalated an incident further. They raised their voice and other staff present did not intervene to stop this incident degenerating further. We brought this to the acting managers attention who agreed to take action.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at the service and that staff knew how to support them well. One person told us, "I know what my triggers are and when things go wrong the staff do the right thing and make me feel safe." Another told us "They check on how I am doing, they are never rude to me." Feedback from professionals was similar, that the service managed people's often complex needs in a safe, respectful manner.

From notifications sent to us and records we saw there had been a number of recent safeguarding alerts where people had absconded from the service and in relation to people's behaviour. The acting manager had made appropriate referrals to the local authority and sent notifications to us for every possible safeguarding concern. We talked to the acting manager about learning from these incidents. The service did not formally review any learning from these or identify any lessons learnt from overarching themes which might arise. This meant the service did not undertake possible improvements which might avoid reoccurrence of such incidents. We looked at accident/ incident records and saw again there was limited review within the service to look at themes or actions that could be taken across the service to reduce repeat incidents. For example, there had been changes to some access door security following repeat absconding by people. Plans had also been put in place with external agencies to manage these risks if the person was to leave the building. This followed three days of incidents and the service liaising with external professionals.

Staff we spoke with told us they had attended safeguarding training and records confirmed staff had attended initial and refresher courses. They felt able to raise any concerns and felt the acting manager would respond positively. One staff member told us what they did if they had any concerns, "I've done safeguarding training. You fill in a body map and report any concerns to the nurse in charge or senior."

Care records showed that the service undertook a number of initial and subsequent risk assessments based on people's needs. These included risks such as moving and handling, falls, self- harm and seizures due to epilepsy for example. Each risk was evaluated regularly and clear details of how best to support people were identified. A number of risks were managed through staff support and observation as well as referral to external healthcare professionals when necessary. For example, as one person's self- harming behaviour escalated, staff observations were increased and specialist psychology input had been sought.

Staff recruitment files showed the service followed a consistent process of application, interview, references and police checks when appointing staff. Staff we spoke with told us they had been subject to interview and application checks. We saw evidence in records that staff had been through formal disciplinary measures where their performance had fallen below standard and that action had been taken to improve their ability.

We reviewed medicines records, spoke to staff about people's medicines and looked at how medicines were stored. We saw that staff supported people to take their medicines and that 'as and when required' medicines had clear plans in place. Staff we spoke with were aware of side effects and records showed dose, time, and how to be taken, for example, "Swallow whole while sitting or standing with plenty of water." People's medicines records also showed how best to communicate with people when supporting with their medicines, as well any high risk medicines with reasons for administration. Medicines storage rooms were clean and temperature checks of the room and fridge were carried out and recorded, although not always consistently. This meant medicine might be stored incorrectly. One person's blood pressure was being monitored by staff. Records kept of this were not always consistent so it was unclear if all actions that may have been required were taken by staff. We brought this to the attention of the acting manager and staff who agreed to take immediate action.

Requires Improvement

Is the service effective?

Our findings

Concerns had been raised with the Care Quality Commission regarding the training of staff who supported people with PEG feeding (percutaneous endoscopic gastrostomy, a tube inserted into the stomach to assist feeding). We looked at how the staff were trained to carry out this support. From talking to staff we found there was a lack of clarity about which staff could carry out this specific task. Some care staff told us only qualified nurses carried out this task, others told us that care staff had been trained. From records we saw that not all staff who had assisted with PEG feeding had completed the required training and been signed off by an appropriate professional. The training was generic in nature and not specific to individuals until the nurses shadowed staff and confirmed their competency. When we brought this to the acting manager and senior staff's attention they advised us that trainers competency would be confirmed and all staff have their competency checked by December 2015. At a provider level they agreed to ensure that all staff who may assist with PEG feeding were trained. Presently only those in areas of the home where PEG was required regularly had been trained. This meant that people were at risk of receiving unsafe care as staff had not yet been suitably trained and supervised as competent to carry out this support.

We spoke with staff about the training they had received on starting employment. Staff undertook three days core induction training as well as days shadowing experienced staff. Staff told us they had lots of training and felt this was relevant to their work. However from looking at records we saw that not all recently started staff had undertaken training specific to the needs of people using the service. For example, some staff had not been trained in MAPA (management of actual and potential aggression). This meant staff may not have the skills to manage people's behaviours. Some staff told us they were waiting for this training three months after starting employment. We observed that some staff managed behaviours well, but also observed one staff member who did not manage a person's behaviours well which resulted in an escalation of the situation. Other key training such as safeguarding, moving and handling, health and safety had been provided and the service had accurate records of who needed to attend refresher training.

From records we saw that staff were not always supervised regularly. Some staff who were supervising had not received any training on effective practice in supervision. We spoke to the acting manager who informed us training had been arranged for supervisors. Some staff told us they had attended supervisory training, but on files we saw there was no copy of the certificate of attendance. Records we saw may not have been complete as the providers process included all supervision notes being checked by the service manager. The records we did see could not support that supervision of staff was happening as frequently as the provider's policy stated by suitably trained staff.

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

We saw that people were supported to eat and drink to maintain their well- being. We observed a chaotic mealtime, people were eating hot food on plates in their laps and there appeared to be no co-ordinated meal time structure or support from staff. Feedback after the inspection from the service told us that this was the choice of people using the service as they preferred mealtimes to be more relaxed. One person was

asked to wait for a drink until staff were finished supporting another person. This observation occurred on the Court side of the service. Feedback after inspection advised us that people should be able to access drinks without support. However it was unclear if this person knew this and the staff did not suggest this to the person. One person had been supported to lose weight and had made progress, although the eventual goal was unclear from records. Prior to our visit we had feedback from staff that the vegetarian food options were limited. People who were vegetarian we spoke with told us the options on the menu were often limited and lacked variety. We saw their weekly meal planner which showed only two options. Feedback from staff after inspection was the planner was developed with the persons involvement. People we spoke with told us they liked the food, but at times the portions were small or the options limited. Feedback before the inspection told us that portion size was an issue. One person told us, "We don't have enough to eat as there aren't seconds and sandwiches are just two slices of bread." Staff told us when the kitchen was locked food for snacks were left in the skills kitchen. People and staff told us this was sometimes not well stocked, despite staff being able to access the kitchen if required. From talking to staff and observation we saw that the nurses and kitchen staff discussed people's dietary requirements and food was plated and labelled for each individual before serving. However care staff we spoke with were unaware of people's dietary needs so could not check the food was suitable for people's needs or whether it might pose a risk to their well-being. This meant people could have eaten food which was not suitable for their requirements.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. We saw from looking at records that people's capacity to consent had been assessed. Where best interests decisions had been made these had been the least restrictive and had involved appropriate external professionals in any decision making process. External advocacy support had also been sourced to support people. Care records showed that consent had been sought where the person had capacity. People told us they could make decisions about their day, when to rise in the morning, what to wear, what to eat and the activities they chose to take part in. People told us they felt the service offered them choices and respected their decisions.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). From records we saw that appropriate referrals had been made to the local authority where people's care amounted to a deprivation of liberty. There were a number of people subject to DoLS authorisation and these were kept under review as people's needs changed over time. From one person's records we saw that the service had assisted them to challenge a decision of an external assessor.

From records and talking to staff we saw that the service sought the regular advice and input of external health professionals. There were regular visits to the service by psychiatry, psychology and learning disability specialists. From care records we could see their advice was acted upon promptly and changes made to care plans and risk assessments. We saw that people had care plans around their physical well-being in place, with plans for improving health such as reducing smoking and weight management.

Requires Improvement

Is the service caring?

Our findings

People told us they felt the staff team were mostly caring towards them. One person told us, "I do think staff are kind." We observed that some staff were attentive and spent time with people, interacting with them as they went about their work or whilst supporting them. However, we also observed that some staff who worked individually with people did not interact with the person they were supporting. We also observed an incident where a person's behaviour was not managed well by a staff member. The staff member did not use de-escalation techniques but raised their voice and increased the persons agitated behaviour. We brought this to the acting manager's attention.

Daily notes were kept in a cupboard in a communal lounge area. We observed this was not kept locked or secure which meant people could access files and records belonging to other people. We observed that staff left this area unsupervised and this meant there was a risk that confidential information was not being protected.

We observed staff assisting people with invasive procedures such as PEG feeding and suction (to remove excess saliva) in a communal area. Staff advised us this was based on the persons needs and wishes. Since inspection this has been confirmed to be in their best interests. Staff were using an audio monitor to keep checks on a person in their bedroom. The monitor was placed in a communal area and other people could easily hear what was happening in the person's bedroom and made comments about this. One person had a hole in their bedroom wall and we could see them in their bed from the corridor. Staff told us this had been reported and materials ordered. These incidents did not ensure that people's privacy and dignity were protected.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had notice boards in communal areas highlighting recent surveys, a discussion forum, gardening group, activity schedule, the staffing structure and the complaints procedure. The acting manager told us keyworkers tried to ensure that people were encouraged to be aware of opportunities in the service and to seek their views.

One person told us, "The staff listen to us and don't invade my privacy. I feel they are respectful of me and don't talk to me like a child. They understand the problems I have." Another told us they had been involved in writing and reviewing their care plans. All the people we spoke with told us that staff knocked on doors and waited for an answer before entering their room or apartment. People told us they were supported to maintain their links with family and other relationships and if they could not visits they were supported to visit them. Some people had their own pets in the home and told us the staff supported them to look after them and keep them clean.

From records and care plans we saw that people had been appropriately referred for external advocacy support where issues of conflict had occurred. We saw that mental capacity and general advocacy had been

sourced, as well as people's families being involved in decisions where the person requested this. The acting manager told us how they had recently supported a person with a conflict about their legal status. They had advocated on behalf of the person as they felt external professionals' decisions were not supporting the person to maintain their mental health. The acting manager told us how they tried to ensure the people were involved in decisions about their care, by helping to develop their care plan and being part of reviews. They told us that when people chose not to participate they then explained to the person what had been decided by the multi-agency team and encouraged them to feedback.

Requires Improvement

Is the service responsive?

Our findings

The service had an accessible complaints policy for use by people. We looked at the service's complaints and compliments records. We saw that there had been a number of complaints from different sources, but the records did not show how they had all been responded to or what actions had been taken. We saw one complaint had been fully investigated and the outcome had been a staff member being dismissed. We saw the complainant had full feedback and was happy with the outcome. In other complaints about a person's behaviour there was no record of any response or outcome. Staff told us this was being managed under the safeguarding adults process but the complaint record did not have this information and it was unclear if the complainant had been given any feedback. Other complaint records did not show how the issue had been investigated and if the complainant had feedback on the outcome. This meant the service was unable to demonstrate how it was managing complaints as well as learning any lessons from the outcomes. After inspection we were advised the complaint process has now been centralised to ensure a consistent response in future.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the care plans staff used to direct and review people's care. People's needs were assessed before they moved to the service. These plans were then added to as people were re-assessed over the initial period and were then subject to a process of on-going review. These had been updated and we found that some of the content was person centred, describing the person, their needs and preferences in more detail. However this was not the case in all care records we saw, some lacked personal detail and lacked clear goals or reasons for the persons placement at the service. Staff we spoke with mostly had an understanding of how best to support people. However, we found there was limited review and adjustment of some people's care plans as their needs changed over time. Some care plans were quite generic in nature and lacked details, not describing how best to support the individual. Some care plans and risk assessments did not appear to have been reviewed regularly despite there being a change in the person's needs. Staff told us these documents may have been archived and in future all evaluation sheets will remain with support plans. This meant people were at risk of receiving care that was not person centred or reviewed to meet their changing needs.

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

The service supported people to attend local colleges and other external activities and we saw staff supporting people to use a computer to shop online. People told us staff supported them to access local libraries, shops and leisure facilities. We saw there was a gardening club in the service, as well as a skills development kitchen, and a number of lounges where people were supported. The service had its own unit containing a spa-hydrotherapy, gym equipment, two sensory rooms and creative suite. We did not see these facilities being used during the inspection and did not see reference to these facilities in any care plans we reviewed. The creative suite could be used for arts, crafts and in-house recreational activities. We observed

people using the skills kitchen with staff support. One of the sensory rooms was out of use due to damage, staff told us these had been reported and materials ordered to repair them. During the inspection we observed that a number of people were not engaged in any activity, and staff did not promote or encourage them to undertake any activity. We saw some people moving about the service without purpose. Staff told us they had staffing vacancies which were key to the development of an activity schedule in the service and this would improve once those posts were filled. During the inspection we observed that some young people appeared to have no structured occupation provided. We observed people sitting in communal areas with no activity provided. We did not observe any staff spontaneously seeking out ways to develop or improve people's independence skills or ways to help their behaviour through activity and stimulation. Feedback after inspection told us outside activity was often dependant on budgets and that organised in house activities were often poorly attended. Some people we spoke with told us they were bored at times, and would like more activity in the service. Some people told us that outside activity could be dependent on budget and staffing on duty. One person told us "I would like more outside activity or training, but it's not always possible." Feedback from the last resident survey in February 2015 showed activities as being the area for the largest improvement and there had been no clear action taken since then to improve this area. One person we spoke with told us, "I don't think there are enough staff, I stay in bed when I'm bored."

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires Improvement

Is the service well-led?

Our findings

The registered manager post had been vacant for 11 months. The acting manager was now in the process of registering. People told us they liked the acting manager and that they were approachable and caring. Staff told us they felt supported by the acting manager. However there were a number of longstanding issues relating to staffing and activities in the home which had not been resolved.

The service had undertaken a resident survey in February 2015. The records did not show any analysis or learning from the outcomes of this survey. Activities in the service were noted as the area needing the greatest improvement and this was reflected during the inspection. There had been a number of safeguarding alerts and complaints, though again there was no evidence of any analysis and learning by the acting manager from these incidents to prevent reoccurrence or to improve the quality of the service. This meant the service did not question its practices and had not taken opportunities to improve the service offered. After inspection we were informed the service completes trend analysis reports every 3 months and any required actions for a service to improve are then feed through into all provider services action plans.

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

Staff we spoke with were able to tell us what the aims of the service were, to support people to develop independent living and self-management skills. But the records in peoples care plans did not always demonstrate how the service was delivering this for each person. People were clear they felt supported, but were not able to tell us the aims of their placement at the service.

The acting manager was present and assisted us with the inspection. Records we requested were produced for us promptly. The acting manager was able to highlight their priorities for developing the service and was open to working with us in a co-operative and transparent way. They were aware of the requirements to send the Care Quality Commission notifications for certain events. We saw the acting manager had a visible presence within the home and was known to the people using the service. The acting manager felt that more support could be made available to further develop and improve the service.

The provider undertook a series of quality audits within the home including four care plans a month, environment, infection control, medicines, fire safety and health and safety, but these had not always identified the issues we found. There was access within the provider organisation to specialist behaviour support and quarterly themed satisfaction surveys were fed into the providers head office for analysis. A food and drink survey was the last one undertaken and the findings were broadly positive. The provider had quality compliance staff who visited the service quarterly to carry out thematic reviews, such as care plans.

The acting manager arranged a monthly meeting for people using the service. This was supported by external advocacy services and staff attended the meeting at the end to get feedback. Various issues were discussed at these meetings including activities, staffing and menus. People felt able to voice any concerns they had and were mostly confident that action would be taken. People felt they were able to influence the

development of the service, for example by choosing the decorations of their rooms.

The acting manager held monthly meetings with both nursing and care staff. Staff told us they felt able to raise issues at these meetings and they were able to progress issues. The main focus for the most recent meetings had been improving training and record keeping. The acting manager told us the biggest issue they had was recruitment of new staff and managing staff absence. This meant they had to use agency staff if they were unable to cover shifts. Staff we spoke with were clear on their roles and responsibilities, but aware of key vacancies in the service. The acting manager told us the biggest issue they had was recruitment to key roles and staff absence.

The staff we spoke with felt the acting manager was a good leader, but that morale was low due to staff turnover and absence levels. Staff did tell us they enjoyed their jobs and working with people using the service.

We spoke with an external professional who told us that the service had supported their client well. They had received good feedback and a core team of staff had worked consistently, taking their advice and input. They had noted there was a high turnover in staff, but the acting manager attended most meetings and had been consistent in their approach. They felt the acting manager and staff had worked collaboratively with other external agencies.

We discussed with the acting manager how they had worked with the police to better support a client whose behaviour was a risk. They told us how they had developed a joint risk management plan that meant the person's risk to themselves was reduced and a clear contingency plan was in place.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person had not carried out, collaboratively with the relevant person, and assessment of the need and preferences for care and treatment of the service user. Regulation 9 (3) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The registered person had not ensured the dignity and privacy of service users. Regulation 10 (2) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person 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) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs

Treatment of disease, disorder or injury	The registered person had not ensured the receipt by a service user of suitable and nutritious food and hydration which is adequate to sustain life and good health. Regulation 14 (4) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered person had not ensured the premises and equipment used by the service provider was clean and properly maintained. Regulation 15 (1) (a) (e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The registered person had not established and operated effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. Regulation 16 (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had not assessed, monitored or improved the quality of the services provided. The registered person had not sought and acted on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

Regulation 17 (2) (a) (e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person had not ensured there were sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed in order to meet the requirements of people using the service. Regulation 18 (1)