

National Autistic Society (The) Middlefield Manor

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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

This inspection took place on 4 October 2017 and was unannounced. Middlefield Manor is a service that provides personal care and accommodation for up to 15 people who have a learning disability and who may be living with autism. On the day of the inspection, there were 13 people living at the service. Middlefield Manor is split into two houses, Cambridge House and Norfolk House. The two houses are separated by a number of internal doors.

There was no registered manager in post at the time of our visit. 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 previous registered manager had left the service in July 2017 and cancelled their registration with CQC in August 2017. They were followed by another manager who commenced work at the service in August 2017 however they left their employment at the beginning of October 2017 without notice.

At our last inspection in July 2016 we rated Middlefield Manor as Requires Improvement in safe and responsive and as a result Requires Improvement overall. This was because we were concerned about the management of people's medicine and improvements to people's support plans were needed. The service has a history of non-compliance and concerns. Our past four inspections have highlighted concerns and the past three inspections have been rated Requires Improvement overall. Following this inspection we are planning to meet with the providers to review the management of the service and discuss the plans they have for making and embedding the necessary improvements.

Risks were identified through a range of comprehensive individual risk assessments to help keep people safe however these were not updated following incidents to ensure that they were reflective of the most up to date support needs and risks.

High numbers of agency staff were used at the service due to challenges with their recruitment of permanent staff. This resulted in high ratios of agency staff on shift who did not always have the required level of training and experience.

Medicines were administered by staff who were trained to do so but some aspects of medicines management needed improvement.

Improvements were needed to the environment; there was damaged paintwork and walls.

The service was poorly managed. The provider did not have an effective governance system to monitor the quality of the service and identify the risks to people. Care records were not dated. Effective audits were not being carried out. The provider had not picked up issues that were identified in this inspection and had not taken appropriate action to make improvements when we had identified them at a previous inspection.

Staff had an understanding of abuse and safeguarding procedures. They were aware of how to report abuse as well as an awareness of how to report safeguarding concerns outside of the service. Staff undertook safeguarding training providing them with knowledge to protect people from the risk of harm.

The provider had a recruitment procedure in place. People were supported by staff who had only been employed after the provider had carried out checks. Once employed, however, staff were not supported in their role through regular training refreshers.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them.

We found the home was in breach of three regulations 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 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?

The service was not always safe

People were not protected from risks to their health and safety.
Action was not taken when risks were identified.

Not all agency staff were equipped with the training and skills to support people whose behaviour may have challenged the service.

Safeguarding procedures were in place and people were supported by staff who understood how to recognise and report any signs of abuse.

Appropriate recruitment checks had been undertaken prior to staff commencing employment.

Requires Improvement ●

Is the service effective?

The service was not always effective

Staff did not receive the training refreshers necessary for their role.

Improvements were needed to the environment

The service was meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards, which helped to ensure people's rights were upheld.

People had access to healthcare professionals to ensure they received effective care and support.

Requires Improvement ●

Is the service caring?

The service was not always caring

The environment needed improvement – the current standards of décor and maintenance were not respectful.

Requires Improvement ●

Staff knew people and their support needs well.

Staff relationships with people were caring and supportive. Staff knew about people's specific needs and how they liked to be supported.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care records were not always up to date or robustly reviewed.

People were encouraged and supported to participate in a range of activities, based upon their preferences.

Is the service well-led?

Inadequate ●

The service was not well-led

The quality monitoring arrangements were not fully effective. They had not identified the concerns and breaches of regulations that were identified at this inspection.

Systems were in place to assess, monitor and improve the service but these were not being operated effectively as they had not prevented the breaches of regulation we identified from occurring.

Middlefield Manor

Detailed findings

Background to this inspection

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

This was a comprehensive inspection that took place on 4 October 2017 and was unannounced. The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our 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 looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

On the day of the inspection visit we spoke with two people who used the service. Not all people who used the service were able to tell us verbally about their experience of care. We used observation to help us understand people's experience of the care and support they received. We spoke with three people's relatives. We also had contact with four healthcare professionals.

In the absence of the manager we spoke with the team leader during our visit and liaised with a manager from another part of the provider's organisation who arrived to support the service for a short time and another manager via email and telephone following our visit.

Whilst on site at the service we spoke with a team leader and six care staff. We looked at records relating to three people living at the service. We looked at other information related to the running of and the quality of the service. This included the management of medicines, quality assurance audits, training information, staff meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

At our last inspection on 1 July 2016 we were concerned that medicines were not consistently well managed. Records did not always show that people were receiving their oral medicines as prescribed. As a result safe was rated Requires Improvement. At this inspection we had further concerns about the safe management of medicines and additional concerns about staffing and the management of risk. Safe continues to be rated Requires Improvement.

Improvements were still needed to ensure that medicines were managed appropriately. At this inspection we found that whilst the management of medicines had improved and there were fewer errors, we still found some gaps in records and the stock levels of one medicine did not tally with the medication administration record (MAR) chart. We looked at five people's MAR charts and found numerous gaps where staff had not signed to confirm that the medicines had been administered in all of the five records.

The provider was not taking appropriate action to manage risks. Risks were not always identified and risk assessments were not reviewed appropriately. Providers have a duty to notify us of certain events, these are referred to as statutory notifications. We had been told of a number of incidents and altercations that had occurred between people living at Middlefield Manor through statutory notifications. As part of the notifications we were told that risk assessments had been reviewed in response to the incident or altercation. During our visit we viewed and checked the risk assessments and found that they had not been reviewed as a result of the incident. This meant that staff were working to risk assessments that were not always reflective of people's current circumstances.

A healthcare professional told us they were concerned that a person (who for their own safety required close staff support outside of the service) was able to leave the service without staff noticing or the appropriate support being in place. They also told us that they had received a number of concerns about this person's support at the service and lack of staff support that enabled the person to leave the property without staff noticing.

Systems to monitor fire safety in the service were not always managed effectively. Fire safety checks were in place; however the fire equipment was not always checked according to recommended standards. We noted gaps in the records and a number of missing safety checks in seven months during 2017.

People were not always safe from the risk of harm associated with the management of hazards and risk. Due to the nature of their autism and the risk to their safety some people could not leave their home without staff support. Prior to our inspection visit we were made aware that one person had left the service alone due to a broken door catch which meant the door was not secure, they were found in a neighbour's garden.

These concerns were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not supported by sufficient numbers of employed staff to be able to meet their needs safely.

The service was regularly deploying agency staff to support existing staff due to ongoing staff recruitment difficulties. For example, on some weekend shifts one permanent staff member was working with all agency staff. We looked at the staff rotas and saw that agency staff were employed for most days over the past three months. When used, the same agency staff were deployed to ensure continuity of care for people living at the home. However, we spoke with some of the agency staff who told us they did not always receive a detailed induction into people's needs. This meant that agency staff were not always aware of people's individual communication and health needs which would allow them to ensure people's needs were met.

Staff we spoke with also told us they were concerned about the levels of agency staff used and the way that this impacted on the support they could offer people and the implications of this. One staff member said, "It's not always safe here anymore. Staff are leaving and we don't have a strong team anymore. There are so many agency staff, some weekends it's one permanent staff with all agency staff. The permanent staff are administering medicines for both houses so aren't available if there were any incidents of challenging behaviour. The staffing levels means it's not safe." Another staff member said, "Staffing has an impact. People we support have autism. Familiarity is important and there can be a negative affect when people don't know staff." A third staff member commented, "The likelihood of altercations between people who live here is the same as usual so I really don't know, with all the agency usage, how this would be safely dealt with."

A number of healthcare professionals expressed their concerns about the high levels of agency staff utilised at the service. One professional told us, "Recruitment and retention of staff has proven difficult for the organisation [National Autistic Society] probably not through lack of effort but it is essential to recruit and retain staff given the level of complexity of the adult's support." Another healthcare professional said, "I think Middlefield Manor is struggling with maintaining good staff and keeping them motivated. I feel staff are trying their best but perhaps constant change in management, lack of permanent staff may be impacting on the quality of the service." A third healthcare professional told us, "Due to autism, people using the service can find change difficult particularly with new staff. With regular staff, photographs boards in place help to show which staff is on duty."

The provider employed a behaviourist who worked with the in-house behaviour support team. We met this member of staff who provided support to people and staff where a referral had been made around a specific need in respect of behaviours that challenged the person, those who were living with them and staff. The behaviourist told us that they were currently working with one person around behavioural support. They told us that they had concluded from their work that the staffing at the service had an impact on people and that familiarity was crucial for people, something that wasn't always feasible with the high use of agency staff.

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

Staff members we spoke with had undertaken adult safeguarding training. All of the staff we spoke with gave us examples of the types of abuse they should be vigilant for. All of the staff had a good understanding of safeguarding procedures and were clear about what they should do if they suspected abuse.

We were not able to view staff recruitment files during our inspection because the records were being stored at the provider's main office. We asked the provider to submit recruitment records to us and to confirm that the organisation complied fully with safe recruitment practices and that this included obtaining a Disclosure and Barring Service check (DBS) check for staff prior to them commencing employment and supporting people. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people

from working with people who use care and support services. We were sent copies of recruitment records by the provider which demonstrated they followed safe recruitment practices.

Is the service effective?

Our findings

At our last inspection this key question was rated good. At this inspection it has been rated requires improvement. This means that we had concerns at this inspection that we didn't have at the previous inspection.

People did not always receive care and support that was effective. We could not be assured that staff were competent to deliver care and support to people due to an inconsistent approach to training. We reviewed the staff training matrix which was a spreadsheet of all the training undertaken by staff. This had gaps which demonstrated staff had not received some training. After our visit we were sent an updated training matrix by the provider, this also showed a number of gaps. We also saw that some training staff had previously undertaken had expired according to the provider's schedule of when training should be refreshed. This included medication administration training and positive behaviour support. The provider told us after our visit that they had booked training refreshers and hoped to have the gaps filled in within a few months.

The service utilised a high number of agency staff to fill gaps in the staff rotas and provide people with appropriate support. However, not all agency staff received an effective induction or access to training which provided them with the knowledge and information required in order to meet people's needs effectively. This meant people were at risk of receiving care from staff who did not know their individual needs and preferences for care and were not suitability trained to support them. After our inspection visit the provider told us that all agency staff were provided the training they needed in order to meet people's effectively. They told us that all regular agency staff have all received training in supporting people whose needs may challenge. This was different information to that which we were supplied at the time of our visit.

We received mixed feedback from staff about the quality of the training they received. One staff member told us, "Training is repetitive. The content isn't changed and it's not valuable. Some staff have left because the training they need to do their job is so bad."

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

Staff told us that they received regular supervisions and felt supported by their line manager, which was often one of the team leaders. One staff member said, "I have had monthly supervision, I've been able to ask for one at any time. The manager who just left brought in reflective supervision which worked well."

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 decisions, any made of their behalf must be in their best interests and the least restrictive.

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 procedure for this in care homes is 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.

Despite records showing that staff had not received training in the MCA, staff were clear about their responsibilities and told us that many people living at the service lacked capacity to make decisions. Staff were seen to ask for people's consent before giving care and support. The previous managers had identified a number of people who they believed were being deprived of their liberty. They had subsequently made applications to the DoLS supervisory body. Where it had been assessed that people lacked capacity we saw that decisions had been made on behalf of people following best interest principles and were documented within their care plans.

Staff knew people's mealtime likes and dislikes well. They told us they prepared food with people who lived at the service and that the staff and people all ate their meals together. This encouraged and supported an inclusive and social meal time. We observed during our visit that people were able to access food and drink when they wished, either independently or with staff support. Meals were nutritionally balanced and were chosen by people who helped to prepare the menus.

We saw records to confirm that people had access to the healthcare support they needed. These included a dentist, optician and GP as well as other health and social care professionals as needed. People were accompanied to hospital appointments by staff. We saw that people had a hospital passport. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

We found that the physical environment throughout the service needed redecoration and upgrade. The décor needed improving as paintwork was damaged and peeling in places. We were told that this was due to people who lived at the service damaging the walls however efforts had not been made to enhance and redecorate these areas. In addition in the kitchen at one of the houses the walls contained information pinned up for staff including a number of telephone numbers on stickers stuck to the tiles. This was not respectful of the fact this was people's home. A healthcare professional we contacted told us. "The property [Middlefield Manor] seems quite 'tired' and could certainly do with some refurbishment."

Is the service caring?

Our findings

At our last inspection this key question was rated good. At this inspection it has been rated requires improvement. This means that we had concerns at this inspection that we didn't have at the previous inspection.

People were living in an environment that required improvements with regards to the standards of décor and maintenance. Paint was peeling from the walls in places and there was considerable damage to a wall in a communal area that had not been addressed despite being raised in a previous inspection. This was not respectful of people's dignity. After our inspection visit the provider told us that they had consistently been making efforts to repair the damage to the environment however this was challenging due to a person who lives at the service causing the damage on a daily basis.

Some people who lived at the service did not enjoy spending time with other people who also lived there. This at times caused conflict between people sometimes resulting in an altercation. One member of staff told us, "We [staff] have real compatibility issues with people living together. People who don't get along all live here together." The service used high numbers of agency staff which resulted in staff working at the service who did not support people regularly and therefore did not develop a good understanding of the triggers for behaviours which challenged. This sometimes led to events escalating which compromised the wellbeing and comfort of others. We considered that this had the potential to cause distress to others with whom people lived and to adversely affect their wellbeing.

We spent time observing interactions between people who used the service and the permanent staff, some of whom had worked at the service for a long time. We found there was a genuine rapport with people and we saw staff interacting with people in a positive and caring way. We observed staff treating people kindly and with respect. One member of staff said, "I think we look after people well here." Another member of staff said, "We [staff] give a good standard of care. People have what they need."

People's relatives were also complimentary about the care their family member received. One relative told us, "Staff are very caring. I couldn't find a better place for [family member]. When we take [family member] out they look forward to going home again to [Middlefield Manor]."

Permanent staff who had been in post for several years demonstrated good knowledge of the people they were caring for and were able to tell us in great detail about them, how they liked to spend their time and what was important to them. They could also tell us about people's preferred routines. Not all of the people who lived at the service were able to verbally tell us about the care and support they receive due to their complex communication needs. A relative of a person using the service spoke highly of the care and support their family member received and told us, "As far as the care goes it's super, smashing great."

We observed some caring interactions between people and staff. People frequently approached staff and were warmly greeted. Due to the nature of their support needs some people needed support to understand and communicate what was important to them. Staff used 'social stories' to help people understand a

particular situation or event. These 'stories' were shared with and used to support some people. Social stories are a method of sharing information using visual supports.

We saw people being offered a choice of what they wanted to do and whether they wanted to take part in an activity or not. People were involved in their home; one person showed us and told us about how they had cut the grass in the gardens. We saw another person helping in the kitchen with staff support. This helped to maintain their independence and we saw that the person enjoyed the tasks they were undertaking.

Staff had a good understanding of people's support needs and their preferences and backgrounds and were able to tell us about these in detail. We noted that the support plans contained information about how people should be communicated with. We saw that staff were supporting people to maintain contact with their families and that this included visiting families whilst they were away on holiday.

We saw that staff knowledge of people's preferences were included in their care plans. Staff told us that they took time to get to know people and were able to contribute to care plans. Families were encouraged to be involved in the planning of people's care and support. One relative told us, "[Person] loves the place [Middlefield Manor], they would let us know if they didn't. I am always invited to any review meetings and kept updated."

People who needed access to an advocacy service were supported to do so. At the time of our visit two people were receiving support from an Independent Mental Capacity Advocate. Advocates are people who are independent of a service and support people to make decisions and communicate their wishes and views.

People were able to have relatives and friends visit them whenever they wanted. One relative we spoke with told us, "I just turn up when I want." Another said, "I can go anytime, there are no restrictions." People who had relatives living further afield were also supported to maintain contact with their families. A healthcare professional told us, "[Person] has a relative who is based abroad and maintains phone contacts and visits when in the UK."

Is the service responsive?

Our findings

At our last inspection on 1 July 2016 we rated responsive as Requires Improvement. We found that support plans were in place and contained information about people's care needs and preferences. However the care plans varied in quality with some being informative and detailed and others less so. At this inspection we continued to have concerns about the quality of the support plans and have rated responsive as Requires Improvement again.

Support plans and health actions plans were in place and the information contained within them was detailed and person centred in many respects. Everyone had a one page profile which meant key information about them and how they wished their care and support to be delivered was in place. However, information within the plans and profiles was not dated, meaning it was not possible to determine from reading it whether the plan was up to date. This was especially important as the service was using a high number of agency staff who may not have been familiar with people's support needs and preferences, so therefore would have been reliant on accessing accurate and up to date information from the support plans. Staff told us that the support plan templates in use by the provider did not prompt for a date to be included and that this had been raised as a concern before. However, they were unsure why the provider had not taken action to address it.

Some people had goals they were working towards recorded in their support plans. We saw however that these were not always dated so it was not clear when these commenced and how relevant they were. One person had a goal to 'prepare their cereal safely' which was dated 1 February 2017. This task had been broken down into stages to help the person achieve their goal. There were recordings on file of six days of supporting this person with their goal. There were no further reviews or recordings since.

A number of people had resided at the service together for a number of years, and some had met each other more recently. We had been concerned at previous inspections about the need for responsive action to be taken by staff to improve the focus of keeping people safe. . Not all people's needs were compatible and there had been a number of reported altercations and incidents between people which were still on-going. Staff were very aware of this and told us they did their best to try and keep people apart where there was a risk of an altercation resulting in injury or harm. A member of staff told us, "We have to make sure staff are around to keep people safe and keep them away from each other. Three people lived in [one side of the building] who don't really get on however none of them can be moved to the other house [side of the building]. We do have real compatibility issues." The high use of agency staff clearly placed more pressure on staff to try and ensure people's safety and as a result many interactions between staff and people were about keeping them away from one another and safe.

Where people displayed behaviour which may have been considered challenging they had positive behaviour support plans in place. These plans detailed what behaviour may be displayed and how staff should respond to this to reduce the likelihood of the person becoming upset. We saw that this documented events that might cause the person to become distressed and what support staff should offer. It detailed triggers and early warning signs as well as early intervention strategies. Despite the service being

short staffed and the high use of agency staff, people had consistent key workers. A healthcare professional told us, "Despite the negatives I have been impressed with the support [person] has been provided with and importantly there has been consistency in key working. This has resulted in [person] being supported by individuals that are very familiar with [person] and know how best to engage and support them."

People had the opportunity to take part in and engage in a number of social activities. During our visit people were mostly busy and some people were out in the community taking part in various activities such as horse riding. Staff we spoke with told us about the range of activities that they supported people with and told us they tried their best to facilitate these despite being short staffed. A member of staff said, "We are so short staffed but we [staff] are still trying to make people's lives happen."

Within the grounds of Middlefield Manor there was a horticultural project, we saw one person attending this who was actively involved in a variety of tasks such as maintaining the crops and preparing the seeds. Each week other activity sessions were held at the service such as music, massage and pottery. A healthcare professional told us how the grounds and rural location of the service were enjoyed by people, "Middlefield Manor provides a large house with open grounds in a village setting which [person] enjoys as they responds well to extensive spaces and woodland walks which meets their sensory needs."

There was a complaints policy in place at the service. The policy included clear guidelines, in an easy to read format, on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission. There had been no formal complaints received at the service since our last visit. However, relatives gave us examples where they felt informal concerns that they raised were addressed. One relative said, "I'm glad they [staff] listened to me and I feel involved in my [family members] care."

Is the service well-led?

Our findings

At the time of our visit, there was no registered manager in place at the home. The previous registered manager had left the home in August 2017. They were followed by another manager who only worked at the home for twelve weeks prior to leaving without providing any notice. At the time of our visit there was no manager in place. We were advised that arrangements were being made for a peripatetic manager to provide management cover to the home two days a week.

At our last inspection during July 2016 we rated the service as good in well led. At that time there was consistent management in place. At this inspection we rated well-led Inadequate. The service has been rated requires improvement overall in the past four inspections we have carried out. We have concerns about the history of non-compliance and the failure to ensure that improvements are made and embedded into practice. As this was the fourth inspection where we had identified concerns the provider has been rated inadequate in this domain as they have failed to implement effective systems which have resulted in the necessary improvements.

Staff we spoke with told us it was a challenging time at the service due to the lack of permanent staff and management and that morale amongst them was poor at the moment. One staff member said, "I'm enjoying my job less and less. I can't fault the care here, just the organisation [provider]." Another member of staff said, "Morale is pretty poor due to the staffing situation. We are supposed to have a staff forum but the last one was cancelled." A third member of staff said, "People we support are what makes you [staff] want to work here. We are definitely about the people we support and not the company [provider]." After our inspection visit the provider told us that whilst the July 2017 staff forum had been cancelled it was rescheduled and held during August 2017 along with additional wider area forums in July and November 2017. They also told us that communication about this had been shared with all staff.

Health professionals we spoke with were also concerned about the lack of consistent management and staffing. One professional told us, "I think Middlefield Manor is struggling with maintaining good staff and keeping them motivated. I feel staff are trying their best but perhaps constant change in management, lack of permanent staff may be impacting on the quality of the service."

Although there were systems in place to assess and monitor the way the service was run, we found that they had not identified or fully addressed all of the issues we found during our visit. We were told that the provider carried out quality monitoring visits twice a year. We saw that the last one was carried out in January 2017. Many actions that were identified as requiring completion at this audit were still outstanding at the time of our inspection in October 2017. These included the need to update health action plans and support plans with the date to ensure the information is relevant and reflective of the person's current support needs. Staff told us that when senior management visited the service they often did not spend time with people or staff to see how they were and what their morale was like. One member of staff said, "We do have some visits from [provider] however they don't speak to staff to see how we are." After our inspection the provider sent us evidence of two further quality monitoring visits that had been carried out during 2017. These weren't available during our visit, however from the copy we were sent we could see that the service

had been audited and actions put in place for the team to work towards.

We also saw that audits of the medicines had taken place, however these had not always been completed regularly and were not effective. This was because they did not pick up a number of gaps in staff signing for medicines administration that we identified at inspection. We also found the audits completed were not detailed and did not include actions that were taken if a concern was found.

Staff also told us that team meetings happened infrequently and that when they were held they were not always effective or an opportunity for them to share information. One staff member said, "Team meetings are not always held and are often rescheduled. Staff feel they are not listened to and team meetings are used for management to 'tell us [staff] off'. Lots of staff choose not to go to the team meetings and would rather read the minutes instead."

These concerns were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Services are required to inform the CQC of important events that happen in the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe. The previous manager had submitted notifications to the CQC in an appropriate and timely manner in line with CQC guidance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 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 Care and treatment was not always provided in a safe way.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to put in place effective systems for auditing the quality of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to adequately deploy permanent staff to meet people's needs