Sequence Care Limited

St James House

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Inadequate
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

We inspected this service on 20 October 2015. This was an unannounced inspection.

St James House is a care home without nursing caring for up to six people with learning disabilities and other complex needs. Care and support is provided to adults with learning disabilities, autism, schizoaffective disorder and challenging behaviours. At the time we visited there were four people living at the home and two people in hospital.

St James house describe itself as a rehabilitation home. Rehabilitation of people with disabilities is a process aimed at enabling them to reach and maintain their optimal physical, sensory, intellectual, psychological and social functional levels. Rehabilitation provides disabled people with the tools they need to attain independence and self-determination.

There was a new manager at the home. The new manager joined the organisation in July 2015 and they had submitted their application as the registered manager with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

Medicines were not being managed safely and administered safely. We found medicine errors when we audited medicines in the service and the audits had not identified these.

People were protected against the risk of abuse; they felt safe and staff recognised the signs of abuse or neglect and what to look out for. They understood their role and responsibilities to report any concerns and were confident in doing so. However not all staff had been trained in safeguarding. We have made a recommendation about this.

Staff had not always received training and guidance relevant to their roles. Not all staff had received training in areas considered essential that would enable them to effectively meet the needs of people in the service. Staff had not received regular supervision from their manager and annual appraisals.

The Care Quality Commission (CQC) monitors the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. However, we found that there were different forms of restrictions in the home, which DoLS had not been applied for.

The provider had not fully met people's health care needs. Health action plans had not been updated nor followed.

Care plans identified clear guidelines for supporting people with behaviour that other people may find challenging. The guidelines included clear descriptions of the behaviour, descriptions of possible and probable causes. However, strategies for supporting each person to become less anxious and calmer were confusing and inconsistent. Clear guidelines for staff were not in place.

The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. However, they had not identified and responded to gaps, inconsistencies and contradictions in records which required addressing.

Staff were caring and we saw that they treated people with respect during the course of our inspection.

The home had risk assessments in place to identify and reduce risks that may be involved when meeting people's needs. There were risk assessments related to people's needs and details of how the risks could be reduced. This enabled the staff to take immediate action to minimise or prevent harm to people.

There were sufficient numbers of suitable staff to meet people's needs and promote people's safety. Staff were aware of their roles and responsibilities and the lines of accountability within the home.

The registered manager followed safe recruitment practices to help ensure staff were suitable for their job role.

People were supported to have choices and received food and drink at regular times throughout the day. People spoke positively about the choice and quality of food available. People were involved in activities of their choice.

People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

The staffing structure ensured that staff knew who they were accountable to. Staff meetings were held frequently. Staff told us they felt free to raise any concerns and make suggestions at any time to the registered manager and knew they would be listened to.

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

Requires improvement

The service was not always safe.

The provider had taken reasonable steps to protect people from abuse. Staff demonstrated they understood the importance of keeping people safe. However, not all staff had been trained in safeguarding.

People's medicines were not being managed safely

The provider operated safe recruitment procedures and there were enough staff to meet people's needs.

Is the service effective?

Inadequate

The service was not effective.

Staff did not always have the knowledge and skills required to meet people's needs and promote people's health and wellbeing. Staff had not always received training and guidance relevant to their roles.

Staff had not received regular supervision from their manager and annual appraisals.

People's human and legal rights were not respected by staff. Staff had limited knowledge of the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

People were supported to maintain good health and had access to healthcare professionals and services. However, the provider had not fully met people's health care needs.

Is the service caring?

Good

The service was caring.

Staff had a good rapport with people. People told us that staff were kind.

People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

People were treated with respect and their independence, privacy and dignity was promoted.

Is the service responsive?

Requires improvement

The service was not always responsive.

People's individual needs were clearly set out in their care records. Staff knew how people wanted to be supported. However, behavioural guidelines were not consistent and clear.

Summary of findings

People took part in a number of activities based on their individual preferences.

People's needs were fully assessed with them before they moved to the home, to make sure that the home could meet their needs.

The provider had a complaints procedure, which was followed in practice.

Is the service well-led?

Requires improvement

The service was not always well led.

Quality assurance processes were in place to monitor the quality of the home, but they were not effective in identifying all areas for improvement that we found.

Records relating to people's care and the management of the home were not well organised or adequately maintained.

Communication needs of people had not been implemented by staff. Use of sign language was not implemented.

We spoke with staff about their roles and responsibilities. The registered manager was aware of when notifications had to be sent to Care Quality Commission (CQC).

St James House

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 checked 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 20 October 2015 and was unannounced.

Our inspection team consisted of one inspector, one specialist inspector and one expert-by-experience who spoke with people using the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had knowledge and understanding of community health services and residential care homes. Our specialist inspector specialises in behavioural management.

Before the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the home, which the provider is required to tell us about by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection, we spoke with three people, seven rehabilitation facilitators (same as support workers), two senior rehabilitation facilitators, one team leader, one deputy manager, the registered manager and the operations manager. We also contacted other health and social care professionals who provided health and social care services to people. These included community nurses, doctors, speech and language therapist, local authority care managers and commissioners of services.

We observed people's care and support in communal areas throughout our visit, to help us to understand the experiences people had. We looked at the provider's records. These included three people's records, care plans, risk assessments and daily care records. We looked at three staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

This was St James House first inspection since it was registered with the commission.

Requires improvement

Is the service safe?

Our findings

People told us that they felt safe in the service. One person said, "Yes, I feel safe here", and other comments included, "I feel very safe. Staff are doing well." "I like them all and they're really nice. They do check on me at night." We observed that people were relaxed around the staff and in the service.

There was an up to date safeguarding policy. This detailed what staff should do if they suspected abuse. The policy listed the possible signs and symptoms of abuse. It detailed the names and numbers of organisations that abuse should be reported to. The policy linked directly to the local authority safeguarding policy, protocols and guidance. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Safeguarding information and a referral flowchart was displayed on the notice board for staff to be aware of. Staff had relevant guidance and information on how to recognise and protect people from abuse.

Staff training records confirmed that their training in the safeguarding of adults was up to date. However, the training records showed that only 17 out of 33 staff had completed safeguarding training. This meant some staff may not have the skills and knowledge to keep people safe. Staff we spoke with understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. The registered manager knew how to report any safeguarding concerns. This was evidenced by the quick action and reporting of incidents to the local authority. Systems were immediately put in place to ensure that people were safe.

We recommend that all staff complete safeguarding training to give them the skills and knowledge to keep people safe.

Medicines were not being managed safely. We looked at a general policy for managing people's medicines. A member of senior staff showed us the process of how medicines were managed. The service used a pharmacy system called 'monitored dosage system'. This meant that the individual tablets were placed in blisters packs divided into separate weeks, one through to week four. The monitored dosage system corresponds with an individual medicine administration record (MAR) chart. We found that one person had recently had a medicine reduction and this was written on the MAR chart. The discontinued medicine had been placed in a locked returns bag and the direction had been followed. However, it was not clear how this was communicated to all staff, as during our visit, a member of staff was concerned that one person had not had their medicine. The staff member was being guided by a poster on the wall that gave a collective over-view of all people's medicine times. This poster had not been changed to reflect the medicine changes. The member of staff referred to this poster on the wall in the medication room rather than the MAR chart. This showed that people might be receiving medicines when they should not have been given.

We found some medicine administration and processing errors. For example, one person had an extra dose of all of their morning medicines and the MAR chart was signed. The stock take sheet did not tally with what we counted during our visit, and it had not been completed after every administration.

There had been medicine spoilage on 17 September 2015 for one person. This meant that another tablet, from the column Sunday of week four was given. The process should then follow that on the next working day the medicine needed for Sunday week four is reordered to keep the system running smoothly. This had not happened. Therefore, on the new cycle where week one commenced on Monday 12 October 2015, the medicine from Sunday week four had again been used. We were told that this missing medicine would be ordered right after our visit. For another person, the MAR chart showed medicine for Saturday 17 October 2015 had been signed as given, but the medicine was still in the monitored dosage packet cells. We were told that on their return, they had been given medicine from the items sent home with them which were prescribed to them at discharge. However, this was not noted on the MAR chart. As the hospital medicine had not been signed into the service accurately, it was impossible to know if the medicine had or had not been given.

All medicines were administered centrally from a room. None of the people in the service had been assessed for support to take more control around administering their own medicine. We were told no-one had their medicine stored in their personal flat. We asked what process was in place to quickly address any errors made. We were told that they did stock check but found this was not working

Requires improvement

Is the service safe?

well. There was not an effective audit system to make sure what was supposed to be administered was actually administered. An audit had taken place on 1 July 2015. This had picked up that one storage trolley was not locked to the wall. We checked and found that the only storage trolley in the room had been fitted with a lock wire. However, both ends had broken free from the stays, and the trolley could not be secured to the wall. We asked how long this had been like this, and were told by staff they were unsure. Medicines were not stored safely and securely.

Staff training records confirmed that only six of the 33 staff had completed medication training. Some staff may not have the skills, knowledge and competence to keep people safe when administering medicines if and when required to do so.

The examples above showed the provider was not managing people's medicines safely. This was a breach of Regulation 12 (2) (f) & (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were enough staff to support people according to their needs and preferences. One person said, "There are enough staff here and I am confident staff can look after me". Staffing levels ensured people were supported safely within the home. People's individual needs were assessed before people moved into the home and this information was used to calculate how many staff were needed on shift at any time. People were receiving one to one care and we observed that there were appropriate numbers of staff to engage with people individually and to support them within the home. This showed that staff were available to respond promptly to people's needs and ensure their safety.

The registered manager reviewed people's care whenever their needs changed to determine the staffing levels needed, and increased staffing levels accordingly. When a change of circumstances had required additional monitoring, this had been provided. For example, one person who was at risk of displaying a behaviour that challenges in the community had been accompanied by a member of staff for an activity. The registered manager ensured there were enough staff to meet people's needs.

Safe recruitment processes were in place. The provider had an employment policy, disciplinary procedure and other policies relating to staff employment. Appropriate checks were undertaken and enhanced. Disclosure and Barring Service (DBS) checks had been completed. The DBS ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of three references were sought and staff did not start working alone before all relevant checks were undertaken. Staff we spoke with and the staff records that we viewed confirmed this. This meant people could be confident that they were cared for by staff who were safe to work with them.

People's support plans provided staff with detailed information about how to support people in a way that minimised risk for the individual. The service had a risk assessment policy and we saw people had their risks assessed. For example, there were nutritional, moving and handling and health and safety risk assessments in place. When people had specific risks associated with their individual needs, for example for a specific behaviour, there was a behaviour risk assessment in place. For example, we saw one person's road safety risk assessments that very clearly documented their specific support needs, visual difficulties and the level of support they needed to be safe. Staff had an awareness of people's individual risks. People's risks were reviewed and updated with involvement of health and social care professionals.

Maintenance checks and servicing were regularly carried out to ensure the equipment was safe. Risk assessments for the home were carried out to check the home was safe. Internal checks of fire safety systems were made regularly and recorded. Fire detection and alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills. Risk assessments of the environment were reviewed and plans there were in place for emergency situations.

There was an emergency plan which included an out of hours' policy and emergency arrangements for people that was clearly displayed on notice board. This was for emergencies outside of normal hours. A business continuity plan was in place. A business continuity plan is an essential part of any organisation's response plan. It sets out how the business will operate following an incident and how it expects to return to 'business as usual' in the quickest possible time afterwards, with the least amount of disruption to people living in the home.

Inadequate

Is the service effective?

Our findings

People indicated they were happy with the staff who provided their care and support. One person said, "Staff help me make lunch and supper. They are nice". Another person said, "If I have serious concerns or abuse, I would go straight to the police."

Not all staff had received training in areas considered essential that would enable them to effectively meet the needs of people in the service. On average 19 out of 33 staff had received training in such areas as moving and handling, fire safety, first aid, infection control, food hygiene, deprivation of liberty safeguards (DoLS) and PROACT-SCIPr. (PROACT-SCIPr means Positive Range of Options to Avoid Crisis and use Therapy, Strategies for Crisis Intervention and Prevention). Staff had not received training in other areas such as health & safety and mental health awareness. As some people could display behaviours that challenged and were diagnosed as having a schizoaffective disorder, staff should have received training in such areas as mental health and diabetes to enable them to effectively support people in the service. Another example was in one person's behaviour support plan, it stated that staff should use the sign language sign to 'calm down'. We found that none of the team knew how to make this sign. The training plan given to us showed that only 9 of the 33 staff had completed 'Makaton' training, which is a form of sign language used for this person. Staff had not been trained in all essential areas to effectively meet people's needs in the home. The registered manager gave us the training plan for the year. This was embedded in 'workforce development plan. However, these identified needs in the training plan were identified as 'as per risk assessment'. Mental health disorders and diabetes had already been identified in people's care records and identified as part of the training plan but staff had not been trained accordingly.

Staff had not received regular supervision from their manager and annual appraisals, during which they and their manager discussed their performance in the role, training completed and future development needs. For example, one staff file had indicated that they had not received any supervision. Staff felt they received good support from the management team in order to carry out their roles.

This showed that the provider had not provided appropriate training and professional development for staff. This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received an induction to the home which included a period of observation and working alongside more experienced staff. The provider had implemented the new care certificate for staff. This would ensured new staff had a good understanding of the individual needs of people before working alone.

The Mental Capacity Act 2005 supports and protects people who may lack capacity to make some decisions themselves. Staff we spoke with understood that people were able to make day to day decisions. However, where people had been assessed as not having the capacity to make certain decisions, for example complex decisions regarding their health, meetings had been held with those involved in their care and other healthcare professionals. Decisions made on behalf of the person were in their "best interests".

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS make sure people in care homes are looked after in a way that does not inappropriately restrict their freedom. The registered manager had submitted applications to the local authority for some people who lived in the home as they were unable to leave without supervision. A record was maintained to ensure any approved authorities were renewed within the specified time limits to make sure they continued to comply with the legislation. For example, one person had received authorisation and all documentation was in order. For another person, an application was made in July 2015, but the process had not gone any further. The registered manager said that they had not, at this point followed it up, but would do so. We asked the registered manager if these authorised DoLS had been reported to the commission. They told us that they found only one record of reported authorisation. We checked our records and found no evidence that authorised DoLS were notified to the commission.

St James House had two entry doors, one directly from the road outside, the other after gaining entry into the courtyard through a locked perimeter gate. The latter was the main door into St James House and led onto a gated and locked courtyard. During the visit, the door with access

Is the service effective?

to the courtyard remained mainly shut with access outside only permitted by staff entering a code on an electronic number pad. We were told that these door entry systems were wired into to emergency fire panel and should the fire bells be activated, the door would come open, enabling people to exit. The door that opened onto the road outside was fitted with sliding bolts, which anyone could operate in an emergency. However, the door onto the courtyard was fitted with an additional manual combination bolt in addition to the electronic key pad. We were told that this was used occasionally if there was a problem with the code pad. We observed that people who used the service were unable to operate these locks. During any emergencies, only people who knew the combination code would be able to open this escape route. This exit door was closest to the kitchen area, where fire has a greater likelihood of starting. Deprivation of Liberty Safeguards (DOLs) applications to local authorities had not been made for this restriction to justify that it was in the people's best interest to lock the front door in order to keep them safe. This showed that people's rights had not been considered and the provider did not understand their responsibilities in relation to this.

The examples above showed the provider had not followed the principles of MCA and DoLS. This was a breach of Regulation 13 (4) (b) (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs were assessed, recorded and communicated to staff effectively. There were handovers and a staff communication book to ensure information about people's support was communicated effectively between shifts.

People told us that they were involved in the regular monitoring of their health. People were registered with their own GP, dentist and optician. People were reminded by staff about appointments with health care professionals and were accompanied to appointments.

We looked at three people's health action plans (HAP). In one dated February 2015, the personal details contained the person's previous address, incorrect GP details and failed to mention any of the symptoms associated with their mental health diagnosis. Another person who had a diagnosis of diabetes, this had not been recorded in the HAP. The section about medical history was left blank. The service had not updated people's vital health information to enable staff to support them effectively.

We found that an undated plan in one person's care records recorded the side effects associated with taking a medicine. This recommended that dehydration was a risk and the person must have access to bottled water in their room. However, we were unable to check if there was bottled water in their room. It went on to state that if toxicity was suspected to contact the GP. This document advised that blood tests were to be taken three monthly. This was last carried out on 5 May 2015, and would therefore be needed again in August 2015. Records showed that the service only followed up and obtained results in September 2015. There was no evidence that a further follow up booking had been made.

In the same person's care plan dated May 2015, we saw that the document called morning routine stated the person, 'Has diabetes so sugar levels are checked at least 2 x weekly'. Medical visit notes showed the person's GP had advised in June 2015 that staff need not take blood-sugar levels as often as they had been. Records of blood glucose monitoring recorded showed this had been checked three times in March 2015, twice in April 2015 and the last time in September 2015. There was no clarity around how frequently the blood glucose tests should take place. No other records were offered to demonstrate other recording mechanisms were in place.

The examples above showed the provider had not fully met people's health care needs. This was a breach of Regulation 12(2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were involved in making choices about what they had to eat. One person said, "I cook my own food and I know what I want". Another person said, "We all have different food. I like cooking. I shop for my own food". People could also make choices on the day if they did not want the options available. At lunch time we saw people eat a choice of meal they liked. Another person commented "I mustn't have salt. I see the dietician regularly at hospital. I can't have bananas because of the potassium or apricots." This showed that people were involved in their nutrition and how it met their needs.

Good

Is the service caring?

Our findings

People told us that staff are nice. People's comments included, "They're nice yes" "Staff are kind people. I work with all of them and they treat me with dignity and respect." and "The staff are kind, caring and compassionate."

During the day we spent time observing and talking with all the people who lived in the service. All the interactions that we observed between people and staff were positive. Staff appeared to genuinely care for the people and met their needs. There was a friendly, relaxed atmosphere and people and staff were very welcoming. There were caring relationships between people who lived in the home and between people and the staff who supported them. People showed interest and concern for each other and greeted each other warmly when they returned from activities outside the home. A member of care staff told us, "I do care about the people."

Staff were knowledgeable about people's needs, their likes, dislikes and the activities they liked to pursue. One staff member said, "X (person) loves to go to the pub, so we support her." During the day we saw people were able to carry out many aspects of their own personal care. People participated in domestic tasks around the home; including making themselves hot drinks and taking their laundry to be washed. This helped people to feel valued and involved in the day to day running of the home.

Staff demonstrated an understanding of people's diverse needs and were able to tell us about their needs. For example, staff told us about people who required 1-1 support throughout the day. All members of staff, and the provider, regularly interacted with each person who lived at the service, throughout our inspection. For example, we saw one person being supported to do their laundry by loading up the washing machine. Staff did this in a skilled way that helped the people to really contribute to these necessary tasks in an active way. The staff involved people and this in turn helped to promote their well-being and independence.

People had been involved with planning their own care. There was evidence of this within care plans. Where people had made decisions about their lives these had been respected. One person said, "I am involved in decisions in my care plan. I have input regularly."

Advocacy information was on display in the home. An advocate visited the home once a month to offer support to people. Advocates are people who are independent of the service and who support people to make and communicate their wishes. Staff told us they were aware of how to access advocacy support for people. The registered manager told us that while some people had an advocate acting on their behalf; others had family members who were actively involved in their care.

People told us that they could have visits from their friends and relatives when they wanted. People were supported to maintain relationships with their relatives, this included support to travel to see relatives living further away. People engaged in wider community participation with their own interests and also had friends over to stay. One person told us, "I am seeing my family on Thursday. Staff took me to see them on Sunday."

Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was kept secure in the office. People had their own flats where they could have privacy and each flat door had a lock and key which people used. One person said, "I have privacy in my flat."

Requires improvement

Is the service responsive?

Our findings

People told us that they would speak to staff or the registered manager if they have any concerns. People said, "I would talk to staff if not happy." "My care needs are reviewed regularly. I would speak to staff if I had any concerns," and "The care is focussed on my needs. I meet with staff and management all the time. I'm very settled here, I love it here."

People's needs were fully assessed with them before they moved to the home to make sure that the home could meet their needs. Assessments were reviewed by the registered manager and staff, and care plans had been updated as people's needs changed. The care plans were designed to meet each person's needs after their initial assessment. Where other agencies needed to be involved, this had been done and recorded.

People's care records were individualised and provided the reader with detailed information. This included information about the person, their care needs, communication skills, risks that they were exposed to in their daily lives, likes and dislikes, medicine needs and goals for the future. Staff were armed with the key information they needed to ensure the care they delivered, was both appropriate and safe.

Records and staff knowledge demonstrated the registered manager had identified individual behaviour that challenges others, and put actions in place to reduce the associated risks. Some people displayed behaviours that could impact on the wellbeing of others as well as their own health. The staff team worked closely with healthcare professionals to manage those behaviours to keep people and others safe.

We saw that people had a document named 'positive behaviour support plan'. These were either written or signed off by a clinical psychologist employed by the organisation. In one plan, around the frequency of challenging behaviour, it was written 'reduced marginally, decreasing from monthly to weekly'. This direction meant an increase, which was contradictory as it was not a reduction. There were no data collected to accurately measure behavioural change, or any change in impact. Another example was 'destruction of property had reduced to monthly'. But this did not describe if this was cyclical, or what the former frequency was, nor if there had been any significant change to the impact on environment. The information in the plan was not clearly detailed to enable staff to meet people's needs or be able to establish which behaviour was an issue.

We read that for one person, 'absconding', the behaviour of leaving the premises without staff support was a weekly occurrence. Although there were some triggers to the behaviour occurring identified, there was no focussed plan to teach or support the person to become more tolerant to the triggers, or to change the environmental trigger factors. This was more concerning because the person had been assessed as having little road safety awareness. Because of this, a deprivation of liberty safeguard had been authorised, but with the condition that the person was provided with 'A teaching plan to help with road crossing skills, that enhanced a move towards greater independence'.

We looked at three people's person centred plans (PCP). We found that although there was a great deal of information about what the person could not do, there was very little about how the team could support the person to become more competent. For example, one person had a DoLS condition dated May 2015, around the support for budgeting and using money. The PCP dated April 2015 stated 'Finds it hard to budget. Does not appear to know the denominations, if access to money, will spend it at once. Does not understand the need to bring back receipts. Staff have to remind'. The long term goal was stated as 'To improve understanding of money and learn to identify denominations and how to budget for money'. Five months after the DoLS condition, there had been no teaching plans or consideration given to help the staff learn a way to support the person to learn these skills. In the sections of the PCP's entitled 'Service User Views' the sections were blank. The way the PCP's were written suggested that they were not written in collaboration with the person and did not take into account their wishes and feelings.

We saw that a person had a great deal of incidents and found some aspects of their life difficult to cope with. Prior to transferring to the current service, a Speech and Language therapist had written a picture based social story about staying happy and calm. We read through a selection of the incident reports from June to October 2015, and did not find any use of the social story. Staff used daily notes to record and monitor how people were from day to day and the care people received. However, daily notes did not

Is the service responsive?

mention using this either as a teaching tool. There was no mention of this tool in the behaviour support plan or across the care plans. We asked a staff member if they ever used this with the person, and we were told they were not sure.

People who had behaviour that is challenging requires support from staff to have clear, easy to follow guidance and putting plans into action. It is a recommended best practice from the National Institute for Health and Care Excellence (NICE) that this be based around a functional assessment to find out why challenging behaviour is being used. Data needed to be reviewed if a plan was not working, and the person with clinical responsibility can then adjust it accordingly. This provides the person with a person centred, evidenced based support plan that works for them. When this works, challenging behaviour is often significantly reduced. We found that for one person who needed a great deal of support, the positive behaviour support plan dated 16 June 2015, had not been actively reviewed at a frequency to provide effective behaviour support for the person. The person had sustained high levels of incidents and had been admitted to a hospital recently.

We read the guidance around cigarettes for one person. The section around avoiding trigger point in the 'positive behaviour support plan' was contradictory and unhelpful. For example, it stated 'Staff should ensure there is a constant supply of cigarettes and they are given out when asked for. If the time between cigarettes is not long, staff should encourage waiting'. How long was too long was not defined. In the same document, it stated, if the person's behaviour was escalating that 'Staff should offer an enjoyed activity or a cigarette to help calm'. In a risk assessment dated 27 April 2015 around 'absconding', a statement read 'Declining the request for a cigarette may be a trigger for behaviour'. The behaviour support plan then goes on to note that a reinforcer for positive behaviour as 'The person responds well to small rewards for positive behaviour, such as having a cigarette'. The person's access to cigarettes has not been formally assessed, it was understood by the staff team to be hourly, but this is not in any documentation for this individual. This had not been included as part of the necessary factors for DoLS consideration. Withdrawing cigarettes from people can be a form of deprivation of human rights. During our observation, staff were responding in similar ways to all people living at the service who smoked. Everyone had restricted access to cigarettes. Staff were not working in the way the behaviour support plan described, and we observed that this was not working well for this person.

Some of the wording used in documentation was uncomplimentary. People had been assessed as having the conditions Bi-Polar Affective Disorder and Mild Mental Retardation. Although the diagnostic tool uses this language, it is unfortunate that mental retardation was used instead of the more internationally accepted 'Intellectual Disability'. The term retardation carries an uncomplimentary term. Later, another assessment by another psychiatrist on 19 September 2015, recorded that the diagnosis was Moderate Learning Disability and autism spectrum disorder. It was unclear what the accurate diagnosis for the person was, and it was worrying that autism was not a considered support need at the point DoLS was submitted initially. This demonstrated that assessed needs were varied and inconsistent.

The examples above were breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People took part in a number of activities based on their individual preferences. People chose their own activities, hobbies and interests to suit their needs. Some people went out to local pubs and we observed one person went out to a beauty salon supported by staff to have their eyebrows shaped and for a meal out. People were active members of their local community. People told us they visited local shops, went out for meals. The occupational therapist (OT) visited one person to talk to them about a trip to Blackpool and Manchester. The person told us that this would include a visit to a football stadium and they planned to get tickets to a football match.

The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The complaints procedure was on display within the home. The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the home such as the local authority and commission. However the contact details of the local government ombudsman was missing. We viewed

Requires improvement

Is the service responsive?

complaints records and saw that the registered manager had followed the processes involved in dealing with complaints as stated in their policy within stipulated timescale.

Requires improvement

Is the service well-led?

Our findings

People knew staff and the management team well. People told us that the staff listened to them. One person told us, "The new manager is alright".

While some staff were positive about the support they received from management within the organisation, others were not. Staff told us that instead of being supported through incidents, they felt punished. However, they felt they could raise concerns and they would be listened to. One staff member said "If mistakes are made we discuss things together and look at how we can fix things, we are very open". Staff told us that they were happy working at the home. They felt there was an open culture at the home and they could ask for support when they needed it.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. The home had a clear whistleblowing policy that staff can refer to.

The organisation had one of their values as "We provide the very best support, individualised to meet people's needs. This support enables an individual to achieve their aspirations and to meet the outcomes agreed in their Care Pathway. Our staff are well trained, knowledgeable, experienced, compassionate and committed." We found that these values had not been fully implemented in the service. For example, inconsistency of care records, lack of adequate positive behavioural support plans lack of well trained and skilled staff.

The registered manager at St James House was supported by the operations manager, in order to support the home and the staff. For example, the operations manager supported the registered manager with our inspection. When the registered manager notified them, they came to answer any queries we may have. The operational manager visited the home to carry out a service audit regularly. This audit identified areas for action such as incomplete risk assessments, management plans not in place, medicine errors identified, storage of medicines not followed, and issues related to DoLS. The regular auditing of the service did identify some of the issues identified at this inspection. However, it had not picked up on all of the issues such as inconsistency and contradictions in records, training needs, staff support and appropriate staffing deployment. Actions identified by the audit in August 2015 had not been rectified when we visited.

The examples above demonstrate that the provider has failed to operate an effective quality assurance system and failed to maintain accurate records. This is a breach of Regulation 17 (1) (2) (a) (b) of The Health and Social Care Act (Regulated Activities) Regulations 2014.

People were not protected against unsafe or inappropriate care because accurate and up to date records were not always maintained regarding their care and treatment. A number of records we looked at were not accurate or kept up to date, including care plans, and medicine records. This meant that staff and others did not have access to consistent information and people were not receiving planned care that met their needs.

Staff knew people well and engaged in conversations with them about their activities and interests. Some people were able to express their wishes verbally. Staff described how they communicated with people who had communication difficulties, through observing people's body language and expressions so that they knew what people liked and did not like. However, staff were unable to use a specific sign language as stated in one person's care file.

Communication within the home was facilitated through monthly team meetings. The registered manager told us that this provided a forum where areas such as risk assessments, safeguarding, staff handover, infection control and people's needs updates, amongst other areas were discussed. Staff told us there was good communication between staff and the management team.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

The registered manager was aware of when notifications had to be sent to Care Quality Commission (CQC). These notifications would tell us about any important events that had happened in the home. Notifications had been sent to the Commission to tell us about incidents that required a

Requires improvement

Is the service well-led?

notification. We used this information to monitor the service to people and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **Failure to provide care and treatment that was appropriate and met people's needs.** Regulation 9 (1) (2) (3) (a) (b) (d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Medicines had not been properly managed.** Regulation 12 (2) (f) & (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider had not fully met people's health care needs** Regulation 12(2) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **The provider had not followed the principles of MCA and DoLS.** Regulation 13 (4) (b) (5)

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider has failed to operate an effective quality assurance system.** Regulation 17 (1) (2) (a) (b)
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Failure to adequately train staff to provide care and support to meet peoples assessed care needs.** Regulation 18 (2) (a)