Care Quality Commission

Star Nursing & Care Services Limited

Star Care Lodge

Inspection report

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Ratings

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

Overall summary

The inspection was carried out on the 14 December 2015, 6 and 11 January 2016. The first day of inspection was unannounced. The inspection was carried out over a number of days as the registered manager was unavailable in December 2015.

Star Care Lodge offers accommodation, care and support for up to 13 people with a mental health diagnosis. The accommodation provided was in a large double fronted house with a communal living area, dining rooms, bedrooms and communal bathrooms. People had access to a large, well maintained communal garden. There were six people living in the service at the time we inspected.

There was a registered manager employed at 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.

Summary of findings

People told us they felt safe in the service. Relatives also said they thought their relatives were safe and care provided appropriately.

People were not always protected from the risks associated with medicines management. The service was not using the Medicines Administration Records sheets provided by the dispensing pharmacist, which could lead to medication errors. Accurate stock levels were also not being maintained.

Risks to people had been identified but not expanded upon or detailed how to mitigate risk. In between inspection days the registered manager had put in place more detailed risk assessments which provided good information on how to mitigate risk.

There were safeguarding policies in place and staff and the registered manager were fully aware of their responsibilities in reporting safeguarding incidents and what the procedures were for this.

Recruitment practices were not always robust. The provider sought references and DBS checks but they did not always explore gaps in employment history. We have made a recommendation about this.

The registered manager told us that they did not have methods in place to determine the amount of staff needed to care for people living in the service, however, we saw that there adequate staff to support people at the time of inspection

People had been involved in planning their care and this was being reviewed on a regular basis.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The registered manager and staff had an understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Care plans evidenced that people's capacity was taken into account and how this affected the care they received from the service.

Whilst some staff had received supervision and appraisals, these were not always recorded and some staff had not received any supervision or an annual appraisal.

Staff had received training to meet people's needs and training considered mandatory by the provider was up to date however staff had not received training specific to people with mental health needs.

People had access to GPs and prompt referrals were made for access to specialist health care professionals. People were supported to maintain a healthy diet and had free access to food and drink throughout the day.

Staff knew people living at the service very well. There was a key worker system in place which people said they liked. We heard staff engaged in meaningful conversations with people and they spoke to them with kindness and consideration.

Staff respected people's privacy and dignity and relatives told us that the manager's office door was always shut for private conversations.

People were actively encouraged to be independent. People and relatives told us how they had become more confident in accessing the wider community since they had been living in the service.

There was a complaints policy and procedure in place that was in a format appropriate for people living in the service. There was a service user guide available for people setting out what they could expect from the service.

The registered manager only made changes and improvements when they had been identified by outside agencies. For example, on the first day of inspection we found care plans were not expansive enough to support people. On the second day of inspection the registered manager had improved the care plans and the pre-admission assessments clearly fed into these. We have made a recommendation about this.

People's likes and dislikes were recorded in an "It's about me" book and people had signed in agreement to these. In some cases people had declined to sign. The service respected people's choice about this but continued to work with people and encourage them to do so. People were able to participate in activities of their choice.

The registered manager did not have any quality assurance systems in place to monitor the service and identify areas for improvement. Recording in documentation was not consistent in the daily notes or care plans.

Summary of findings

The registered manager was aware of their role and responsibilities to people living in the service and staff. Staff were positive about the registered manager and the support they gave them.

The registered manager was studying for a Leadership programme with Skills for Care. They had established links with local outside agencies. People had accessed these agencies and sort support from them because of these links.

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 consistently safe.

People were not always protected from the risks associated with medicines management.

Initially risk assessments were not effective but these had been improved upon in between inspection days.

Staff had received training in safeguarding vulnerable adults and were aware of their roles and responsibilities.

There were procedures in place in the event of an emergency such as fire.

Recruitment procedures were not always robust. Gaps in employment history were not explored.

Is the service effective?

Requires improvement

The service was not always effective.

Not all staff had not received supervisions and an annual appraisal.

Staff had received training in line with the provider's policy but no training specific to people with mental health needs.

Staff had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to access routine health appointments and were referred to health services when their needs changed.

People were encouraged to maintain a healthy balanced diet

Is the service caring?

Good

The service was caring.

Staff spoke and treated people with kindness, compassion and respect. Maintaining their privacy and dignity at all times.

People had been involved in the planning of their own care and encouraged to be as independent as possible.

The service provided information in formats suited to people's needs.

Is the service responsive?

Requires improvement

The service was not always responsive.

Changes had been made to documentation but these need to be sustained.

There were pre admission assessments that helped shape people's care plans. These were reviewed regularly when people's needs changed.

Summary of findings

People were supported to take part in activities of their choice.

People were encouraged to be independent and were encouraged to access the wider community.

Is the service well-led?

Requires improvement

The service was not always well led.

The registered manager did not have any quality assurance systems in place that would assist in identifying where improvements needed to be made..

Recording in documentation was not consistent.

The registered manager was aware of their responsibilities in reporting to CQC.

Star Care Lodge

Detailed findings

Background to this inspection

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

This inspection took place on the 14 December 2015, 6 and 11 January 2016. The first day of inspection was unannounced. The inspection was spread over three days due to the registered manager not being available in December.

The inspection team consisted of two inspectors on the first day of inspection and one inspector on the other two days. Before the inspection we reviewed notifications. A notification is information about important events which the service is required to send us by law. We looked at safeguarding and whistleblowing information we had received which we followed up.

We spoke to three members of staff which included two support workers and the registered manager. We spoke to four people living at the service and two relatives. We contacted health and social care professionals to obtain feedback about their experience of the service.

We observed care and support being provided. We looked at records held by the provider and care records held in the service. This included six people's care plans, risk assessments, staff rotas, three staff recruitment records, meeting minutes, policies and procedures, satisfaction surveys and other management records.

This was the first inspection to take place since the service registered with the Care Quality Commission in January 2013. This was because the service was not providing any regulated activities for approximately 18 months.

Requires improvement

Is the service safe?

Our findings

People told us that they felt safe at the service and that they knew who to speak to if they were worried. "The staff make me feel safe. I would talk to my key worker if I was worried about anything." Relatives of people living in the service told us that they felt their relatives were safe.

Although people told us they felt safe we found that the practices within the service were not always consistent with people's positive views about their safety.

People were not always protected from the risks associated with the management of medicines. People were given their medicines by trained staff who ensured they were administered on time and as prescribed. Medicines were dispensed from the medicines cupboard and taken to people. We saw that a member of staff signed the medicines administration sheet (MAR) before the medicine had been taken by the person. We spoke to the member of staff who told us they knew the person was going to take the medicine. The registered manager told us that this was not common practice and would address this with staff to ensure they followed the provider's policy.

Medicines were kept safe and secure at all times in the service's office which was kept locked when not in use. Each person's medicines were stored in separate boxes which were clearly marked with their names. We saw medicines that were due for disposal and this included individual doses wasted, as they were refused by the person they were prescribed for. They were appropriately stored and sealed in a plastic bag. However, there was no system of recording any returned medicines to the dispensing pharmacy at the end of each month. This is an area for improvement.

There was not a system of regular audit checks of MARs and regular checks of stock. There was no effective governance system in place to ensure medicines were managed and handled safely. One person's medicines were delivered in their original packaging each month. The registered manager had not ensured they kept an accurate check on the stock levels or carried forward any tablets from the previous month. For example, there were 19 sodium valproate tablets in one person's medicines box. This did not tally with the MARs sheet that stated 28 had been delivered at the beginning of the month. Keeping an accurate account of people's medicines stock levels can reduce the risk of errors occurring.

Appropriate arrangements were in place in relation to obtaining medicines. Medicines were received in a monitored dosage system (MDS). This system is where all the medicines for a given time period were prepared by the pharmacy. We observed an effective system for their storage and monthly ordering to ensure that prescribed medicines would be available for people. However, we noted that the dispensing pharmacist did issue their own weekly MARs but these were not being used by the staff. The registered manager hand wrote the medicines on another MARs sheet that enabled a monthly monitoring. On one sheet we noted there were a number of changes to the prescribed medicines where one had been discontinued and another medicine started. There was a risk that this could lead to a medicines error occurring as the MARs did not show that two staff had checked the entry was correct.

The issues demonstrate that people were not protected from the risks associated with the management of medicines. This was a breach of Regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was an effective recruitment policy in place and the registered manager generally followed this when recruiting staff. Interviews were carried out and references were gathered. Staff had been vetted before they started working through the Disclosure and Barring Service (DBS) and we saw evidence of this on staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. In two files we saw that there were gaps in employment history of a year. There was no evidence that these had been explored with applicants at interview.

We recommend that the provider reviews its recruitment policy taking into account the guidance under schedule three of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

On the first day of inspection we looked at risk assessments for people living in the service. Due to the complex nature of people's conditions there were many risks which could

Requires improvement

Is the service safe?

affect both people and staff living and working in the service. Risks had been identified but the documentation being used was a checklist and lacked sufficient detail. The risks had not expanded upon and there was no detail as to how to reduce the risk. One person had a history of certain behaviours that could have become a serious environmental risk. This had been identified and the registered manager had updated the risk assessment. When asked to see a copy of this risk assessment, it was placed at the back of the environmental risk assessment folder and not in a prominent place on the person's care plan. Following feedback from the first day of inspection, the registered manager had put into place risk assessments that did expand and detail how to mitigate risk to people. The registered manager had acted on the risk assessments which ensured risks to people had now been reduced to keep them safe.

The staff did not have up to date guidance on how to protect people from harm. There was a safeguarding policy in place which made direct reference to the local authority's policy. This was dated January 2012 and was due for review in February 2016. Staff had received training in safeguarding and were able to identify the different types of abuse and able to describe what they needed to do in the event of any concerns. The service had a whistle blowing policy in place and staff told us that they knew what to do in the event that they needed to use this policy. Staff knew the processes and procedures to protect people from possible abuse and harm.

There were environmental risk assessments in place for the service to keep people safe from harm. Concerns had been raised prior to the inspection about the home's fire safety. It had been reported that the fire alarms were not working and that fire drills were not carried out. The service carried out a fire alarm check on a weekly basis and this was recorded. People using the service told us that this was carried out weekly and was working effectively. One person told us they were in charge of carrying out the test. People had Personal Emergency Evacuation plans (PEEPs) in place detailing what to do in the event of having to evacuate the building in an emergency.

Incidents and accidents were appropriately responded to. Due to the nature of the service some people may be at risk of being taken advantage of. The registered manager had raised concerns over an incident with one vulnerable person and as a result a plan was put into place to ensure that the safety of that person being effected. A CCTV camera was installed outside the front of the building as well as a video entry phone system. The staff and registered manager were able to monitor who was coming and going in and around the building to keep people safe.

Some staff told us that they didn't think there was always enough staff deployed to meet all the needs of people. The registered manager told us that there was no specific tool used to determine staffing levels and that they assessed people's needs on a daily basis. Staff rotas showed that the staffing levels remained constant and didn't change if people's needs changed. They sometimes had to use agency staff but that they had an arrangement to use the same staff in order to provide consistency. Over the three days of inspection we observed the same staff on duty and there did not appear to be a problem with meeting the needs of people with the staffing levels on those days. People who received a service benefit from sufficient staff to meet their needs.

Requires improvement

Is the service effective?

Our findings

People told us that they liked the way staff looked after them. One person said "I'm not bothered about food, I eat it and it's good." Another person said "they are very patient" and "they are very good cooks, they know what I like. I wasn't asked about the menu but they have a rough idea of what people like." One health care professional told us that the service was 'Working with people with challenging behaviour which they have done brilliantly and some of the clients have had to move from place to place until they moved in there and they now seem settled.'

Staff told us that they completed induction training when they started working in the home. Their staff records had copies of this induction but it was not signed by them to show this had been completed satisfactorily. We spoke to the registered manager about this and they confirmed that this induction was carried out on line. We were shown the completed inductions on line. They had received training considered mandatory by the provider in area such as Moving and handling, infection control & food hygiene and this training was up to date. Staff were completing training in nationally accredited qualifications in health and social care (NVQ). However, there was no evidence of training provided that was specific to caring for people with a mental health diagnosis.

Staff told us that they received support from the company in an informal way, but we could not see where this was recorded. Two of the newest members of staff had not received any supervision since they commenced working in the service, but the third member of staff had. There was not group supervision taking place to support the staff in their day to day work. The registered manager told us that they were putting this in place. Staff were not receiving effective support and supervision for them to carry out their roles.

The examples above demonstrate that the provider has failed to ensure that staff were provided with appropriate support, training, professional development, supervision and appraisals. This is a breach of Regulation 18 (1) (2) of The Health and Social Care Act (Regulated Activities) Regulations 2014.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005(MCA) and the Deprivation of Liberty Safeguards (DoLS). None of the people living in the service were subject to a DoLS and people were free to come and go as they pleased. One member of staff said "People are not restricted here." There was no record in people's plans as to whether their capacity had been considered. We spoke to staff who told us that they assumed people had capacity unless they saw a change in needs. "We would speak to social services if there was a problem and if necessary arrange a best interest's meeting depending on the circumstances." Another member of staff told us that it was "all about helping people make an informed decision." Training records showed that all staff had completed training in the Mental Capacity Act 2005 and they had a clear understanding of their role in ensuring people's rights were protected.

We saw that people had consented to care by signing their care plans. We spoke to staff about gaining consent from people. One member of staff said "I respect their wishes. For example we have to ask permission to go into their bedrooms. If they don't want me to go in then I won't." "If they change their minds I respect that. We can only encourage and prompt.

People were supported to maintain good health and have access to health care services. Care plans showed that people had regular access to doctors and other health care professionals. There were copies of letters from health care professionals and doctors about routine appointments in care plans. One relative said "they facilitate my relative's health needs". The registered manager and staff responded quickly to people's changing health needs. We saw that referrals had been made to different agencies such as the local mental health teams when people's behaviours escalated or deteriorated. Responses from other agencies were not always timely, but we saw copies of emails from the registered manager following up when referrals had been made, and proactively chasing for a response. For example, one person had recently suffered bereavement and the service had arranged for this person to access bereavement counselling. This person had a significant change in need which the service responded to in an appropriate and compassionate way.

People were encouraged to maintain a healthy and nutritious diet. Staff had recently introduced a rolling four week menu that people had chosen. This had been developed in consultation with people. Staff supported

Requires improvement

Is the service effective?

people to cook at meal times. Staff would check that those people had eaten as they chose not to eat with other people. Some people's weights were recorded on a regular basis, whilst others chose not to be weighed. One health care professional said 'The clients are given suitable nutrition'. Part of some people's condition was anxiety over their weight or eating in front of other people. There were no systems in place to monitor if people's weights became an issue and no nutritional screening was carried out to identify where they may be at risk. This meant that staff may not recognise the risk of poor nutrition of some people.

Good

Is the service caring?

Our findings

People told that the service was caring. “I would say they are kind and caring”. “They play ludo with me” “They speak to me nicely. The registered manager laughs a lot and it’s contagious!” Relative’s told us “they are very kind. Between very good and excellent.” Professionals told us “it’s very good here. They are caring and they have the best interests of the residents in mind.” Another told us ‘I have found the staff kind and caring in their approach’.

During the inspection, we observed staff interacting with people in a kind and compassionate way. We heard meaningful conversations taking place between people. People appeared to be very comfortable with staff and staff new people well. Over the three days we inspected we saw the same members of staff working, providing consistent care and support to people.

People had been involved in drawing up their own care plans. Relatives told us that they had also been involved in producing the care plans. People told us that their likes and dislikes had been discussed and that they had been recently reviewed with their key worker. We asked if people used advocates to help support them. The registered manager told us that no one had used advocates but they would support people to access them if they wanted them.

There was a service user guide which gave people very clear information on what they could expect from the service. This included details on their philosophy of care and how they aimed to enable people to become independent. This was in a format suitable for people using the service.

Staff were able to tell us about how they protected people’s dignity and privacy. “We always knock on people’s door before we enter their bedrooms. We only go in with their permission.” People said that staff always knocked on the door before entering their bedrooms. One relative said “the registered manager is very careful about confidentiality issues; the office is locked for private conversations.” We saw that when people came to speak to staff and the registered manager whilst we were in the office they took them to a more private space so that we could not over hear their conversations. All care plans and confidential records were locked in a cupboard in the manager’s office. Confidential staff records were kept in a locked filing cabinet.

A core part of the visions and values of the service was to promote independence in people. Staff told us how they helped people achieve this. This could have been from the basics such as people making their own toast, when they would have preferred for staff to do this for them. Staff would say to people “why don’t you put the bread in the toaster.” One person told us how they had recently been on a computer course which the staff had helped to facilitate. Relatives told us that for their relative “this is the first bit of achievement in a long time.”

We were only able to see one person’s room, but this was personalised with their own possessions.

One relative told us that for people living with certain conditions the service felt like home. They said their relative visited them in their home but when it was time to go back to the service they often said “take me home. I want to go back home.”

Requires improvement

Is the service responsive?

Our findings

People told us that the service was responsive to their needs. Relatives told us they thought the registered manager and service was very responsive. In one instance their relative had an appointment with the local mental health team that staff were not aware of. Upon being told about the appointment the registered manager immediately attended the meeting with the person and their relative and made sure they documented the meeting so they could refer to it later should the person have any questions.

Health professionals also said that they thought the service was responsive. They explained to us that their client had a positive relationship with one member of staff that they had known from another service. They suggested to the registered manager that this staff member be allocated to their client as their key worker. This had been put into place and the health professional reported that this person was happy with this arrangement and as a result had seen an improvement in this person's wellbeing.

On people's records there were pre-admission assessments which had been carried out by the registered manager. This assessment had informed the care plans however, they were not detailed enough to be able to support the type of people living in the service. There were no achievable goals identified in the plans. On the second day of inspection the registered manager had put into place a Mental Health Needs Assessment Plan for each person. This identified what mental health issues there were for each person, what triggers might escalate certain behaviours and actions to be taken to assist that person. It detailed the objectives of the service in supporting individual people. It clearly identified symptoms of relapse indicators and who to contact in the event of a relapse. There were contingency plans in place in the event of a relapse. This allowed

staff to support people how they wanted to be supported in a person centred way. Whilst changes had been made by the second day these changes needed to be sustained or reviewed on a regular basis.

We recommend that registered manager ensures documents and information is reviewed constantly.

'It's about me' work books detailed people's likes and dislikes and how people liked to be supported. People had been involved in completing these books; however, some people did not want to complete theirs and had declined to sign in agreement with them. The service had respected people's choice with this, but staff told us they continued to try and encourage people to be involved in this process. There were regular 'progress reports' on record detailing how people were getting on living in the service. These meetings included the person involved as well as their key worker and the registered manager. We saw that health care professionals had been involved in reviewing people's care. One person told us that they had met with their new social worker very recently. People were supported and cared for with up to date relevant guidance.

People were proactively supported to participate in activities of their choice both within the home and in the community. One person had been supported to attend a local gardening club as they enjoyed gardening. However, this had recently stopped. There was a gym room where people could take part in exercise should they wish and this was regularly used by some people. Staff told us that they had introduced more home based activities for people that did not want to go out of the service. This included jewellery making, hand and leg massage and reflexology. One person told us that they were "very unmotivated and that the staff were very good at trying to help me take part in activities. I like jewellery making." Although some people did not want to take part in activities we saw that the staff and registered manager proactivity continued to encourage people to participate for example, resident meetings documented that the registered manager spoke to people about the importance of taking part in activities of their choice.

Many of the people living in the service were smokers. There were records that detailed where people had accessed smoking cessation support groups. Staff knew that some people who attended this group may find this difficult and make them anxious. Some people did not appear to have been successful at stopping smoking but their key worker had looked at alternative ways to support the person to attend the group. For example, it had been identified that going to a group at short notice had not been successful. The person's key worker had supported them to attend a group with much greater notice of the appointment.

Requires improvement

Is the service responsive?

People's cultural and religious needs were cared for. One person liked to attend a church service on a regular basis. Staff told us that they would accompany them to the service where it was possible to do so.

People were encouraged to access the wider community. One person said "the staff took me out to begin with and now I know all the roads. Now I've got a bus pass." People and their relatives were encouraged to maintain their relationships. One person regularly went back to the family home. Another person's relatives visited them at the service at least twice a week. People's relatives came along to the recent Christmas party, as well as visiting the service on Christmas day. Staff and the registered manager proactively supported and encouraged people to maintain relationships with family and friends and by maintaining these relationships people avoided social isolation.

People were able to make their own choices and were supported to do so. One person said "I need options. Once I've been through them I can make my own choice." People were asked their opinion of the service. Only three people had responded to the survey, two of which were positive, one that was negative. We spoke to the registered manager about the negative survey and they advised us that the concerns raised had been discussed with the person and their social worker and the concerns had been resolved. The registered manager was responding to people's concerns in a proactive way to help find a solution to those concerns.

The provider had a complaints policy in place which was different from the complaints procedure detailed in the service user guide. This had been reviewed on 21 February 2015 and it did not give the details of other agencies that people could complain to if they needed to, as it did in the service user guide. The service user guide provided to people also had details on how to make a complaint if they needed to. This included the response times people could expect an acknowledgment and responses to their complaint, as well as what the next stages were if they were not happy with the response from the service. This also included details of the local authority, the Care Quality Commission and the Local Government Ombudsman. People told us that they knew who to complain to if they needed to and felt confident in doing so. Staff and the registered manager were able to tell us the procedure if someone wanted to complain and were very clear about their responsibility in this area. The service had not received any complaints at time we inspected.

One of the visions of the service was to allow people to become independent and to be able to move on from the service. We spoke to the registered manager about how they managed people's transitions from the service. They told us that no one had moved on since it had opened in 2014, or was ready to move on at the time of inspection. They would be liaising with the local authority and housing providers to support people when the time was right.

Requires improvement

Is the service well-led?

Our findings

People were positive about the service and the registered manager. One person said "I feel listened to. It's ok, it's alright." Relatives told us that the registered manager was a key part of the service and was often there, "even at 8pm at night." Health care professionals commented that the moral of the staff was good when they had been in the service and that "this was a good indicator of good leadership". Another health care professional said 'I do believe the service is well led, I have no concerns about the service apart from give them praise, as I know some of the clients they have, have challenging behaviour and they handle this well.'

Although people told us they felt the service was well led we found that the practices were not always consistent with people's positive views. The service user guide clearly stated that there was a comprehensive quality assurance system in place however we found that there weren't systems and processes in place to audit and monitor the quality of the service. We spoke to the registered manager about this and they told us that they used a checklist that they went through on a monthly basis. They were not able to produce a copy of these monthly checks.

Recording in documentation was not consistent throughout the service. The registered manager told us that they had asked staff to ensure that they made comprehensive notes on the care and support provided, both in the daily notes and care plans. However we found that this was not done on a consistent basis. Staff told us that handovers were not documented. The registered manager did not conduct any audits to ensure staff completed the documentation as requested and had not identified that this was an issue.

The provider did not have a mechanism in place to report any maintenance issues. There had been an issue with the kitchen window being broken for some time and had not been fixed. The lack of quality assurance and monitoring systems meant the provider could not identify and act on shortfalls in the service. They also could not monitor and make improvements to the service without knowing where the shortfalls were.

Health care professionals commented that the registered manager was responsive when suggestions had been made. However, they were unable to identify the improvements needed without the input from outside agencies. In between inspection days they had taken into account feedback over concerns about poor risk assessments and care plans that were not appropriately detailed enough for people living in the service. They had updated risk assessments and made significant changes and improvements to care plans. This was positive however, a lack of quality assurance meant that this was initially missed and only acted upon when prompted by outside agencies.

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.

The registered manager was aware of their role and responsibilities towards the care and support to people living in the service. They talked about the visions and values of the service: to support people to move on and be able to live independently. To empower people to be able to be independent. Staff echoed the visions and values of the service when we spoke to them. They were very aware of their responsibilities with their role and we saw them supporting people to do this.

Staff spoke positively about the registered manager and said there was an open door policy. They told us "they are much more approachable then where I last worked. We work together, we work as a team." Staff told us they received praise for their work and for being proactive. They had put forward suggestions for improvement to the registered manager and they had taken these on board. For example, they had suggested putting in place residents and relatives surveys. This had been implemented by the registered manager and surveys were sent out to people who lived in the service and relatives. The registered manager had received three responses from people and none from relatives. There was nothing in the responses that required an action plan to be put in place.

The registered manager told us that they received regular supervision from the registered provider. They met every two to three weeks but there was no record of these meetings. They told us they were documented and they were supposed to be emailed to them. They said they felt supported by the director and that they visited every week.

Requires improvement

Is the service well-led?

The registered manager said that they kept up to date with best practice through training and mentoring. They had just signed up to a leadership programme with Skills For Care. They were also studying for their registered manager's award. They forged links with other local agencies which provided support to people with mental health needs. We saw that people had accessed these services and as result their wellbeing had improved. For some people accessing these groups and leaving the service was a significant step and improvement in their mental health. They registered manager also attended the Medway Council Provider Forum on a regular basis keeping up to date with local support networks and accessing peer support.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met. People were not protected from the risks of medicines management. Regulation 12 (1)(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider has failed to operate an effective quality assurance system. Regulation 17 (1) (2) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: The provider failed to provide staff with appropriate support, training, professional development, supervision and appraisals.