

Care Concern Yorkshire Ltd

Moorfield House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

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 carried out on the 31 May and 2 June 2017. Our last inspection took place in February 2016 where we found two breaches of the legal requirements relating to the safe management of medicines and staffing. At this inspection we found on-going concerns with the safe management of medicines and staffing, as well as additional concerns about governance and the environment.

Moorfield House Nursing Home is registered to provide accommodation and nursing care for 57 people. At this inspection there were 30 older people in the main house who required nursing care, some of whom were living with dementia and/or had a physical disability. In the extension to the main house there were 14 adults under 65 who had a physical disability and required nursing care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Medicines were not managed safely. Records of people's medications were not all accurate which meant it was unclear if some people had received their medications as prescribed. This put people's health at risk. 'As and when necessary' medication and creams were not always administered as prescribed. Medication audits had not identified the concerns found during our inspection.

Staffing levels had not been properly assessed to make sure the needs of people who used the service could be met. The registered provider had not followed the actions which they had agreed to do at our last inspection.

The systems and procedures in place to protect people from the risk of harm did not fully take account of environmental risks and hazards, which meant people were not always kept safe. The registered provider had not made reasonable adjustments to the environment in order to support people's independence and keep them safe. Staff were aware of the different types of abuse and what action to take in order to protect people. Recruitment was managed safely.

Staff knew to offer people choice and what to do in the event they refused care. The registered manager and staff we spoke with had an understanding of the principles and their responsibilities in accordance with the Mental Capacity Act (MCA) 2005.

Overall, care and support was provided by appropriately trained staff. Training records showed staff had completed a range of training; however some training required renewal. Staff said they received support and supervision to help them in their roles, although the registered manager had not yet carried out yearly appraisals.

We observed staff support people in a kind and caring manner. However, there were occasions where we heard language used between staff that did not fully respect people who used the service.

People who used the service and their relatives were involved in planning the care and support received. Care plans contained sufficient information for staff to follow and provide the care people wanted. Regular reviews were taking place to make sure people's current needs were responded to.

There were procedures in place for responding to people's concerns and complaints. The registered manager responded to any concerns with a proper investigation and response.

The systems in place to monitor and improve the quality of the service provided had not been not effective at identifying the concerns found during this inspection. There was a lack of involvement by the registered provider and concerns found at the last inspection had not been rectified.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see some of the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

The system for managing medicines did not ensure that these were administered safely.

Staffing levels had not been properly assessed to make sure that there were sufficient numbers of staff.

Some of the risks related to the environment had not been made safe for people who used the service.

There were safe recruitment procedures in place.

Is the service effective?

Requires Improvement ●

The service required improvement to be effective.

The environment was not entirely suitable for people who used wheelchairs.

Staff received training and supervision appropriate to their roles.

The registered manager and staff were aware of their responsibilities regarding the Mental Capacity Act 2015.

People were supported to maintain their health and external professionals were referred to as required.

Is the service caring?

Requires Improvement ●

The service required improvement to be caring.

We observed staff who were caring and kind when supporting people. However, we received mixed feedback from people about the staff who supported them.

There were occasions when staff used language which did not fully respect people who used the service.

The service provided caring support for people who were

approaching the end of their lives.

Is the service responsive?

The service required improvement to be responsive.

People had care plans which were up to date and reviewed to identify any changes in needs.

There were activities arranged in the service, but a lack of opportunities for people to access the local community.

People knew how to complain and any complaints were properly investigated.

Requires Improvement ●

Is the service well-led?

The service required improvement to be well-led.

The registered provider had failed to make improvements since our last inspection.

The system for assessing and monitoring the quality of care was not effective at identifying concerns and making improvements.

People who used the service, and staff, had opportunities to feed back their views.

Requires Improvement ●

Moorfield House Nursing Home

Detailed findings

Background to this inspection

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

This inspection was carried out to check that improvements had been made following our comprehensive inspection on 3 February 2016, and to provide a new rating for the service.

This inspection took place on 31 May and 2 June 2017. The inspection on 31 May 2017 was unannounced and carried out by two adult social care inspectors and a specialist advisor in nursing. One adult social care inspector returned to the service, announced, on 2 June 2017 to complete the inspection.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). The PIR 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.

During this inspection we looked around the premises, spent time with people in their rooms and in communal areas. We looked at records which related to people's individual care. We looked at four people's care planning documentation and other records associated with running a care service. This included three recruitment records, medicines records, the staff rota, notifications and records of meetings. We also received feedback from the local authority quality monitoring team, local Clinical Commissioning Group and Healthwatch prior to the inspection.

We spoke with six people who received a service and two visiting relatives. We met with the registered

manager, deputy manager and area manager. We also spoke with two nurses, five care staff as well as the cook, activity coordinators, domestic staff and administrator. We met with two visiting professionals, a doctor and social worker, who were at the service on the first day of our inspection.

Because we were unable to communicate effectively with a number of people at the service, we carried out a formal observation of the mealtime experience on the second day. This was a set period of observation to assess how staff supported people and the interactions that took place.

Is the service safe?

Our findings

At our last comprehensive inspection in February 2016 we found the service required improvement to become safe. There was not proper and safe management of medicines and staffing levels required review to make sure there were sufficient numbers to meet people's needs. We identified breaches in Regulations 12 and 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection the provider submitted an action plan telling us the action they would take to make the required improvements.

At this inspection, we looked at the arrangements for the management of medicines and found that the arrangements were not always safe.

Most of the people who used this service had their medicines given to them by the staff. This is called medicine administration. Records relating to medicines were not always completed correctly, placing people at risk of harm. We checked the stock balances of medicines in the trolleys and store cupboards and found that four medicines for four people were not correct and staff were unable to account for them. This means we could not be sure if people were having their medication administered correctly. We also found a number of gaps in administration records where staff had not signed or recorded the reasons for not administering medicines.

Several people were prescribed creams and ointments. Care staff applied many of these when people first got up or went to bed. We saw the home had a system that included a body map that described where and how these were to be applied by staff. We saw examples of these records; however, for some creams, there was no guidance in place and some records were not fully completed. These records helped to ensure that people's prescribed creams and ointments were used appropriately. For medicines that staff administered as a patch, a system was in place for recording the site of application; however, they were not all fully completed. For other medicated patches, there were no records in place to show where the patch was applied. This is necessary because the application site needs to be rotated to prevent side effects.

People did not always receive their medicines as prescribed. One person was prescribed a seven-day course of antibiotics; however, they were administered for ten days. For another person a cream was prescribed twice daily for a maximum of seven days, but records showed that this had been applied for 28 consecutive days.

We found that where medicines were prescribed to be given 'only when needed,' the guidance to inform staff about when these medicines should and should not be given, was not always available or had not been updated when the dose had changed. For example, several people were prescribed medicines for pain relief and there were no care plans or guidance in place to assist in their decision-making about when it would be used. Where one or two tablets had been prescribed, staff did not record the number of tablets they had given which meant records did not accurately reflect the treatment people had received.

There was no protocol in place for one of the people we reviewed who was prescribed a medicine used for

agitation. This information would help to ensure that people were given their medicines in a safe, consistent and appropriate way. In addition, we found staff did not record the reasons for administration or the outcome after giving the medicine, so it was not possible to tell whether medicines had had the desired effect.

We looked at how medicines were monitored and checked by management to make sure they were being handled properly and that systems were safe. We found that the registered provider had completed medication audits but these that had not identified the issues we found.

We checked training records for staff responsible for administering medicines. All nurses who administered medicines had, or were currently undertaking, medicines competencies with the registered manager. External training had also been provided by a pharmacy. However, because a number of shortfalls were identified in this inspection, we recommend the registered provider review the effectiveness of training in this area.

These findings evidenced a continuing breach of Regulation 12 Health and Social Care Act (Regulated Activities) Regulations 2014 (Part 3).

We watched a nurse giving people their medicines. They followed safe practices and treated people respectfully. One person was self-administering their medicines. For this person we saw that assessments were completed so that the provider could ensure that the individual knew when and how to use their medication and could use it safely.

Medication kept at the home was stored safely, however access to the medicine room was not restricted to authorised staff. We brought this to the attention of the manager on the day of our visit and action was taken to address this issue. Appropriate checks had taken place on the storage, disposal and receipt of medication. These included daily checks carried out on the temperature of the rooms and refrigerators that stored items of medication.

Staff knew the required procedures for managing controlled drugs. We saw that controlled drugs were appropriately stored and signed for when they were administered. Eye drops, which have a short shelf life once opened, were marked with the date of opening. This meant that the home could confirm that they were safe to use.

We looked at the current medicines administration record for one person prescribed a medicine with a variable dose, depending on regular blood tests. Written confirmation of the current dose was kept with the person's medicines administration record (MAR) sheet which meant that staff were able to check the correct dose to give.

Following our last inspection the registered provider submitted an action plan which stated that they would implement a dependency tool in order to make sure that there were sufficient numbers of staff to meet people's needs. At this inspection the registered manager told us that the staffing levels had remained unchanged since we previously inspected. We asked to see the dependency tool and were told by the administrator that it had not been completed since August 2016. The registered manager said they were not aware of it as it had not been handed over by the previous manager when they left last year.

The administrator had retrospectively completed the tool for May 2017 in order to check if staffing was sufficient. According to the tool staffing levels were over the number of hours suggested. However, the dependency tool was dated 2009 and it was unclear how the assessment of dependency translated to

staffing levels.

We received a number of comments expressing concern about staffing levels. A visitor told us, "There aren't enough staff. Sometimes my [relative] is just left slumped". Another person told us, "We definitely could use more staff".

Staff also raised staffing levels as an issue. Comments included, "There are not enough staff. About four left in one year, some are off sick. There are two agency workers tonight. They are regulars", "As years go by, residents are becoming more highly dependent. We have to hoist them. There are not enough staff. We are struggling. It's obvious" and "I think care is good. Staff are running round like mad. Agency staff have been good and tend to be regulars. Staffing has an impact on the little areas, like spending more time with residents. We would like to sit with them more." A visiting doctor noted that, "Sometimes it's hard to get hold of staff on the phone".

One senior member of staff told us, "It's getting a lot harder and more is expected outside of hospital. The nurses are quite stressed at times. The elderly side has more staff turnover. I can't understand why staffing hasn't changed". They added, "I feel it is unsafe due to the lack of nurses".

Care staff told us that they worked hard able to meet people's personal care needs and we found that people were supported with their daily routines. However, we noted during the inspection that there were periods of over 10 minutes where call bells were unanswered. We asked the registered manager if they monitored call bell times. They told us the call bell recorder was not working so they were unable to monitor times. They explained that the repairs had been reported for funding on 7 May 2017 but they had not heard anything back from the registered provider. We also noted that in team meeting minutes for March 2017 the registered manager had told staff, 'No call bells should be ringing over 10 minutes. Some ring for up to 48 minutes'.

People raised call bells as an issue. One person told us, "It can take half an hour for staff to answer. Staff sometimes come in then turn the bell off and say they will be back in five minutes, then don't come. When I call the bell to ask for something I can get told 'Your team is on a break, so you have to wait'". Another person said, "I only ring the bell if no one is around. It can take up to an hour. My daughter was here when it happened recently. I was once left on the commode and had to call for help to get off. I haven't had to wait so long today". A visitor also said they were concerned with the time that their relative had to wait before staff responded to the call bell to be assisted with personal care. They added that their relative became stressed at times with the delay.

The issues above, regarding staffing, evidenced continuing breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Part 3).

We asked people if they felt safe at the service. One person said, "Although I don't want to be here, I feel safe". A visitor commented that they were satisfied that their relative was living in a safe environment, and that they had, "No concerns with the care received".

Recruitment records showed that robust checks were carried out before new staff were allowed to start work. There was evidence of a criminal records background check, references and proof of identification. These checks made sure that new staff were of suitable character and had sufficient experience to work in residential care. The registered manager monitored the dates of each nurse's registration with the National Midwifery Council to make sure it was up to date and current.

Staff told us they had received training in safeguarding and this was confirmed by the records we reviewed. Care staff said that they understood how to recognise potential abuse and would raise any concerns with a senior member of staff. There were up to date safeguarding policies and procedures in place which detailed the action to be taken where abuse or harm was suspected.

Accidents and incidents were appropriately recorded and summarised in a monthly chart which showed the time incidents occurred, helping to identify any trends or patterns. Incident forms included the level of risk, outcomes and any further actions. For example, one record showed a person had a choking incident. Their diet was reviewed, and a 'swallowing team' referral was made. Incident forms gave details of whether the matter was referred to CQC or the local safeguarding authority and were reviewed by the registered manager.

People's care plans included details of risks and there was clear information for staff about how to minimise risks and safely support people. Up to date risk assessments were in place regarding the risks related to, for example, moving and handling, skin integrity and nutrition. These were clearly written and reviewed as appropriate.

Risk assessments were in place for the environment although these were generic rather than specific to the service. We noted that the external door to the younger adults unit did not open automatically. We observed people in wheelchairs sometimes struggled to get through, and there were a lot of dents where the door had knocked into their wheelchairs. One person told us, "It can be difficult coming in and out. I nearly fell out of my wheelchair trying to get in last week". There was no risk assessment in place for this hazard.

We observed that communal areas were not always kept safe and free from hazard. For example, we saw staff had left used boxes in one corridor and linen storage trolleys were left in another corridor. This presented a potential risk hazard to people and reduced the available space for people in wheelchairs.

The registered manager carried out a number of safety checks on the environment and equipment. These included monthly bed rail and profiling bed checks and external inspection of gas supply, electrical wiring, hoists and lifts.

We looked at the systems in place in the event of a fire. The fire system had an up to date inspection certificate and there was a fire risk assessment in place. Each person had a Personal Emergency Evacuation Plan (PEEP). From these we identified that 43 people needed support to evacuate due to reduced mobility. The PEEPs gave evacuation details and the support people required. However there was no analysis of whether this was achievable in a fire, and there was no guidance about what to do if people could not be moved from the building.

We were concerned that a health and safety audit in March 2017 identified that no fire drills had taken place. The registered manager confirmed that a drill had not happened since they had started. This was concerning due to the high number of wheelchair users. The registered provider could not be sure that people were protected in the event of fire.

The failure to properly assess and make safe the environmental risks to people who used the service was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Part 3).

We checked the cleanliness of the service. All communal parts of the service were kept clean and free from unpleasant odours. Staff had access to personal protective equipment which we saw them use. The laundry room was suitably arranged. However, we found items in the sluice room which had not been properly

cleaned. In the clean area, we found a urine bottle with soiling around the rim and a toilet seat raiser had dirt marks on one side. We also noted that there were a lot of dents and marks in the wall, doors and skirting, from wheelchairs. This presented an infection control risk as surfaces could not be properly cleaned. We recommended the registered provider review infection control practices to ensure that reused equipment was appropriately cleaned.

Is the service effective?

Our findings

At our last comprehensive inspection in February 2016 we found the service required improvement to become effective. This was because care plans did not all hold relevant information about people's capacity to consent to care and treatment. Nutrition and hydration records were also not always correctly completed.

At this inspection we found the registered provider had made the required improvements in these areas.

We looked at the records regarding capacity to consent. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Care records showed that, where applicable, people's capacity to make decisions was assessed. Where people were required to make an important decision a 'best interests' meeting was held. A 'best interests' decision is made by those people involved with the person, such as close relatives and professionals. The manager and staff were aware of the principles of the MCA and DoLS procedures and had received training in this area. DoLS referrals had been made as required where people were restricted in their movements. Some people were unable to leave the service on their own because of risks to their safety. Some people were also unable to leave their bed due to frailty or a health condition. Records showed that requests for review and renewal of DoLS authorisations had been submitted as required.

We looked at the records used to monitor people's dietary intake. Some people required monitoring in order to make sure they had adequate amounts of food and fluid. We found that, where this was the case, records had been completed appropriately. The registered provider used a Malnutrition Universal Screening Tool' ('MUST') to assess the risk of malnutrition. People's weight was measured each month. This included an overview, to identify any trends. Where concerns about people's weight or dietary intake were identified, referrals were made to specialists through the local doctor.

We checked whether the environment was suitable for people who used the service, most of whom were wheelchair users. Much of the décor was dated. Some carpets were old and worn and in the younger adults unit there were scuffs and dents in doors and corridor walls. There were no self-opening doors to bedrooms or the main door and we observed people occasionally struggle to get in and out. Some people had to wait for staff to hold the main door open, before they could go out. This reduced people's independence. The days we visited, the weather was good and people wanted to sit outside, which made the entrance quite busy.

The registered manager showed us a refurbishment programme which included replacing carpets and redecoration. Some of this work had already been completed. There was also a checklist for each person's room, with what required doing and when it had been completed. The registered manager explained that they had requested funding for new doors but this had not been approved yet.

We spoke with the person responsible for maintenance and repairs who worked 30 hours a week. They told us, "There is not enough time to do everything. I manage the outside as well. Rooms need painting and there is not enough money. Plumbing is a problem. The valves need changing frequently and pipes are old. I have raised it with the manager but nothing has been done".

The failure to provide reasonable adaptations to the environment to meet the needs of people who used the service represents a breach of Regulation 15 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Part 3).

We observed a midday mealtime. The registered manager told us that people had a light lunch at midday and a main meal in the evening. The dining room was laid out in restaurant style, with tablecloths, condiments and a flower on each table. There were photographs on the walls of the day's meal options. Appropriate music was played during table service. Staff were kind and caring during service, asking people if they liked the taste of the food or if they wanted alternatives. Where one to one support was required, staff did this in a dignified way.

We spoke with the cooks, who told us that if people didn't want either of the two daily options then they could make something else at short notice. This was confirmed by a visitor who said that on occasions their relative may not like the meals on the menu. They added, "The cook would come and talk to them, asking if there was anything in particular that they would like".

Kitchen staff were knowledgeable about peoples' different dietary requirements, such as fork mashable or pureed. The kitchen was accredited to provide halal food, and staff also provided kosher meals to one of the residents. Staff were aware of people's individual needs and preferences, and had documentation to show which people required specialised diets.

We received mixed feedback about the food offered. One person told us that the food was, "Not that good". Another person told us, "The food is alright, but I prefer home cooked food better". We noted that records of residents meetings showed that issues with food were frequently mentioned in the discussions, although one person felt, "Nothing is done".

Health needs were described in care plans and held up to date information about the support people required to maintain their health. Care records showed that people were referred to external health professionals where appropriate. These included the doctor, district nurses and a dietician. The majority of people who used the service received nursing care. Care records clearly stated the nursing support required. Daily notes and records showed that nursing care was provided in line with care plans.

Staff had opportunities to meet with a manager to discuss work issues and personal development. These supervisions took place regularly and were recorded. Records included a review of the previous supervision, staff development and actions. Each record was signed by the member of staff to show they agreed. The staff we spoke with told us that, on the whole, they felt supported by the registered manager.

The manager told us that they would not give staff an appraisal until they had known them for a year. This was because they wanted time to observe practice and get to know how staff worked. An appraisal is a

yearly meeting to review progress at work and discuss goals for the coming year. However, this meant that staff had not received an appraisal over the past year. This meant that staff were not receiving the support they should have been. We recommend the registered provider review the system for appraisals to make sure all staff received the support required.

Staff told us they got the training needed to support them in their roles. We looked at the training plan which showed what training had been provided and when it was due for renewal. Training included safeguarding, infection control, dementia awareness and challenging behaviour. Some training was due for renewal and the registered manager was aware of this.

We looked at the results of a staff survey from January 2017. Most of the 18 respondents said they enjoyed their work although only a third said they felt 'valued'. All staff said they were satisfied with the training they received.

New staff were given an induction when they started, which gave them time to familiarise themselves with the service and their new roles. They also completed a probation period to monitor how they were getting on and that they were managing in their new role. New employees shadowed other staff until they had received four days mandatory training at a school. The registered manager explained that staff were undertaking the Care Certificate which is a set of nationally recognised standards in care.

The registered manager told us that they met with nurses when their registration with the Nursing and Midwifery Council was due for renewal. This was to review their continuous professional development and make sure that they had what was needed for their re-registration.

Is the service caring?

Our findings

We received mixed feedback from people about whether staff were caring. Comments included, "I like the day carers. I am friendly with them", "Staff are not too bad. Lots of them are nice and approachable", "Care staff are good but always really busy" and "Staff are friendly and nice". However, one person felt that staff were, "Care-less, not caring" and that the attitude of staff was, "Appalling. Apart from one or two who were very good". A reviewing officer from Leeds City Council who had held reviews with three people, told us that they were all satisfied with the care they received.

During the inspection we observed mostly positive interactions between staff and people who used the service. For example, we saw one person chatting away to a staff member about how they were doing and this seemed friendly and genial. The majority of people chose to spend time in their rooms rather than use the lounges. One person confirmed they were treated with dignity and respect and added that, "Staff look after me very well".

The staff we spoke with showed a caring approach when speaking about people who used the service. We noted that when personal care was carried out this was done behind closed doors to protect people's privacy and dignity. However, we heard some comments from staff which did not promote respect. A group of care staff was overheard talking about who they were going to 'do' when planning the day. For example, "I'll do [Name]". One senior member of staff, when asked for suggestions of people to talk with, said, "I'm thinking of names of residents you might get some sense out of". This was raised with them, and they accepted it was inappropriate. Further work needed to be undertaken to make sure that all aspects of care delivery promoted the dignity and respect of people who used the service.

The service took account of people's different culture and religion. For example, providing Kosher and Halal meals for people. However, wheelchair users were sometimes restricted in their independence, which could affect their dignity and sense of self-worth. For example, although the younger adults unit was 'purpose built', it was not fully accessible and people often had to wait for assistance to get outside or do what they wanted. We also received feedback that people sometimes waited a long time for assistance to go to the toilet, which did not promote their dignity.

We observed that staff took time to involve people in making decisions about what they wanted to do or where they wanted to be. People chose where they wanted to sit and whether they wanted to take part in an activity. At mealtimes people chose where they wanted to eat. Some people who used the service were living with dementia or had difficulty communicating their needs and choices. Although communication needs were detailed in care plans, the information was limited. This could be explored further to provide clearer guidance to staff on how to involve people and communicate in a way that was understandable.

There was a caring approach to how the service supported people approaching the end of their lives. Where required, people had an end of life care plan which gave clear guidance for staff about how best to support them. Well written advanced care plans were in place which included emergency health care plan and, where appropriate, details of the appointed person for property and personal welfare. The registered

manager explained that the service received support from a local hospice for end of life care. Facilitators from the hospice also provided support and training for staff at the service.

Is the service responsive?

Our findings

At our last inspection in February 2016 we found the registered provider required improvement to be responsive. There was a lack of meaningful activities which people who used the service could join in with.

At this inspection we found that, although improvements had been made, there remained issues with people's access into the community.

The registered manager explained that they had increased the total of activity staff hours each week. They told us, "There are four activities staff on in the afternoon, and they work at weekends. It has improved a lot over the last six or seven months". We noted that there was also one activity worker in the mornings.

We observed a number of activities take place during the course of the inspection. One activity worker spent time playing one to one games with people such as dominoes and puzzle games. They took time to explain to people how to play the game and encouraged them to make their own choices. In the younger adults unit we observed a baking session where people were cooking one person's own recipe. There was a lot of interaction between the group and the staff member.

We spoke with an activity worker who told us they had only been in post for two days. They explained that they were taking time to get to know people and what activities they would like to do. They were aware that the role would be a challenge, due to the differing needs of people at the service. One person we spoke with told us they liked the new activity assistant and said they liked some of the ideas they had.

We talked to people about their access to the local community. One person, when asked if he went out, replied, "No" and added, "When I ask the staff to take me out they say, 'No, because there is not enough staff'". Another person added, "Staff do not have enough time to take me out as often as I'd like". There were a high number of people who required staff support to go outside and the service did not have use of it's own transport. This meant that people had limited opportunities to go on trips outside. We spoke with the registered manager about this, who told us that people made use of a local access bus or wheelchair taxis. They added that the new activity coordinator was looking at more community based activities.

Although some improvements had been made since our last inspection, we recommend that the registered provider review activities and community access to make sure that people are able to choose activities which have a positive impact on their lives.

Each person had a care plan which detailed the assessed needs and how they were to be met by the service. The care plans we looked at were up to date and reviewed as necessary. Areas covered included health, nursing needs, mobility, personal care and medicines. People and their relatives were involved in assessments and reviews and the service took appropriate action where changes in needs were identified. During the inspection, a reviewing officer from Leeds City Council Social Services visited, to carry out reviews for 11 people who were funded by the Council. When we spoke with them they had carried out three reviews with people and were satisfied with the care plans in place.

Care plans were person centred, which meant they focussed on individual needs and preferences, so that the care people received was provided in the way they wanted. Care plans showed that people had been involved in what was written about them. All the care plans we looked at had a section regarding personal likes and dislikes, although we noted that some of these had not been fully completed.

People told us they knew how to complain and felt comfortable speaking to staff or the registered manager if necessary. A relative told us, "I know who to speak with if I had a complaint or concern" and added, "In the past any concerns that I've had were resolved immediately". We looked at the record of complaints and saw that these were clearly recorded with a clear audit trail of the action taken. All complaints had been followed up with a letter in writing from the registered manager.

We saw that complaints information was provided in the Service User Guide which was written in large print to make it easier to read. This guide also gave details of other organisations which may be able to assist with concerns. These included the CQC and the local social services.

Is the service well-led?

Our findings

At our last inspection we found the registered provider required improvement to be well led. There was a rolling programme of audits in place, however it was not always clear how some areas had been checked and some action plans contained insufficient detail to show how improvements would be made, by whom or when.

At this inspection we found that the required improvements had not been made.

The service had a registered manager in place who had worked at the service for eight months. They were not in post at the time of our previous inspection. We met with the registered manager to discuss audits and governance. They felt that they had met the requirements from the previous inspection. They commented that it was, "Harder" now, because there were more people with complex needs. They told us, "It's good. I like it. When I came here there was nothing in place; no audits or staff files. I have had to impose a new structure and staff have been on board with this".

We looked at the audits undertaken by managers to make sure the quality of the service was maintained. These included audits on the mealtime experience, medicines, care records and safeguarding, all completed in January 2017. An infection control audit had taken place in May 2017. Each audit included a list of actions to be taken, where issues had been identified. An overall quality assurance audit was carried out each month, although it was not clear from this what actions had been taken.

We also looked at a 'home action plan' which the registered manager had started in September 2016 and then updated over subsequent months. However, a number of issues which were meant to have been completed were still found to be of concern. For example, answering call bells in a timely manner, completing medicines records accurately and ensuring equipment was cleaned appropriately. It was also of concern that we found issues that had been identified at the previous inspection, but which had not been improved. For example, the registered provider told us after the previous inspection that they were using a dependency tool, which we found had not been the case.

We spoke with the registered manager about this who felt that the service did not get much support from the registered provider. They explained that they had requested funding for extra staffing and new front doors but this had not yet been approved. They said that there used to be a company clinical director for support but, "I haven't seen them in six months". However, they added, "We now have a new regional manager who keeps in touch and is always there if I need them." We briefly met with the regional manager, who had been in post since March 2017. They acknowledged that there had been little support for the registered manager and there had been no formal audits carried out by the registered provider over the last year.

The issues identified above demonstrate a failure to identify and mitigate the risks to the wellbeing of people who used the service. This represents a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider's philosophy of care was included in a service user guide given to each person who used the service. This stated that their aim was, "To provide a comfortable and homely atmosphere. Each user will be treated as an individual and their special needs identified and cared for". We asked the registered manager about the culture and their priorities for the next year. They told us that their aim was to concentrate on more training for staff in order to give them improved confidence and skills.

There were opportunities for people who used the service, and relatives, to feedback their views. However, this was not always effective at engaging people. For example, feedback questionnaires were given to everyone that used the service in January 2017, but there were no responses. The registered manager had not explored this further, but felt that they needed to do more to support people to get involved. There were also occasional 'relative/resident' meetings where people could raise issues and discuss events at the service.

There were regular team meetings where staff could share any concerns or suggestions and comment on any plans for the future. A staff survey was completed by the registered manager in January 2017 which 18 staff responded to. The registered manager told us that the results were discussed in a team meeting and records confirmed this. This showed that staff had opportunities to feed back their views and be involved in service development.

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 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had not taken appropriate action to make sure the environment was safe for the people that used the service. Regulation 12(2)(d).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered provider has not made reasonable adjustments to the environment in order to make sure it was suitable for people who used the service. Regulation 15(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The system for assessing, monitoring and improving the quality and safety of the services was not effective. Regulation 17(1)(2).

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider did not have a safe system for managing medicines. Regulation 12(2)(g)

The enforcement action we took:

We issued a warning notice in respect of this regulation.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider had failed to make sure that there were sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed at the service. Regulation 18(1)

The enforcement action we took:

We issued a warning notice in respect of this regulation.