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Loreto Cottage

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 7 and 9 December 2016.

Loreto Cottage provides accommodation and personal care for up to 15 people living with a learning disability. On the day of our inspection there were 13 people who used the service.

A registered manager was in place. A registered manager is a person who has 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.

At our last inspection in October 2015 we found the provider was in breach of one Regulation of the Health and Social Care Act 2008. This was in relation to the systems in place that assessed monitored quality and safety and mitigated risks to people who used the service. The provider sent us an action plan detailing what action they would take to become compliant with this regulation. At this inspection we found the provider had implemented some changes but these were not fully effective. This therefore meant that this regulation had not been completely met and continues to be a breach.

People and relatives told us that staff supported them safely and that Loreto Cottage was a safe environment. Staff were aware of their role and responsibilities in protecting people from harm and had recorded safeguarding incidents appropriately. The registered manager had not adhered to the local authority safeguarding policy and procedure to report safeguarding incidents. Nor had they taken action to analyse incidents for trends and patterns to reduce further risks to people.

Safety concerns were identified with the environment that had not been assessed. This included fire door exists not being alarmed, radiators being hot and not protected to reduce injury to people, there was no visitors signing in and out book and the external environment had potential risks that had not been fully risk assessed. Risks to people's needs had not always been assessed appropriately or risk plans put in place to manage known risks.

Some staff felt staffing levels were a concern due to the additional domestic tasks they had to complete and the impact this had on spending time with people. Agency staff were used to cover any staff shortfalls such as sickness and vacancies.

Improvements had been made to the administration and management of medicines. However, the medicine policy and procedure had not been updated and reviewed. This was a recommendation made in January 2016 by the local clinical commissioning group following their pharmacy and medicines management review at the service.

Staff received an induction on commencement of their employment. However, one member of staff that

started at the service during 2016 did not have any documentation that confirmed they had completed an induction. Staff received appropriate training but support continued to be informal, a concern identified at the last inspection. The registered manager was unable to effectively monitor staff performance and needs.

People had not signed their support plans to show that they had given consent to their care and support or had been involved in discussions and decisions about how their needs were met. The principles of the Mental Capacity Act (2005) were understood by staff. Whilst we saw examples of MCA assessments and best interest documentation, we were aware that some people's mental capacity to consent to aspects of their care and support had reduced. Records did not show that people's changing capacity had been considered and reassessed.

The registered manager had submitted one Deprivation of Liberty Safeguards (DoLS) application. However, this was found during the inspection not to have been received by the supervisory body and had to be resubmitted.

People were supported with their dietary and nutritional needs but it was not clear how people were involved in menu planning and how choices promoted. People were supported with their health needs and staff worked with external healthcare professionals to support people to maintain good health.

People and relatives were positive and complimentary about the approach of staff. On the whole staff were found to be caring, kind and compassionate. Staff had a good understanding about people's preferences and what was important to them. Concerns were identified about how staff engaged with one person who used the service and the lack of understanding and knowledge about different communication tools and methods. These concerns were identified at the last inspection.

There was no information available for people about independent advocacy information. The provider's representative took immediate action to ensure this was made available for people.

People were supported to participate in a range of activities that were important and of interest to them. This including accessing local community opportunities and being supported with an annual holiday.

People had access to information about the provider's complaint policy and procedure but this was not easily seen on the display board in the kitchen. Nor was it provided an appropriate format for people with communication needs.

Resident meetings were arranged where people received opportunities to share their views about the service and make suggestions.

Auditing processes were in place, but these were not always effective and had not identified many of the areas highlighted in this report. The registered manager had not fully complied with their registration requirements. They had failed to notify CQC of notifiable incidents they are required to do.

We found the service was in breach of three 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?

The service was not consistently safe.

Safeguarding incidents were found to be high and not referred to the local authority safeguarding team or investigated to reduce further risks.

The assessment of the risks to people's safety had not always been fully assessed and planned for. The environment in which people lived had not been appropriately assessed and was not safe in some areas.

Staff had some concerns about staffing levels, agency staff were used to cover any shortfalls. Staff had additional domestic tasks to complete which at times impacted on the time spent with people. Safe staff recruitment practice was in place.

Medicines were administered and managed appropriately but the policy and procedure had not been updated.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

The principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards had not always been appropriately applied when decisions were made about people's care.

People were supported by staff that had completed an induction; however, it was not clear if one member of staff had completed an induction. Staff received appropriate training but had not received effective support.

People's dietary needs were met, but it was not clear how people were involved in menu planning and choices were not routinely offered.

People were supported with their health needs.

The environment in which people lived was not sensitive to the needs of people living with short term memory needs.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

There were some positive interactions between people and staff, but people were not always treated with respect and dignity at all times.

Staff knew people's preferences and what was important to them.

It was unclear how people were actively involved in the decisions about their care and support.

Independent advocacy information was not available for people. However, the provider's representative took immediate action and this was made available.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

People's support plans lacked detail in places and were not always reviewed effectively and amended when people's needs changed. Care records were disorganised. There was no system in place to actively involve people in a review of their care and support.

People were supported to lead active lives and to participate in activities of their choice and that were important to them.

People felt able to make a complaint and were confident it would be dealt with appropriately.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Auditing processes were in place, but these were not effective and had not identified many of the areas highlighted in this report.

The registered manager had not fully met their registration regulatory requirements. Concerns identified at the last inspection were still outstanding in many areas at this inspection. The registered manager did not show how they were continually improving the service.

An annual feedback survey was due to be sent out to invite

Requires Improvement ●

people who used the service, relatives and professionals to share their feedback about the service.

Loreto Cottage

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 7 and 9 December 2016 and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted local authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the two day inspection we spoke with, or spent time in the company of all the people that used the service. Some people had communication needs that meant their feedback about all aspects of the service was limited in parts. We also observed staff interaction with people who used the service, to help us understand people's experience about the care and support they received. We spoke to one relative on the telephone.

We spoke with the registered manager, the provider's representative and five staff. We looked at all or parts of the care records of three people who used the service along with other records relevant to the running of the service. This included policies and procedures and information about staff training. We also looked at the provider's quality assurance systems.

After the inspection we contacted more relatives for their feedback and spoke with three relatives. We also contacted a range of health care professionals and received feedback from two health professionals, but

feedback was very limited due to a lack of contact with the service.

Is the service safe?

Our findings

Some people told us that other people who used the service could be noisy at times and that they did not like the noise level. One person said that they took themselves into another area or went to their bedroom. Comments included, "I am safe, I can't think what makes me feel safe." Relatives told us that they were confident their family member was cared for safely. One relative said, "My relative is extremely safe here." Another relative told us, "Yes [name of family member] is well looked after and is cared for safely."

Staff told us that there were often behavioural incidents between people who used the service. They said that they completed incident forms and supported people to make sure they were okay. Staff demonstrated they understood their role and responsibilities in protecting people from avoidable harm. Staff told us they had received safeguarding adults training and records confirmed this. The provider had a copy of the local multi agency safeguarding policy and procedure available for staff.

We looked at the incident book and found in the last 12 months there were frequent reports of incidents between people that used the service. These were on occasions daily, weekly or monthly. These incidents were of physical aggression and had not been reported to the local authority safeguarding team that have responsibility for investigating safeguarding incidents. They had also not been reported to us CQC a legal requirement of the provider's registration. We found that there was no analysis of these incidents to consider any patterns and themes. The registered manager confirmed that they had not done this. This meant that people were not appropriately protected because there were no systems and processes to effectively prevent and investigate abuse.

We observed a person who returned from their activity in the community become increasingly anxious resulting in high levels of distress. This resulted in them biting themselves, saying they felt unwell and hitting out at others. A member of staff said in front of others and directed towards the inspection team "[Name of person] always does this." This member of staff offered no comfort or attention and was heard to say later again in front of others "[Name of person] is getting ready to needing their PRN medication." This is medicine prescribed to be administered as required for anxiety. This was a concern because staff offered no diversional techniques or coping strategies that may have reduce the person's anxiety and need for PRN medicine.

We found support plans provided staff with some information about people's behaviours and the support required. However, information lacked guidance on coping strategies and was found to be more reactive than proactive guidance. The registered manager gave examples that showed they had considered people's behavioural needs and had taken some action. For example, some changes had been made to the tea time arrangements for some people and one person returned home from their community activities earlier than others. However, behavioural support plans did not include all this information. This meant there was a risk that people were not effectively supported to manage their anxieties putting others at risk.

These were breaches of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found risks associated to people's needs had not always been fully assessed and risk plans had not always been developed to support staff to minimise risks to people. For example, staff told us that two people were at risk of falls. However, no fall risk plans were in place. Another person living with dementia had periods described by staff as wandering. Records stated this person had opened a fire door exit. We found none of the fire door exits were alarmed. This person had also been diagnosed with epilepsy, but no risk plan was in place to advise staff of how to support this person safely when they had a seizure.

We had some concerns about people's safety and changing needs that had not been clearly assessed and planned for by the registered manager. We shared this information with the local authority who had responsibility for people, they agreed to arrange reviews of some people's needs.

We found some concerns with the safety of the environment both internally and externally. This was in reference to radiators that were found to be hot to touch with no cover to protect people. A person's hot water tap in their bedroom was also very hot. An outside unused summer house was in a state of disrepair and unsafe. The business continuity plan and people's personal evacuation plans were found to be out of date. These documents did not provide staff with all the required information to manage an event that could affect the safe running of the service.

We spoke with the registered manager and provider's representative about how risks associated to people's needs and the environment were managed. The provider's representative told us about some plans in place with regard to resolving some safety issues identified in the garden, but acknowledged there was no record of this. The provider's representative took immediate action to address the concerns we identified. This included arranging for external contractors to make some required improvements to safety. They also completed environmental risk assessments and updated the business continuity plan. The provider's representative and registered manager also acknowledged that people's needs required a review, to ensure risk plans were in place to protect people's safety.

Relatives told us that they felt there was sufficient staff available to meet their relative's needs. One relative said, "I know agency staff are used sometimes, some are regular, they seem to know people, if they are not good I know they are asked not to return."

Some staff raised concerns about staffing levels. They said that people's needs were increasing and they were concerned that when people were at home during the day, they had limited time to spend with them due to having to complete cleaning, laundry and cooking tasks. We shared these concerns with the registered manager. They told us that staffing levels were adjusted if people had appointments or activities that required extra staffing. They felt staffing levels were appropriate.

The registered manager said that they used agency staff due to current staff vacancies that they had not attempted to recruit to. They also that they tried to use regular agency staff to provide consistency for people who used the service. The staff roster matched the staff that were on duty.

We identified some concerns about the deployment of staff and safety issues that impacted on people. On the first day of our inspection there were three people at home in the morning, one of these people went out in the afternoon. We observed from 10am two staff and one domestic staff were on duty. Staff supported people with drinks, personal care and lunch but did not spend anytime chatting or engaging people in activities. This was due to staff being busy with domestic tasks. People were left for long periods alone. This told us that staff were task focussed.

We observed one staff member support a person with their mobility by walking in front of the person

holding their hands. This meant the member of staff was walking backwards which was unsafe to them and the person they were supporting. We shared our observations with the registered manager.

Safe recruitment procedures were followed. Staff employed at the service had relevant pre-employment checks before they commenced work to check on their suitability to work with people. This included checks on criminal records, references, employment history and proof of ID.

Relatives told us that they felt their family member was supported safely with their medicines. One relative said, "I'm sure staff give them at the correct time, if not [name of family member] would tell them. When [name of family member] is visiting me they come with their correct medicines."

Staff told us that following the clinical commission group (CCG) pharmacy audit visit earlier in the year improvements had been made to how medicines were managed. Comments included, "Staff have completed refresher training and had their competency checked." They added, "Procedures have improved such as body maps used to show where creams should be applied and audits and checks are better." Records confirmed staff had received appropriate training in the safe administration and management of medicines.

We found that the medicines policy and procedure had not been reviewed following the recommendation made by the CCG pharmacist in January 2016. The provider's representative said that they would do this. Medicines were managed following good practice guidance. This included correctly storing medicines and systems were in place to check stock and to confirm people had received their medicines safely. People's preferences to how they liked to take their medicines was also recorded. We observed a member of staff administering people their medicines. This was given patiently and not rushed and the member of staff stayed with the person until they had taken their tablets.

Is the service effective?

Our findings

Relatives were complementary about how the staff met their family member's needs. They found staff to be competent and knowledgeable. One relative said, "I don't really know what training staff have had but I think the staff are brilliant, they work really hard and know people very well." Another relative told us, "Staff know my family members needs well as they have been here for a long time."

We looked at the induction new staff completed on commencement of their employment. This showed that staff were supported to understand their role and responsibilities and what the provider's policies and procedures were. The induction also included opportunities for new staff to shadow experienced staff. We looked at five staff files and found one staff member who started their employment in February 2016 had no record to confirm they had received an induction. The registered manager said they had completed an induction but we were unable to confirm this.

Staff told us about the training opportunities they received and were positive this was appropriate and sufficient to support them to meet people's needs. One staff member said, "We have training booked for this week, we complete refresher training every year this includes, moving and handling, fire safety, first aid, dementia care and learning disability awareness." The registered manager was unable to show us the staff training plan but the provider's representative sent us this after the inspection that confirmed what staff had told us.

Two staff told us that in the last 12 months they had received two supervision meetings with the registered manager. One staff member said that they had informal discussions with the registered, manager. The registered manager said they aimed to meet with staff five times a year and once a year for an appraisal. However, the registered manager said that they had not achieved this and were unable to show us any recorded meetings they had completed with staff. They said that they could not find the file that stored this information. It was therefore unclear how the registered manager monitored staff performance and training and development needs. This was identified as an area of concern at the last inspection.

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

We saw examples of recorded MCA assessments and best interest decisions for people that lacked mental capacity to make specific decisions in relation to their care and support. Staff told us that two people living with dementia had increased needs. This affected their memory and decision making. It was not clear from looking at their care records if this had been taken in consideration when reviewing their support needs.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the

Deprivation of Liberty Safeguards (DoLS). The registered manager showed us one application they had made to the supervisory body due to concerns about a person's freedom and liberty. This person required close monitoring and supervision at all times due their needs and safety. Whilst we saw the registered manager had made the application correctly there was no letter of confirmation received from the supervisory body confirming receipt of the application. We were concerned that other people who required close monitoring and supervision may have required a DoLS application. We asked the registered manager to contact the respective local authority DoLS team for clarification and to check the one application made had been received. The provider's representative confirmed with us after the inspection they had taken the required action. This included submitting further DoLS applications and re submitting the application already made due to the supervisory body not having record of this.

Staff demonstrated they were aware of the principles of the MCA and DoLS. One staff member said, "People should have their freedom, it's important to encourage people to make decisions and have control by giving them choices." Staff said they had received training in MCA and DoLS and records confirmed this.

People told us they were happy with the meal choices. One person said, "I have quorn sausages." Another person told us, "Sometimes I get myself a drink and a snack, the staff are good cooks." Additional comments included, "I get a choice, staff know what I like and give me something else if I don't like what's available." Several people mentioned to us they liked curry. We looked at the four week rolling menu but curry was not an available option.

Relatives told us that they felt their family member's food preferences and needs were well met. One relative said, "Food is very important to [name of family member] and staff know this." We found this to be correct, staff told us this and how the person communicated when they were hungry.

Staff said that the menu was discussed with people. One staff member said, "I cook soft food as some people haven't got many teeth. We always have frozen vegetables, in the summer more fresh. We have fresh on Sunday for all staff and residents." Another staff member said, "I think the food is nutritionally balanced but it could be more varied."

We found food stock were sufficient and stored appropriately. Staff said that people could help themselves to snacks and drinks and we observed this to happen. A snack box with crisps and biscuits was easily accessible for people, fruit was also seen to be available.

Staff were knowledgeable about people's food preferences and nutritional needs. People's dietary needs had been assessed and planned for. Where concerns had been identified with regard to swallowing or weight loss, appropriate referrals had been made to external health professionals. for further assessment and guidance.

Some people had their weight monitored for any changes that required action to be taken. However, we identified a concern with how a person's weight was being monitored. In this person's care record a letter dated May 2016 from a specialist dietician, advised the person required their weight to be recorded weekly. Records showed that monthly weights were recorded for September, October and November 2016. A staff member said that the person was weighed at the day centre. There was no record of this or oversight by any person or support plan in place to clearly advise staff of the action required. This meant there was a risk that this person's weight was not being effectively monitored.

Some people required support and assistance with their eating and drinking. We observed a staff member support and encourage people with their meal. The staff member talked to each person explaining the food

they were being given. They provided full assistance to one person. The staff member was called away and another staff member took over. This member of staff was seen to place their hand on the forehead of the person and push their head back to put food into their mouth. We observed that the person did not take the food from the spoon when offered in this way. The original member of staff returned and continued to support the person without holding their head. We also observed a different member of staff support the same person with their evening meal and this was done without the need to hold the person's head in position. We shared our observations with the registered manager who agreed to discuss this with staff.

Relatives told us they were confident that their family member was supported with their health care needs. Some people told us that staff supported them with health appointments and we found people's care records confirmed external health professionals were involved in people's care.

Some people were living with dementia and their short term memory was affected causing periods of confusion. We did not observe any visually accessible information, signage or photographs on people's bedroom doors or bathrooms and toilets that may have supported them to orientate around the service. This was identified at the last inspection.

Is the service caring?

Our findings

People were observed to be relaxed within the company of staff who were seen to greet people with affection when they came on duty. People had clearly developed caring and positive relationships with the staff team. People had keyworkers and some people were able to name which staff these were. A keyworker is a member of staff that has additional responsibility for named person.

Relatives were positive that their family member received good care from staff that were supportive and caring. One relative said, "[Name of family member] always looks happy and well." Another relative told us, "[Name of family member] has a special friend at Loreto Cottage. They have a good quality of life." An additional relative said, "When I take [name of family member] out they are always happy to go back to Loreto." One relative told us that their family member had lived at Loreto Cottage for 27 years and said that one member of staff had known them all this time. Comments included, "[Name of staff member] is like a sister to them [family member] we are so lucky to have Loreto Cottage."

At the last inspection we raised some concerns about a person whose only contact from staff was when they were providing support with personal care, eating and drinking. This person had no verbal communication, could only mobilise with the support of two staff and was totally reliant on staff for all their needs. At this inspection we again observed that staff did not provide the person with any social contact, stimulation or meaningful activities. During the first day of our inspection we noted that this person was left unchecked for over 40 minutes. In the afternoon on the first day of our inspection we noted that the temperature in the room this person was in had dropped. We raised this with staff who had not noticed but did get the person a blanket. We raised this with the registered manager who agreed to discuss this further with staff.

We observed a staff member respond well to a person's comfort needs. They asked a person if they wanted their slippers on and when the person responded that they did, they fetched them and helped them on with them. This person also enjoyed having their soft toy with them that gave them comfort. The staff member again asked the person if they wanted their soft toy and gave it the person after they said they did. All the time this staff member was polite and respectful, they listened and waited for the person's response.

In the afternoon of our second inspection day we saw people were greeted by staff from their community activities with a warm, friendly and welcoming approach. Staff were seen to ask people about their day and showed interest about how people were.

Staff demonstrated they were aware of people's preferences, interests and hobbies. For example one staff member said about a person, "They like doing word searches, arts and crafts." We saw this recorded in the person's care records. Staff said that on the whole the staff team had worked at Loreto cottage for many years and that they understood people's needs very well. One staff member said, "People have lived here for a very long time it's like a big family and we all get on well and know people very well."

We asked staff about people's communication needs and preferences. Some people had limited or no verbal communication. We asked staff about different communication tools people living with learning

disabilities with communication needs often used. One staff member said, "No people don't use any specific communication methods, we've never had any training, I don't know any, we pick up on gestures and behaviours if people have no verbal communication. We also have to anticipate people's needs."

At our last inspection we raised concerns with the registered manager about the lack of knowledge and understanding staff had about different communication methods. We spoke with a speech and language therapist after the last inspection who agreed to forward communication training opportunities staff could attend. We spoke again at this inspection with this professional who advised this information was sent but staff did not take up any training opportunities. We discussed this with the provider's representative who agreed that this would be helpful to staff. They agreed to follow this up.

We observed staff did not consistently give people choices. For example, at lunchtime people were given a pre packed lunch box, but we did not see that people were given a choice of what they were given. We observed staff on the first day of our inspection offer some people a choice with their evening meal of sausage or burger. However, some people were just given a meal without being asked. Some staff gave people a choice of drinks and others did not. It was noted that staff often made suggestions to people rather than supporting them to make informed choices. For example, staff were often heard to say, "You would like this [name of person]" making reference to activities such as watching a DVD, having a drink and the food people were given.

The registered manager told us that people were involved in opportunities to express their views in making decisions about their care and support. They said that staff met with their key person and discussed their needs. A staff member said, "We're always talking to people and asking them about their care." People we spoke to were unable to confirm either way if they felt involved in discussions and decisions. We saw no written records that could confirm these discussions had taken place or any examples that people had been involved. For example, people had not signed their support plans to show they had been involved in the development or review of their support. Nor was there any other indication in people's care records that people had been involved or consulted.

We asked people if staff were respectful. One person said, "[Name of staff] wakes me up and says, "It's time to get up", they just open my bedroom door, they don't knock before coming in."

We observed staff communicated with people respectfully and were sensitive when providing one to one support.

We asked people about how they were supported to maintain their independence. One person talked about helping in the kitchen by drying the pots, they said that they enjoyed this and it was important to them. We saw some examples where people helped with domestic jobs. We observed a person laying the table for the evening meal and closing the curtains when it got dark outside.

We asked the staff if there was any independent advocacy information available for people should they have required this support. We were told this information was not available. We discussed this with the provider's representative who told us that they would ensure this information would be made available for people.

Is the service responsive?

Our findings

We found people's care records included information that was very dated resulting in information not easy to follow. Support plans were reviewed six monthly or earlier if required. We saw examples where the support plans had very recently been reviewed and evaluated. However, we identified that changes to people's needs that had been recorded in daily notes or elsewhere, had not been included in the review or the support plan and risk amended to show this change. For example, in one person's daily notes it stated "[Name of person] keeps opening fire doors." This person was living with dementia and this was a new behaviour that put the person at potential harm. Another person's daily records stated there was a change in this person's behaviour but their support plan and risk assessment had not been amended to reflect these changes. We discussed these examples with the registered manager who agreed the review system used was ineffective in fully reviewing and evaluating people's needs. This meant that people's needs were not sufficiently assessed and planned for.

We found people had several folders that stored information about their needs. Information was disorganised and chaotic. This was a concern as important information may have been missed by staff.

People who used the service told us they were happy living at Loreto Cottage and with the support they received. Relatives said that they felt involved in their family members care. One relative told us, "They [staff] get us involved in anything important." Relatives also said that the service did not invite them to a review meeting but the local authority who had funding responsibility, invited them to attend an annual meeting held at Loreto Cottage. Another relative told us, "Staff know [name of family member] needs well as they have been here for a long time. They take their care needs into consideration." This relative added, "Everything is personalised for [name of family member]. There is always someone [staff] to share information with."

People told us about the activities they participated in. One person said they had a work placement in a coffee shop for two days a week. Examples of activities included drama and dance groups, attending community day centres, and evening social clubs. People also said they accessed their local community such as shops and pubs with staff support. On the days of our inspection people were observed to go to their different activities and groups as described to us.

One person told us they went to a weekly slimming world group and went to Mass most days as their faith was very important to them. Some people told us that staff had supported them on holiday to Centre Parks that they enjoyed. Two people received one to one support from an external provider to pursue their interests and hobbies.

People told us that Friday night they went to the local pub. The second inspection day was a Friday and people talked about attending the pub later that evening, they were clearly looking forward to this.

Activities within the service also took place such as arts and crafts and games, people had the use of an external building within the grounds where they could play pool, listen to music and watch television.

External people visited the service and provided aromatherapy and exercise sessions for people who used the service.

Staff told us that people led active and fulfilling lives. Activities people had participated in was also recorded that confirmed people were supported with activities of interest and what was important to them. This told us that people received a responsive service based on their needs and wishes.

Staff were aware of people's religious and spiritual needs and the significance of this for some people. A memorial area of the garden had been developed to support people to remember loved ones that had passed away.

People told us that they were happy living at Loreto Cottage and said they would speak with staff if they were unhappy or wished to complain about the service they received. Relatives told us that they had no reason to complain but felt confident they could if required.

We saw on the notice board in the kitchen a copy of the provider's complaint policy and procedure. This was not easily seen due to other information covering it. It was also not presented in an appropriate format for people with communication needs. We discussed this with the provider's representative who said the provider did have an easy read version and that they would ensure this was displayed for people.

The registered manager told us they had not received any complaints since our last inspection.

Is the service well-led?

Our findings

At our last inspection in October 2015 we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were insufficient and effective systems in place that monitored the quality and safety of the service. At this inspection we found some audits and systems had been introduced but found these were not as effective as they should have been. We found concerns about safety that had not been identified. We were concerned about sustainability with the audits that had been introduced. The registered manager had failed to appropriately assess all risks resulting in people not being fully protected or risks mitigated. This meant there was a continued breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Monthly monitoring sheets had been introduced for areas including risk assessments, support plans, medicines, fire risks and staff meetings. The concerns identified during this inspection in relation to risks with the environment internally and externally had not been identified because there were no systems in place to formally check and review the environment. However, the provider's representative told us that they did complete environmental checks when they visited the service. They said they had plans in place to make the garden safer but acknowledged these checks and actions were not formally recorded.

We found that there were frequent safeguarding incidents that the registered manager had not analysed for themes and patterns to reduce further risks to people. Nor had the registered manager adhered to the multi-agency adult safeguarding policy, they had not reported these safeguarding incidents to the local authority responsible for investigating safeguarding. This meant people were not fully protected from harm.

The system used to review people's support plans and risk assessments was found to be ineffective. Records of people's needs were found to include in places very dated information. Examples were found where this information had not been updated to reflect people's current needs. This meant there was a risk that people may have received ineffective and unsafe care and support.

The registered manager did not effectively monitor staff's performance and development needs. They had not provided staff with sufficient and appropriate opportunities to discuss their needs. This was identified at the last inspection. .

There were no visitors signing in or out book. This was a concern because there was no way of monitoring what visitors were in or out of the building which was a potential risk to people's safety. An additional concern was that staff would not be able to correctly account for visitors in the event of an emergency and the building needing to be evacuated. These concerns were identified and discussed with the registered manager at the last inspection.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. At this inspection we identified from the accident and incident book that there was a high number of frequent safeguarding incidents that had not been reported to us. At the last inspection we identified not all incidents

had been reported to us as required and brought this to the attention of the registered manager. This showed that the registered manager had not fully fulfilled their registration regulatory requirements.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

External checks, servicing and maintenance had been carried out such as gas and electrical checks, hoists and the lift had been serviced during 2016 including the fire alarm. Environmental health inspected in 2015 and gave a good hygiene rating of five (these inspections are carried out every two years).

Relatives were positive about the care and support provided to their family member. One relative said, "The staff are brilliant, whatever [name of family member] likes or wants they do." Another relative said, "I'm happy and confident with the service." A third relative added, "It's very good, on the whole wonderful."

People told us that they had 'resident meetings' with staff. They said this was where they talked about if they were happy and wanted any changes. A staff member told us, "We have resident meetings and try and involve people but getting feedback from some people can be difficult due to their communication."

We looked at resident meeting records for January, March, April, and November 2016. We found that there was limited discussion and when people had made suggestions or raised issues; there was nothing to show that these had been acted upon. For example a person in March asked if it was possible to go on a holiday somewhere other than Centre Parks. There was no information recorded that showed that this had been discussed with the person. Staff informed us that this person did go to Centre Parks for their holiday.

We asked the registered manager if any surveys or questionnaires were sent to people inviting them to share their experience and views about the service. The provider's representative told us they were in the process of sending these out to people, relatives and professionals. They said that once returned they would analyse the findings and develop an action plan for any areas identified as requiring improvement.

Staff told us that they usually had staff meetings once a month and these were used to discuss people's needs but the frequency of these meetings had recently dropped. The registered manager was described by staff as, "Nice, approachable and supportive." Several staff said that whilst the registered manager would listen to any concerns they felt they did not always take action to make improvements.

This inspection identified significant shortfalls of the registered manager's competency to fulfil the requirements of the position of a registered manager. This was discussed with the registered manager and provider's representative. As a result of these discussions the registered manager voluntarily decided to not continue to be the registered manager but will still have day to day responsibility of the service. They are in the process of de-registering and the provider's representative has applied to become the registered manager for Loreto Cottage. These application changes will be monitored.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person had failed to notify the Commission of incidents of abuse in relation to people using the service.</p> <p>Regulation 18 (1) (2) (e)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered person had not appropriately protected people from abuse. There were no systems and processes established to effectively investigate allegations of abuse. The local safeguarding policy and procedures had not been adhered to.</p> <p>Regulation 13 (1) (2) (3)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had implemented some systems to assess and monitor and improve checks on quality and safety but these were not as effective as they should have been. Concerns were identified around sustainability.</p> <p>There were some systems and process that mitigated risks to the health and safety and welfare of people who used the service but</p>

these were not fully established.

Regulation 17 (1) (2) (a) (b)