Care Quality Commission

Surrey and Borders Partnership NHS Foundation Trust

Redstone House

Inspection report

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Ratings

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

Overall summary

Redstone House is a residential care home for up to eight people with a learning disability such as autism or who may have a sensory impairment.

There was a registered manager in post however they had been seconded to a different area of the Trust. The area manager was acting as the manager and had begun the application process to become registered with CQC. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The area manager was acting as the manager and had begun the application process to become registered with CQC. The registered manager was not present during our inspection and we were assisted by the shift leader and deputy manager.

We carried out unannounced inspections on 19 May and 10 September 2015.

Although we found staff treated people in a kind and caring manner, we observed little interaction between staff and people during the day. We found staff did not always support people in an individualised way or plan activities that meant something to them.

Summary of findings

Staff had not ensured they had considered all risks for people to demonstrate people were safe living at Redstone House.

Staff had not followed legal requirements in respect of restrictions or decisions made on behalf of people. Staff had not always understood the Mental Capacity Act (2005). Where people were restricted staff had complied with the Deprivation of Liberty Safeguards (DoLS).

People were not involved in choosing the food they ate and records in relation to people's dietary requirements were not always accurate. We observed some elements of incorrect medicines management processes by staff and information relating to people's PRN (as required) medicines had not been reviewed recently.

Staff were aware of their responsibilities to safeguard people from abuse or able to tell us what they would do in such an event, although we noted some staff were overdue in updating their safeguarding training.

People's care would not be interrupted in the event of an emergency and if people needed to be evacuated from the home as staff had guidance to follow.

Staff were provided with training specific to the needs of people. Although we found some staff were overdue in some training this had been identified by the deputy manager and action was being taken.

Quality assurance checks were carried out by staff, however these checks did not pick up on areas that required improvement. For example, the cleanliness of the home or the lack of robust records.

Staff responded to people's changing needs as they ensured people had access to external healthcare professionals when they required it. There was evidence of health and social care professionals being involved in the home.

It was evident staff had a good understanding of the individual needs and characteristics of people and knew how to communicate with them. We heard staff speak in a kindly manner to people.

There were enough staff deployed in the home. People who required one to one care received this at all times. There were enough staff to enable people who wished to go out to do so.

Appropriate recruitment checks were carried out to help ensure only suitable staff worked in the home.

A complaints procedure was available for any concerns and relatives and people were encouraged to feedback their views and ideas into the running of the home.

Staff had the opportunity to meet regularly with each other as a team as well as on an individual basis with their line manager. Staff felt supported by the deputy manager, although morale was low because they had not been kept up to date with regard to the registered manager and when they would return to the home.

During the inspection 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 the 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.

Individual risks of harm to people had not always been identified and therefore suitable guidance in place for staff.

People's medicines were not always managed safely.

There were enough staff to meet people's needs.

The provider employed staff to work in the home who had undertaken appropriate checks.

Is the service effective?

Requires improvement

The service was not effective.

People were not involved in decisions about their meals and information about people's dietary requirements was not accurate.

Where people were unable to make decisions for themselves, staff had not always followed legal guidance.

Staff had followed the legal requirements in relation to restrictions.

Staff supported people to receive care from external healthcare professionals to help them remain healthy.

Staff were provided with training and had the opportunity to meet with their line manager regularly.

Is the service caring?

Requires improvement

The service was caring but staff did not always take time to interact with people.

Staff did not always show respect to people in a way that upheld their dignity.

People were not encouraged to be independent.

People were supported by staff when needed.

Relatives and visitors were able to visit Redstone House at any time.

Is the service responsive?

Requires improvement

The service was not responsive

Where people's needs changed staff did not always ensure they received the correct level of support.

People were able to go out and take part in activities but we found there were few meaningful activities for people.

Summary of findings

Information about how to make a complaint was available for people and their relatives.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

Although the home had a registered manager they had not be present for over two months.

Staff morale was low and the lack of registered manager had left them feeling unsettled.

Staff carried out quality assurance checks to ensure the home was meeting the needs of people. However, these checks had not identified where action was required.

People were kept informed on what was going on in the home and staff met regularly as a staff team.

Redstone House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 was an unannounced inspection that took place on the 19 May 2015 and 10 September 2015. The first inspection was to follow up on some non-compliance from our inspection on 10 July 2014. This was carried out by one inspector and an expert by experience. An experience is someone who has experience of caring for or working in this type of service. The second inspection was carried out by two inspectors and this was to obtain and up to date picture of the home.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We did not ask the provider to complete a Provider Information Return (PIR) on this occasion. This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask for a PIR because we conducted the first inspection earlier than planned due to the length of time the home had been non-compliant with the environment.

As people living at Redstone House were unable to tell us about their experiences, we observed the care and support being provided. We talked to the registered manager at our inspection on 19 May 2015 and over both inspections talked to seven care staff, two relatives, the shift leader and the deputy manager. We spoke with one health and social care professional to gain their feedback as to the care that people received. We looked at a range of records about people's care and how the home was managed. For example, we looked at five care plans, medication administration records, three staff files, risk assessments and internal and external audits that had been completed.

We last inspected Redstone House in May 2014 where we identified some breaches of the regulations. We found at our inspection on 19 May 2015 action had been taken by the provider to meet these breaches.

Requires improvement

Is the service safe?

Our findings

Relatives told us they felt their family member was safe living at Redstone House. One relative said, "I know the signs when he doesn't like someone – he avoids them. But I see him to go to staff which shows me they are kind to him."

At our inspection on 10 July 2014 we found the provider was not meeting the regulation in relation to safety of the premises. The provider had sent us an action plan on 23 October 2014 stating all improvements required had been made except for one fire door closer which had been ordered. At this inspection we found the all the improvements required had been made including fire door closer.

Accident and incidents were recorded and discussed so staff could take action to prevent reoccurrence. Staff told us accidents and incidents were logged on the providers electronic computer system, Datix. The shift leader told us where incidents had occurred they should be written in people's daily notes with a description of what had happened and if Datix had been completed. However, we found that staff were unable to provide us with evidence to show this was routinely done either in the care plan or on Datix. For example, we read the notes for one person which had brief descriptions of incidents, but no record if these had been submitted on-line. One member of staff told us they would only complete aform if the incident resulted in an injury.

Risks identified for people had not always been assessed meaning people were at risk of harm. We found risk assessments for some people in relation to activities and falls, however many risk assessments in people's care plans were generic rather than individualised. For example, we saw people had a risk assessment around freestanding wardrobes and accessing the community. However, where people had certain behaviours that challenged we found staff had not recorded any risk assessment of this. One person who staff told us had challenging behaviour had risk assessments referring to their previous address in their care notes and although these had a review date of February 2015, the reference to their previous address had not been removed. No new risks had been identified for this person for Redstone House.

The lack of assessing the risks to the health and safety of people was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Guidance for PRN (as required) medicines was missing or not regularly reviewed meaning staff did not have the most up to date guidance. We read PRN medicines were taken by people and we read guidance had been produced for most people. However, we found one person who used PRN medicines did not have any written guidance for staff and guidance for another person was dated 2010. Clear guidance was provided to staff on when to give PRN medicines, which included the reason the person may need it together with the types of behaviour a person may display to indicate they required it. Each Medicine Administration Record (MAR) folder contained the Trust's policy in relation to homely remedies (medicines which don't require a prescription and can be bought over the counter) as well as the PRN protocol. However neither were dated so staff would not know if they were working to latest guidance.

Staff may not follow the proper management of medicines procedures. For example, we saw one member of staff signed a MAR in relation to one person before they had administered their medicines. We spoke with the staff member about this who told us they were signing to say they had dispensed the medicines and would sign at the bottom of the MAR once they had administered them. They said they, "Often" did this because this person did not want to come to the medicines room and instead they took the medicines to them. However when we looked at this individual's MAR record we did not find any other occasions during a six-week period when staff had signed at the bottom of the MAR to corroborate to us this was the practice followed.

We recommend the provider reviews and updates PRN protocols were necessary and reminds staff of the correct medicines management procedures.

Medicines were audited and accounted for regularly to help ensure there were sufficient quantities held at the home for people. We saw staff counted medicines on a weekly basis to ensure the correct number had been dispensed and people had not missed their medication. We saw the medicines room was orderly and medicines were stored securely. MAR records contained photographs of people to ensure staff administered medicines to the correct person.

Requires improvement

Is the service safe?

There were appropriate return procedures for unused medicines and there were no out of date medicines in storage which meants staff had clear records to confirm if medicines had been taken or not.

Staff knew about their responsibility should they suspect abuse was taking place. Staff were able to describe to us the different types of abuse and signs to look for. They were able to tell us about the role of the local authority as the lead agency for safeguarding and there was a specific whistleblowing number they could use if they did not feel confident to go to the manager. The Trust had a 24-hour on call system and staff had been provided with information on how to contact the manager on call if they needed to. We found there was a system in place that ensured safeguarding incidents were reported to the local authority and CQC when appropriate. People were comfortable with staff and we saw no negative reaction to indicate any concerns from people when staff entered the room or sat near them. We saw pictorial posters about abuse for people. Staff told us where people had limited communication they looked out for signs of abuse by observing their body language and mood.

People's care and support would not be interrupted or compromised in the event of an emergency. Guidelines were in place for staff in the event of an unforeseen emergency and there was a contingency plan in place in the event the home had to close for a period of time. If people had to be evacuated they would be rehomed in some of Surrey and Borders other homes.

The provider carried out appropriate checks to help ensure they employed suitable people to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

People's needs were met by a sufficient number of staff who were deployed appropriately in the home. When people went out there were an adequate number of staff who stayed in the house to support those who remained. We saw the people who required one to one support received this from staff. Care staff undertook all duties within the home. For example, they did the cooking, cleaning and laundry each day. The shift leader told us they relied a lot on agency staff to ensure the correct numbers of staff were on duty. However, they said that wherever possible they ensured they used the same agency staff to avoid any unnecessary anxiety for the people living at Redstone House. Staff told us they felt there were a sufficient number of staff on duty each day and we did not see people waiting to be supported.

Requires improvement

Is the service effective?

Our findings

Although people were supported to have a balanced diet they were not involved in choosing the menus. Staff told us the menu had been developed by the registered manager based on staff knowledge of people's likes and dislikes. We found one meal option was available during lunch and although staff told us people could ask for an alternative because of people's communication difficulties it was difficult to determine how people would do this. The meal for lunch time was not displayed in a way people would know what they were going to be offered. For example, there was no pictoral format. We spoke with the shift leader about this who told us, "We used to have a board, but it was taken down when we redectorated, we must put it up again."

Staff did not always provide food that was displayed on the menu. During our inspection on 19 May 2015 we found the fridge was empty and there were only a few yoghurts and vegetables that were turning brown. Staff told us this was because of a lack of driver to do the shopping. We noticed people were given only yoghurt and fruit for lunch. On 10 September 2015 the lunchtime meal on the menu was vegetarian burgers. Staff had mentioned this to some people during the morning as it was getting nearer to lunchtime. However, we saw staff cooked beans on toast with cheese. Staff told us this was because they had run out of burgers. Everyone was provided with the same meal and staff did not explain to people they had been served something different to what they were expecting. We noted from the menus that people were generally given sandwiches for lunch and there was little variety in the hot meals. One member of staff told us they felt they seemed to give people the same types of meals all of the time.

Staff had identified risks to people in their eating and drinking but had not ensured information was displayed or available for staff. We read one person required a low-fat diet. We read in their care plan and pen portrait (for agency or new staff), 'please refer to the guidance in the kitchen in relation to which foods I can or cannot eat' and, 'high cholesterol: follow strict diet. Look at diet folder in kitchen'. However, when we looked in the kitchen we could not find any guidance for staff and staff were unable to confirm to us where this would be held, although staff were able to tell us why this person required a specific diet.

Information relating to people was contradictory meaning they may not receive appropriate food. For example, we read in one person's care plan, 'risk of choking as bolts food' however, in their pen portrait it stated, 'tends to be a slow eater'. Another person had, 'bolts food – very vulnerable to choking' written in their care plan. We saw their dietary guidance had last been reviewed in 2013. We read in both people's dysphia checklist against choking/ coughing, 'never'. Staff told us these people were not at risk of choking. They told us no one had been referred to the Speech and Language Therapy team and they did not hold a copy of Surrey's choking policy to refer to for these people because it was not needed.

The lack of meeting nutritional needs was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff when needed. One person required a member of staff to assist them with eating their lunch. We saw a staff member guide this person's hand to help ensure they were able to eat what was on their spoon.

People had a good supply of drinks on offer during the day and we heard staff give people choice of juices and puddings following their meal. We saw staff show the two different juices to people and encouraged them to point to which one they preferred.

Where people may not be able to make or understand certain decisions for themselves staff had not always followed the requirements of the Mental Capacity Act (MCA) 2005. Mental capacity assessments had not always been undertaken for people when a particular decision was needed. For example, in relation to the locked sink cabinet doors in people's rooms. We read generic mental capacity assessments had been carried out in relation to, 'consent to share personal information'. One person had written in their care plan, 'please give me (medication) before blood test'. Although we read notes from a best interest meeting in relation to this we could not find a mental capacity assessment had been completed and the acting manager was unable to confirm whether or not one had been done. Another person had a monitor in their room to alert staff if they woke during the night and were distressed and although this had been discussed with their next of kin, there were no notes of that meeting recorded in care documents and no indication whether or not their next of kin had the legal authority to make this decision on their behalf.

Requires improvement

Is the service effective?

The lack of following legal requirements in relation to consent was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received support from staff who were trained. Staff told us they had an in-house induction, followed by a trust induction. They then had a two-week period of no duties in order to get to know people. Records showed staff training included infection control, health and safety, restraint, mental capacity and manual handling. Staff were supported by the trust to go on to take a National Vocational Qualification in health and social care.

However, we saw from the notes of staff meetings and the training record that some staff were behind on their training. For example, in safeguarding and food hygiene. This was confirmed when by a member of staff. Some staff told us it was difficult to access training at times due to IT issues and training was mainly on-line. The deputy manager said they could only view their training records and not the records for the whole staff team which meant they could not monitor what training was overdue. However they said a member of staff had taken the lead on ensuring staff training was completed. We had this confirmed by the member of staff.

Although staff received specific guidance and training related to the people they cared for which helped them to develop effective and particular skills, staff did not always find this useful or follow it. We were told staff had completed MAYBO (conflict management) training but we did not see a plan in place as to how this should be used or recorded by staff. A professional told us they had found some staff followed MAYBO, but not others. For example we were told that on one occasion staff were complaining the behavioural plans were not working, but the professional observed staff carry out inappropriate methods which meant this person may have increased anxiety, rather than reduced.

We recommend the provider continues to support staff with training appropriate for their role.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. We found the home to be meeting the requirements of DoLS. We saw the front door to the home was not locked and staff told us people could go out when they wished. However, the gate at the end of the driveway had two locks staff said people would not be able to open. At our inspection on 19 May 2015, the registered manager showed us appropriate DoLS applications in relation to this.

People were always supported to access health care professionals to maintain good health. People had access to various health care professionals involved in their care, for example the GP, optician, dentist, community team or psychiatrist. We read in care plans staff had made appointments for people when required. For example, we read one person required a GP appointment and we saw this had been arranged. A relative told us staff were very good at contacting them if their family member was unwell.

Staff had the opportunity to meet with their line manager on a one to one basis to discuss progress, training requirements or aspirations. We saw evidence of these supervisions in records held by the registered manager. Staff said they found their supervisions and appraisals useful.

People were supported by staff who had a good knowledge of them. When we asked staff about individuals they were able to answer all of our questions without having to look at care records. A member of staff knew one person would get anxious by us being in the home so they ensured this person was occupied and distracted in an appropriate way throughout the day. A relative told us that staff had reduced the medicines taken by their family member and as a result they appeared much happier.

Staff recognised people's individual communication needs, meaning they could respond appropriately. For example, staff had recorded how one person put their right hand to their left cheek to indicate the word, 'please'. Another put their hands on their forehead when they were in pain.

Requires improvement

Is the service caring?

Our findings

One professional told us staff were good and worked really hard. Relatives were very pleased with the care provided by staff. One relative told us, "No complaints about the level of care. No worries about staff. So pleased he's there." Another relative told us, "He seems very happy. I can see it for myself. The staff are very caring and I get a good feeling when I go there." A further told us, "I think they have got kind staff."

Despite these comments on 19 May 2015 we saw one staff member serve lunch to people around the table, but heard no interaction. We saw the staff member rush to finish the task and they did not involve people. On 10 September 2015 although we heard staff speaking with people in a kind, caring manner, we found there was little interaction or spontaneous conversation with people. One person sat in the lounge for the duration of the inspection only leaving for 20 minutes to have lunch. During the morning staff spoke to them twice, once to adjust the volume of the television and the second time to tell them it was lunchtime. For a period of half an hour we observed one member of staff sitting with three people in the lounge, but they did not interact with them at all. We read in the home's 'lunch' policy that staff should, 'make conversation' during the meal. Although one staff member did make a few comments we did not observe staff overall making effort to talk to or engage with people.

Staff did not always treat people in a considerate way. When we arrived in the home on the second day of inspection we found two people sitting in the lounge with the television on, however the volume was turned down. We observed this happened again later during the day. We heard two members of staff discuss one person in their presence whilst they were doing an activity.

People were living in an environment that was sometimes unpleasant did not uphold their dignity. The house was unclean in places and one persons' bedroom had an unpleasant smell in it. Different areas of the service such as the bathroom and community areas were dirty and needed to be repaired. The clinical waste bin outside which was accessible to people was open and the contents exposed. Staff told us they were considering employing a cleaner however they had not acted on this.

Staff did not always encourage people to be involved. A professional told us one person used to do a lot more around the house where they lived previously but staff at Redstone House were not very proactive at involving people. We saw pictures in this person's care plan of them hoovering and gardening for example, but they had not seen any evidence of this happening now.

The lack of dignity and respect was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff supported people when they needed it. We saw a member of staff support one person who had a visual impairment to eat their breakfast. We observed the staff member guide the person's hand to their food and explain to them what they were about to eat. Later on, staff were seen to walk behind this person giving them verbal guidance as they made their way to the toilet. On another occasion we overheard a member of staff supporting someone following a bath. We heard them encourage the person to dry themselves, but help them when they could not manage it.

People were sensitively supported. We saw a member of staff sit with one person holding their hand and we heard staff mimic noises being made by a person who had a visual impairment to reassure them staff were around.

People's individuality was recognised by staff. Staff told us how one person liked to answer the door and we saw this happen several times. Each time the door bell rang, staff asked this person, "Would you like to open the door? Shall we go and see who it is?" This person liked to help with the laundry and before lunch a member of staff approached this person with some items of clothing and asked them if they could put them away in their room. One person liked their duvet arranged in a particular way when they went to bed and we read guidance to staff to show how they liked it. Another person liked staff to put a napkin on them to indicate the start of lunch and remove it when lunch was finished. A relative told us they felt staff made a lot of effort to ensure people's rooms were individualised.

People could make their own decisions. Staff asked people if they would like to go for a walk. We saw one person indicate that they didn't want to and saw that staff respected this. Another person was happy to go out and we saw staff accompany them for a walk around the garden. One person did not want to eat their lunch when it was

Requires improvement

Is the service caring?

served up and we saw staff put their food to one side so they could have it later if they changed their mind. We heard staff ask people were they'd like to sit when they came into the dining room for lunch. One person chose to accompany during part of our tour of the building.

Relatives were able to visit when they wanted. One relative told us they visited regularly and they had a good, open relationship with the staff who knew them well.

Requires improvement

Is the service responsive?

Our findings

People were not provided with regular, meaningful activities. Although we saw three people went out during the inspection, there were others who did nothing all day. For example, we saw one person sitting in the same chair for most of the day. A professional told us they felt there was little going on in the house when they visited.

We read the records of people's day and saw there was a lot of, 'self-occupied', 'TV' or, 'relaxing' written in. From these records it appeared one person only went out three times during one week and another twice. A further person had been out only six times in the last month. Records showed this person spent the majority of their time in the lounge sleeping or watching the television. We asked staff about evening activities and were told they (staff) didn't really do things in the evenings. We read one person had visited a synagogue four times a year at their last home, but staff told us this had not happened whilst they had been at Redstone House because of their behaviours and a reduced number of staff.

We found a large sensory room on the top floor of the house, together with an activity room. However, apart from seeing one member of staff sitting with one person we did not see either of these areas being used by people. Staff told us people would not go to these rooms on their own but had to be asked by staff but we did not hear this happen during the day. Staff told us they felt activities was an area that could improve and once they had a regular staff base this would help. One person, who had a visual impairment, had no aids or adaptions available to them. The deputy manager confirmed this was the case. Throughout both inspections we often saw people wandering around the home during the day or standing in corridors.

Staff did not carry out proper assessments for people to ensure they could meet their needs. One person who had behaviours which challenged others had moved into the home without any proper pre-assessment. There was limited information in their care plan which to show us staff had fully assessed his needs. Staff told us this person had had a big impact on everyone living in the home as well as staff and they said they did not feel a proper assessment been completed as there was little transitional work between their last address and this one. The deputy manager told us, "It has shown we can't cope with that level of anxiety." Staff had not considered the need to provide this person with an Independent Mental Capacity Advocate (IMCA) to act in their best interest in relation to this move and whether or not it was appropriate for them. We were told by a professional that it was only now that an IMCA was being organised for this person in relation to them moving out of Redstone House to another home.

The lack of person-centred care was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The shift leader told us some people had access to Day Services, Us in a Bus, aromatherapy and trampolining. Three people were going on a short break the following week. A relative told us it was, "Amazing" their family member went on holiday as this would not have happened at their previous address. We saw one member of staff sit with a person and do a puzzle. Staff said they had taken three people to a 'relaxed' show performance at a local theatre which they had enjoyed.

People did not always received responsive care. We were told one person required one to one care. A professional had specifically requested this was provided by permanent staff to ensure the least amount of anxiety for this person. However, on two occasions during the day we saw agency staff providing one to one care. Another person had written, 'likes routine' in their care plan, but there was only one set routine recorded which related to night time support.

People's care plans held information about them as a person, their likes and dislikes and some of their preferred routines. For example, when they preferred to get up in the morning, or what they liked for breakfast. Care plans reflected people's individual goals. For example, we read one person was working towards bathing themselves and another towards dressing themselves. Daily records were held for people to show what cared had been provided and when appropriate we read referrals had been made to external health care professionals.

People were provided with information on how to raise a concern or make a complaint. There was an easy to read complaint policy available in the home. We saw no formal complaints had been received in the home. Relatives told us they felt they could speak to the manager if they had any problems.

Requires improvement

Is the service well-led?

Our findings

The provider was inconsistent about notifying CQC of events that affected the home. Although notification in relation to accidents and incidents had been received, we had received a notification informing us the registered manager would be on secondment for two months from the end of May 2015. In the meantime the home would be managed by the deputy manager. However, at this inspection (16 weeks later) the registered manager had still not returned to the home and we had received no further notifications from the provider to explain the continued absence of the registered person.

We asked the deputy manager and shift leader when they expected the registered manager back, but they told us they had no information and had not been told by the Trust what was happening. This was reiterated by other staff who told us that although the Trust service manager was very good, they were not, "Hands on" so this had had an impact on staff. Staff said the lack of information regarding when the registered manager would return was unsettling.

Although audits were carried out, we did not find these identified areas that needed to be addressed. For example, we read in the last health and safety audit that staff had noted care plans and health action plans were up to date, records were accurate and swallowing risk assessments in place. However, we found during this inspection this was not the case as we found care plans and records held about people weren't complete or they were contradictory. This same audit, carried out in July 2015, showed the cleanliness of the home was good. Staff completing the audit had not identified the areas in the bathrooms that required cleaning and the stained carpets and walls. Although accidents and incidents were logged, the deputy manager told us they were unable to look back at previous records which meant they could not analyse the data to identify any trends.

Records held were not reviewed regularly which meant a new member of staff who did not know people might not be working to the most up to date information. For example, some of the pen portraits of people which were used as a quick reference for new or agency staff were out of date Two were dated 2009 and another 2010. Others did not have a date and one person's information had not been amended from the place they last lived in. One person had a monitor in their room at night, but this was not mentioned in their pen portrait. One person had a personal care plan in place which stated it had been reviewed in February 2015, however we read it made references to their previous home.

We found people's health action plans (HAP) were not complete which meant staff could not evidence they had supported people to receive the medical treatment they required as stated in their HAP. Each person had a HAP plan which detailed what health intervention they required and how often it should happen. For example, whether they required a dental or opticians check-up annually. We read in one person's HAP they should have annual blood tests, however the last recorded evidence this had happened was February 2014. Another person required six-monthly blood tests for cholesterol but the last record indicating this was done was August 2014.

We read in the daily notes for one person that they had tried to 'attack' a member of staff twice and, 'had to be restrained on both occasions'. We spoke with staff about this who told us they did not use restraint and this would not have been what happened.

The lack of robust quality assurance and accurate records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Maintenance was reported and carried out. We read in the communications book a tile in the bathroom needed replacing. This had been reported to the maintenance team two days earlier. We saw this being done on the day of the inspection. Staff took responsibility for checking the condition of people's mattresses regularly and the water temperatures in the house were safe.

People were kept involved because staff met with them regularly. We read the minutes of the most recent resident meeting and saw that five of the eight people had attended. Staff had talked to them about the holiday some of them were going on and told people about the refurbishment plans for the house.

Relatives told us they felt involved in the home as the registered manager and deputy manager were very good at keeping in contact with them. One relative told us the registered manager in particular was very good and very good at communicating with their family member who

Requires improvement

Is the service well-led?

lived in the home. The trust asked people about their views on the care that was provided and we noted feedback questionnaires had been sent to relatives and professionals.

Staff and managers had regular meeting to discuss all aspects of the home. We read from the last staff meeting training was discussed as well as the planned refurbishment. We noted an infection control audit was due to be carried out early September 2015. Monthly managers meetings were held and the trust carried out an annual unannounced quality check. Topics included staff training, relatives surveys and staffing.

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 **The registered provider had not ensure risks to people had been properly assessed.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs **The registered provider was not meeting people's nutritional needs.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **The registered provider had not ensured they had followed legal requirements in relation consent.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect **The registered provider had not ensured staff always showed people dignity and respect.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The registered provider had not ensured people were always provided with person-centred care.**

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered provider had not ensured there were robust quality assurance processes in place.