Caretech Community Services (No.2) Limited

May Morning

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 31 May 2017 and was unannounced. May Morning provide accommodation and support for up to eight people who have a learning disability, autistic spectrum disorder and some mental health needs. The service is not accessible to people in wheelchairs. At the time of our inspection the service was full.

At the previous inspection on the 18 & 19 October 2017 we found eight breaches of our regulations, and an overall rating of requires improvement was given at that inspection. As there were recurrent breaches in respect of the recruitment of staff and quality monitoring we issued enforcement notices for the provider to take urgent action in these areas. We issued requirement notices for other breaches because the provider had failed to ensure that medicines were managed safely, that some risks were appropriately assessed or that guidance in respect of some health conditions was in place. Applications for Deprivation of liberty authorisations had not been pursued to ensure restrictions in place were authorised. People were not provided with an accessible version of the complaints procedure. Service inspection ratings were not displayed in the service or on the provider's website. New staff were not provided with appropriate induction training and supervision to ensure they could fulfil their role competently. The provider sent us an action plan following this inspection to tell us how they would improve. At this inspection we found the provider had made enough progress to meet the two previous warning notices in respect of regulation 17 for a lack of effective quality monitoring and regulation 19 for significant shortfalls within recruitment documentation. Minor shortfalls remain in some areas of staff monitoring and recording and we have issued a new breach for regulation 17, this is to ensure progress in this area continues and is maintained. Progress to address a previous breach of regulation 16 in respect of complaints had not been fully covered by the actions taken within the service and this remains a continued breach of regulation 16.

The service had a new registered manager in post that had been in post for three months at the time of inspection. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations, about how the service is run. The registered manager was present throughout the inspection.

The service is a large detached house adjacent to another service May Lodge overseen by the same registered manager. People's bedrooms were located on the ground and first floors, some bedrooms had en-suite facilities but the majority of people shared communal bathrooms and everyone shared living/dining room and kitchen facilities.

Although the new registered manager had been proactive in addressing many of the outstanding breaches, her influence on the service is still to embed. At the last inspection we highlighted that there was not an accessible complaints procedure for people in the service actions taken to address this had not been adequate to meet the needs of people in the service and this remains a breach.

Although the provider had taken action to address previous breaches and improve operational quality monitoring, improvements made were taking time to impact on the effectiveness of quality monitoring and there were still gaps in some of the safety checks made. We have issued a requirement notice for improvements to the quality monitoring system to be made.

Staffing was sufficient and flexible to meet people's needs. New and existing staff had appropriate training and experience to support people well. Recruitment processes were in place to protect people and ensure staff employed were suitable for their roles. Staff felt supported and listened to and found the new registered manager 'approachable' and welcomed the open door policy they had adopted. Staff said they had more staff meetings and felt able to raise issues within these.

There were safe processes for the management of medicines. Staff knew how to keep people safe from harm, they were trained to recognise, and report abuse. Risks were appropriately assessed. Accidents were acted upon appropriately to ensure people received input from medical professionals if required. Incidents were analysed and where there were issues of concern advice was sought from health and social care professionals.

The premises were clean and well maintained. All tests checks and servicing of equipment was in date and staff practiced fire evacuations and understood where to take people in the event that the premises needed to be evacuated.

The registered manager demonstrated a clear understanding of the process that must be followed if people were deemed to lack capacity to make their own decisions and the Mental Capacity Act (MCA) 2005. They ensured people's rights were protected by meeting the requirements of the Act.

People had choice around their food and drinks and staff encouraged them to make their own decisions and choices. People's health and wellbeing was monitored by staff and they supported people to health appointments as and when required.

People moved freely in their home and were at ease in the company of staff. Staff demonstrated they understood people's communication needs well and spoke to people in their preferred way. Staff were patient and respectful towards people and were mindful of people's privacy and dignity in their everyday support.

Care plans contained specific detail so staff could understand people better and this information guided their everyday practice. People chose to participate in a variety of recreational activities inside and outside of the service. People were encouraged to develop their independence skills and were supported to maintain important links with family and friends.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

There were enough staff to support people but improvements were needed to the accuracy of staff rotas. All checks, tests and servicing of equipment was carried out but some safety checks were not always completed. Staff were trained to safely evacuate people from the building if necessary but not all staff were familiar with emergency procedures information.

Risk were appropriately assessed. Medicines were managed safely. Recruitment procedures for new staff were robust. Staff received safeguarding training and understood how to keep people safe from harm. Accidents and incidents were appropriately managed and acted on.

The premises were clean and provided a comfortable, homelike environment for people.

Is the service effective?

Good

The service was effective

Systems were in place for the induction, supervision and training of staff.

People's health and wellbeing was managed well and people were supported to access health professionals as needed. People were consulted about what they ate and pictorial menus helped them make choices.

Staff supported people in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring

Staff were patient and respectful in their engagements with people. People's methods of communication were understood well by staff and this informed their support of people.

People were encouraged to develop their independence and were supported to devise goals and aspirations to work towards. Staff supported people to maintain links with their families and friends.

People's bedrooms reflected their personal taste and interests and contained possessions important to them. Staff respected people's privacy and supported them discreetly to protect their dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive

Complaints information was not visible in a format that people could understand and use, staff were not proactively making complaints on behalf of those who could not do so themselves.

People were assessed prior to coming to live in the service to ensure their needs could be met, detailed care plans were developed that guided staff in the day to day support they offered.

People and their relatives were involved and consulted about their care and treatment which was kept under review. People were supported to make use of activities and services within the local community and helped to pursue and develop their interests.

Is the service well-led?

Requires Improvement

The service was not consistently well led

Improvements to the systems to assess and monitor service quality were still to embed and gaps in completion of some checks were still evident. People were surveyed for their views but a mechanism for evidencing how their feedback was used was absent.

Staff meetings were held regularly and staff felt well supported and managed.

Policies and procedures were kept updated and informed staff practice. The service appropriately informed the Care Quality Commission of notifiable events.

May Morning

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection took place on 31 May 2017 and was unannounced.

This is a small service and to reduce the level of intrusion for people the inspection was conducted by one inspector.

Before the inspection, the provider had already completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems an updated PIR was not available and we took this into account when we inspected the service and made the judgements in this report. We also looked at previous action plans and reviewed other records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

At inspection we met six of the people who lived in the service at various times during the day. Sometimes people preferred their own space and did not respond to direct questions we asked them, so we observed their interactions with staff and how they engaged with people they lived with. We observed staff carrying out their duties and how they communicated and interacted with each other and the people they supported.

We spoke with the registered manager, deputy manager, two team leaders and two care staff. After the inspection we received feedback from one health and three social care professionals and two relatives.

We looked at two care plans in detail and two in regard to specific issues we wished to track. We also looked at associated health plans, environmental and individual risk assessments, medicine records, and some operational records that included three staff recruitment training and supervision records, staff rotas, menus, accident and incident reports, servicing and maintenance records, complaints information, policies

and procedures, survey and quality audit information.

Requires Improvement

Is the service safe?

Our findings

People were going about their daily routines when we arrived. Some were already up, dressed and waiting to go out, one person told us they were going on a home visit, others were going for a drive in the minibus and one was going to day care. Others were just rising or coming to the kitchen to make their breakfast with supervision from staff. People were tolerant of each other's presence but did not particularly interact with each other, preferring to focus their attention on visitors or staff. Staff were alert to where people were at all times to ensure they were safe.

A social care professional told us:" Staff seem to have a good relationship with our client, who is very chaotic and hard to manage due to very difficult behavioural problems they display. The home manages these behaviours very well and is good at putting boundaries in place to keep X and others safe.

At the last inspection we issued a requirement notice because checks of hot water outlet temperatures had not been recorded consistently, there were significant gaps in recording and this posed a risk that people could be scalded. A quarterly health and safety checklist that monitors that the environment is safe and hazard free for people had not been completed to that frequency. These checks are in place to ensure the service has taken all reasonable steps to keep people safe, the lack of completion undermined this and placed people at risk. We asked the provider to tell us what they were going to do. They sent us an action plan that said the improvements they had made would make them compliant by 31 December 2016.

Since the last inspection a new recording system had been implemented to help improve compliance. Records showed an improvement in recording of water temperatures but there remained inconsistencies. Water temperature check records not been completed for the previous two weeks prior to inspection and staff could not confirm if these had been checked. The quarterly safety checklists had been completed up to January 2017. The next one was due in May 2017 but at inspection on 31 May 2017 had not been undertaken and was not scheduled so there was a risk frequencies of checks could reduce again. The new registered manager had implemented additional monitoring checks to identify where shortfalls occurred; she was taking action to ensure staff took personal ownership and accountability for not completing important checks. The impact of these actions was still to be embedded and take effect and this remains an area for improvement.

Previously we had issued a requirement notice because the provider had not taken all reasonable steps to keep people safe. This was because staff were not attending enough fire drills. Fire drills provide staff with the understanding and knowledge they need to carry out a fire evacuation safely. The fire risk assessment had required that staff fire drills be held every quarter; this had not been adhered to. The provider sent us an action plan that informed us they would be compliant by December 2016 and that they had reviewed the number of fire drills they expected staff to participate in to two drills minimum for each staff member annually. To date all staff had attended one fire drill. A further drill had been held with a reduced number of staff. Additional drills were planned to ensure all staff attended the minimum number over a twelve month period; understood their responsibilities and were confident and competent in the event of a fire.

Fire equipment was serviced and weekly visual checks and tests of equipment were happening to ensure this was in working order. A personal evacuation plan had been developed for each person informing staff of the support the person would need to evacuate the building safely. We had previously recommended that the provider ensure staff were informed of the business continuity arrangements in the event of an emergency. The majority of staff had been reminded of the procedure to follow in the event of people not being able to return to the building as a result of an emergency. This information was easily accessible to staff if they chose to read it; which not everyone had done. We highlighted this to the registered manager to ensure staff were all familiar with these emergency arrangements

At the previous inspections we had issued an enforcement notice because the provider had not taken the action to address a previous breach in respect of recruitment documentation that we had made. We asked the provider to tell us what, improvements they were going to make and when this would be compliant. They sent us an action plan of what they had put in place and said that this would be completed by the end of December 2016. At this inspection we checked that this had been implemented and sustained. We checked records of two staff recruited since the last inspection and also a previous staff record that had shortfalls. All records viewed contained evidence of application, interview, and all the documentation required to check on the suitability of the new staff member. This information helped to inform the provider's decision to employ them. Required information included references from previous employers, a criminal records check, evidence of their personal identity, a declaration as to their health fitness to undertake the role and a full employment history. Records of existing staff members where shortfalls had been identified had also been brought up to date. We were satisfied that the provider had taken the necessary action and had met the requirements of the enforcement notice.

At the last inspection we issued a requirement notice because we identified that the service was using a generic protocol for the administration of 'as required' prescribed medicines. This arrangement did not take account of people's individual needs. This posed a risk that staff may not administer these medicines in a consistent manner and use them only when necessary. We asked the provider to send us an action plan of the improvements they were making to address this. They told us that the improvements would be complete by the end of December 2016. We checked peoples medicine records and noted that the provider had ensured that everyone with 'as required' medication had an individualised protocol in place for when this medicine should be administered. This information guides staff practice; it helps towards ensuring improved consistency in the way these types of medicines were administered. We were previously satisfied with arrangements for the ordering receipt and disposal of medicines and these remain satisfactory. Medicines were kept safely and storage temperatures monitored. Medicine records detailed how people liked to take their medicines and staff administered medicines in accordance with this guidance.

Previously we had identified that risk associated with some people's health conditions for example; epilepsy had not been assessed in regard to some everyday activities and the risks posed by unsupervised bathing and access to bathrooms with bath plugs in situ; this could have placed them at risk of harm. Risks in regard to the behaviour of someone with mental health needs had not been assessed in regard to the impact on others when the person was unwell. We issued a requirement notice and the provider sent us an action plan of what they were doing to comply with the notice and that this would be completed by the end of December 2016. At inspection staff told us that actions had now been taken to remove plugs from en-suite and communal baths when not in use; plugs were now signed out to staff when a bath was organised and signed back in when the bath was finished. Risk assessments had been developed to highlight the risks the people with epilepsy could experience. Risks associated with the behaviours from someone with mental health needs had also been reviewed and assessed. In all other respects the risk framework in the service was well developed.

There was enough staff to support people and enable them to participate in regular activities in the community. Staff worked staggered shifts that responded to the ebb and flow of activity within the service at key points in the day. Usually by 11:00 am there was six staff available to support people with their daily activities. This reduced after 17:00 hours when people had returned from activities and the pace within the service was slowing down. Whenever possible gaps in shift were covered from within the staff team. Some gaps could not be filled this way and agency staff familiar with the service were used; staff from other services in the organisation were also rostered to work at the service. On the day of inspection we met a staff member from another service that had never been to this service before. The staff member spent time at the start of their shift familiarising themselves with peoples care plans to ensure they had an understanding of peoples support needs.

The staff rota identified shifts that required cover due to sickness, training or annual leave but did not show who had covered them. This information could be found elsewhere in the diary; however, whilst evidencing cover was provided, it did not always confirm who had provided it. We discussed with the deputy manager how the present rota could be improved. There was a need to ensure that accurate staffing information was easily available; this provided assurance that the right number of staff with the right skills and knowledge were supporting people to keep them safe. This is an area for improvement.

The premises were clean. Communal bathrooms although functional were in need of redecoration. This was because paint had chipped and fallen off the wall in one bathroom surrounding the sink and bath; this could pose a risk to maintaining good infection control. In another bathroom a painted wooden bath panel was split at the bottom and could pose a risk of splinters. Some areas needed attention such as the entrance porch which needed tidying up. Areas surrounding the outside of the building to the rear of the premises had long grass and weeds and looked untidy.

We previously recommended that the provider make some improvements to the way in which repairs and equipment servicing was managed. The provider told us that they had implemented an annual maintenance plan and day to day maintenance arrangements were reviewed. Staff were happier with the repairs and maintenance process and said everything was currently working, with no outstanding repairs. Servicing of the boiler had been carried out and the electrical installation and portable appliances were booked to be serviced on 12 June 2017. A repair to a bathroom window identified at the previous inspection had been completed. Communal lounge, dining room and bedrooms were in good condition despite the level of wear and tear. Furnishings were of good quality and lounge areas were comfortable and homelike. Bedrooms contained things of importance to the people living there and were personalised to meet their needs.

Staff had an understanding of individual risks people could experience or pose to others; these were assessed in respect of each person to reflect their specific needs. Environmental risks that could affect all the people in the service were also identified and assessed and appropriate measures put in place to help keep people safe. Risk information was detailed; it was kept under review and updated regularly and when changes occurred.

Considering the complex needs of people in the service, the level of accidents and incidents was low. Staff understood how to report and respond to accidents and incidents. We noted 19 incidents had occurred since the beginning of January 2017. Twelve incidents of these were attributed to one person; the registered manager had referred the person for input from a psychologist. It was hoped that the psychologist would help staff to understand the persons behaviours better and devise improved strategies for managing them.

Staff understood how to keep people safe from abuse they could recognise the different forms of abuse;

they had received training in how to respond and report incidents where they suspected abuse had taken place.

Good

Is the service effective?

Our findings

One relative said she did not always feel she was kept informed and it largely depended on which staff were on duty. This was not the experience of another relative who felt that communication from staff was good and that they were always kept informed.

A relative told us that they were unhappy that a Deprivation of liberty meeting arranged by a care manager had gone ahead without them because they could not make the date; they felt they should have been present.

A social care professional told us "The person I was visiting presented to be happy and all health needs were being met."

We observed staff were good with people. Staff understood people's characters and individual support needs. They understood and were alert to people's body language and behaviour. They were proactive in anticipating and guiding people away from situations that might escalate. Staff understood what people liked and how they could motivate and engage them in activities and tasks, but also knew when to give them space.

At the previous inspection we issued a requirement notice because the service was not fully supporting people in accordance with the Mental Capacity Act (2005). Staff understood the need to apply for authorisations when implementing any restrictive practices into people's lives but they had not pursued Deprivation of Liberty Safeguards (DoLS) applications they had made to support restrictions in place. These applications were more than one year old and should have been reviewed. We asked the provider to tell us what they were going to do to address this issue. The provider sent us an action plan of what they had done and told us these actions would be completed by the end of December 2016. Since then all the DoLS applications made had been reviewed, and resent to relevant funding authorities. A tracker was now used by the registered manager to monitor the progress of applications and contacts made with the responsible local authorities to seek updates. This breach was now met.

Staff had received Mental Capacity Act (2005) and DoLS training (The Mental Capacity Act 2005 (MCA). This provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. People's capacity to make some everyday decisions for themselves was individually assessed. Staff understood people's methods of communication and sought their involvement and consent in a variety of ways suited to their needs and abilities. Staff understood that people sometimes needed help with making important decisions in their lives and this would be undertaken through a best interest discussion with people who knew them well.

Staff said they were much happier and that there was improvement to the structure and organisation of the service since the arrival of the new manager. At the previous inspection we had issued a requirement notice because staff were not being suitably inducted into their role or had their probationary performance adequately monitored. There were shortfalls in staff's completion of ongoing mandatory training updates

and arrangements for the formal the supervision of their work performance and training and development needs was inconsistent. We asked the provider to tell us how they were going to address these shortfalls. They sent us an action plan informing us of the action they were taking and that they would be compliant by the end of December 2016. At this inspection staff told us that new staff completed a four day bloc of training as part of their induction to the company and to the service; this included the bulk of their mandatory training courses. The induction training provided them with basic knowledge and skills to undertake their role. New staff confirmed they were required to complete a period of induction that included completion of workbooks in regards to the Care certificate which we were shown; new staff competency was assessed through this process. The Care Certificate was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life.

A new care staff member said they had been allocated a mentor during the first part of their induction. The organisation requires that manager's complete probationary information and new staff confirmed they were attending probationary meetings. Staff told us that they thought the new manager was very approachable and operated an open door policy. A supervision schedule showed that there were an improved frequency and range of supervision tools used to assess staff performance including face to face meetings with individuals or groups, observational supervisions and appraisal. Staff confirmed they had received information about the appraisal process which they had to complete and these were scheduled to take place in July 2017.

There was a varied training programme for staff that provided in addition to updates to mandatory courses, training in specialist areas relevant to the needs of people living in the service. For example 'Person centred thinking' and SPELL an advanced autism training course. The training matrix showed that the majority of staff were in date with their training, and that systems were in place to identify staff that required updates to training or were still to complete training and they were scheduled onto appropriate courses. This breach has now been met.

At the previous inspection we issued a requirement notice for the provider to take action because we had identified that here was a lack of individualised guidance to inform staff how to support people with epilepsy preceding, during and post seizures. This could lead to staff being inconsistent in the support they gave to people with epilepsy; this could place them at risk of not receiving the right support when they needed it. We asked the provider to take action. They sent us an action plan detailing the actions they were taking to improve the guidance they provided to staff in regard to people with epilepsy; this would be completed by the end of December 2016. At this inspection we checked the records of people with epilepsy; these now contained individualised epilepsy plans to guide staff in the support they provided to each person. This breach is now met. People received good support from staff to maintain their health and wellbeing, health action plans were in place and showed that staff maintained good support in all aspects of people's health care needs; they supported people to routine appointments and referred them appropriately if specialist advice or treatment was needed.

We observed people coming and going from the kitchen making their own breakfasts and helping with light lunches. People sometimes ate lunch out or took packed lunches. The main meal was provided in the evenings with the exception of Sunday roast. Staff catered to people's specific preferences and Staff were aware that some people were prone to unhealthy eating or their diet was not nutritionally balanced but this was all they were prepared to eat and their meals were provided separate to the main menu. People maintained stable weights and although no specialist diets were in place staff were mindful of the need to reduce the sugar intake for one person.

Good

Is the service caring?

Our findings

A social care professional told us "I found the service welcoming." Another said "The registered manager is a very good person centred manager and the service user I had there was happy and settled."

A relative told us that they were happy with their son's placement and were kept informed by staff regarding any issues that arose but said they would like to know more about what went on in their sons life because he was unable to tell them himself "Sometimes it would be nice to hear about the nice things he does as well" and "He comes home most weeks and never makes a fuss about going back. "Another told us "Everything is fine with x, staff arrange for me to have a meal with him at the service sometimes."

The core group of staff had worked at the service for a number of years and knew people well. They communicated with people in a kind, attentive and clear manner so people understood what was being asked of them. Staff understood people's individual styles and methods of communication and were alert to changes in moods and body language.

People were curious about our presence but overall went about their daily routines in a relaxed manner. Staff were supportive and patient in their responses to people.

At the previous inspection we had highlighted as an area for improvement how the service could improve privacy and dignity for a hearing impaired person. This was because staff needed to enter their bedroom first to flick a light switch to alert the person to their presence. Since then the provider has taken action; a doorbell had now been fitted to the person's door. When the doorbell is pressed this causes the ceiling light to flash in the bedroom alerting the person that someone is at their door. This has given the person had better control over when staff entered their bedroom.

Previously we had highlighted as an area for improvement the communication plan for a person who used a variety of body language and signs of their own design to make their needs known. Staff had developed a very detailed communication plan to guide and inform all staff but this lacked information about some of the common body language and signs used by the person. Staff themselves were not clear about what some body language and signs meant and had different ideas about this. This could lead to a lack of continuity for the person. Since then the persons already comprehensive communication plan had been reviewed and revised to include all the types of body language and signs used by them that staff were aware of. This helped in ensuring all staff had a better understanding of what the person was communicating to them through their body language and signs.

We had previously highlighted as an area for improvement the need to explore options for a person unable to lock their room door; as a consequence they had been subject to regular incursions from another service user and personal property had been damaged as a result. Since then clearer boundaries had been established with the person who was prone to invading another's room, they were aware they were financially responsible for property damaged in the person's room. Staff were also more alert to this issue. As a consequence of these measures, staff said the number of incursions had decreased greatly. Staff said

they would continue to research alternative locking mechanisms that could be used by people who could not use keys, as this would empower them to secure their own private space.

People's privacy and dignity was protected by staff in the way they offered personal support discreetly and steps taken to improve individual privacy and dignity for example medicines being stored and administered in people's own bedrooms away from others. Staff were respectful in their attitudes towards people and maintained confidentiality when discussing people's needs between themselves. People were provided with keys to their bedrooms if they could use these appropriately. We observed some people locking their bedroom door when they went out.

People moved around freely within the service with only the laundry and the staff offices locked. People lacked capacity to understand danger and could be at risk if they went outside unaccompanied. The front door was key pad locked and this restriction was included in the deprivation of liberty authorisation applications made to respective local authority DoLS teams. Staff respected people's choices and decisions about how they spent their time and the routines they followed.

People chose where they spent their time. Two people spent a lot of time in their own rooms preferring their own company and doing things that interested them. For some time staff had wanted to provide one person with the facility to have their own garden accessible from their room. This was because the person chose to spend time away from others and had derived great pleasure from being able to walk in the garden when they wanted. At this inspection we were shown the improvement s made for this person. A doorway had been made out to a privately and secure fenced garden area with a shed where the person could spend their time. Some garden furniture was planned so that the person could entertain their relative when they visited.

People were encouraged to do what they could for themselves with prompting and supervision from staff. Most people helped to make their breakfasts and sometimes packed lunch. People participated in room cleans weekly and also helped with their laundry.

Bedrooms had been personalised with personal possessions and family photos, décor had been chosen carefully to reflect people's specific preferences and interests. Several people were happy for us to visit their bedrooms and we observed staff engaging with one person who wanted a DVD of a favourite show put on; this helped to settle them. Another person kept a fish tank and told us that they looked after the fish and cleaned the tank. They told us about going on home visits which they looked forward to and which were a regular feature of their weekly routine. Home visits were an important part of people maintaining relationships with their family and staff actively supported these visits to make them happen.

House meetings were not held but people were given one to one opportunities with a key worker who understood their method of communication (A key workers role involves taking a social interest in that person, develop opportunities and activities for them, take part in support plan development with the person and guide and inform other staff about the person); in these meetings the key worker could establish whether any changes were needed to the support and care the person received. Goals and dreams were explored with each person by their key work staff and achievable goals established that they could work towards.

People's end of life wishes were recorded where they or relatives had made these known to staff.

Requires Improvement

Is the service responsive?

Our findings

A professional told us "They implemented all the proposed support as agreed." Another said about the new manager "The service user's mother too was very happy with the placement and the staff handled his specific needs and challenging behaviour very well." A third commented "They attempt to engage her in activities inside and outside of the home, although not always successful due to a reluctance to engage."

A relative told us I always get invited to reviews. They bring X home regularly each week but X is always happy to go back there."

Previously we had issued a requirement notice because the provider had not taken action to display the complaint procedure or to provide this in an accessible format for people in the service. This meant that there was no formal system for them express their concerns about things that happened to them in their everyday lives; that other people and staff in their own lives would consider were cause to complain. For example someone entering your room and breaking your possessions. We asked the provider to send us an action plan of what they were going to do to address this; they told us they would be complaint by 19 December 2016 and that this would include an easy read format for people in the service. At this inspection we noted that a written complaints process had been produced and displayed in the entrance hall; this was helpful because it contained a picture of the people that complaints could be directed too. However this was in a written text which the majority of people in the service could not read.

We explained to the new registered manager what was lacking in the present complaints process and she agreed to develop an easy read version suited to the wide ranging needs of people in the service. Whilst there had been some progress made it did not address the main problem of providing an accessible complaints procedure for people using the service. The failure to provide an accessible version of the complaints procedure for people in the service is a continued breach of Regulation 16 of the HSCA 2008 (RA) Regulations 2014.

At the previous inspection we had issued a requirement notice because an appropriate system for recording the amount of one to one funding people received and how this was used had not been implemented. We asked the provider to send us an action plan of how they were going to address this shortfall. They sent a plan detailing what improvements they were making and that this would be in place by the end of November 2016. At this inspection we noted that the use of one to one hours was now clearly recorded on the daily report sheets completed by staff for each person. For those who received one to one funding there was a clear record of the number of hours used each day and what they were used for. There registered manager and deputy manager also had a better understanding of who received one to one funding and how many hours this was for. The new system meant that they would more easily be able to account for the hours used and demonstrate these were utilised appropriately.

The service was full and as per previous inspections no one was moving on; no new admissions were planned. We had looked previously at the pre-admission process and found this to be satisfactory. It enabled for the assessment and gathering of information about prospective people to inform decision

making on whether needs could be met. Opportunities for people to transition to the service over a period of time was suited to their specific needs. This formed part of the assessment and introduction process. This included consideration for the needs of existing people; this helped ensure they would not be unduly affected by a new person and the needs they may have.

People had individualised care plans that contained up to date information about their needs and support preferences; staff referred to them to inform their practice when supporting people if they needed to and new staff and agency staff were observed reading care plan records People's care files were kept under review and updated. Plans contained a personal profile and social history of each person. Details about the important people in the person's life and important anniversaries they needed to be reminded about. The person's known likes and dislikes were recorded and helped inform how they were supported with for example the meal choices they were offered. An assessment of the person's capacity to make day to day decisions in some areas of their care and support was completed, and other detailed information was in place in regard to specific aspects of the person's life such as personal care, risk assessments and behaviour support plans.

Care plans were meaningful and contained specific detail so staff could understand people better. Communication passports detailed how people communicated and staff demonstrated in their everyday practice that they understood people's communication needs well. Key workers completed a monthly summary report of what events, changes and achievements had taken place during the course of the month and where necessary the care plan was updated to reflect changes in support.

People had annual reviews to discuss all aspects of their wellbeing, health and support needs. Relatives and health care professionals were invited to attend reviews. Recorded documentation from reviews was kept in the persons care records as a reference for staff. Key workers offered people regular meetings to discuss all aspects of their life and the support they received. A record of these meetings was made. From this staff could address any changes requested or concerns highlighted and analyse if goals and aspirations discussed had been achieved.

Staff understood people's interests and their likes and dislikes; an individualised activity planner was devised that reflected on this information. People participated in a variety of recreational activities inside and outside the service that they had shown an interest in. One person had recently been supported on a trip to France for the day. A vehicle was available for staff to transport people to and from activities outside the service. People had free time when they could choose how they spent this. They also had time scheduled in to help clean their room or do their laundry with staff support.

A few people preferred their own company and chose to spend time on activities in their own room for example art and craft, or spending time in the garden. Staff had taken steps to accommodate these preferences by facilitating garden space for one person, and ensuring a second person had craft activities of their choice available to do. Some people had regular visits home or attended a day service on regular days. Daily report sheets detailed how people had spent their day; there was good evidence that those people who enjoyed going out were being supported to do so. For example we tracked one person's daily records and found over a nine day period they went out on seven occasions.

Requires Improvement

Is the service well-led?

Our findings

A social care professional said they had no concerns about the service, another told us that their last experience of the service was positive as they had taken on the new manager who they had worked with previously and found very good. They said "The home were also very receptive to outside help from other professionals for instance the LD nursing team at Eversley house." Another commented "They are also good at informing me of any problems with her and respond well to any suggestions I have."

A relative told us "The regular staff are doing the best they can do but they have lacked management support, I am not convinced managing two services is what May Morning needs at the present time." "Communication is still an issue, I have been told by staff about the new manager but they have not contacted us to introduce themselves." The staff team seem to have a lot more confidence in this new manager than those previously." Another told us "I am always pleased with X care there."

At our previous inspection we found that the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. They had not ensured that appropriate action had been taken to address outstanding breaches; they had not improved quality audits and checks to ensure the service operated safely to reduce risks to people's safety and welfare. We took enforcement action that required the provider to take action; they sent us an action plan of what actions they were taking and when they would be compliant with the enforcement notice by the end of December 2016. This inspection showed that there had been significant improvement in the safe domain to address an enforcement notice in respect of recruitment of staff, but the overall safety of people could be affected by ongoing shortfalls in some of the safety checks staff made. There had been good progress in the effective and caring domains to address outstanding requirements notices and recommendations. A shortfall remained with the receiving and management of complaints; this was because an accessible complaints format had not been devised and displayed for the people in the service as required. This remains a continuing breach.

The new registered manager was aware of the shortfalls in quality monitoring and had been proactive in addressing these since taking up post. The majority of breaches of regulation had been addressed. Sufficient progress had been made to meet the previous enforcement notices in respect of staff recruitment and quality monitoring. The new registered manager had implemented a number of random checks on quality audits and the standard of recording by staff; plans were also in hand to introduce out of hours spot checks to the service.

A review of documentation showed that improvements that had been made were not always sustained and there were still some unexplained gaps in recording and good practice around recording and required checks was still not fully embedded into everyday staff practice. For example, there were gaps in recording of health and safety checks undertaken in respect of weekly water temperatures. In the kitchen food and fridge/freezer temperatures records were not always completed. Kitchen cleaning tasks, a quarterly health and safety audit, a weekly window restrictor check were not always completed. All of these showed gaps in recording or that checks were overdue and this could place people at risk of harm in some instances.

Although progress had been made to develop the quality assurance process and audit and monitor the service more thoroughly. There remained recurrent inconsistencies in the recording of quality monitoring checks at this time. In addition the provider had not fully addressed the requirement notice in respect of complaints. There remains a failure to ensure that some of the quality checks and audits in place to maintain people's safety are completed consistently to provide an accurate oversight of the service quality and safety. Additionally, while relatives views were sought through annual surveys, there remained no clear link between analysis of survey feedback and the development of the service to demonstrate people were listened to and able to influence change. This is a continued breach of Regulation 17 (1) (2) (a) of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager spent two days at May morning and three at an adjacent service May Lodge Staff said they felt happier, better supported and that there was improved structure and organisation in the operation of the service. Due to the unsettled management over the last 18 months some staff and a parent expressed reservations as to whether the registered manager's oversight of both services would impact adversely on May Morning in the longer term. The registered manager was conscious of staff anxieties but did not think this would become an issue and felt they would be able to successfully manage both services, but felt confident of raising concerns about this with her senior management team should this become an issue.

Previously we had raised concerns that the deputy manager had not been provided with the necessary operational information and management skills to run the service in the absence of a registered manager. Since then the deputy manager explained that they were being mentored and trained to undertake all aspects of operational management of the service. This training would enable the deputy manager to have better oversight of quality audits and monitoring systems used to assure service quality. This would also enable them to undertake fully all the functions for the operational management of the service if needed.

Staff said they received regular staff meetings and felt able to raise issues at these and on an individual basis with the registered manager; who they described as 'approachable.' Previously staff meetings had been interrupted by service users because additional staffing was not made available to free up all staff to attend. Staff said there was still an issue with staff being available to support staff meetings but they now took turns being with people during meetings; this arrangement enabled all staff present to have a chance to sit in on the meeting with fewer interruptions. People were given opportunities through meetings with their key workers to express wishes and aspirations of things they wanted to do and to make clear what they did not like or want to do. Relatives were given opportunities to express their views about the service through surveys.

At the previous inspection we had highlighted that the provider was in breach of Regulation 20A of the HSCA 2008 (RA) Regulations 2014 by not clearly displaying their previous inspection rating in the service or on their website. At this inspection the rating was clearly displayed in the front entrance to the service. The provider's website also made clear the current rating. This breach is now met.

Information about individual people was person specific and guided staff in the support and care of people. The language used within records reflected a respectful and positive attitude towards the people supported.

Staff had access to policies and procedures, these were reviewed regularly and information about changes in policy and procedure cascaded via staff meetings and staff handovers.

The Care Quality Commission was notified appropriately of events that occurred in the service.

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	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints There was a continued failure to establish an accessible complaints process for people in the service, make information about this visible, and to implement complaints on the behalf of those who cannot do so for themselves.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a failure to ensure that some of the quality checks and audits in place to maintain peoples safety were always completed