

Field House

Field 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?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 14 December and was unannounced.

Field House is registered to accommodate up to 12 people and provides care and support for people who live with a learning disability. At the time of the inspection there were seven people using the service.

On the day of the inspection there was a manager in place. However, a registered manager had not been in place since November 2011. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. After the inspection we received a registered manager's application for the manager.

At the previous inspection on 1 and 3 December 2015 we asked the provider to take action to make improvements to the risks associated with unsafe or unsuitable premises because of inadequate maintenance and assessing and monitoring the quality of service provision. At this inspection we found some improvements had been made but others were still needed.

Improvements had been made to the maintenance of the building and the manager told us further improvements would be made. Safe recruitment and selection processes were not in place, checks on staff member's suitability for their role had not been carried out.

People told us they felt safe living at the home. Staff understood how to identify and report allegations of abuse; however these were not always reported to the CQC. Information was available for people on how they could maintain their safety and the safety of others. People's safety was placed at risk because personal emergency evacuation plans (PEEP's) were not in place. Procedures were also not in place to protect people in the event of an emergency, such as a flood or fire. People were supported by an appropriate number of staff in order to keep them safe and to meet their individual needs. Medicines were managed and stored.

Staff did not receive regular supervision or training. Not all staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This put people at risk of not receiving care and support that is in their best interest. People received sufficient to eat and drink and their nutritional needs were catered for. People's healthcare needs had been assessed and were regularly monitored. The service worked well with visiting healthcare professionals to ensure they provided effective care and support.

People told us staff were kind and caring. People were encouraged to be independent and make individual choices. Staff were aware of people's support needs and their personal preferences. Most of the time staff respect people's privacy and dignity.

Care plans were generally disorganised and had not been regularly reviewed and were not always updated to show when there had been a change to people's needs. People were supported to participate in activities, interests and hobbies of their choice. The complaints policy was accessible for everyone.

The provider did not have a series of audits in place to enable them to ensure that people received a high quality, safe and effective level of care. The provider was not fully aware of their responsibilities to inform the CQC of incidents that could affect the health, safety and welfare of people. People, relatives and staff spoke highly of the manager.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. You can see the action we have told the provider to take at the back of this 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?

Requires Improvement ●

The service was not consistently safe.

Safe recruitment and selection processes were not in place as checks on staff member's suitability for their role had not been carried out.

Staff understood how to identify and report allegations of abuse; however these were not always reported to the CQC.

Procedures were not in place to protect people in the event of an emergency, such as a flood or fire.

People received their prescribed medicines and these were managed safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff did not receive regular supervision or training.

Not all staff understood the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards .

People's nutritional needs were met .

People had the support they needed to maintain their health and the staff worked with healthcare professionals to support people appropriately.

Is the service caring?

Good ●

The service was caring.

Staff were aware of people's support needs and their personal preferences.

People were supported to access advocates to represent their views when needed.

People were encouraged to be independent and make individual

choices.

Is the service responsive?

The service was not consistently responsive.

Care records were not always responsive to people's needs.

People were enabled to pursue a range of hobbies, activities and individual interests.

Staff were clear and understood how they would manage concerns or complaints.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Effective processes were not in place to monitor and review the quality of the service.

The provider did not understand their legal responsibilities to notify CQC of incidents that affect the health, safety and welfare of people who use the service.

The registered manager was supportive and approachable.

Requires Improvement ●

Field 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 inspection took place on 14 December 2016 and was unannounced. The inspection team consisted of two inspectors.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports and notifications we received from the provider. A notification is information about events that the registered persons are required, by law, to tell us about.

We contacted commissioners (who fund the care for some people) of the service and Health Watch Nottinghamshire to obtain their views about the care provided at the service.

During the inspection we observed staff interacting with the people they supported. We spoke with seven people, three relatives, three care staff and the manager. After the inspection we spoke with one social care professional.

We looked at the relevant care records of three people and the recruitment records of two members of staff. We also looked at other records relating to the management of the service.

Is the service safe?

Our findings

During our previous inspection on 1 and 3 December 2015 we identified a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found areas of the building were not being adequately maintained. Several tiles were either missing or cracked in bathrooms. There was bed bugs in several rooms. Wall paper was peeling in several places. We found mould in a bathroom and in several bedrooms. There was several trips hazards due to carpet being missing or coming away from stairs. Curtains needed replacing and some were not attached to rails.

At this inspection we found that some improvements had been made in this area. Missing tiles and peeling wall paper had been replaced. Mould had been removed in a bathroom and several bedrooms. Some rooms had been repainted and carpets had been replaced. New curtains had been installed. Two people's bedrooms had been redecorated. People's mattresses had been replaced and some people had new beds. The building had received a deep heat treatment for bed bugs and a review of how successful this had been was due shortly. We asked to see an improvement plan so we could establish when the rest of the work was going to take place. The manager told us there was no improvement plan in place however, they told spoken to the provider other carpets were due to be replaced and more rooms were due to be decorated in the near future.

Safe recruitment and selection processes were not in place, checks on staff member's suitability for their role had not been carried out. We looked at two staff files which confirmed the required checks were not completed before staff began work. We found no application forms and there were no details of the members of staff's previous employment history. The members of staff confirmed they had both worked in health and social care before and there was no evidence of their previous conduct in those roles. We also found there no evidence that a DBS was in place. One member of staff told us they had completed an application form, been interviewed, had provided one reference and started an induction but there was no evidence to support this. After the inspection the provider sent in a copy of the DBS' for both members of staff. One DBS was dated ten months before the member of staff started which means the DBS did not contain up to date information about the them. Information that is required to be available for each person employed at the service and to ensure that fit and proper persons are employed was not available. This meant that there was a risk of people receiving support from staff who were unsuitable for their role.

This constitutes a breach of Regulation 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All people we spoke with told us they felt safe. One person said, "I feel safe, staff are always around." Another person said, "Staff are good to us they make sure we are safe." All the relatives we spoke with told us that they had no concerns about people's safety and welfare. They were confident their family member was cared for safely. One relative said, "Yes [Relation] is safe living there. I would say so." Another relative said, "Yes I think [Relation] feels secure." A social care professional told us they had no concerns about the person they support at the service. They told us the person was safe and said, "[Person's name] seems fine at Field House, no issues at all."

The risk of abuse to people was reduced because staff could identify the different types of abuse that they could encounter. A safeguarding policy was in place which explained the process staff should follow if they believed a person had been the victim of abuse. Safeguarding adults training had been booked for the following week after the inspection. Staff were also aware of who they could speak with both internally and externally if they had concerns and were confident a member of the management team would deal with any concerns they may raise. One member of staff said, "Any concerns such as unexplained bruising, a change in behaviour could be signs of abuse. I would record any concerns, inform the manager and if necessary call the police, the local authority and CQC." Another said, "We have a duty to keep people safe at all times."

Information was available for people on how they could maintain their safety and the safety of others. Information was also available to staff and visitors on how to report any concerns of incidence of people being at risk of harm.

Regular checks of people's equipment had not always been conducted. External contractors were used to carry out checks on the gas boiler, the fire alarm system and fire detectors. However, we saw that portable appliance testing (PAT) on electrical equipment was out of date by one month. The manager told us PAT was taking place the following week. After the inspection the manager told us this had taken place.

People's safety was also placed at risk because personal emergency evacuation plans (PEEP's) were not in place. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an emergency. We looked at people's care plans which identified some people would require support to leave the premises safely. The manager had taken some action to address this issue to ensure people's safety. For example, we saw a colour code evacuation policy that had been completed. This advised staff of people's basic support needs in the event of an evacuation of the building. This told us the service could not guarantee the safety of people if they had to be evacuated from the service.

We asked to see the procedures that protect people in the event of an emergency, such as a heating failure, contagious diseases, flood or fire however, the manager was unable to find the procedures. This told us that people were at risk because appropriate plans were not in place to respond to an event that could affect the safe running of the service. This meant people could not be assured that they would continue to be supported to remain safe in an unexpected event.

We saw examples where risks to people's needs had been assessed and risk plans were in place where required to inform staff of how to reduce and manage known risks. For example, risks associated with nutrition, medication and daily living skills. However, these often lacked detail and were not reviewed on a regular basis. We looked at people's care plans which identified some people would require support when in the community. There were no risk assessments to support people when they were out in the community or if an emergency happened when they were out. This told us the service was not supporting people to maintain their safety when they were out in the community on their own.

All people we spoke told us there were enough staff and they were available when required. One person said, "If I want the staff I go and find them, they are always around." One relative agreed and said, "Always two staff. I always thought that was sufficient." One relative disagreed. They said, "When I ring staff sometimes say they do not have time to talk with me. They don't have enough staff on." They also told us when they visit, "Staff are in the kitchen or somewhere else. I don't see them."

All members of staff we spoke with felt there were sufficient numbers to meet people's needs and to keep them safe. One member of staff said, "Yes we have enough staff." Another member of staff said, "Yes I would say there was." One member of staff told us that the only exception was if people needed a member of staff

to support them to access activities in the community as staff were not always available to do this. We spoke to the manager about this and they told us that they were implementing changes to the staff roster to commence in January 2017. This would result in an additional member of staff working during the day. During the inspection we observed staff attending to people's basic needs. This meant people were supported by an appropriate number of staff to keep them safe.

The manager told us that although they did not carry out a formal assessment of people's dependency needs they were confident there was enough staff on each shift to meet people needs. They told us agency staff were not used at the service as extra shifts were covered by their flexible staffing team. We checked the staff rotas and saw the number of staff working on the day of the inspection was in line with what was recorded. We observed there was enough staff employed to meet people's needs.

People's medicines were managed safely. People who used the service did not raise any concerns about how they were supported with their medicines. One person said, "I have medicines four times a day and staff give them to me. I don't know what they are but staff know. I take them with water."

We observed one member of staff administering medicines safely to people. The members of staff checked medicines against the medication administration record (MAR), explained to the person about the medicine they were being given. They waited patiently until the person had taken the medicine and then returned to sign the MAR.

Staff told us and records demonstrated that they were trained and assessed to make sure they had the required skills and knowledge to administer medicines safely. Staff told us, and records confirmed that they had received medication training. However, there was no evidence that observational competency assessments had been completed. Some people were administering their own medicines with staff supervision but there was no documentation to say the people had agreed to this and was competent in doing this safely. We spoke to the manager who agreed to look into our concerns.

We checked the MAR's for all the people and their records were accurately completed. Information about each person contained in the medicine file included, what medicine they had been prescribed, their photo, the way they liked to take their medicines and whether they had any allergies. We did a sample stock check and found one eye drop medication out of date which the member of staff agreed to discard.

Medicines were stored securely in cupboards and a refrigerator within a locked room. The temperature of storage areas and refrigerators were monitored daily and were within acceptable limits. This ensured that medicines remained effective. Monthly audits were carried out to assess if medicines were being managed safely and actions had been addressed.

Is the service effective?

Our findings

People and their relatives told us they had their needs met by staff that were knowledgeable and skilled to carry out their roles and responsibilities. One person said, "Staff are good they know my ways." Another person said, "Staff know what they are doing." All the people we spoke with were positive about the staff that supported them. Relatives were confident that their family member was appropriately supported by staff that understood and knew their individual needs. A relative told us that staff knew how to support their relation. They said, "Yes [staff] do."

We were aware from a local authority audit of the service in 2016 that some concerns with staff supervision and training had been identified. We received mixed feedback about staff supervision. Some members of staff told us they had recently had supervision whilst others had not for several months. However, they all felt supported by the management team. One staff member said, "If I have a problem or unsure about anything I can ask a member of staff." Another member of staff said, "Yes I feel supported."

Staff records showed that staff supervisions were infrequent. The manager told us that staff supervisions had not been provided at the frequency the provider expected. They said that they were addressing this and confirmed all staff would receive a one to one meeting in the near future. This meant that not all staff were receiving appropriate supervision to support them to carry out their roles and responsibilities effectively and there was a greater risk that people would not receive appropriate care as a result.

Staff told us they had received a variety of training such as fire safety, infection control, mental capacity, health and safety and infection control. We asked to look at the training records for all of the staff. The manager told us they were unable to find the training records but agreed to send us a copy after the inspection. We did not receive a copy of the training records. This meant that we could not be sure staff had received the training to support them to carry out their roles and responsibilities effectively and there was a greater risk that people would not receive appropriate care as a result.

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 authorisation procedures for this in care homes 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. The manager had a good understanding of the MCA and DoLS however staff knowledge about MCA and DoLS was mixed. Three members of staff understood about MCA and DoLS and understood the importance of making

decisions with other people such as relatives, advocates and external professionals and that decisions needed to be recorded and reviewed. However, one member of staff had a limited understanding and another member of staff had no understanding at all.

People's care plans contained clear information about whether people had consented to them. People had signed their care plans and were regularly involved in discussions about the care and support provided. Care plans showed that people's mental capacity to consent to their care and support had been considered. However, we identified concerns that the principles of the MCA 2005 were not being appropriately applied when decisions were made. For example, people were administering their medicines with support from staff but there was no mental capacity assessments in place to support this decision. The manager agreed to look into this immediately. The service had made no DoLS applications to the local authority as people did not have any restrictions in place.

People were supported to eat and drink and maintain a balanced diet based on their needs and preferences. One person said, "They [staff] come around and ask you what you want. You get a choice, I like anything, the staff are good cooks." Another person said, "Food choices are alright."

We observed the lunch time meal in the main dining area. The meal time was relaxed. People were not given a choice of meal. One person told us, "We were told what we were going to have. We have a choice of evening meals." People were given a choice of dessert. They were given water to drink but no other alternative. People told us that whilst they relied on staff to make drinks and snacks they could have them at any time. We saw people were offered hot drinks and biscuits regularly throughout the day but no choices were given. There was limited interaction by staff with one person left on their own to eat for 20 minutes without a member of staff speaking to them during this period. A staff member asked people if they enjoyed their meal and one person replied, "Yes".

There was a four weekly menu in place and people told us they had meetings with staff where the menu was discussed and agreed. Members of staff told us other options were available if people wanted a different meal. Information on people's specific dietary needs, likes and dislikes was accessible for members of staff. People told us fresh fruit was available in the dining room and we saw this to be the case.

People with particular dietary requirements had specific menus. One person told us staff had been supportive in providing them with healthy meal options and that they had their own menu plan. This resulted in them losing weight and improved their overall health and fitness. People also told us that they went with staff to do the food shopping and we observed this to happen. Staff were knowledgeable about people's dietary needs and preferences and explained how people were supported with healthy meal choices. One member of staff said, "Some people have very particular needs and have separate menus." We saw care records that contained information about the food and drink people liked to eat and specific menus in place when needed. The kitchen was stocked with a variety of foods and snacks which were stored in a safe way. This meant that people had access to food and drinks to maintain their nutritional needs.

People and their relatives told us health care needs were met by a variety of professionals such as an optician, dentist and GP. One person said, "Staff take me to health appointments, I go to the dentist, see the optician and go to the doctors if I'm poorly." Another person said, "If I'm feeling poorly I tell the staff, they check we're okay and go to appointments with us. I had my eyes checked the other week and have new glasses." Relatives told us that their family member had access to a GP and dentist when required. Staff told us people's health was monitored and they were referred to health professionals in a timely way should this be required.

Staff demonstrated a good awareness of people's healthcare needs. One member of staff said, "Some people have healthcare needs such as diabetes. We know what to look for and what to do if their blood sugars are too high or too low." Care records confirmed people's health needs had been assessed and people received support to maintain their health and well-being. We found examples where the service had been working with external healthcare professionals such as the GP, district nurse, chiropodist and dentist. Each person had a 'health action plan'. This document provided external professionals with important information such as the person's communication needs, physical and mental health needs and routines. Health action plans went with people when they were admitted into hospital. This demonstrated that people had been supported appropriately with their healthcare needs and the provider used best practice guidance.

Is the service caring?

Our findings

All the people and their relatives we spoke with told us staff were kind and caring. One person said, "Staff are nice, really good to us." Another person said, "I like the staff they treat you nice." One person told us they once felt dizzy and a member of staff supported them until they felt better. A relative said, "Yes staff seem to get on well with [Relation]." A social care professional said, "Yes on the whole they're kind."

Staff spoke positively about working at the service. Members of staff said comments such as, "The residents are so friendly and lovely. I do love it here" , "They [people] are like family to me. I like my job because I'm helping someone" and "I like the atmosphere it is calm."

Staff were aware of people's support needs and their personal preferences. We asked two staff members to tell us about two different people. They were able to describe people's care needs, likes, dislikes and sleeping patterns. A social care professional told us that staff knew people well.

Information was available for people in their care plans about how to access and receive support from an independent advocate to make decisions where needed. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known. The manager agreed to make this information available for display in the service. After the inspection they confirmed they had done this.

We observed interactions between staff and people who used the service. People looked relaxed and at ease in the company of staff indicating positive relationships had been developed. Staff used good communication and listening skills such as talking with people at the same eye level and encouraging them to engage in interactions.

People told us they met with their keyworker regularly to discuss issues that were important to them and felt listened to. A key worker is a member of staff with special responsibilities for making sure a person gets the care and support that is right for them, and coordinating this with the rest of the staff team. One person said, "I sit with [name of keyworker] we talk about my plans and then I sign them to say I agree with them." One member of staff said, "We have monthly keyworker meetings. We talk about any changes to anything within the month, anything the person needs or requires assistance with." We saw records that showed keyworker meetings took place on a regular basis where issues that were important to people were discussed. For example, during one meeting a person was reminded that they could use the complaints and safeguarding policy if they felt unsafe.

People told us they were supported to make independent choices and to remain as fully independent as possible. One person said, "Staff give me choices about things and respect what I say and what I want to do." Another person said, "I take my dirty pots into the kitchen and wash them." .A third person told us they independently bought their own clothes and visited the library to get some books on a regular basis. The manager told us that people did not make drinks but felt some of them could. They told us they would complete risk assessments to see whether people could make drinks independently or with support.

People told us that they had a choice of what time they got up and went to bed and staff enabled them to participate in activities of their choice and what was important to them. One relative told us their relation was encouraged to go out independently and went shopping on their own once a week.

People told us that felt they were treated with dignity and respect and we heard staff speak to people in a calm and caring way. One person said, "Staff are nice and polite, they knock on my door and wait for me to put my dressing gown on."

Staff gave examples of how they respected people's privacy when providing personal care and that they were discreet and sensitive in maintaining people's dignity at all times. One member of staff said, "I like to be discreet when providing support with personal care or when a person is speaking with me about anything sensitive or personal to them."

Our observations confirmed what people and staff told us. We saw staff were polite and courteous to people and were discreet when providing support to people. However, we saw there was no lock on the bathroom doors downstairs which could result in a person's privacy and dignity being compromised. On another occasion we observed staff smoking outside whilst one person was eating their lunch alone. We discussed this with the manager who agreed to discuss this with staff and fix the lock. After the inspection they told us they had spoken to staff and replaced the lock.

People told us that there were no restrictions about when their family and friends could visit. The manager told us there were no restrictions on people being able to see their family or friends. One relative told us, "I visit once a week. I go whenever I want."

Is the service responsive?

Our findings

People's care plans were written in a person-centred way and contained information regarding their diverse needs. Discussions had taken place with relatives to gain an insight into people's life histories and plans for the future. This helped in the development of the care plans. Information about people's likes, dislikes, wishes, feelings and personal preferences had been considered when support was being planned. For example, one person had a support plan in place to make sure they engaged in activities that were important to them such as going to church.

However, care plans were generally disorganised and had not been regularly reviewed. We found a behavioural support plan for one person with mental health needs that lacked specific detail in places for staff of how to support them effectively. There was no explanation of what this meant for the person or guidance for staff of how to support the person when their mental health deteriorated. This meant the service could not assure the person's needs were responded to and they received the support they needed in a timely manner.

Care plans were also not clearly updated to show when there had been a change to people's needs. We found an incident where a person whilst being supported by a member of staff on a hospital outpatient appointment got lost in the hospital. Whilst this was recorded in the person's file this information had not been clearly reviewed and evaluated and any support plan or risk assessment amended.

People told us they were supported to pursue a range of hobbies, activities and individual interests. For example, eating out, shopping, going to the cinema, attending a variety of day and evening services, visiting the library and going to church. One person told us they enjoyed knitting and we saw them doing this. They were also watching a television show and said, "I like this it makes me laugh." Another person said, "Sometimes at night we play dominoes, I like to listen to my music, and go shopping with the staff." The manager told us they were planning a gardening club in the near future.

People told us they had recently been to Blackpool on holiday. They spoke about their holiday with enthusiasm and told us this was the first time they had been away and that they were hoping to go again next year. We saw people taking part in the activities in their care records such as going shopping. This activity enabled them to interact with people in the community and to gain the confidence to talk to people outside of their normal group of friends, family and staff.

Relatives appreciated that people were stimulated, enjoyed a range of activities based on their individual needs and wishes and went out regularly. A relative told us their family member was given lots of choices about how they spent their time. One relative told us how their relation attends college. Another relative told us their relation goes bowling and enjoys meals out.

On several occasions we observed staff missed opportunities to engage with people. We often saw staff in the kitchen not actively doing anything when they could have been engaging with people in activities that were important to them. We spoke to the manager about our concern and they told us they had also

observed members of staff doing this and were planning to deal with this concern during a staff meeting.

People were encouraged and supported to maintain relationships that were important to them. One person told us they stayed over night with a relation on a regular basis. One relative told us their relation visits them during the week.

People told us and relatives said that they knew how to make a complaint and that they would not hesitate to do so if required.

People had information about how to make a complaint available and it was presented in an appropriate format for people with communication needs. Staff were aware of the provider's complaint procedure and were clear about their role and responsibility with regard to responding to any concerns or complaints made to them. The complaints record showed that no complaints had been received in the last 12 months.

Is the service well-led?

Our findings

During our previous inspection on 1 and 3 December 2015 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found there was a clear lack of management and leadership in the service and the culture was not open and transparent. There was no registered manager in place and had not been since November 2011. The provider's legal responsibilities had not been met concerning statutory notifications that are required in accordance with the regulations. We identified several safeguarding incidents that were not referred to CQC or the local authority. We found there was no system in place to monitor safeguarding incidents, to monitor if staff followed the complaints procedures and no systems in place to monitor and audit the maintenance work that needed to be done to the premises.

There was still no registered manager in place however, a manager was appointed in November 2016 and had submitted a registered managers application following our inspection. The manager was enthusiastic when they told us they were keen to improve the service for people. They said, "I'll do my best to make [the service] work for people." Whilst we acknowledged the manager was newly appointed and had made some improvements such as the building had received a deep heat treatment for bed bugs, dining and lounge area had been decorated and a party for Christmas had been arranged; further work was required for all the required improvements to be completed, fully embedded and sustained.

The provider did not have a series of audits in place to enable them to ensure that people received a high quality, safe and effective level of care. We found the service had no systems in place to monitor if staff followed correct safeguarding procedures, if care plans were up to date and the maintenance of the building. The issues such as lack of reporting of safeguarding incidents, care records being disorganised, no lock on the bathroom door, patio door lock not working, had not been identified by the provider due to their lack of quality assurance processes. The lack of systems in place to identify these shortfalls had left people at risk of harm. This meant that effective processes were not in place to ensure people's health, safety and welfare was being protected.

This demonstrates a continued breach of regulation 17 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

We were aware from a local authority audit of the service in 2016 that concerns have been identified with the service not informing CQC or local authority about notable incidents.

The provider's legal responsibilities had still not been met as they did not notify CQC of incidents that affected the health, safety and welfare of people who used the service. We identified two notable incidents that were not referred to the CQC or the local authority. The first incident involved a potential safeguarding incident when a person had a broken collar bone. The second took place when the service was closed for a week so the building could have a deep heat treatment for bed bugs. This demonstrated the provider did not understand their legal responsibilities. We spoke with the manager and provider about our concerns and they were unaware such incidents needed to be referred however, they agreed to inform CQC in the

future.

This constitutes a breach of registration regulations 18 (2) (a) Care Quality Commission (Registration) Regulations 2009.

People who used the service and relatives were not given the opportunity to have their say in what they thought about the quality of the service by completing an annual survey. However, people told us they enjoyed living at the service and they enjoyed living with each other. One person said, "I'm happy it's all right here." Another person said, "Were [people] are good friends." A third person said, "This house is better than the other house I lived in."

People and relatives we spoke with made positive comments about the management team of the service. One person said, "The new manager, she's nice, she's arranged a Christmas party next week for us a disco, karaoke and party food. It's the first party we've ever had. They are getting things going, making good changes they have even put Christmas decorations up for us." Another person said, "I get on well with staff." One relative said, "Most of them [staff] are approachable." One relative disagreed and told us they did not know who the new manager was.

Staff told us they felt the leadership of the service was good and made positive comments about the manager. One member of staff said, "The new manager is brilliant. They have addressed lots of things and are taking action to improve the service." Another member of staff said, "Very approachable. She is really trying hard to make it work. She has time for you and always listens. She's amazing." Another member of staff said, "Staff on the whole are happier, people that use the service have commented they feel happier since the new manager has been here." A social care professional we spoke with agreed. They said the management team are, "Approachable and have always been amenable." The manager told us that they felt well supported in their role. They had regular meetings with the provider which they found reassuring.

We saw that the manager was visible throughout the inspection. People who used the service and staff were seen to freely and confidently approach them to talk and ask questions.

We saw records that confirmed staff meetings had taken place where important issues could be discussed such as training, safeguarding, activities, keyworker roles and medication. Records also confirmed resident meetings took place where pertinent issues were discussed such as health and safety, keyworker roles and activities. A residents Christmas meeting had taken place where plans were made for what food, decorations, shopping and activities were to happen over the festive period.

A whistleblowing policy was in place. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they were aware of this policy and procedure and that they would not hesitate to act on any concerns.

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 18 Registration Regulations 2009 Notifications of other incidents The provider's legal responsibilities had not been met as they did not notify CQC of incidents that affect the health, safety and welfare of people who use the service. Registration 18 (2) (a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was no audits in place to monitor safeguarding incidents, care plans or maintenance work. Regulation 17 (2) (a) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe recruitment and selection processes were not in place as checks on staff member's suitability for their role had not been carried out. Regulation 19 (3) (a)