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Premier Homes

Inspection report

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Date of inspection visit:

21 February 2017

28 February 2017

Date of publication:

25 April 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected this service on the 21 and 28 February 2017. The first day was unannounced, the second day was by agreement with the manager.

The previous inspection took place in August and September 2016 where seven breaches of the Health and Social Care Act 2008 were identified. The provider was rated as Inadequate and placed into special measures by CQC. We took enforcement action after the last inspection. This inspection was carried out to check on the improvement actions identified in the provider's representations.

Premier Homes is a care home which provides accommodation, personal care and support for up to 17 people living with mental health needs. There were 15 people in receipt of care at the time of our inspection. Accommodation was split between five separate houses, all located within a small geographical area within the same street. People lived in small groups with between two and four people in each property. People's needs were such, that staff support was available to them 24 hours a day, either when staff were working with people in their houses during core set hours, or at any time if people visited the office and asked for assistance.

The service did not have a registered manager as the previous manager left following our last inspection. The responsible individual had been acting manager since the registered manager had left. The directors have another company which is registered with the Care Quality Commission (CQC). At one of these services a manager had been newly appointed. Since our inspection this manager has been registered with the CQC. The directors planned that this manager would also manage Premier Homes until the service changes its registration to become a supported living service. At this point the service will be part of the company mentioned above.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Person centred risk assessments had been produced with people living at the service. The service had not taken action to minimise some of the risks identified putting people at risk from harm for example, we found a risk assessment stating someone was at risk from drinking bleach when they became unwell, yet we found they had access to bleach which was being stored under the kitchen sink. The service took immediate action once this was brought to their attention.

Medicines were not always managed safely and staff did not always follow best practice guidelines when administering medicines. There had however been a number of improvements since we last inspected. Quality assurance checks were being completed, these did not always provide detailed information about the issues identified by them or how the service was going to address the concerns. People told us they

reported concerns and these were acted on. We saw there was a formal complaints procedure in place which responded to complaints appropriately.

Records and recording across the service had improved since our last inspection they were more detailed and thorough. Care plans and risk assessments provided details about the person and their individual needs. People had been involved in their care planning and had signed to say they agree with what was recorded.

People felt safe with the care and support they received. Staff were aware of the safeguarding process and how to report any concerns they had. Staff had received up to date training in safeguarding adults and we found the policies and procedures staff were required to follow, were up to date containing reference to recent legislation.

Staff engaged with people politely and appropriately throughout our visit and people told us they liked the staff. People were supported to attend medical appointments and referrals were made in a timely manner.

Staffing levels within the service were appropriate for the current level of need. Staff recruitment was robust as the service completed the required checks to ensure staff were suitable to work with vulnerable people. Staff were provided with sufficient training to support them in their role.

People's views were sought at resident meetings and keyworker sessions. People living at the service were mostly independent with how they spent their days, other people received support with activities of daily living. We saw the service had arranged for additional activities in the coming months for people to participate in if they wanted to.

Staff sought consent from people before providing care or support. The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. There was no one subject to a DoLS at the time of our inspection and we saw the service had considered what was in a person's best interest within their care files.

We found improvements had been made with regards to safe care and support provided by Premier Homes since our last inspection, these improvements need time to embed in the service and we will check on these at our next inspection.

During this inspection we found three breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. You can see what action we have 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 always safe.

Risk assessments had identified risks to people but action had not always been taken to minimise those risks. People did not have Personal Emergency Evacuation Plans (PEEPs).

Medicines were not always managed safely as records were not being kept when 'as required' medicines were being given and there was no documentation to monitor the spot checks we were told were being completed.

Environmental risk assessments were in place and accidents and incidents were being monitored and reported.

Staffing levels were appropriate for the current needs of people living at the service. There was a robust recruitment process in place.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The service was not always keeping record of the fridge temperatures. People were receiving healthy and nutritious meals of their choice.

Staff had received appropriate training to support them in their role. Supervisions were held regularly and staff felt supported by management.

Staff understood and followed legislation in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Requires Improvement ●

Is the service caring?

The service was not always caring.

People's views on end of life care had not been sought.

People were given the opportunity to provide feedback to the

Requires Improvement ●

service and action was taken to make changes when required.

People were involved in the planning and review of the care and support needs. People's likes and dislikes were recorded and acted on.

Is the service responsive?

The service was not always responsive.

There were currently no formal activities within the service. We saw an activities plan which had not yet been implemented so had not had time to embed in the service.

People's care plans were person centred and had been updated with the person fully involved in the planning of their care.

People were aware of how to make a complaint and there was a formal complaints procedure in place. Where complaints had been received, the service had taken appropriate action.

Requires Improvement ●

Is the service well-led?

The service wasn't always well led.

Quality assurance checks were being completed but had not identified the issues found within this report.

There was no registered manager in post; the director had recently appointed a manager to another service they owned. They had agreed that this manager will oversee both services until this service changes its registration.

Statutory notifications were being made and staff felt supported by the manager and the provider. Both the manager and provider recognised the need for change.

Requires Improvement ●

Premier Homes

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 21 and 28 February 2017 and the first day was unannounced. The second day was arranged by mutual agreement. The inspection team on the first day of inspection consisted of two inspectors. The second day was conducted by one inspector.

We did not ask the provider to complete a Provider Information Return (PIR) on this occasion. 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. This was because the service had recently been inspected. We reviewed the information we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We looked around the building and observed interactions between staff and people living at the service. We spoke with four people, three staff members, the manager, who was not currently registered with the Care Quality Commission at the time of our inspection, and the provider. We looked at records relating to the service. Including eight care records, five staff recruitment files, daily record notes, policies and procedures and quality assurance records.

Is the service safe?

Our findings

At our comprehensive inspection of Premier Homes on 31 August 2016, 01 & 14 September 2016, we found that risks to people had not been appropriately assessed and steps had not been taken to mitigate these risks. Some people in receipt of care from the service had complex mental health issues and were at risk from suicide and self-harm. These had not been assessed and plans were not in place to support people with their needs.

At this inspection on the 21 and 28 February 2017, we found the service had implemented detailed risk assessments for people who were in receipt of care from the service. The service had rated the risks posed to people using a Red, Amber, Green (RAG) system. Red meant the risk posed was a high risk, Amber meant it was a moderate risk and Green meant it was a low risk. We saw in all of the care files we looked at, that risks had been identified for each person and were related to their specific needs. For example, one person's care file documented that when their mental health deteriorated and they became unwell, they displayed this in a number of different ways, one of which was a history of drinking bleach. On our visits to the different houses, we noted that bleach was kept unsecured, in a cupboard under the sink. We raised this with the manager, who immediately removed the cleaning products and bleach from under the sink in one of the properties. The manager then arranged for locks, to be fitted to all of these cupboards within 24 hours of us leaving the service. This showed that the service had identified risks to people, but had not taken all reasonable steps to minimise the risks and ensure that people were kept safe and well.

We looked at what support people would need in the event of an emergency. We saw the service had devised a business continuity plan, which provided staff with information about what actions they needed to take and who to contact in the event of an emergency. Despite having this, the service had not completed Personal Emergency Evacuation Plans (PEEPs). PEEPs provide details about the individual and what support they may require. They can also provide information about any medical conditions people have which the emergency services may require and also information about their mobility.

This was breach of regulation 12 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of our inspection we looked at the administration, storage and disposal of medicines. At our last inspection in August and September 2016, we identified that the management of medicines was disorganised and unsafe. Staff were not following best practice guidance about the safe administration of medicines and records.

At this inspection we checked to see what actions the service had taken and what measures had been put in place to prevent this from re-occurring. We saw that since the last inspection, the service has stopped the poor practice of secondary dispensing and had a more secure method for administering medicines. Medicines were kept securely in the office at one of the houses. A named senior staff member would be rostered to administer medicines each day. People would all visit the office to receive their medicines, or if the person slept in we were told "Staff will come to me, if I am late up". We saw that medicines were

delivered in weekly 'bio-dose' boxes. These were pre-dispensed boxes delivered by the pharmacy. We checked three boxes alongside three medication administration records (MARs) and saw they matched this reassured us that residents were receiving their medicines as prescribed. We saw alongside this, that some medicines which were short course medicines such as antibiotics, had their own MAR in place. Some of the people living at the service, had medicines prescribed 'as required' PRN. One person we saw, had two paracetamol tablets on their table in their room. We were told by the person, they had felt unwell one night, and had asked staff to leave a couple in their room. We did not see any paperwork to show this is what was agreed and there was no risk assessment to show that this person was safe to administer their own medicines or that this practice did not pose a risk to other people living in the property. We noted that three people living at the service were able to 'self-medicate', we saw there were no self-administration risk assessments in place and no formal checks had been made to ensure they were taking their medicines. We discussed this with the manager, who told us that a private consultant who the service had employed to carry out quality checks, had designed a self-administration risk assessment but at the time of inspection this was not seen to be in use. We were told that a member of the senior care staff, carried out spot checks to check the bio-dose system was being correctly used. This was not recorded anywhere.

We were told the pharmacy delivered medicines every four weeks. We saw that bio dose boxes which were not currently in use were kept securely in a locked filing cabinet. We saw no evidence to show that checks had been made to ensure these medicines were being stored at the correct temperature. NICE guidance states that care homes providers should as part of their process for storing medicines safely, monitor the temperatures for the medicines they are storing. Some changes had been made to the way in which medicines were stored and administered, but these were still not robust.

This was breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, entitled safe care and treatment.

At our last inspection we identified environmental risks such as properties being left unsecured, uneven flooring, trip hazards and exposed pipes. At this inspection we saw the service had taken action to address these concerns. We saw that none of the radiators had covers over them, which they are required to have. We discussed this with the manager, who was not aware that this was a requirement, but immediately informed the provider in order to purchase some covers. By the second day of our inspection (28 February 2017) we saw the service had installed some radiator covers and wanted to check that these were sufficient before purchasing enough to cover the additional radiators.

We checked to see if the service had updated their Legionella certificate and that the electrical installations to all of the properties was now in line with British standards as at our last inspection we had found that they weren't. We saw the service now had a certificate, showing that checks had been completed in relation to Legionella and that the service now held the correct documentation for the electrical work. We also viewed records, detailing when the fire extinguishers had been checked and when fire alarm tests had been undertaken weekly along with regular fire drills carried out by staff. This showed the service had taken action to remedy the environmental risks we had previously identified to make people safe. We saw the service was now completing monthly checks on each property as well as weekly checks on the lighting, water temperatures and shower heads. At the time of this inspection, the service recorded these checks with a 'tick', there was nothing showing who had completed the check, or the date it was completed. This was raised with the manager who agreed that this wasn't a robust method of completing the checks and will ensure that staff now sign and date when the checks have been completed. We will check this has been actioned at our next inspection.

At our last inspection in August and September 2016, we identified that the service was not recording,

managing or monitoring accidents and incidents which had occurred within the service. At this inspection we found the service had a more robust system in place and that accidents and incidents were being recorded and action taken to minimise the chance of them re-occurring. For instance, there had been a number of issues between two people living in one of the houses of the service, this had been identified and one person (with their agreement) had moved to another house. This showed the service had identified the issue and had taken action as well as keeping a record of the rationale for the move.

We looked at how the service managed any safeguarding incidents and how people were protected from harm and abuse. At our previous inspection we saw that there had been no notifications of incidents prior to our inspection, yet during the inspection we identified a number of issues which should have been reported as safeguarding concerns. At this inspection we reviewed our system and noted that since our last inspection, the service had been reporting any safeguarding concern both to us, the Care Quality Commission, as well as the local authority. All staff had now received training in safeguarding adults and we saw signs within the office and homes, providing information about when and how to report concerns. This showed the service had taken action to address the previous concerns and were now reporting incidents as required and had also taken action to ensure all their staff had received appropriate training in this area.

People we spoke with told us they felt safe with the care and support they received from the service. Comments included; "Nice to be safe." Another comment was, "I feel safe."

Staffing levels on the days we visited the service appeared appropriate to meet the needs of people living at the service. People at the service were very independent and staff supported them to take their medicines and prepare their meals. Most people required minimal support with meeting their personal care needs with staff members prompting them where required.

There was a robust recruitment process in place. Application forms had been completed which provided details about the persons employment history. We saw checks had been made with previous employers and the Disclosure and Barring Service (DBS). The DBS checks help providers make safe recruitment decisions as they check people against a list of individuals barred from working with vulnerable adults and children. We saw the service had also completed checks in order to verify staff member's identity and ensure they were legally able to work.

At our last inspection concerns were raised about the cleanliness of the houses. At this inspection we noted that properties were clean and tidy, rubbish which had been stored in the yards of two of the properties had been cleared. Previous concerns had been raised about a commode not being emptied in a timely manner and the suitability of toilet facilities for this particular person. We noted that the service had installed an ensuite in response to the persons changing needs, so this was no longer an issue. We also saw the service was now using red bags to put any contaminated clothing into the wash. We saw that daily checks were now being completed on all the properties to ensure that cleanliness was being maintained. This showed the service had taken action to minimise the risk to people of cross infection.

Is the service effective?

Our findings

At our last inspection we found the service was not effective. We identified serious concerns about the skill set of staff as training records showed staff had received training in areas such as moving and handling, safeguarding and infection control but there was no evidence about how the individual staff member's knowledge and understanding had been assessed. We identified that staff had not received training in areas such as mental health and non-physical intervention training in response to challenging behaviour, despite the service promoting itself as a specialist mental health service.

At this inspection we checked to see if the service had taken any action in relation to specialised training. We found that staff had been enrolled and attended training in relation to Mental Health as well as refresher training in the Mental Capacity Act 2005. We saw the service was enrolling staff members on additional vocational qualifications to support them in their roles to deliver the aims and objectives of this service. Staff we spoke with confirmed they had received training in other essential areas such as safeguarding and moving and handling. One staff member who was new to the service, told us that they had been enrolled to undertake the care certificate when they first started with the service. The care certificate is a set of standards that social care and health workers adhere to in their daily working life. They had also spent time shadowing other staff members as part of their induction and were now enrolled to complete additional vocational training. Premier homes had also enrolled the manager onto a mental health first aid train the trainer course. This would enable the manager to facilitate training of staff. The aim of this was to move away from how they currently work using a maintenance model of care to one of a recovery model. This would benefit people by supporting them to be as independent and recognise when they were becoming unwell and take action to minimise the risk of this occurring, rather than waiting until a person became unwell and then taking action. We saw on the training records that a number of the training courses were now being provided by the local authority and other agencies. During our inspection we saw a member of staff from the local college who was supporting staff with their vocational qualifications had visited the service to meet with the staff member to discuss their progress. This showed the service was now ensuring staff received training in areas to support them in their roles and improve outcomes for people.

Staff told us they received regular supervisions and we saw records of the supervisions being held. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Records of supervisions showed a formal system was used to ensure all relevant topics were discussed. Staff we spoke with told us they felt supported and were able to approach other members of the team of management for advice.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. At the time of our inspection, no one living at the service was subject to a DoLS authorisation.

Our last inspection found that the principles of the MCA were not embedded within the service and there was little evidence that service users consent had been sought for their care and support. At this inspection we found staff had completed refresher training since we last inspected. Staff we spoke with had a good understanding in these areas. Staff understood about asking a person for their consent prior to carrying out any care or support needs. They also understood about the least restrictive approach. We saw staff knocking on the doors to the houses and waiting for people who lived in the house, to come and answer the door. If no one came to answer the door, then the staff member would open the door and announce who they were, before entering. We saw care files had been updated and people had signed a consent to care and treatment form. We saw the care plans now contained a section about capacity and whether the person was able to understand and retain the information to then be able to make an informed decision.

At the last inspection we found that people were not provided with meals that met their individual health requirements. People had told us they had resorted to spending their own money on food in order to be able to have the choice they wanted. At this inspection we saw food arrive from a local supermarket. The occupants of each house had chosen what they wanted. The service asked people to visit the office to order through 'click and collect' and also make specific requests. The service did not have a formal menu, people chose what they wanted for each meal and staff would support by making that meal. People told us that they sometimes helped. One person we spoke with told us, "I go on click and collect to order my healthy food. I don't use my own money." We were shown one of the fridges by a person who lived in that house. They commented that there wasn't a lot of food in there. Food deliveries took place on a Tuesday and Friday, which meant more food would be arriving that day. We later saw staff distributing food to each house and noted that the choice of food was different for each.

We saw that the service completed a daily check of the fridges in each house, to check use by dates and remove any out of date food items. The service had implemented a procedure of checking Fridge and freezer temperature twice a day to ensure that food was stored at the correctly however we noticed that on a number of occasions, these had not been recorded in the afternoons. We discussed this with the manager who explained that they intended to start implementing their own daily check, to make sure staff remembered to record the afternoon fridge temperature checks, even if they were out in the community with people. We will check this has been implemented at our next inspection.

We had previously raised concerns surrounding the recording of appointments to healthcare professionals such as the GP, dentist and opticians. People had told us that they attended and staff had supported them. At this inspection we saw evidence in people's care files of letters from the hospital as well as other healthcare professionals. We saw the care files now included a health action plan. This provided details about actions staff were to take if a person's mental health was deteriorating or if there were any changes in a person's behaviour. One person had an undated mental health relapse management plan in place which provided staff with clear guidance at what actions to take when they became unwell, because it was undated it was not clear whether this was an up to date action plan and whether it would meet the persons current level of needs. We saw other files containing details on the mental health relapse management plans (which were dated) about people not being isolated, however we noted that at present there were no organised activities on offer within the service, meaning that people spent long periods of time on their own, either in their rooms or in the lounges of the service. However, we saw evidence of planned activities for the

coming weeks. This meant the service had already identified this as an issue and taken action. We saw records of when district nurse's visited one person to change dressings. This showed the service had taken some steps to record appointments and health management plans, but these were not robust as the record of what action had been taken was not dated.

Is the service caring?

Our findings

As part of our inspection, we looked at what end of life support the service provided for people living at the service. We found the care files we looked at did not have anything in place and there was no reference to end of life care or people's wishes with regards to this. We discussed this with the manager who recognised that this was important and needed to be considered due to the age of people living at the service. They agreed that they needed to ensure everyone's care plan was updated to provide details about people's wishes for their end of life care. Following the inspection the service provided the inspector with five plans of people's wishes after their deaths. These were dated from 2012 and did not include details of people's wishes for their care at the end of their lives. A new document to record people's wishes at the end of their life was also sent to us. This is in the process of being completed with one person and we were told it would be offered to all people who used the service. We will check that this has been completed with all the people who wish to at our next inspection. Not supporting people to discuss their end of life care needs was a breach of Regulation 9(3) (a) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014. Person-Centred Care.

At our previous inspections we saw limited interactions between people and staff members, where we did, these engagements were pleasant and polite. At this inspection we again, saw limited interactions between staff and people living at the service. This was due to the way in which the service was set up across multiple different accommodations. Most people residing within the service were independent and would go out into the community for periods of the day. People we spoke with, were positive about the care and support they received. Comments included, "It's good, lots of nice people and staff help me out.", "It's one of my favourite homes." and " Staff are alright, they are nice."

We saw people were treated in a respectful and dignified way. Staff were observed 'knocking' on the house door and waiting for someone to open the door to let them in. Staff 'announced' who they were and what they were doing once they had entered the property. We saw staff asking for people's choices and opinions with regards to what they wanted to do that day. People living at the service had their own keys to the house they lived in and their own rooms within. When we visited one of the houses with the manager, a person who lived in the house asked when they could have a new key as the one they had when they first arrived, had been taken off them. The manager wasn't aware that they no longer had a key and would ensure this was remedied. The manager queried with staff in the office why the persons key had been removed and found that the person's original key had been a key that opened every door, once this had been identified they asked the person to relinquish this key and a new one was ordered. This was done to ensure everyone's privacy was maintained.

At our previous inspection, we saw one person who had reduced mobility, had been provided with a commode in their room and urine bottles to use overnight. We had identified that these were not always being used or being emptied in a timely manner which meant the person was exposed to an increased risk of infection as we identified that this person was urinating and defecating on the floor and in their bed. This person also had open wounds on their legs. We also observed that 'dishes' from the person's meals were building up in their room. This was not dignified for the person. At this inspection we saw the service had

taken action to address these concerns. The person now had an en-suite in their room and staff had managed to address the issue with the build-up of dishes by getting the person to agree to staff removing them once a day. This showed the service had acted on the previous concerns ensuring the person's dignity was maintained and minimising any risks to health.

Our last inspection identified that there was no evidence, people had been involved in the planning of their care, other than the person signing to agree with what had been written. At this inspection, all care files had been updated and were written with the person. There was clear information about each person and how they wanted their care to be delivered. We saw that each file contained a 'Pen Portrait'. This was information written with the person about their likes and dislikes. It provided clear guidance to all staff about how the person liked to be supported.

We saw the service operated a keyworker system. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care, reviewing the care and liaising with family members. People we spoke with confirmed the keyworker system was in place and that they met regularly with their keyworker to discuss their needs and plan what they want to do. We saw each house had a linked staff member who was the keyworker for that house. There was a photograph of the staff member along with information about them and how they could support the people living at the house. This showed the service was supporting people to engage with staff who know them well.

The service held regular 'residents' meetings and we saw minutes had been recorded at these. People were able to discuss any concerns or changes which were happening in the service. We saw there had been a discussion following our last inspection, about the quality and choice of the food. People had been given the opportunity to provide their opinion to the service and this had been taken on board and changes made. This showed the service was providing people with an opportunity to express their views and were actively involved in making decisions about the service.

We saw the service provided details about advocacy services and that people would be supported to access them when required. The manager told us that no one using the service currently had involvement from a formal advocate, but this could be arranged through the persons care manager if needed.

Is the service responsive?

Our findings

People living at Premier Homes filled their time in a way they chose. At our previous inspection we found there was no evidence of any activities being organised or taking place. At this inspection there was no evidence to show the activities had taken place, however, the manager was able to show us a timetable of planned activities for the coming months which included trips to a zoo, a museum and the seaside. We also saw the service had devised a weekly activities timetable with a variety of activities on option. We will need to allow the activities time to embed in the service to see how successful they have been and whether there are any positive outcomes for people from these. We will check on these at our next inspection.

At our previous inspection in September 2016, we identified that the care people received was not responsive to their needs. We found that people who were at risk from self-harm and who had recently displayed those behaviours, did not have care plans or risk assessments in place for staff to recognise these behaviours and provide guidance to staff on how best to support them.

At this inspection we found improvements had been made. Every care file we looked at showed the care plans and risk assessments had been updated since our last inspection. They were all written in the service user's voice about what they wanted to happen in relation to their individual care and support needs. For example, the person who we identified in our last report as hoarding food, had signed an agreement plan with the manager. This agreed that staff were to enter the person's room daily and remove all crockery and tidy if necessary. We saw that this was happening as the person had confirmed this with us and it was also evidenced in the daily records. This showed the service had taken action and were responding to people's individual needs to support and encourage more positive outcomes for people.

At our previous inspection we found that records and recording within the service was very poor and people had generic care plans which were based on a 'maintenance' model, covering areas such as mental health, physical health and self-care, living skills, social networks and relationships. The content of these generic care plans was basic and in most cases there was only one small generic sentence which did not reflect any individual person's needs in each area.

At this inspection we found that care records had been updated and despite being based on the 'maintenance' model, were more person centred and detailed about the individual needs for each person with actions needed for staff to follow, if required. We were told by a staff member that people's family members were also invited to be involved with the developing of the new care plans, but they were only involved with the consent of the person involved. These new care plans still need time to be embedded within the service. We will check these at our next inspection.

Previously, complaints and concerns raised within the service had not been dealt with appropriately. At this inspection we found the service now recorded each complaint, along with what actions they had taken to investigate the complaint and then feedback they had provided to the complainant. We saw evidence of one person using the service having made a complaint and the response the service had given to the person once the investigation had concluded. People we spoke with knew how to make a complaint. One person

told us, "I've never had to complain, but I'd tell (name of manager)". We saw the service had a copy of the complaints procedure on the wall of the kitchen in each house. This showed the service was now dealing with complaints appropriately and had a robust complaints procedure in place.

We spoke with both the director and the manager about the long term goals of the service. They told us the plan was for the service to become a supported living service which would fit better with the support the provided and the environment in which they provided it. At the time of our inspection they were in discussions with the local authority on this and also having discussions with people using the service about their thoughts on the changes planned. This showed the service had identified the service they currently provided was not conducive to the people they supported or the environment they were supporting them in.

Is the service well-led?

Our findings

The service did not have a registered manager as the previous manager left following our last inspection. The responsible individual had been acting manager since the registered manager had left. The directors have another company which is registered with the Care Quality Commission (CQC). At one of these services a manager had been newly appointed. Since our inspection this manager has been registered with the CQC. The directors planned that this manager would also manage Premier Homes until the service changes its registration to become a supported living service. At this point the service will be part of the company mentioned above.

At our last inspection we found inadequate governance, leadership and management oversight within the service, which had led to the serious concerns identified and referred to in this report. At this inspection we found that most of the previous concerns had been addressed, however we identified areas which still required action for example, the management of medicines and ensuring the risks identified had been acted on. These are continued breaches from the last inspection.

We saw the service was now completing some audits, including by an external auditor, on the quality of the care and support being provided as well as checks on the environment. We saw that the service was also now monitoring some trends or emerging patterns and had moved one person to another property to minimise the risks to them and other people. However these were not always robust as they had not identified the concerns we have mentioned in this report and they didn't always provide details about any identifiable issues or what actions they would then take. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 entitled, Good governance.

At our last inspection we identified that the provider had not notified us of numerous incidents including safeguarding concerns. At this inspection we found the manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. We saw the manager informed CQC via a statutory notification of all notifiable incidents within a timely manner.

People and staff we spoke with felt they were supported by the manager and the provider. They told us they were able to approach them or the provider of the home, if the need arose. They told us the manager had an 'open door' policy and felt able to discuss any concerns or issues they may have. Comments made included: "(Provider) has done well" and "(name of manager) is a lot better; he is more responsive." Staff told us they felt more supported and that the provider was now more hands on. Staff confirmed they had regular team meetings and felt able to raise any issues at these or in their supervisions. One staff member said, "Staff speak up in a positive way now. Staff have more responsibility and accountability now, if there is an issue they (manager and provider) support people to solve it rather than leaving it to the seniors to deal with."

We spoke with the manager about the service about the aims and objectives of the service. They told us. "The plan is to move forward from the maintenance model (to a recovery model) and ensure we are supporting people's mental health." They told us the service was "still in a state of implementation of

changes." Some of the issues identified within this report, such as the lack of risk assessments for people who were self-medicating, had already been identified but not yet addressed. The manager went on to tell us how there was a clear structure within the staff team. They had implemented a duty system, with regards to administering the medicines which was working. The manager told us, "There has been a change in culture. It's still a work in progress, it's about embedding transparency and the need to report issues." They told us how they hoped the keyworker will help to develop the service.

It is a requirement of the regulations that providers display the rating they received at their last inspection, within the home and on their website if they have one. The rating of 'inadequate' from our last inspection was clearly on display in the service. This showed the service was ensuring people using the service or considering using the service, had access to the most recent report to enable them to make an informed decision about it.

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 9 HSCA RA Regulations 2014 Person-centred care The service had not supported people to discuss or make decisions in relation to their end of life care needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The storage and management of medicines was not robust. The service had not produce personal emergency evacuation plans providing information about the persons needs which could be used in the event of an emergency.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audits and quality checks were being completed but were not robust as they had not identified the concerns we have mentioned in this report and they didn't always provide details about any identifiable issues or what actions they would then take.