

Sanctuary Home Care Limited

Sanctuary Home Care Ltd - Barnet

Inspection report

Goodwin Court
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 30th March and 7th April 2016. This was an announced comprehensive inspection. There was a scheduled planned inspection however at the time of inspection we found the local authority had temporarily suspended new placements to the service because they had concerns about the service being provided.

At the last inspection that took place in July 2014 the service met the standards inspected.

Sanctuary Home Care Ltd is a registered domiciliary care service that provides personal care to people who may have dementia, mental health, eating disorders, learning disabilities and/or autistic spectrum disorder and people who misuse drugs and alcohol. At the time of inspection there were 66 people living at Goodwin Court receiving a service from Sanctuary Home Care Ltd.

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

Goodwin Court is a purpose built block that provides extra care housing. Sanctuary Care Ltd undertook the housing management of the building separately to their care and support service. People live in their own flats. The building is fully accessible and has lifts to each floor. There are some communal areas such as a lounge and dining room, an activities room, a conservatory and quiet garden room with an accessible garden.

Most people told us they liked living at Goodwin Court describing staff as caring. We observed most staff to be respectful of people and friendly in their interactions with people.

We found that some people's support needs had increased but the provider had not reassessed people's needs in a timely manner and staffing levels had not been reviewed to meet the increased need. People were not always receiving the hours of support they were assessed to receive. There had been a high staff turnover in recent months with a high use of agency staff. The recently appointed registered manager had stopped the use of agency staff by time of inspection and recruited more permanent and bank staff to the service. However the team was still in the process of settling into their new role.

We found that some risk assessment had taken place and there were regular reviews however some people with complex support needs had not been risk assessed to minimise the risk to themselves and others in a timely manner.

Most people said they received their medicines on time, we found medicine storage was not appropriate but the service was in the process of changing the medicine storage arrangements and were working with

people and their families to make the process safe.

Staff understood their responsibilities to report safeguarding adult concerns and concerns had been reported by the service to the appropriate authorities.

The service was clean and well maintained with regular environmental checks and repairs taking place.

People living at the service had capacity with regard to their care and treatment. The staff had received Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) training and asked people's consent before they supported them.

Staff received supervision and yearly appraisals but had not received training in risk assessing, mental health awareness and managing behaviours that challenge the service. Staff required this training to undertake their role.

People received support to access appropriate health and social care services and with their nutritional intake. We found people had person centred plans but there was little exploration of people's diversity needs and we found no end of life wishes recorded. We found there was a variety of both group and individual activities for people to undertake throughout the week.

People told us they could raise complaints and that concerns raised were responded to appropriately. We found the service had a robust complaints procedure and reviewed complaints to identify trends.

People and staff said the registered manager was supportive. We found the service encouraged feedback from people through reviews and yearly surveys.

Auditing had taken place but had failed to identify all the concerns and address issues in a timely manner.

We found 4 breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulations

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe. The service had not reviewed the staffing levels in line with the increased support needs of the people using the service.

The service did not undertake risk assessments for people with complex support needs in a timely manner.

Staff were able to identify signs of abuse and were able to describe the procedure for reporting safeguarding adults concerns.

Is the service effective?

Requires Improvement ●

The service was not effective. Staff did not have effective training in topics such as mental health awareness as such staff were unable to offer effective support to people.

The staff and management team received training in the Mental Capacity Act 2005. Currently people living at the service had capacity with regard to their care and treatment and did not require Deprivation of Liberty applications to be made.

People supported with their nutritional intake and hydration.

Is the service caring?

Good ●

The service was caring. Staff were caring and supported people in a friendly respectful manner.

Staff respected people's privacy and kept documents in a confidential manner.

People and their relatives were involved in their care planning.

Is the service responsive?

Requires Improvement ●

The service was not always responsive. People had person centred care plans but these did not contain detailed information about people's diversity support needs.

The service empowered people to complain and complaints

were responded to appropriately.

Is the service well-led?

The service was not always well-led. The service undertook audits but these had failed to capture and address issues such as lack of staffing to meet people's increased needs, lack of training and lack of complex risk assessments.

The service asked for people's feedback on the quality of the care provided.

Requires Improvement 

Sanctuary Home Care Ltd - Barnet

Detailed findings

Background to this inspection

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

The inspection took place over two days on the 30 March and 7 April 2016. It was an announced inspection, the provider was given 24 hours' notice because the location provides a domiciliary care service to people who live in their own flats. We wanted to be sure that people and staff would be available to talk with us.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

On the first day we had an inspection team of three inspectors and on the second day we had an inspection team of two inspectors. During the inspection we spoke with eleven people who used the service and we observed staff interaction with people. We spoke with the registered manager and the service manager. We spoke throughout the visit with the team leaders on duty and the support staff. We also spoke with the administration officer, the cook; the activities support staff member and the housing support manager. We interviewed five support staff members.

We viewed five people's care plans and supporting documents such as their support plans and risk assessments. We looked at twelve people's medicines administration (MAR) records checking three MAR with the medicine's in three people's flats. We looked at five staff personnel files. Prior to and following the inspection we spoke with the commissioning authority.

Is the service safe?

Our findings

Most people we spoke to said they liked living at Goodwin Court. Some people told us they "loved being at Goodwin Court" and that they liked the staff.

On the day of inspection we saw that there were staff on duty as stated on the rota. We were told by staff and the registered manager there had been a high turnover of staff in the last six months. However the registered manager said there was a full staff team now. People told us weekend agency staff were not as good as permanent staff "as they don't know you," describing the service "did not have a consistent staff team". The registered manager told us there had been a high use of agency staff but that they had stopped using agency staff completely by the time of our visit. We asked the registered manager why there had been a high turnover of staff, she explained that some staff had just moved on, and some people recruited thought the work would be less demanding than it was and they left once they found out what was expected. We asked how the service would manage without using agency staff the registered manager explained they had now recruited permanent staff and 15 bank staff to cover staff sickness and absence.

Staff we spoke with told us that they thought staffing levels were getting better but explained the service was still recruiting and "it takes time for new staff to settle in". In particular staff described answering the emergency call bell as a "stressful" part of the role as it was rung often and meant they had to leave their allocated duties to answer it.

One person told us "I ring the bell three times at night, carers are friendly and help me." Another person said when it is busy it can take staff up to 45 minutes to answer the bell. One person said there are two staff on duty at night a lot of people need two staff to support them and they thought this may not be enough staff to answer emergency calls as well. The registered manager told us the high rate of emergency calls draws staff away from scheduled duties. The registered manager explained a new call bell system had been installed two months ago as a response to safeguarding concerns and she was now able to monitor call response times.

We found that although a number of people had high support needs and often required more support than they did two years ago they had not been reviewed in a timely manner and staffing allocation had remained the same for the service. We checked people's care records and found that people did not receive their allocated amount of hours so there was a difference in the staffing need assessed and the actual staffing supplied. For example when we cross referenced one person's care hours received with their assessed hours. During the week of our inspection we found that on the 26 March they received 3 hours less care than assessed, on the 27 March they received 2 hours less care than assessed, on the 28 March they received 2 hours 15 minutes less care than assessed and on the 29 March they received 2 hours 15 minutes less care than assessed and on the 30 March they received 30 minutes extra care. The service had not responded by increasing their staffing to meet the increased needs of the people using the service.

We saw that this concern had been acknowledged in staff meeting minutes on the 26 February 2016 by the registered manager, "we are not delivering what tenants have been commissioned to receive." The

registered manager told us the service was not delivering hours commissioned and had already met with the local authority. They had also undertaken some reviews for people to capture their change of support need. There was a new electronic system in place that recorded the actual hours of care people were receiving from staff. The registered manager told us this will support us to see what care is actually being given and when. The local authority confirmed they were working with the provider to address the concerns. Although the provider had identified the staffing concerns and had started to address the issue they had not taken the appropriate action in a timely manner to ensure there was adequate staffing to meet the changing needs of the people they supported.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Documents relating to the employment of staff showed relevant checks had been undertaken. This included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable people. Application forms were completed and references had been obtained from previous employers, the provider also ensured prospective staff had the right to work in the UK and had relevant qualifications to support them in their role.

There were general risk assessments in people's records for the prevention of falls, moving and handling, nutrition and tissue viability, this is to help protect people from pressure ulcers. We saw these had been reviewed on a regular basis and for example where a fall had occurred the risk assessment had been updated appropriately. There were environmental assessments for hazards around the home such as for smoking or evacuation in an emergency.

We noted one person's records said they had nutritional support needs however there was not a nutritional risk assessment that stated how they would mitigate the risk to the person. In addition where people had complex support needs and required a detailed risk assessment we saw that risk assessment to address those support needs had not taken place until very recently. For example one person had complex needs that included behaviours that challenged the service. We found that there had been 40 recorded incidents concerning the person from 28 June 2015 until the week of inspection. However the detailed risk assessment to manage the risks to the person and others had been only written the week prior to our inspection. A detailed risk assessment should have been in place to support the person and staff throughout the previous eight months. Risk assessing was not taking place in a timely manner. We found that staff had not received training to undertake risk assessments and therefore were not equipped to undertake complex risks assessments. The registered manager told us that they were working with the local authority to ensure robust risk assessing took place and were addressing this staff training need.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Although most of the people we spoke with said they received their medicines at the correct time one person told us they felt unsafe when some team leaders were leading the shift as they did not feel confident about getting their medicine on time. Staff received medicine administration training and there was a competency based assessment for medicine handling in the staff personnel files we looked at. Medicines administration records we looked at showed medicines being administered appropriately.

The current storage of medicines was not appropriate as there was a bulk delivery of the medicines to a locked room where the medicines were stored before they were taken to people's flats by staff. The room did not contain locked cabinets and the medicines were not organised in the room. The provider told us

they were in the process of altering the way they administered medicines and were intending to have the medicines delivered directly to people's flats where it would be stored in locked medicine cabinets. The provider had recognised that the current method of medicines administration was not meeting the ethos of domiciliary care and person centred care. The registered manager told us that people who were unable to manage to receive their medicines safely in their flats would be supported to do so by staff. We saw that the provider had discussed the proposed change with people and their relatives and could demonstrate the risk assessment process had been undertaken for most people in preparation for the proposed change. The service was in the process of addressing the medicine storage concerns and were working with the local authority to manage make the change required.

Staff told us how they safeguarded adults from abuse. Staff were able to identify signs of abuse and were able to describe the procedure for reporting any concerns relating to people using the service. Staff had received safeguarding adults training and we saw staff meeting minutes from 10 December 2015 reminded staff of the need to report safeguarding adult concerns and how to do this. The contact details for reporting a safeguarding concern were readily available to staff.

Records showed that staff had raised possible safeguarding adults concerns and the registered manager had responded appropriately by reporting the concerns to the local authority and to the Care Quality Commission. We saw from the team meeting minutes that the outcomes from safeguarding adults investigations were shared with staff so they could learn from the findings, improve the service given, and avoid concerns of a similar nature. People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people.

Risk assessments were in place for all equipment and were regularly reviewed and updated where appropriate. Fire checks were completed weekly and six monthly evacuations were undertaken virtually to avoid distress to people.

Gas and electrical equipment such as boilers, portable appliances, the fire alarm and call bell system, fire extinguishers and the lift were maintained and had up to date certification. The water system was checked and maintained to prevent Legionnaires disease. There was insurance cover to protect people who used the service and staff from possible incidents. The building and equipment was safely maintained.

We saw communal bathrooms and toilets were well stocked with hand wash and paper towels. Staff used protective equipment such as gloves and aprons when supporting people with personal care and there was a contract to a service to safely remove contaminated waste. Therefore there were systems in place to avoid cross contamination and the spread of infection.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. All staff told us they ask consent before acting "you always ask consent" and we heard verbal consent being asked before staff supported people. We saw some evidence of written consent for example to share information in the care plan. However in one person's care records we saw no consent form for bed sides although they were named as equipment to be used. The registered manager told us the person had capacity to consent and they were happy to have the bed sides raised as a safety measure.

We asked how mental capacity was assessed in the service. The registered manager told us of a recent best interest meeting when a person did not have capacity in a specific area. The person's capacity had been assessed by a health and social care professional. Appropriately the family members and the social worker had been invited to the best interest meeting. The registered manager described another incident recently where a person had left the service to go into the community and been supported back by the police when they had become confused. The provider had referred the person to the local authority who had completed a capacity assessment and found the person did retain capacity with regard to their care and treatment.

We spoke with the registered manager who told us all people living in the service currently had capacity with regard to their care and treatment. Therefore they had not made any DoLS applications. Both the registered manager and service manager told us that as the service was an extra care establishment and as they were providing a domiciliary care service to people they would not be required to make DoLS applications to the local authority to take to the Court of Protection. After discussion they agreed that there was a responsibility for them to raise DoLS applications if they believe people met the current criteria for DoLS.

We saw that a new staff member had received mandatory four day induction training. Staff we spoke with confirmed they had received the induction training and then shadowed established staff for three days before they worked alone. Staff we spoke with had also received a probationary period that included some review meetings, spot checks and observation to ensure competency. We saw staff had received training in basic life support, professional boundaries, safeguarding, MCA and DoLS, data protection, equality and diversity and moving and handling. Staff told us training provided supported them to do their work describing training was given by an "excellent trainer" who made the topics "interesting and helpful." They also accessed further e-learning if they did not have a NVQ 2 in social care.

However we noted some gaps in training for example although a number of people using the service had

identified mental health support needs but no mental health awareness training had taken place. In addition no training to manage behaviour that challenged the service had been made available. Staff were managing behaviours that challenged the service on frequent basis therefore this training was essential to support their role. A number of people living at the service had complex support needs and required robust risk assessments we found team leaders had not received training in assessing risk. Staff had not received person centred planning training to support them to undertake person centred care plans. The registered manager told us this training need had been identified and they were working with their trainer and the local authority to address this.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff we spoke with said they received supervision and they found this supported them to undertake their role. Staff personnel files we looked at evidenced recorded supervision sessions and yearly appraisals.

People's care records detailed their health professionals contact details. People told us they were supported to get the medical help they required. People's records stated what support they required with medical support needs for example escorting to medical appointments. We saw for example team leaders had contacted the GP for people when there was a concern. Team leaders showed us where concerns regarding people's health had been flagged to appropriate health and social care professionals such as occupational therapists and speech and language therapists in a timely manner. People also received support to maintain their regular health checks for dentist, opticians and hearing for example we saw a staff member support a person with their new glasses asking "are you happy with your new glasses?" and saying "see how it goes for two days if there is no improvement we will have to get them changed." On the communal notice board an audiology walk in clinic was advertised for people's information.

Staff raised people's health concerns to the team leaders who referred the concern to the GP or specific health and social care professional. Team leaders then e-mailed each other to ensure they were all aware of the actions taken. There was a concern book that recorded concerns and the action taken so support staff were made aware. We saw concerns for people listed in the concerns book however we noted one person's care recordings showed they were unwell with an infection for 6 days, the GP had visited. However the infection still causing the person to be unwell and the GP visit was not in the concern book. Therefore staff may have been unaware of what was taking place unless they read through the person's care notes in their flat. The system for handing over information was not being used on each occasion by the team. We brought this to the attention of the manager who agreed to address this matter with the team leaders.

There was a restaurant available if people wished to eat there. We saw people using the restaurant on both inspection days and portions looked a good size and appetising. People we spoke with having lunch at the restaurant said they found the food "really good." There was a choice of meal and we were told people could choose something else if they did not like the two choices on offer. The chief told us she went to the dining room and talked to people who used the service to ask what they liked and periodically adjusted the menu. We saw records which showed us the menu had been discussed in resident's meetings.

There was a nutritional risk assessment in the care plans and we saw that people with dietary needs or preferences due to religion, culture or health reasons were catered for. The provider had a system where names of people with dietary needs were kept in the kitchen and the meals given to carers at meal times who ensured people received the correct meal. People who required assistance were treated in an individual and dignified manner. People were supported to be able to eat and drink sufficient amounts to meet their needs.

The service was purpose built and had wide corridors for people with mobility issues and good access to all floors with the use of lifts and an accessible garden. The service was decorated in muted tones and as people's needs had increased there were a number of people with a cognitive impairment who might find it difficult to recognise where they are in the building as each floor was very similar. The use of colour or very clear signs or pictures might help people orientate themselves. In addition there were signs on some doors for rooms where the signed activity no longer took place such as a gym and a computer room. Some other important rooms were not sign posted such as the manager's office which was situated away from the other offices and was not possible to identify unless shown. We spoke with the registered manager who said she had taken note of our observations.

Is the service caring?

Our findings

People told us staff are friendly and caring. "Staff are very kind and very nice." Most interactions we observed were caring between staff and people, for example at lunch time staff laughed and joked with people. We observed that staff took their time to support people for example sat next to them and made lively conversation making the meal a pleasurable experience. We observed one staff member shake the hand of the person they had been supporting when the meal was over, it was an affirming, respectful gesture and the person smiled from the contact with the staff member. We did however see one staff member rush someone to drink a cup of tea when supporting them during the day despite the person trying to slow the staff member. We brought this to the registered manager's attention who agreed to address the matter.

Staff told us how they show people they care about them "first of all you treat people as individuals, I pause and say how are you? what is happening? It is not about just doing a task. I show concern."

We saw that people and their families were involved in their care planning. People signed their care plans to say they agreed. We saw in one person's review records their relative joined the review by phone as they could no longer travel. People told us they were supported with their choices "can't fault the staff. I can choose who I want to give me personal care I am very happy with all of them." We saw for example one person preferred older staff and did not want younger staff to support them with personal care they told us the provider met this request. Another person told us when their family member is not available they can choose from a list of staff who they would like to support them.

People told us "my privacy and dignity is respected." We saw that staff knocked on people's flat doors and wait to be invited in before entering. People's records were kept in a confidential manner and staff had received training in data protection, we saw there was a reminder by the registered manager in the staff meeting minutes for staff not to discuss people's confidential matters with others.

Is the service responsive?

Our findings

People had person centred care plans that detailed the support they required. Care plans were kept in people's flats and a copy in the office for staff reference they contained a brief history called "This is me" that told staff about the person. Records included support required for emotional wellbeing, health details, and risks and detailed the individual support people required. Support plans were reviewed on a regular basis.

Although plans were person centred in terms of care delivery there was only brief information regarding personal wishes in diversity support. Some people's records named their culture and religion for example stating they were Roman Catholic and if they went to mass but did not specify what support was required to meet their diversity needs.

We saw the service had provided opportunities for people to join in a wide range of activities and individual activities. People told us there were activities available if you wanted to join in. "I take part in bingo, sing-along, skittles and quiz sessions, I like reading, the manager arranged for a mobile library to come around, so I am able to get access to books easily." There was a variety of activities advertised on the communal notice boards in the service available for people to attend throughout the week, such as arts and crafts, bingo, skittles and dominoes completions, games nights, sing –a- longs, and entertainments. Activities were organised by a part time activities co-ordinator in conjunction with a local volunteer organisation. A volunteer described to us a party that had taken place the day before our visit at a community venue, they had supported people who were wheel chair users to attend and had organised the transport.

People were also supported with individual activities and the service had a staff member designated to support people with their activities such as form filling or make a phone call on the person's behalf when they requested support. We spoke with one person who told us "I am not able to read as much as I used to, the support staff read catalogues for me."

The service dealt with complaints appropriately. We saw that there were comprehensive and clear complaints leaflets available for people to use. The leaflet incorporated a form that people could fill in give to the reception or put into the suggestions box. We saw that there was a staged complaints procedure and a complaints policy. People told us they felt able to complain and that the current registered manager was responsive to their complaints. Two people told us independently they had complained and the registered manager investigated the matter and addressed the complaint. Both people confirmed they had been pleased with the response and the outcome.

We recommend that the provider looks at person centred planning best practice.

Is the service well-led?

Our findings

There was a recently appointed registered manager in post. People we spoke with knew who the registered manager was and told us "the new manager cares and is supporting us [with an issue] and is doing something about it."

There were regular tenants meetings that covered a variety of relevant topics such as staff recruitment, health and safety, compliments, concerns and activities. People also gave feedback when they had reviews. One person's records read "I am happy to be at Goodwin Court and appreciate all the care and support I receive." The registered manager told us that they walk around the service and speak with people using the service on a daily basis. We were concerned people would not know where her office was as there was no sign or indication it was there. The registered manager said they would ensure a sign was put in position to clearly identify their office.

Staff told us they "feel supported" by the registered manager and that "the registered manager takes things seriously." There were regular staff meetings. Staff told us they felt able to raise concerns at the meeting. We saw the agenda covered topics such as record keeping, recruitment updates and complaints. The staff meeting addressed staff concerns and shared safeguarding outcomes with the staff group to keep them informed and to promote a good standard of care. For example staff meeting minutes detailed findings of an ulcer care investigation and the expectations of the provider of the staff's role in providing a high standard of care.

We asked how the provider showed staff they valued their work. The registered manager told us to encourage staff to stay with the provider they offered monetary incentives for five years' service and for recommending a successful candidate to the provider. In addition staff were encouraged and supported to apply for senior roles. We met one team leader who told us they had had been encouraged to apply successfully for the post when they were working as a support worker. The registered manager told us that she had worked in the service as a team leader prior to her becoming registered manager in another of the provider services. Supporting staff to apply for higher positions can motivate staff and shows the provider recognises and values their work leading to a better service continuity for people.

The service monitored the quality of the service provided in a number of ways. We saw there were spot checks in all staff personnel files we reviewed. Records showed the team leaders addressed staff not complying with procedures such as not recording their daily visit or not wearing their name badge. If a spot check identified a medicine recording error there was a one to one meeting to address this. There were weekly medicine audits to ensure medicine errors were identified.

We saw that documentation was audited by the administration officer on a monthly basis. This was a detailed audit that covered all people's care records. The administrator explained they checked the records to ensure the correct data was filled in and that the documents were in the person's record and completed. We asked the registered manager how the quality of the documentation was assured as the administrator was not a health or social care practitioner, the audit should also looking at the content of the

documentation. The registered manager explained that they were training the administration officer to have a greater understanding of the content required in the documentation. The registered manager explained that the provider audits on a yearly basis and the service manager audits on a twice yearly basis. We saw two provider audits one audit dated the 29 April 2015 and one dated 21 March 2016.

However the audits had not identified the increased needs of people and the lack of staff to meet the assessed need. Also despite the high level of incidents they did not identify the lack of complex risk assessing or the need for further staff training in areas such as risk assessing, mental health awareness training, and person centred planning and managing behaviour that challenges the service training. Therefore although the audits had been under taken they were not effective in identifying and addressing service deficiencies.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The service sent out surveys on a yearly basis, one person told us "I just completed a survey form for the organisation, I have nothing to complain about though." The manager explained that the results are collated and a report is produced by the provider.

At the time of inspection the commissioning authority had temporarily suspended new placements to the service. The provider and registered manager both confirmed they were working closely with the commissioning authority to address the concerns.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People with complex support needs were not risk assessed in a timely manner.

The enforcement action we took:

N/a

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audits undertaken had failed to identify and address staff not meeting people's assessed needs, gaps in training and lack of complex risk assessment skills.

The enforcement action we took:

N/a

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There was not adequate staffing to meet the assessed needs of the people using the service. Staff were not provided with adequate training to meet the assessed needs of the service users.

The enforcement action we took:

N/a