

Parkcare Homes (No.2) Limited

The Foam

Inspection report

3 Chapel Road
Dymchurch
Romney Marsh, Kent , TN29 0TD
Tel: 01303 875151
Website:

Date of inspection visit: 19 & 24 March 2015
Date of publication: 15/06/2015

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 

Overall summary

This inspection visit was carried out on 19 and 24 March 2015 and was unannounced. The previous inspection was carried out in July 2013 and there were no concern.

The service offers accommodation and personal care support to three people with learning disabilities. At the time of inspection there were two people living at the service. The service is not accessible to people in wheelchairs but has been adapted in some areas to better suit the needs of people with mobility issues. Staff in the service work alone on shift.

There is a registered manager who has oversight of this and two other services and also works shifts in the

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

People told us they felt safe but that there were not always enough staff to support them to do the things they wanted to do. A relative said they had visited for a

Summary of findings

number of years and had no concerns other than they felt there was a lack of staffing to provide the activities their family member wanted. They told us they always found staff kind, friendly and welcoming.

Our inspection showed that whilst the service offered people a small homelike environment, and that their basic care needs were being supported, there were shortfalls in a number of areas that required improvement.

Records maintained by staff were not always completed or accurate and some processes were not followed; this could place people at risk. For example, not all safety checks were recorded as completed. Staff recruitment files lacked the full range of information they are required to have to ensure the recruitment process was conducted thoroughly. People's involvement in decisions about their care was not well documented, and recent care review information was not available. Risks identified in regard to the service environment were not monitored.

There were opportunities for people to comment about the service through face to face meetings with a staff member or through house meetings, but the frequency of these was inconsistent, recording was poor and made no reference to actions taken in respect of comments made by people, to show their concerns were addressed or record in detail what their concerns were.

Systems were in place to ensure staff had appropriate induction and training to undertake their role. Staff told us that they felt well supported by the registered manager who they found approachable. However, staff were lone working and did not receive regular face to face support from the registered manager, where they could discuss their work and development or have their practice monitored.

People were supported to access routine and specialist healthcare appointments and received visits to the service from health professionals where needed.

However, feedback from a social care professional informed us that the service had been slow to respond to a health need for one person and staff had not taken action early enough in respect of someone with a significant weight loss.

Peoples preferred choice of meals was not always adhered to or changes in their preferences recorded. Information about menu's and complaints was not in accessible formats or displayed for people to view.

Medicines were managed appropriately although some recording around this was not well maintained.

Assessment and monitoring audits of service quality were undertaken but were not sufficiently robust to identify shortfalls identified at inspection. Staff were not always kept informed of changes in regard to people they supported. People had opportunities to express their views but there was no clear evidence of how these were used to improve the service.

Staff demonstrated a good understanding and awareness of safeguarding adults and the processes to follow to keep people safe. The service had made use of best interest and Deprivation of Liberty Safeguards but records around this were not well maintained.

The premises were being upgraded to meet people's reduced mobility. Annual safety checks of the electrical and gas installations were completed and portable electrical appliances were also checked for safety. Fire equipment and the fire alarm system were serviced.

There was a low level of accidents and incidents and records showed that staff were handling these appropriately.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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.

People were prevented from doing some things through lack of staffing. Appropriate checks were made of new staff but staff recruitment files were incomplete.

Equipment checks were not recorded as completed. Identified environment risks were not monitored.

There was a low level of accidents and incidents. One person told us they felt safe. A relative said they felt their family member was well cared for and safe. Staff showed a good understanding of safeguarding.

Requires improvement



Is the service effective?

The service was not always effective.

Staff were lone working and did not receive regular supervision from their manager to monitor their practice and listen to their concerns.

Assessment of nutritional risk was not kept updated. Menus were not provided in a format that people could understand, and contained meals that people had said they disliked and their changed preferences had not been recorded.

Staff understood best interest decision making and deprivation of liberty processes although these were not well recorded. Staff received appropriate induction and training, people were enabled to make everyday decisions

Requires improvement



Is the service caring?

The service was not always caring.

People had opportunities to express their views individually and in meetings. Records showed their views were not always listened to and the frequency of meetings was inconsistent.

People's privacy and dignity was respected. Staff interactions were kind and respectful.

Relatives were made welcome and people were enabled to make visits to their family.

Requires improvement



Is the service responsive?

The service was not always responsive.

People had opportunities to go out during the week but at weekends people told us they did not have enough to do and became bored. People's records were not always accurate to reflect current staff practice.

Requires improvement



Summary of findings

People did not have access to a complaints procedure suited to their needs, staff said they dealt with every day minor concerns people had, but these were not recorded to show that these were listened to and acted upon.

People were involved in discussions about their care but records did not always record this or were missing altogether.

Is the service well-led?

The service was not always well led

Care, staff, and operational records were not well maintained. Staff had opportunities to meet together but were not always made aware of changes happening with people they supported.

People and their relatives were asked for their views but it was unclear how their comments were acted upon. Assessment and monitoring audits of service quality were undertaken but were not sufficiently robust to identify shortfalls identified at inspection.

Staff found the registered manager approachable and said they felt supported. They had access to a range of policies and procedures to inform their practice and these were kept updated.

Requires improvement



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Detailed findings

Background to this inspection

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

This inspection was undertaken by one inspector on the 19 and 24 March 2015 and was unannounced.

Prior to the inspection we looked at all the information we held about the service for example, notifications, and feedback from other stakeholders, safeguarding and complaint information and previous inspection reports. We brought forward this inspection because this service had not been inspected since July 2013, and for this reason we did not have a Provider Information Return (PIR) to further inform the inspection. 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.

We talked to both people using the service and also observed their interactions with staff. We contacted two relatives and two care managers; we received feedback from one relative and one care manager. We spoke with two care staff during the inspection and the registered manager following the inspection. We looked at care and health records for both people. This included individual care plans, Medicine Administration Records (MAR) charts, hospital passports, Health Action Plans (HAP), risk assessments, and daily diaries.

We also looked at records relating to the operational management of the service this included policies and procedures, staff handover sheets, staff recruitment, training and induction, appraisal and supervision records, staff communication book, complaints information, and quality monitoring and assessment information. Post inspection we requested further information from the registered manager that could not be found during the inspection, but this had not been received at the time of writing this report.

Is the service safe?

Our findings

One person told us that they felt safe living at the service, but that there were not enough staff at weekends for them to go out. A relative told us they had concerns about the availability of staff to support their family member to do the things they wanted to do.

The staff rota showed and staff confirmed that they worked alone on a 48 hour shift pattern, a 48 hour working time agreement was not present on one of the two staff files viewed although the staff member confirmed they were happy to work this shift system, but said they did sometimes feel stressed if people were having particularly difficult days. There was no opportunity for the staff to get away for a break during their 48 hour shift, which could add to their not managing situations as well as when they were fully rested. A social care professional from a local authority funding a placement at the service said that they had concerns about how effective staff could be when working a 48 hour shift and how responsive they were to the needs of people they supported. At this inspection there was no evidence to support these concerns. We found people were calm and relaxed; staff on duty were not stressed and had experienced no particular concerns during their shifts. Staff were friendly and responsive to people's requests for support.

Four staff covered the rota including the registered manager and the deputy manager; there was also occasional agency cover if there were unexpected staff shortages that could not be covered. The registered manager and the deputy were also included on the manager on-call rota for this and other services owned by the same provider. The registered manager felt these additional responsibilities did not impact on the delivery of support to people during their shift, because any concerns would be forwarded to the regional manager to deal with. Whilst we saw that the person being supported at the time of inspection was always acknowledged when they called out by the staff member, quality time spent with them was variable, dependent on other commitments the staff member had for example during out inspection dealing with a contractor and phone calls from staff in other services.

Staffing at the service was not always sufficient to meet people's needs. For example, both people were independently mobile when in the service, but could not

walk far and required the use of wheelchairs when out in the community. When both people were at home, it was not possible for the staff member on duty to take them out either individually or together without assistance from another staff member. Staff rota's and discussion with staff showed this additional support was not available. As a result people were unable to do the activities they wanted to at weekends. For example one person wished to attend church on a Sunday; this was accommodated dependent on staff availability from another service. People said they wanted to be able to go out at weekends to do other activities they enjoyed, for example, shopping, and bowling.

The lack of adequate staffing prevented people from living the life they wished to live. This is a breach of Regulation 22 of the Health and Social Care Act (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Following an incident last year (2014) involving the sudden illness of a staff member people were without staff support for several hours before other staff were alerted to the situation. As a result additional checks had been implemented to ensure that staff working alone checked in with staff at another service twice on weekdays and three times on Saturday and Sunday. In discussions staff felt confident that in the event of an emergency which prevented staff from contacting other staff on call, one of the people in the service would be able to raise an alert if needed, but in that person's absence there were still long periods where the staff member was on their own with a person who would not be able to raise an alert. This placed both the person and the staff member at risk, because the present system was not sufficiently robust to provide assurance of the wellbeing of people and staff or to provide adequate warning of incidents. This is a breach of Regulation 10 (1) (b) of the Health and Social Care Act (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff recruitment files showed that there was a recruitment procedure in place requiring application and interview. All appropriate and important checks of prospective staff were undertaken prior to their commencing work; this included conduct in employment references, a criminal records check and evidence of personal identity. Medical

Is the service safe?

questionnaires and interview notes were in place. However, staff records were incomplete; application forms viewed did not provide full employment histories and gaps in employment history were not recorded at interview as explored. One file did not contain a current photograph of the staff member. These omissions were a breach of Regulation 21 and information specific in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19(3) (a) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We looked at how the medicine ordering, receipt, storage, administration and recording and disposal processes were undertaken. At the time of the inspection ordering and returns of medicines were managed by the registered manager and deputy. Other staff were booked onto training to understand how to manage this aspect of medicines management so they would be able to undertake this responsibility. Medicine keys were kept securely, and medicines were kept in a locked cabinet in the bedroom of the person who received them.

Medicines were provided in pre-packed blister packs from the pharmacist, this enabled staff to pop the correct dose out into a medicine pot at the prescribed intervals for the person to take. Administration of medicines by a staff member was managed appropriately. Medicines Administration Records (MAR) charts were completed immediately after administration, these were also completed appropriately. A photograph of the person was kept with these to ensure that the right medicine was administered to the right person. A medicine policy was in place and this was in date. Staff received training in medicines administration and their competency was routinely assessed to ensure this was still managed safely.

Only one person received prescribed medicines. Their care record made clear they did not have the capacity to undertake their own medicine administration, but their records did not show evidence that a capacity assessment for this had been completed and how this decision had been arrived at. An 'as required' medicine protocol was in place, which detailed the dosage, how often this could be administered and what for. However this contained no other detail to inform staff in what circumstances the person may request this medicine for example, whether the person presented known signs of mood or behaviour changes to denote discomfort or distress to alert staff.

Whether these were symptoms that occurred frequently and, whether any risk of unnecessary requests for this medicine was likely to be made. Without this information there was a risk that not all staff may administer this in the same way.

Room temperatures which were to be recorded daily to ensure that medicines were kept at temperatures that did not impact on their effectiveness had not been completed for the period of 1-19 March 2015.

The above is a breach of Regulation 13 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Some quarterly and monthly safety checks implemented by the provider to be undertaken by staff were not always recorded as done. For example, a quarterly fire door check was last completed on 3rd November 2014; weekly wheelchair checks by staff were not recorded as completed between December 2014 and February 2014, although during inspection a contractor visited to service the wheelchairs.

A monthly vehicle check had not been completed for February or March 2015 at the time of inspection. Staff told us they could not be sure if these checks had been undertaken. These omissions in recording were a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2) (d)(ii) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Internally the premises were well maintained with a recent kitchen upgrade and a bathroom that provided a walk in shower facility and shower chair, to better meet the mobility needs of people. A maintenance person could be called to address minor repairs when reported, and these were addressed within reasonable timescales. At the time of inspection the service had been without a washing machine for eight weeks, but alternative laundry arrangements had been put in place to ensure people's laundry was done, although staffing arrangements meant delivery of clean clothes was sometimes delayed. We were informed that a new washing machine had now been ordered, but we were not provided with any confirmation of this.

Is the service safe?

Externally an outbuilding was in the process of being upgraded and a new roof had been installed with plans for changed use of the building to an office. Safety checks for the electrical and gas installations were in date and portable electrical appliance testing, fire alarm servicing and fire equipment servicing were completed.

A risk management framework was in place and this ensured that general risks applicable to everyone, individuals and specific risks were identified and risk reduction measures implemented. However, Staffs practice did not always adhere to the control measures in place to reduce risks. For example, risks around finance, behaviour, self-harm and personal safety were in place, but undated, so it was not clear when they had last been reviewed and whether the information was still current.

One person's falls risk assessment showed it had been updated in July 2014, but the person had fallen recently and the risk assessment had not been reviewed again, to ensure risk reduction measures were still appropriate. In another example a medicines risk assessment stated that one of the control measures in place to ensure medicines were managed safely was a daily count of medicines, but this had not been maintained, staff told us this was because they could not print off more of the monitoring sheets.

Other general risk assessments had also not been kept updated, for example a legionella assessment that identified a moderate risk because of the layout of the plumbing in the service was last assessed in February 2013. People could be placed at risk from infection as a result of

a lack of proper testing. These omissions were a breach of Regulation 9 (1)(a)(b)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (2) (a)(b) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff told us they had received adult safeguarding training. Each staff member demonstrated a good understanding of the measures in place to keep people safe and the forms abuse might take. They were confident they would be able to identify and appropriately alert managers to incidents of abuse. Neither staff member was able to locate a copy of the local authority safeguarding protocols, but were provided with a pictorial flow chart detailing the actions they must take as well as a policy from the provider to inform them what to do. One staff member was able to recall alerts they had raised and been involved with and understood the process of investigation. They were able to show how staff practice had been updated to ensure the likelihood of recurrence was reduced. Both staff felt confident of challenging others and reporting alerts outside of their organisation if they did not feel this had been taken seriously or dealt with appropriately.

There was a low level of accident and incident reporting, one person told us about an accident they had the day before inspection, and when we checked the accident recording we found this had been appropriately recorded there. The small number of incidents and accidents recorded showed no recurring trends that would require further analysis.

Is the service effective?

Our findings

Staff had received a recent appraisal of their overall work performance. Staff said they did receive face to face supervision with the registered manager, and this happened every six to eight weeks. This was not supported by the records viewed. These showed that a newer member of staff had received three initial observations of their practice since their start date in November 2013 and they had also received three face to face supervisions meetings with the registered manager. The record for a second staff member showed no evidence of any observations of practice or formal supervisions as far back as 2013. The system for the supervision of staff and monitoring of their competencies, training and development was not consistently implemented to ensure the registered manager had an awareness and understanding of the performance of all staff and this could therefore place the people they supported at risk. This is a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff completed a training programme called 'Foundations for Growth'. This contained essential basic training, such as moving and handling, food safety, infection control, fire safety, first aid, safeguarding and medicines management, in addition to more specialised training for example, a basic awareness of epilepsy. The staff member on duty had many years' experience of working in care settings and felt the training offered provided her with the necessary skills and knowledge updates she needed to support people safely. Records confirmed that all staff were up to date with their essential training.

Although staff competency in regard to medicine management was assessed, no other competency assessments were undertaken to assure the registered manager that staff had understood what they had learned.

Staff told us that whilst it was their responsibility to access the computer system to check their training status, the registered manager also reminded staff and ensured they were put forward for training, so training was kept updated.

Staff told us about their experience of induction during which they were initially supernumerary to the staff rota, they felt positive about this and that it had allowed them

time to shadow other experienced staff, become familiar with the service and household routines and the preferred support and routines of people. Induction booklets were completed over a period of time by new staff starting and their competency to undertake and understand aspects of their role assessed at intervals by the registered manager or another supervising staff member. A social care professional from one of the placing authorities told us that they were concerned that agency staff were not being appropriately inducted about the needs of people in the service and this had consequences for people in the service who were placed at risk of inappropriate care and support. There were no agency staff on the rota when we inspected. We were informed that the service would only use agency staff in an emergency; these would be staff familiar with the service. The majority of gaps in shift cover were covered from within the staff team or by staff from other services nearby who knew people well.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. During the inspection staff assumed people's capacity to make everyday decisions for themselves and people were being consulted with and asked what they wanted or to make choices. People had where possible consented to their photographs and information being shared with others and also to accepting flu vaccinations. Staff demonstrated a good understanding of best interest and Deprivation of Liberty Safeguards (DoLS). The service had made referrals for both people for DoLS authorisations, and these were under consideration by the people's placing authorities.

In discussion with staff they showed that they challenged decisions where they thought the best interest of a person was not being managed appropriately by the person's funding authority. And we saw emails relating to this. However people's individual records around best interest decisions were not well documented, for example people moving to another service, or agreement to use their money to purchase items in their bedroom, and this is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Is the service effective?

Staff informed us that no one had any special dietary requirements and no one was identified as at nutritional risk, and nutritional assessments had not been updated since 2011. However one person looked to have lost a substantial amount of weight from their previous photographs and their clothing was very loose on them. When we viewed their care record we found their weight record was not completed. Upon request staff were unable to find previous weight records for this person; staff were unclear when the person had last been weighed as they were known to be unable to stand on the weighing scales, alternative arrangements to weigh them as a result of this had not been implemented. We were informed that action was now being taken with the GP to review the person's weight on a regular basis. The person had been placed at risk of appropriate action not having been taken in respect of weight loss over a period of time. This is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People were unable to make use of standard written information and the menu on display was not in a format that they could understand. Staff showed us pictorial representations of some meals, but these were not on the display board to inform people what they had to eat each day. Staff said this was used for people to make choices when the menus were being set. There was no evidence of alternatives being offered; on one person's care record it recorded their dislike of pasta dishes and spicy food, a second person's file also a dislike of spicy food. The menu displayed for the week of inspection contained two pasta based dishes and one chilli based dish. A staff member said

that the people liked to eat this type of food, but care records did not reflect this through recorded conversations with people about their change of preference. When we spoke to one of the people about their food dislikes they said they did not like either pasta or spicy food.

This is a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) 2010, which corresponds to Regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

A social Care professional told us they had concerns that the service had been slow to respond in regard to a health issue of the person they fund at the placement, this had impacted on the quality of life the person experienced until the problem was identified and dealt with. We noted repeat requests from the person at meetings with their key worker for them to see an optician but this was not shown to have been actioned prior to a requirement for medical intervention. Contact sheets and correspondence within care records showed that people had access to a GP, chiropodists, opticians, dentists, physiotherapists and other health professionals as needed to support their health care needs and attended appointments in the community or received home visits where this better met their needs. Records showed where reassessment had taken place to update equipment when people's needs had changed. Health action plans were in place to ensure there was a good understanding of individual health needs and checks that needed to be undertaken on a regular basis. Hospital passports had been developed which could be used as a quick reference for hospital staff if a person needed hospital admission.

Is the service caring?

Our findings

One person was able to tell us that they liked their key worker and other staff that worked in the service. A relative told us they had visited the service for many years and always found the staff caring, friendly and welcoming.

Interactions between people and staff were relaxed with staff engaging with people in a patient and friendly way. During the inspection staff encouraged people to tell us about the things they did or liked doing and interacted with people in a caring manner for example, giving a few moments to someone to ask what their music preference was and to play this for them, ensuring someone got their daily paper.

People had opportunities to get together with staff in 'Your voice' meetings, these were recorded but the frequency of when these were held was inconsistent. Minutes of the last meeting held on 10 March 2015, showed that one person chose not to attend this, and staff had respected their decision. However, there was no evidence that time had been spent with the person later to ensure they did not have things they wanted to say. The minutes showed that one person commented positively about new fitting and furnishings, but was unhappy with a new sofa; the minutes did not explain what the person thought was wrong about the sofa, but discussion with a relative later informed us that the sofa was too low for the person to sit on and get out of easily. The minutes recorded the action taken as a result of this comment as 'nothing', this showed that some staff were not listening, valuing or acting upon the comments of people.

People knew the names of their key workers. The service was small and staff were always within sight of people they supported and there were opportunities for them to engage with them dependent on what commitments staff had. Each person was meant to have a formal face to face meeting with their key worker each month so they could talk about their support and changes they might like to make, or things that worried or concerned them. Staff said these meetings were happening regularly; however records viewed for one person showed they had only had eight recorded meetings since January 2014.

Another person's record showed that they had raised an issue in July 2014, and again in September 2014 but there was no reference made as to what action had already been taken, if any, to make their specific request happen. A further significant change was also underway for the person with regard to their future living arrangements, key worker meetings under the heading 'future plans' made no reference to this or any involvement or comments the person might have in regard to this.

This meant that their views were not being taken into full consideration in the planning and review of their needs and support. These were breaches of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17(2) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed that staff were discreet when supporting people with personal care support and ensured their privacy and dignity was respected. A relative told us that they always felt that they were kept informed about most things to do with their family member's wellbeing.

Is the service responsive?

Our findings

A relative told us they did not think their family member had enough to do at weekends, and they knew this was a source of frustration for them. A person told us they wanted to go out at weekends, but there were not enough staff to support them.

One person told us they went to a day care facility every Monday through to Thursday and enjoyed this very much as they had friends there and people they could talk to. The person also visited family on some weekends and they looked forward to this. When not away they said they often got bored because they could not go out at weekends as there were not enough staff to support this. They said they enjoyed going to church on Sundays, but records showed this could not always be accommodated because additional staffing for this was not available.

A care record for one person said that they did not have a set activities plan and had stated that they did not want to go out or access the community. This was in contrast to what actually happened in practice. During the week when the person was at home alone with the staff member they occasionally went out into the local village supported by the staff, they also use public transport to go further afield. The person told us that they do get bored, and would like to go to ten pin bowling and other hobbies only possible in the community.

The above is a breach of Regulation (9) (1)(b)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 (3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A complaints procedure in a format suited to the needs of the people was not displayed. When we asked to see an accessible copy this was not available in anything other than a written format, which neither person could use. Staff said that they dealt with people's everyday concerns as and when they arose. Records of meetings some people had with their key worker showed that some issues and concerns they had raised or that bothered them were not shown as being acted upon. For example, one person requesting an appointment to see an optician, another person stating they did not like the sofa, these issues were not shown to have been explored with people to determine

if further action needed to be taken. Staff told us that there were no complaints logged for the service. The complaints procedure was not sufficiently accessible or effective to meet the needs of people and there was a risk that people's concerns would not be addressed. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 16(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Information recorded about people's needs and support preferences was detailed and very personalised but these were not always kept updated and were not always accurate, for example one person's record said they disliked accessing the community, but daily diary entries for this person showed that they went out with a staff member at least once or twice during each week and enjoyed these opportunities to get out. Care records made clear people's preferences and dislikes but staff practice did not always reflect this, for example devising menus with meals that contained dishes neither person liked. Records contained documents that had not been completed and it was unclear whether some documentation was still being used. For example on one file we saw a goals action plan with a review date for March 2012, there was no evidence this goal had been reviewed and the last entry recorded for progress around this was October 2011.

There was evidence that aspects of people's care were discussed with them. For example, records showed that individual risk assessments for one person had been discussed with them and they had signed their agreement to the measures in place to keep them safe. However, the same person had experienced changes in their mobility and needed more support around this, but their moving and handling assessment on file was last updated in February 2011 and there was no evidence that the changes in their mobility had been considered within this. Records showed that people's placements were being reviewed, but the review notes were not always on file so it was not possible to know what had been agreed and whether care plans had been updated to reflect any changes.

The above is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2)(c) (d) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Is the service well-led?

Our findings

The registered manager was not present during the inspection but staff told us that they felt listened to and found the registered manager approachable.

The registered manager understood the requirements for notifying the Care Quality Commission about events that happened that affected the running of the Service or people and staff.

This was a small service and staff worked in isolation much of the time, coming into contact with their colleagues only in team meetings or at shift handover. Staff demonstrated they wanted to do a good job and showed commitment to ensuring people were kept safe and led a good quality of life, but oversight of their practice was limited, and good practice was not always supported by the records maintained. We discussed this with the registered manager following the inspection as an area of improvement. For example, we found that staff handover sheets had not been completed for every shift and none were recorded for the period 22/23/24/25/26 January 2015 and from the 27 January the next completed handover sheet was dated 2 March 2015, no handover sheets were recorded for the period 12/13/14/15/16/17/18 March 2015.

Staff said they were kept informed about changes through staff meetings and felt able to raise issues. Staff were provided with a video to bring them up to date with changes as a result of the new Care Act 2014. However when we asked a key worker and another staff member about a possible move for one person they knew very little about this and did not feel they had been kept informed, they felt this was due in part to the local authority not liaising with them about what was happening. It had not been made clear in the person's care records that this was something that was under consideration, even though the service had little involvement.

The above is a breach of Regulation 20 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 17 (2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that staff meetings were meant to happen every six to eight weeks but in practice this was not happening. Staff reported that there had been two recent

staff meetings but one staff member had not been able to attend the most recent meeting and could not find the minutes of these for us to view. We requested copies of these post inspection but have not received them.

Service user meetings were held and people had the option to attend or not. Minutes were made of these meetings. Records of the last meeting showed that these failed to highlight actions taken in response to comments made by people at the meeting. People and their relatives were asked to comment about the service through questionnaires, these were collated centrally and the information aggregated with other services to provide an overall picture of satisfaction with the services. From discussion with the registered manager it was unclear how individual comments that were service specific were dealt with.

In discussion staff showed an understanding of their roles both as a support worker and key worker for specific people. They made use of the local community facilities, and were flexible about helping out even when not on shift if the need arose. However, there was a lack of clarity around a staff code of conduct in respect of maintaining appropriate boundaries between their work and private life, neither staff member could find code of conduct information and the registered manager was unable to provide this post inspection.

At inspection staff were not well informed to tell us about the quality monitoring system. Records showed evidence of monthly health and safety audit checks and medicine audits, also weekly checks of some equipment and daily checks of people's individual finances, which were checked at each handover. Financial, safeguarding and infection control audits were also undertaken. The provider operated an internal quality monitoring team that undertook six monthly visits to the service.

Records showed as a result of these monitoring visits areas of improvement were identified and action plans with set timescales developed to ensure the improvements were made within reasonable timescales. Progress on action plans were monitored both by the regional manager during their routine bi-monthly visits and by the company's internal quality monitoring team. However, the effectiveness of the quality monitoring systems in place had failed to highlight shortfalls identified from this inspection. This is a breach of Regulation 10 (1) (a)(b) of the

Is the service well-led?

Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had received a five star rating from the local environmental health team for the kitchen this showed they met appropriate standards of recording, storage, safety and cleanliness in the Kitchen area.

Staff were aware of where policies and procedures were kept, and they understood these were there for them to reference if they needed to understand what actions to take in regard to the care and welfare of people or in respect of operational management issues. Policies and procedures were updated centrally by the provider. Staff were required to read updates to policies and sign to say they had done so.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

Regulation 9 (1)(3)(a)(b)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9(3)(b) and regulation 12 (2) (a)(b) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The support people received was not designed to take account of their activity preferences (9)(3)(b).

Individual and environmental risks were not kept updated and staff did not always adhere to risk measures implemented. Regulation 12(2) (a)(b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

Regulation 10 (1) (a)(b) of the Health and social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who use services and others were not protected by an effective system of quality monitoring and assessment. Regulation 17 (1)(2) (a) (b).

A robust system to mitigate the risks to service users and staff from staff lone working arrangements was not in place (17)(2)(b).

Staff did not act on feedback from service users to drive improvement (17)(2)(e)

Regulated activity

Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2010 which corresponds to Regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Service users were placed at risk because medicines were not always managed safely. Regulation 12 (2) (g)

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services

Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) 2010 which corresponds to Regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Services users food preferences were not respected
Regulation 10 (1)

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints

Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 16 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had not ensured that an accessible complaints procedure was displayed and made known to service users or that their concerns were recorded and acted upon.

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

This section is primarily information for the provider

Action we have told the provider to take

Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2) (c) (d) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The service had not ensured that documentation relating to the care and welfare of service users, staff and operational management records were kept updated, accurate, and completed at all times. Regulation 17(2) (c)(d)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers

Regulation 21 and information specific in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 (3) (a) and Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The service did not ensure that staff recruitment files contained all the required information. Regulation 19(3)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

Regulation 22 of the Health and Social Care Act (Regulated Activities) Regulations 2010 which corresponds to regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The lack of staffing appropriate to the needs of the service users in the service meant that they were prevented from doing things they wanted to do. Regulation 18(1)

Regulated activity

Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

Regulation 23 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff that were lone working were not in receipt of regular supervision to provide them with an appropriate level of support and opportunities to discuss their work, or ensure their practice was monitored. Regulation 18(2)