New Boundaries Community Services Limited

# Hellesdon Bungalows

## Inspection report

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Date of inspection visit:
19 May 2016
20 May 2016

Date of publication:
27 June 2016

## Ratings

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|---|---|
| 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? | Good |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

The inspection took place on 19 and 20 May 2016 and was unannounced.

Hellesdon Bungalows provides accommodation and support with personal care for up to eight adults with a learning disability who may also have autism. At the time of our visits there were five people living in the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The service people received was not consistently safe. Action to minimise risk was not always taken and so compromised people's safety. Medicines were generally given as the prescriber intended. However, there were minor shortfalls that audit systems for checking for omissions had not always picked up.

People were supported by enough staff to meet people's needs safely. They were properly recruited to make sure they were suitable to work in care services. Staff understood the importance of reporting concerns about people's safety and welfare. They had access to training to enable them to support people competently and effectively but there were gaps in this. However, pending formal training, staff were supported by more experienced colleagues to gain the skills they needed. More staff had been recruited and were undergoing induction so that people would be able to receive support from a consistent, permanent staff team.

Staff and the management team were aware of the importance of supporting people to make their own decisions. The management team had sought professional advice in determining whether people understood the implications of decisions. They were aware of the need to ensure that people's best interests were taken into account and, where appropriate, had involved an advocate to support the person.

There had been some difficulties in ensuring the staff team always and consistently implemented professional advice to promote people's health. However, where complex health needs warranted it, staff implemented additional checks on people's wellbeing. This contributed to them being aware at an early stage of any changes in health requiring intervention or professional advice.

Staff understood people's needs and preferences and delivered support which took these into account. They had developed good relationships with people using the service and promoted their dignity and respect. Where there were concerns about staff conduct, the provider had systems in place to ensure they were addressed and monitored if necessary.

The registered manager for Hellesdon Bungalows was also registered in respect of another of the provider's

services as well as fulfilling the role of operations director. This meant that they were overseeing quality and safety issues, management performance and staff practice within nine services in total. During 2015 a replacement manager had been appointed at this service but had subsequently left. The registered manager's ability to oversee the service on a day-to-day basis was compromised due to the additional responsibilities. Significant difficulties with performance, teamwork and attitude had developed, adversely affecting staff morale. Quality assurance systems were not being implemented consistently to ensure that improvements were made promptly.

The provider was aware of the issues and had appointed an acting manager who was able to spend more time within the service and help to promote improvements. It was that person's intention to apply to CQC for registration in due course. Staff saw more regular management presence within the home as supportive. It also contributed to addressing concerns about lack of management 'on the ground' that were raised with us in feedback from professionals. However, arrangements had not had time to stabilise and ensure that the range of improvements needed were made and sustained.

## 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.

Action was not always taken to ensure risks to people's safety were minimised.

People usually received their medicines as intended.

There were enough staff who were properly recruited, to meet people's needs safely.

Staff understood the importance of reporting any concerns that people may be at risk of abuse.

### Is the service effective?

**Requires Improvement**

The service was not consistently effective.

Although staff were supported by colleagues with appropriate skills and knowledge, some essential formal training to meet complex needs had not been delivered as the service developed.

People were supported to access advice about their health and well-being but there had been occasions when staff had not supported people by acting on the advice.

Staff understood the importance of supporting people to make decisions about their care and considering what represented people's best interests.

People were supported to eat and drink enough.

### Is the service caring?

**Good**

The service was caring.

People received support from staff who were caring and promoted their privacy and dignity.

People were encouraged to be as independent as they could and to be involved in decisions about their daily lives.

## Is the service responsive?

Good

The service was responsive.

People received support that took into account their individual needs and preferences.

People could be confident their complaints would be addressed and that they would receive support to raise concerns if they needed to.

## Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Although there was a registered manager in post, additional responsibilities affected the day-to-day leadership within the home and compromised consistency.

Changes in the day-to-day management of the service had adversely impacted upon staff morale, teamwork and promotion of best practice, although this was improving.

Systems for monitoring and improving the quality and safety of the service were not as robustly implemented as the provider intended.

# Hellesdon Bungalows

**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 on 19 and 20 May 2016 and was unannounced. It was completed by one inspector.

Before we visited the service we reviewed all the information we held about it. This included information about events happening within the service and which the provider must tell us about by law. 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, what the service does well and improvements they plan to make. We reviewed the information they had supplied to us. We also reviewed information that had been supplied to us before our visit, by two social work professionals and two health professionals who visited the service. We received information from the local authority's quality assurance team and feedback submitted through our website.

During the inspection we spoke with the registered manager, who also acts as the provider's operations director, and the acting manager for the service. We interviewed four members of staff and spoke with five people using the service. For some people it was difficult for them to tell us clearly what they thought about the service so we also observed how people were being supported and how staff interacted with them. We spoke with two visiting social work professionals.

We reviewed care records for three people and medicines administration records for four people. We also examined recruitment records for three staff and staff training records. We also checked a sample of other records associated with the quality and safety of the service, including audits and surveys.

After the visit we asked for the provider's training officer to send us up to date details about training completed by the staff team and this was provided.

Requires Improvement

# Is the service safe?

## Our findings

Risks to people's safety and welfare were taken into account in planning their care. However, staff were not consistently following guidance put in place to minimise risks.

For example, a speech and language therapist (SALT) had assessed one person as at risk of choking. They needed to avoid certain foods and to have others prepared in a way that minimised the risk of both choking and aspiration. Aspiration is when food or drink enters a person's lungs and presents serious health risks. The SALT had assessed that the person did not have the capacity to make an informed decision about these risks for themselves; they needed staff to ensure the plan was followed. Records showed that they had been given food which the SALT care plan said presented a high risk of choking and needed to be avoided.

As soon as we found this, we asked the registered manager to take immediate action because of concerns for the person's safety. We referred our concerns to the local authority safeguarding team to ensure they were aware of the risks posed to the person. After the visit we received confirmation from the registered manager that they had taken action to seek further advice and training. They also told us that they would review specific incidents of concern to see what action was needed.

Care plans took into account risks to people's welfare, for example from developing pressure ulcers or associated with their mobility. We noted that one person's care records indicated that staff delivering personal care should regularly check the person's skin condition. This contributed to addressing any developing problems with their skin integrity at an early stage. The person was using a pressure relieving cushion in their chair to help minimise this risk.

Staff were aware of two people who required aids to help them mobilise safely. We noted that staff reminded people to use these where they were trying to move around their home without them, to help promote their safety.

Risks to which people were exposed within their home environment were assessed. There was guidance provided for staff about the action needed to minimise these. Staff confirmed that they had training in health and safety awareness and fire safety. We noted that the provider's training record showed all staff had received this and highlighted where some staff were due to have this training updated. A staff member also told us that they had received training so that they could deliver first aid in an emergency to promote people's safety.

Medicines were managed in a way that largely ensured people received them in a timely manner. They were monitored and checked for errors, which were minimal. Records showed that staff had completed training in the safe administration of medicines in regular use. However, there was a risk that emergency medicine for one person may not be administered as quickly as needed to ensure their safety.

Some staff had not received training to administer this emergency medicine. For two staff the training had expired and needed renewing to ensure they were competent to give it when necessary. For one further staff

member this training was shown as not required, even though they were working with the person concerned and took them out into the local community. The registered manager explained that staff who were not trained in administration of this medicine were expected to telephone emergency services if the person needed it.

We found that there were regular occasions when staff had supported the person with activities outside the home but had not taken the medicine with them. This presented a risk to the person's safety if paramedics did not carry it. After our visit, the registered manager confirmed that they had spoken with the specialist nurse. They agreed it was appropriate for staff to take the medicine with them so that it would be accessible for administration by emergency services if necessary.

Medicine administration record (MAR) charts were appropriately completed and signed for the most part. However, for one person there were two omissions of signatures for a tablet needed at lunch time. For one of these doses the tablet remained in the blister pack, indicating it had not been given as prescribed. The registered manager showed us records indicating the GP had been consulted for advice. However, daily checks on MAR charts had not identified the missing signatures. We made the registered manager aware of this so that action could be taken to ensure staff were clear about what they were looking for.

One person told us that staff gave them their medicines at the right time. They were happy for staff to take responsibility for handling these. They told us that they checked what staff offered them because they knew how many tablets they should have and what they looked like. They said that this was to make sure there were no mistakes and there had not been any.

We observed staff administering medicines to another person. Staff remained with the person offering gentle encouragement until they were satisfied that the medicines had been taken.

People told us that they felt safe in the home and well treated by staff. They told us that they liked living at Hellesdon Bungalows. There were systems in place to help protect people from abuse and staff understood the importance of raising any concerns.

Staff spoken with confirmed that they had training to recognise and respond to concerns that someone may be at risk of abuse. We confirmed this from training records. Staff were able to tell us about types of things that would lead them to be concerned that someone was potentially being abused. They were confident that, if they needed to raise concerns with the management team, action would be taken. They were also able to identify how they could contact other agencies to raise concerns if they did not feel able to raise them within the service for any reason. A staff member spoken with gave us an example of when they had reported concerns. They were satisfied that the registered manager had appropriately dealt with the issues they raised.

People told us there were enough staff. They said that staff were available to take them out into the community. People were supported by enough staff to keep them safe. Recruitment processes contributed to promoting people's safety.

During both of our visits, staff were available to support people with activities inside and out of the home and to assist people promptly. Staff said that staffing levels had occasionally dropped to two in one part of the home if cover was not available. This information was consistent with the views of a social care professional who was concerned that one to one support, for which they had contracted with the service, may not always be available. The home's staff said that this only happened if there was staff absence at short notice which could not be covered. Although it limited people's opportunities if it happened, they did

not feel that staffing levels were unsafe. We noted that the provider operated their own staff agency to provide to cover for absence if required.

A staff member newly appointed told us about the checks that were made before they started working at the home. This included checks on their identity, taking up references, and enhanced checks to ensure that they were not barred from working in care services. We confirmed from recruitment files that these checks had been made.

Requires Improvement

# Is the service effective?

## Our findings

Established staff had appropriate skills and knowledge to support people effectively. There were some gaps where new staff were still completing relevant training. There were also gaps in training for other staff to support people with more complex needs. However, they had access to experienced colleagues who could support them with advice about people's support needs.

Long-standing staff members showed that they had detailed knowledge of the people they had supported for a long time. Staff told us that they felt the training they had was relevant and helped them to understand and meet people's needs. They also told us how they had access to qualifications in care, if they wished to pursue this.

A visiting healthcare professional commented to us that the competence of staff to deal with people's changing health care needs had presented concerns in the past. Another healthcare professional commented that regular staff had a good knowledge of the people they were supporting. However, they expressed concerns that, because of restructuring of the staff team, knowledge and skills to support specific individuals may not always be passed on.

We noted that recent recruitment to permanent posts meant there was less risk of this happening. Staff undergoing induction were working with experienced colleagues as mentors and completing formal training. A new staff member recognised they could learn a lot about people's needs from experienced colleagues.

We noted from discussions with staff and the management team that there were plans for part of the service to support people who had specific, complex needs. This development had started. The registered manager was aware of the importance of staff having knowledge, skills and expertise to support people properly. However, only one staff member had completed relevant formal training. The registered manager had deployed experienced staff from the provider's specialist unit to support existing staff while they gathered skills and competence in this area. We were concerned that this was not sustainable in the long term and that training needed arranging promptly before additional placements were made.

The provider's training records showed that there were gaps in the training that staff had received and that some training needed updating in the near future. The management team were aware of this and told us they were taking steps to address this. Some staff had completed additional training to enable them to effectively support someone with specific health issues. However, the person's keyworker, also acting as a mentor to new staff, had not done so.

Supervision sessions were not always up to date and delivered in line with the provider's expectations. However, we noted that there was a schedule in place to increase opportunities for regular supervision. The management team monitored this to ensure they made improvements. Supervision is needed so that staff have the opportunity to review their performance and development needs. Staff told us that they felt well supported by the management team.

People received support from staff to access health services. However, staff practice in implementing advice to promote people's health and welfare was not always consistent.

Two healthcare professionals commented to us that they did not feel that staff always acted upon the advice they gave. For example, one expressed their view that, if they gave advice to the registered manager, they usually took prompt action. They told us that they received information about the outcome. However, they were less confident in the ability of 'front line' staff to act on advice and share this more widely with colleagues.

The registered manager was able to show us how they had addressed concerns with staff, about the need to act on advice from professionals about people's care. Staff spoken with felt that this was improving. However, we found that not all staff had consistently implemented essential advice about a person's diet to address risks to their health and welfare.

We were able to see that staff had implemented specific health advice to enable them to identify a developing infection at an early stage. Staff were monitoring the person's health in accordance with the advice and knew what signs should lead them to take action. Records confirmed that staff made these checks regularly.

People told us that staff supported them with appointments to see people who could help keep them well. One person told us how they had chosen to stay with their existing dentist after moving to the home, because the dentist knew them and their needs. We noted from people's records that they accessed appointments with health professionals such as their doctors, psychiatric services, dietician and opticians.

People were engaged in making decisions about their care. Where there were concerns about their capacity to do so, the management team sought additional advice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Before our visits, we received concerns about changes to people's living arrangements. Two visiting professionals felt that changes had been made without proper consideration of people's capacity to make such a decision. They felt that the service could not show that decisions made reflected people's best interests.

We discussed with the management team how they had supported people in this area. They acknowledged that decisions were needed because some people with very high dependency needs were living with others who were more independent. They felt that, in some of these circumstances, changes in accommodation would be beneficial to people. The management team showed us the steps they had taken to seek relevant

advice. They had experienced difficulty in securing a timely response.

During our visit, we spoke with two visiting professionals who were aware of these difficulties. They told us they were aware of issues relating to changes in placements. They had completed a capacity assessment for one of the people concerned to help determine what was in their best interests. They said that the management team consulted them appropriately. They told us that the management team had involved the person and all relevant parties and had cooperated with them in the process. They described the handling of the proposed permanent move as being, "…all above board and all very transparent." They had no concerns about the process of providing information, seeking consent and working with others to determine what was in the person's best interests. We noted that the service had also involved an advocate in supporting the person with their decision.

Staff spoken with understood the importance of seeking consent from people before delivering care and of offering explanations to people where these were needed. We noted that all of the staff working in the service had received training in the MCA and DoLS to help them understand their obligations.

The registered manager understood when an application to deprive a person of their liberty, in their best interests and to ensure their safety, was required. Applications had been made to the authorising body where appropriate. Outcomes of these were awaited to ensure interventions identified as needed were the least restrictive options available to ensure people's safety.

People received enough to eat and drink to meet their needs. People told us that they enjoyed the food and that staff were good cooks. They said that they helped to choose the menu and took turns to decide what they ate together. We found that people's choices were reflected in notes of meetings they had with staff and were incorporated in the menu for the following week.

We noted that staff sought advice where there were concerns about one person's unintended weight loss to make sure that this was addressed. There was also guidance in place about healthy eating for others.

Throughout our visits, we noted that staff offered people drinks regularly. One person at risk of health complications and needing to drink well had a jug of squash available to them. We saw that they helped themselves from this regularly. Their care plan reflected how much they should be encouraged to drink and related care records showed that staff ensured that this happened.

We found that there was an action plan identifying how people could be encouraged to select healthy diets. There were plans to improve communication around diets and to develop a picture book for menus and a healthy recipe book.

Good

# Is the service caring?

## Our findings

People were able to choose where they spent their time in the home. However, this was partially compromised because staff did not consistently use the storage facilities provided for their own belongings. We observed on arrival for our first visit, that both the sofa and armchair in the conservatory were covered in the bags and coats belonging to staff. People had nowhere to sit in the conservatory if they wished and the practice impacted upon people's use of their home.

We saw that a person who staff said did not like to spend time in their own room, could not access their preferred seat in the conservatory. This was after they had withdrawn from the living room as a result of a slight conflict with another person. A senior member of staff subsequently reminded colleagues to put their belongings away so that the person was able to spend time in the area as they wished.

Before we visited the service we had received concerns that people were not genuinely consulted about making decisions, for example around what they wanted to eat and the activities they engaged in. We made a member of the management team aware of the concerns that had been raised with us so that this could be monitored if required.

During our visits, people confirmed that staff asked them about their care. People told us that staff asked them what they wanted to do. We observed that staff consulted with people whether they needed assistance, for example to shave or prepare for an outing. They explained to people what they were about to do, for example when assisting with meals or medicines. We found that there were records within people's files showing that they were consulted. Plans for both their preferred meals and activities were drawn up for the week. We saw that these were largely adhered to.

One person told us that staff had spoken with them about what was in their plan of care and how they needed to be supported. They told us that they agreed with what was in their care records. Another person told us that their keyworker talked to them about the things they wanted to do and about what was in their care plan. They commented that their keyworkers and other staff spoke to them about their plans of care and support needs. Some people had signed their records showing that they had been involved in discussions.

People told us that they were able to decide how they arranged their own rooms. Three people told us about plans to redecorate or refurbish their rooms, how they had chosen the colours and furnishings. We saw that one person was encouraged to select furniture that they liked from a brochure so that staff could support them with their purchase. Another person told us how this had happened and what staff were going to assist them to buy.

People were supported by staff who had developed positive and caring relationships with them.

People told us that they liked the staff who worked with them. One person told us that they had chosen their keyworker and got on well with the staff member concerned. People agreed that staff were polite and never

rude to them. Two people told us how much more they liked Hellesdon Bungalows than where they had lived before.

During both of our visits we observed people chatting and smiling with staff. Staff intervened promptly when one person became upset and distressed, offering reassurance and distracting them. The situation calmed quickly. We noted from records that a relative had commented to the home that they felt a person's needs were, "…being met in such a compassionate and caring way."

Staff spent time sitting alongside people and making eye contact with them when they spoke with people. A staff member told us how they tailored their prompts for a person to use their walking frame. They said that this was so it did not appear that they were 'nagging' and the person was less likely become anxious. This showed that they were sensitive to the person's feelings and self-esteem.

Our discussions with staff showed that they understood people's preferences for the way they were addressed and these were recorded in people's plans of care. We saw that staff used people's preferred names when they were interacting with them. Discussions with one staff member showed that they were taking care to quickly build up a picture of the preferences of someone who had only been at the home for a short time.

People received support from staff who respected their dignity and privacy and encouraged them with their independence.

We observed that staff spoke with people in a polite, respectful and friendly manner. Staff were able to tell us about how they promoted people's dignity and privacy. We observed that they offered people assistance with their personal care in a discreet manner. The support that was needed was offered in private.

One person told us how they were involved in domestic routines. They said they did not enjoy meal preparation and did not generally join in with this. However, they said that they did like to help with washing up after meals. We observed that staff assisted another person to orientate themselves and find their way around the home at their own pace. Staff offered reassurance and encouragement to the person so that they retained a degree of independence.

We observed that staff asked people for their permission to ensure they were agreeable for us to look around their home. On occasion and when people were not busy elsewhere in the home, they also encouraged people to answer their front door.

Good

# Is the service responsive?

## Our findings

People received support in a way that focused on their individual needs.

People told us about their interests, preferences and what they liked doing. They said that staff helped them with these things if it was needed. Staff members were able to tell us in detail about the individual needs and preferences of the people they supported. They were aware of their interests, likes and dislikes. The information they gave us about people's care needs was consistent with what we saw in individual plans of care and what people had told us.

We found that the care people needed was adapted when their needs changed. For example, we found that one person's dietary needs had changed and the way they were supported with their nutrition had altered. Staff were aware of this and had implemented the change.

People were supported to pursue their hobbies and interests both within and outside the home.

People's hobbies and interests were recorded in their plans of care. One person told us how much they enjoyed playing snooker and normally did this, "…at a place up the road." During our visit they went out to play a game with staff. They also spent time at the dining table engaged in a specific hobby while we were present. They told us how staff supported them to go shopping to buy the things they needed to pursue this. They said that staff sometimes brought them items from home which they knew would be of interest.

One person had lots of games in their room and said that they liked playing these. We saw that a staff member engaged them in playing one of these games. The person told us they had enjoyed it and had won. We observed that another person was engaged in making buns with staff and prompted and encouraged to take an active part.

People said they would be able to speak to their keyworkers or, "...the boss…" if they had any complaints but that they were happy with things at the moment. Complaints were dealt with properly. Staff recognised their role in supporting people to raise issues of concern.

We found that one person had raised a concern in April 2016 and had been able to do so in writing. The registered manager had discussed this with them and provided a written response and explanation. The discussions between them were summarised and the person had expressed the view that they had no further concerns. For another person, the management team had supported them to raise a complaint about another organisation regarding their care. We were also aware from discussions with staff that they had acted to raise concerns on behalf of a person and ensure that these were investigated and addressed. A visiting health professional had also noted that staff were keen advocates when they needed to raise issues affecting the care of the people they were supporting.

We saw from discussion records that there were weekly meetings with each person, during which they had the opportunity to raise complaints and concerns about staff and the way the service was running.

Requires Improvement

# Is the service well-led?

## Our findings

The sustainability and consistency of leadership arrangements presented concerns for staff motivation, morale and adherence to best practice.

The current registered manager took responsibility for the service in 2014, after a period when there had been no registered manager in post. We know from the provider's history that the registered manager has a comprehensive understanding of their role. However, they are also registered in respect of another of the provider's services and had been promoted by the provider to be operations director. Another manager had been appointed to run Hellesdon Bungalows during 2015, applied for registration with the Care Quality Commission as required, but then left the company. They confirmed their withdrawal from the registration process in February 2016.

The registered manager/operations director needed to again take a more active role in the day-to-day running of the service following the departure of the previous manager. This was despite additional and extensive demands on their time. Although they are currently registered as manager for this and one other service, as operations director they also oversee the performance, safety and quality of nine services. We expressed our concerns that this was not sustainable. Frequent changes in management arrangements, coupled with these demands, potentially contributed to the slippage in leadership within the home.

Two visiting health professionals commented to us about management within the home. One felt that there was a lack of leadership 'on the ground' within the service. They told us they felt that, if this was addressed, staff would be more confident in the way they supported people. Another said that they felt staff were resigned to a lack of management on site and to frequent changes. This had impacted on morale and confidence.

We were aware from concerns and complaints raised with us, as well as feedback from professionals, that there had been problems with the morale, consistency, attitude and performance of the staff team. Minutes of two recent staff meetings showed that the provider recognised the concerns. In one meeting they had highlighted concerns relating to poor working relationships and a lack of managerial continuity. They had also recognised considerable additional demands that had been placed on the registered manager as a result of their role as operations director. As a result, they had appointed an acting manager to try and improve stability.

The acting manager was appointed just before our visits and was receiving support from other managers within the provider's services. Staff told us that they valued that the acting manager had considerable experience of working with the home and understood the needs of people currently using the service. However, the appointment had been at a difficult time as acknowledged within staff meetings and by staff and the management team at our visit.

Staff confirmed that morale had been poor at times but they felt this was slowly improving. Our discussions with the management team showed that they were aware of problems and trying to drive further

improvements. These discussions also showed that the management team took action to address staff performance if this was necessary.

There were systems in place for monitoring and checking the quality of the service. These were not robustly implemented to address shortfalls promptly when necessary and promote best practice, including in record keeping.

We reviewed the quality assurance checks that were made in the service. We found that there were gaps in these where the provider's expected systems had not been followed. For example, the provider intended that there should be monthly checks on the quality and safety of the service. There were no records to indicate these had taken place for six months between June 2015 and January 2016. We acknowledged that another manager had been overseeing the day-to-day operation of the service at that time and since January they were completed more frequently.

The last quarterly audit on behalf of the provider was also carried out in January 2016 and was overdue at the time of our visits. We raised concerns with the registered manager that gaps between checks meant that improvements to the quality and safety of the service would not be identified and addressed promptly.

The need to update paperwork within care plans was identified in a quarterly audit completed on behalf of the provider in January 2016. We reviewed the findings of three further internal audits which indicated similar concerns. Internal audits for January, February and March 2016 all highlighted that the same person's care records needed to be reviewed and updated. This meant that there was a considerable delay in ensuring the person's care records were reviewed as the provider intended. This was despite being identified in audits on four separate occasions in total. When we visited we found that staff had taken action to address this and to ensure the records reflected the person's current needs and risks.

Systems for consulting with people, their family members and staff did not show how improvements were made in response to suggestions.

People using the service had been consulted for their views during April and May 2016. One person said they did not know how to make a complaint but there was nothing to indicate that this had been explained and explored further. People's family members had been asked for their views during October 2015 and the findings of the surveys were generally positive. However, one relative had suggested an improvement they would like to see. There was no information to show how this had been addressed to improve the way that the service communicated with them.

Staff surveys were completed in September 2015. These reflected that staff had some concerns about team work. These issues continued to present concerns as recently as early May 2016, based on staff meeting minutes. However, our discussions with the registered manager and acting manager indicated they were aware of these and working with the provider to try and improve this.