Hestia Housing and Support

Harwood Road

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Inadequate
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

The inspection took place on 16, 17 and 24 September 2015. At our previous inspection on 2 October 2013 we found the provider was meeting the regulations we inspected. Harwood Road is registered with the Care Quality Commission to provide care and accommodation for up to 15 men and women with mental health needs. At the time of our inspection one person had been admitted to hospital and there was also one vacancy.

There are 13 bedsits, which provide kitchen facilities and en-suite bathrooms. Additionally, there are two single occupancy bedrooms with a shared kitchen and bathroom. Communal areas include a lounge, a separate dining room and activities area, a main kitchen, laundry room, and a small courtyard and garden at the rear of the premises. There are offices which people can use for private meetings. The building comprises four storeys and does not have a passenger lift.

The service had a registered manager in post, who had worked for the provider for several years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they have legal responsibility for

Summary of findings

meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, the registered manager was primarily based at another local registered service run by the provider and was not actively involved in the daily management of Harwood Road. The provider advised us of their plans to de-register the current registered manager and for the service manager to apply for registered manager status.

People had not been protected through the provider informing the Care Quality Commission (CQC) of events that affected the safety and wellbeing of people who used the service, as required by legislation. However, events had been reported to the local authority. This meant we did not have evidence to reassure us that the provider took appropriate actions.

Although the provider carried out a range of health and safety checks within the premises, there was insufficient evidence to demonstrate the completion of all actions identified on the service's fire safety risk management plan.

There were inconsistencies with the overall management of medicines, which placed people at risk of not safely receiving their prescribed medicines.

Sufficient staff deployed to meet people's needs. Recruitment records demonstrated that efficient checks were taken in order to ensure that staff were suitable to work with people using the service.

Risks to people's safety were identified and risk management plans were developed. However, the risk assessments we saw were not always person-centred and needed more information about how to mitigate the identified risks.

Although people were supported to attend healthcare appointments and access healthcare services, people's care plans did not always comprehensively identify their healthcare needs and describe how staff met those needs on a daily basis.

Staff received training and support to carry out their roles and responsibilities; however we found that there were gaps in training and supervision sessions had not been consistently provided.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report upon our findings. DoLS are in place to protect people where they do not have capacity to make decisions and where it is regarded as necessary to restrict their freedom in some way, to protect themselves or others. We saw that staff understood the provider's policy and could explain how they protected people's rights.

People told us they had opportunities to cook their own meals but some people felt they needed more guidance about how to cook healthily with their food budget.

We saw positive interaction between people and staff, although some of our observations demonstrated a more task orientated approach. People were supported to access community resources and leisure facilities, and provided with information about advocacy and mental health groups.

The provider sought people's views through residents' meetings and people said they felt listened to. Complaints were properly investigated and actions were taken to make improvements, where necessary.

People and staff thought the service had improved following a period without stable management. The provider had responded to safety concerns about unauthorised people entering the premises and impacting on the safety of people using the service, their authorised visitors and staff. There were systems in place to monitor the quality of the service. However, improvements were needed to ensure that record-keeping practices were properly organised so that there was a clear audit trail of how people were kept safe and supported to meet their needs.

We found one breach of the Care Quality Commission (Registration) Regulations 2009 and two breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider had not informed the CQC of significant events in the service that impacted on the safety and wellbeing of people who used the service. People's safety was not properly ensured due to the non-completion of some fire prevention measures and inconsistent practice with the management of medicines. The provider had not documented how they addressed people's healthcare needs and preferences in a person centred way within their care plans. We have made a recommendation for the provider to seek guidance about

Summary of findings

how to support people to use their food budget to purchase and prepare balanced diets. You can see what actions we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not always safe.

The provider had not informed the Care Quality Commission of incidents that affected people using the service.

Improvements were needed in relation to the management of medicines.

Some actions were needed in order to ensure the premises were safe in the event of a fire.

Staffing levels were suitable to promote people's safety and staff recruitment was properly conducted to ensure suitable staff were employed to meet people's needs.

Is the service effective?

Requires improvement

The service was not always effective.

People were supported with attending healthcare appointments and accessing healthcare; however, their healthcare needs were not reflected within their care plans.

Staff had some knowledge about their responsibilities under the Mental Capacity Act 2005 (MCA) and people were asked for their consent in accordance with legislation.

The provider had not ensured that staff consistently received the training, supervision and support they needed for their roles and responsibilities.

People had been provided with support to meet their nutritional needs but needed further guidance with budgeting for healthy eating.

Is the service caring?

Requires improvement

The service was not always caring.

People were treated in a supportive and kind manner; however their dignity was not promoted by the lack of attention to the appearance and comfort of their accommodation.

People were supported to access support in the community, such as advocacy and local therapeutic groups.

Is the service responsive?

Requires improvement

The service was not always responsive.

Care plans were not always individualised in regards to people's needs and preferences.

Summary of findings

People were able to give feedback about the quality of the service during residents' meetings and felt their views were taken seriously.

The provider had an accessible complaints procedure in place and complaints were listened to and acted on.

Is the service well-led?

The service was not always well-led.

People and staff thought improvements had been achieved in the past few months.

The provider carried out robust monitoring visits and followed up whether agreed actions were taken.

Record – keeping was disorganised, which impacted on the provider's ability to show how they delivered appropriate care and support.

Requires improvement

Harwood Road

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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 16, 17 and 24 September 2015. The inspection was unannounced on the first day and we informed the service that we would be returning on the two following dates. The inspection team comprised two inspectors, an inspection manager and a specialist professional advisor, who was a registered mental health nurse working in a community setting.

Prior to the inspection we reviewed information we held about the service. This included notifications of significant incidents we had received. Notifications are events the provider is required by law to inform us about. We also spoke with the local authority safeguarding team and looked at the last inspection report of 2 October 2013.

During the inspection we spoke with six people who used the service, two support workers, one senior support worker, the registered manager and the service manager. We met a visiting support worker from a local advocacy organisation for people with a learning disability, who told us about the individual support they provided every week for one person living at the service. After the inspection visit we spoke by telephone with the relatives of two people who used the service.

We read five care plans and the accompanying risk assessments. We also looked at a range of documents including medicine administration record (MAR) charts, five staff records, the complaints log, quality assurance audits, policies and procedures used by the provider, and health and safety records. We also observed the support and care provided to people in the communal areas and looked around the premises.

We contacted external health and social care professionals with knowledge of this service in order to find out their views about the quality of the service but did not receive any comments.

Inadequate

Is the service safe?

Our findings

Most people told us they felt safe and said they could report any concerns about their safety to staff. They expressed confidence that any concerns would be responded to by staff, who were described as "alright" and "helpful." A relative told us they thought staff were vigilant about checking that people felt safe and protected from bullying and harassment. Staff confirmed they had attended safeguarding training and demonstrated an appropriate understanding of how to identify signs of abuse. The safeguarding policy and procedure contained guidance about the need to report safeguarding concerns to the local safeguarding team and to inform the Care Quality Commission (CQC). However some staff were not clear about the legal requirement to inform CQC, which is necessary to enable us to take appropriate action, where needed. We did not receive specific safeguarding notifications earlier this year from the provider despite receiving information from the local authority relating to serious incidents.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Following a serious safeguarding concern earlier this year, a range of measures had been put in place to protect people who used the service and staff. This included increased staffing during the night-time, in order to prevent unauthorised people from gaining access to the premises. The service now employed two waking staff at night-time. We looked at the records for night-time activity within the premises, which showed that there was a considerable level of movement. This included people going out after midnight and then returning within variable periods of time. Records showed that some people stayed up during the early hours of the morning, consuming alcohol together in a small group. We discussed this with the service manager, as it demonstrated the need to maintain current night-time staffing levels to ensure the continued safety of people and staff. The service manager informed us that there were plans to eventually reduce the night-time staffing levels to one waking staff member and one sleeping-in staff member, who could be woken if additional support was needed. We were informed that any such changes to staffing levels during the night-time or day-time shifts would be subject to an assessment of risks.

We were informed by the service manager that the provider was currently recruiting for two new support staff as well as a team leader, who would be based at Harwood Road for the day to day management of the service. Interviews had taken place before the inspection and were due to continue in order to find suitable staff to appoint. At the time of the inspection the provider employed a team leader who was not working at the premises and was due to transfer to another service and six support staff, which included two seniors. The service manager was in agreement with our view that this was not enough permanent staff for the service. The rotas showed that the service used a significant proportion of bank and agency staff. Although we noted that the provider was able to use bank and agency staff who were familiar with the service, the service manager acknowledged that the current staffing arrangements did not promote sufficient stability and opportunities for the service to develop upon its quality of care.

Staff files demonstrated that recruitment was conducted in a thorough manner. The files we looked at showed that a minimum of two references were obtained and their authenticity was checked upon. There were also criminal record checks, evidence of staff's entitlement to work in the UK, proof of identity and address. Any gaps in a candidate's employment history were explored and documented.

There was a system for assessing risks to people's safety and developing risk management plans. For example, there was a plan in place to support a person who had difficulties maintaining their safety during a specific domestic chore. However, the risk assessments we saw were not always person-centred and they needed more information about how to mitigate the identified risks. We looked at a care plan for a person who needed support to meet a personal care need. The support was provided by staff from an external agency but there was no information about how the service would manage potential risks, such as external staff not turning up. The service manager informed us that some staff were trained to provide this support but there was no written contingency plan.

The provider had risk assessed the premises, in order to prevent people without authorisation from entering the premises. This risk management plan involved carrying out some physical changes to the premises, and the implementation of protocols for promoting the safety of people and staff. These measures have included the

Is the service safe?

installation of an upgraded close circuit television (CCTV) system with more cameras and the front door buzzer was deactivated so that any calls to enter the building need to be checked by staff, who will physically open the door, if appropriate. The fire doors had been alarmed to prevent people from leaving them open, which was previously providing entry routes for people without authorised access to come in to the premises. People told us they felt safer because of these measures and said they had been kept informed about these changes during residents' meetings.

The provider demonstrated that regular checks were conducted in relation to some aspects of the safety of the premises. For example, records showed that checks were carried out to ensure the safety of the emergency lighting, food temperatures, water temperatures, and the fridge and freezer temperatures. We saw that fire drills were being carried out monthly, weekly fire alarm checks were made and there were evacuation plans for people who did not have sufficient mobility to evacuate the building without staff support. Records showed that staff spoke with people during residents' meetings and key working sessions about the importance of fire safety. However, we found that there was insufficient evidence to demonstrate that all necessary elements of fire safety had been properly addressed. We were informed that nine people smoked in their bedrooms, which were supplied with fire retardant bedding, ashtrays with a lid and fire detectors linked to the fire alarm in their rooms. The most recent fire risk assessment had been completed in June 2015, however we noted that the action points raised in the 2014 fire risk assessment had not all been actioned. This included the need for fire doors to be upgraded, instructions at call points, carbon dioxide detectors to be installed by the boiler and fire doors being propped open. The service manager told us they would follow up on this. Following the inspection visit, the provider informed us that the fire safety actions had been completed, which will be checked at the next inspection.

There was a risk people that people would not be safe in the event of a fire due to the provider having not addressed all parts of the fire risk assessment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted some areas for improvement during our observation of the morning medicines round. We saw that staff were delegated to administer medicines in pairs, in accordance to the provider's procedures. Records showed that seven members of staff had received training from the pharmacy provider to administer medicines, which included two agency support staff who were booked on the staff rota on a regular basis. The medicines were stored in a locked cupboard in the main office and people came into this room to receive their medicines. We noted that the main office was a busy location with people walking in and out of the adjacent main front entrance, as well as distractions due to telephone calls. This could potentially negatively impact on how staff concentrated when checking and administering medicines. Following the inspection, the provider informed us that staff dispensing medicines were clear that they do not answer phone calls as this was carried out by other staff. The duty office was being relocated to the ground floor during our visit, in order to manage entry to the property and to enable medicines to be administered in a more private environment.

Medicines were clearly labelled and most of it was contained in blister packs dispensed by the pharmacy. Staff washed their hands and put gloves on to administer medicine. We saw that a staff member signed the medicine administration record (MAR) chart before observing whether people took their medicines. This was not in accordance with the provider's medicines' policy and procedure, as it did not take into account people's wishes and increased the potential risk of medicine errors due to inaccurate record keeping.

Two people self-administered their medicines. We saw that their medicines were kept in a locked cupboard in their rooms and records showed that staff checked their blister packs to make sure people were adhering to their agreed medicines regime.

We noted that one MAR chart had an instruction to use a prescribed item 'sparingly'. This instruction had been crossed out and replaced with an instruction to use PRN. This is an abbreviation of 'Pro Re Nata' and is commonly used on MAR charts to indicate that a medicine should only be given 'as needed'. We asked staff who had changed the MAR chart and none of the staff present knew, which indicated a lack of communication.

Both staff administering medicines at the morning round were required to sign the MAR chart, which was intended to provide a clear account of who had administered medicines. However, we found that one staff member had appropriately signed in the boxes for the 9am morning

round and the second member of staff had signed their initials in the boxes for the lunchtime medicines, which made the MAR charts appear unnecessarily confusing to us. The provider informed us that the signature boxes on the MAR charts were highlighted when medicines had actually been dispensed, in order to minimise any risk of confusion where signatures might spill into the next box.

There were no controlled drugs being stored at the service at the time of the inspection. We saw that some people were prescribed antipsychotic intramuscular depot injections which were not recorded on their MAR charts. There was a piece of paper in the file next to the MAR chart which had the name of the depot injection, the frequency of administration and a signature by the Community Psychiatric Nurse who gave the injection. We were also informed that a person was prescribed methadone treatment, which was not on the MAR chart as it was administered by a specialist service. The non-inclusion of details about specific prescribed medicines on the MAR charts might potentially result in a visiting healthcare professional, for example an out of hours GP, not knowing about these medicines when making clinical decisions.

The medicines policy stipulated that if people arrived for their medicines later than one hour after the prescribed time, it would not be given. We were told this did not happen and people were offered their medicines. The policy was changed during the course of the inspection. Following this inspection, the provider informed us that the policy was that if people were late for their medicines a decision was made based upon the health needs of the individual person and the risk of different options. Staff carried out a medicines balance check after each medicines round and comprehensive audits were carried out periodically. However these audits were not signed by the auditor and staff were not clear as to which organisation the auditor came from. Records showed that seven members of staff had received training from the pharmacy provider to administer medicines, which included two agency support staff who were regularly booked on the staff rota.

These collective findings demonstrated that people could not be assured they were being safely supported with their medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The premises were generally clean, tidy and free from any offensive odours. The garden required the removal of discarded items such as mattresses. The senior support worker told us these items had been removed from a recently vacated room and arrangements were in place for the council to collect. The provider informed us that as that there was a 10 day waiting period for collections, which was beyond the control of the service. There were a number of rodent bait boxes throughout the premises. We observed fresh mouse droppings on the floor of the external food storeroom and were advised that a mouse problem was being dealt with. We met an agency cleaner during the inspection, who was employed to work five days a week from 8am to 2.30pm. A senior support worker told us that staff rostered on the afternoon and night-time shifts also had some cleaning responsibilities. However, there was no current system in place to formally record what cleaning tasks had been completed and how often these should be completed, which meant there was a risk people might not always be provided with hygienic communal areas because cleaning tasks were accidentally missed. Records were in place to demonstrate when people had been prompted or supported to clean their rooms, or when the cleaning had been carried out by staff, as required.

Requires improvement

Is the service effective?

Our findings

People told us they were provided with support to access healthcare services, including visits to dentists, doctors, opticians and community psychiatric nurses. We looked at emails sent by staff to healthcare professionals, which showed that staff informed relevant professionals about any changes in people's health and reported if people were not following prescribed healthcare guidance. For example, we saw evidence of how staff raised concerns to the appropriate healthcare professional when they observed deterioration in a person's mental health and well-being. Staff provided detailed information about their observations in relation to the person's behaviour and they emphasised how important it was for the person to receive a healthcare assessment. During the staff handover meeting, we saw how staff were aware of people's changing healthcare needs. Staff discussed the need for a different person to be supported to attend a GP appointment as the person sometimes refused to see their GP. However, we noted that people's individual files did not always reflect the support provided by staff to meet their healthcare needs. We looked at the care plans for two people with multiple complex healthcare needs, but not all of these needs had written guidance in place in order to demonstrate how these people's needs were understood and met by staff.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People using the service told us that some staff were supportive and understood their needs. One relative said they had observed a particular member of staff who communicated well with their family member and was able to provide appropriate encouragement and motivation. Another relative said they thought staff had the right skills to meet the needs of their family member.

Staff told us about the training they had undertaken to ensure they had appropriate skills to provide people with the support and care they needed. One staff member told us they had completed a national health and social care qualification and had attended several training courses in the past 12 months, including conflict management and understanding the Mental Capacity Act 2005. They said the quality of training was good and the management team supported staff to identify and access the training they needed. We found that staff training was mainly delivered through an electronic learning programme, which all permanent and bank staff were expected to complete. Records and certificates showed that staff had completed a combination of mandatory training and other training that met the specific needs of people using the service, although some staff told us they needed refresher training for some mandatory topics. This included equality and diversity, safeguarding adults, first aid, health and safety, food hygiene, understanding dual diagnosis and report writing. The service manager informed us that the provider acknowledged the training programme needed to be extended in order to meet the varying needs of people. For example some people had significant health care needs which were not addressed by the current training, which meant staff did not always have the knowledge and skills to support people as effectively as possible. We did not check induction training as staff had worked for the provider for several years and were informed that a new induction system was due to be introduced for newly appointed staff.

The records for formal one-to-one supervision showed that there were periods when supervisions sessions did not occur at least bi-monthly. The provider had established a new schedule and we saw evidence that some supervision had taken place in the previous month and others had been arranged to take place in the same week as the inspection. An annual appraisal system was observed to be in place.

Staff we spoke with had a reasonable understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This legislation provides a legal framework for acting and making decisions on behalf of people who lack the capacity to make decisions for themselves. Staff informed us that all of the people who used the service had full capacity to make decisions about their care and treatment. Our observations during the inspection indicated that staff sought people's consent, for example people were asked if they were willing to show us their bedrooms and their responses were respected.

We received some mixed responses in relation to whether people thought they received appropriate support to meet their nutritional needs. One person told us they attended a weekly menu planning meeting and were asked for their views, but thought the chosen menus lacked variety and featured chicken too often. Another person said they knew about the meetings but chose not to attend and a third person stated they were not aware the meetings still took

Requires improvement

Is the service effective?

place. Three people said they would like more opportunities to learn to cook. On the first day of the inspection we saw that staff had organised a scheduled coffee morning.

People had individual kitchen areas in their room to enable them to prepare meals, except for two people who shared a separate communal kitchen. We checked the supplies of food kept in the communal storage areas and noted that the main fridge appeared empty except for sauces, butter and a few bits of vegetables. There was a locked storage facility within the kitchen, which contained bread, jam and tinned foods. An outside pantry was also used for the storage of fresh fruit, vegetables and some frozen goods. A member of staff told us that the weekly shopping trip had not yet taken place and people could ask for item of their choice to be added to the groceries list. We observed there was limited food available for preparing snacks although staff told us people also kept food in their own individual kitchens. Staff said food was locked away as some people and their visitors had emptied the fridge on previous occasions.

The minutes taken at residents' meetings showed that menu planning discussions took place and people were consulted about which days they wanted to prepare their own meals, instead of having a communal meal prepared by staff. We were advised that people were given a set amount of money if they chose to prepare their own meals and they could help themselves to food items in the communal kitchen to supplement their own ingredients. Records showed that a dietitian visited the service to provide nutritional guidance and advise people to understand how to eat healthily. However, it was difficult to find sufficient recorded evidence to demonstrate how each person was supported by staff to meet their individual nutritional and hydration needs.

We recommend the provider seeks specialist guidance from a reputable source to support people with planning and budgeting balanced diets

Requires improvement

Is the service caring?

Our findings

People told us they were happy living at the service and felt supported by staff. Comments included, "I have meetings with [staff member] who talks to me about doing activities", "I have a voluntary job and go kickboxing", "I get on with most people here, it's ok living here" and "My social worker visits, I would tell them if I was unhappy and wanted to leave." One person said they had visited the service before they moved in and liked it, "It's nice here. Staff are helpful and I am happy with this placement." Relatives told us they were pleased with how staff supported their family members and said they felt welcomed when they visited.

People told us they did not have a copy of their care plan but were aware they could obtain one if they wished. Records showed that people were offered one-to-one key working sessions and they participated in residents' meetings. The minutes of the staff meetings showed that people felt the service had improved since the appointments of a team leader in May 2015 and a service manager in August 2015. One person said, "Since the new manager came, staff help me with my laundry and cooking." Although people's care plans did not always reflect their individual needs, we observed that staff had a good knowledge of people's wishes, likes and dislikes, and responded to people's requests. For example, staff told us they visited a person who was now in hospital and had informed the person's religious minister, so that ongoing spiritual support could be provided.

We observed some positive interactions between people and staff. One staff member was observed supporting a person to clean their room and another staff member took a person out to an appointment. A third staff member was seen interacting with people in the lounge chatting and discussing articles in the newspapers. People seemed comfortable in the presence of staff, and staff were polite and respectful. Staff demonstrated a caring attitude when discussing people and their needs during the handover meeting, and they talked about ways to support people to resolve issues that concerned them. For example, staff knew that one person liked a specific personal care product and thought the person would feel more motivated and reassured if they could access their favourite product, which was no longer available in stores. Staff tracked down the product from an online distributor and ordered a bulk supply. Another discussion in the handover meeting was about arrangements to support a person to celebrate their birthday.

People were not always supported in a way that maintained their dignity. There were parts of the premises that needed improvement, including people's bedsits and bedrooms which were not homely and welcoming. The provider showed us documents which evidenced that requests for refurbishment and environmental improvements have been discussed with the housing association that owns the property. People told us that they were issued with keys, and staff always knocked on their doors and requested permission to enter. We observed that staff consulted people as to whether they wished to show us their private rooms, and people's wishes were respected. The senior support worker told us about the visiting restrictions that had been put in place in order to provide a safe environment for people, their visitors and staff. These restrictions meant visiting was allowed between 11am and 8pm, and personal visitors who were acquaintances or casual friends were required to conduct their visits in communal areas. One person told us they thought it was unfair that a new visiting policy was implemented because of the behaviour of a small number of people. Other people said they had been given opportunities by staff to talk about why this policy was introduced and felt consulted.

People had access to advocacy services and were supported to contact their care coordinators at the community mental health team. We observed that people's personal information was securely stored in the staff office and staff understood that people's personal details should be shared only with individuals or organisations who had a right to access such information.

Requires improvement

Is the service responsive?

Our findings

Mixed responses were received from people in relation to whether they were supported to be as involved as possible in contributing to the development and reviewing of their care plans. Some people told us they would like to do more cooking on their own and had expressed their wishes but staff did not encourage or support this. We noted that some people could find this difficult at times due to their mental health problems. A relative told us that the staff were supporting their family member to achieve independent living skills and gave us examples of the improvements they had observed as their family member gradually developed new skills and confidence.

The care plan system used by the provider was appropriate for people with mental health problems, however care plans were not always individualised, for example about how people would like to receive their support, their preferences and own objectives. Some care plans did not fully address their complex needs. The care plans we looked at were noted to be task orientated and generic, and they covered basic tasks and day to day living. Therefore, care plans were informative in regards to how people were supported with areas including personal hygiene, finance, social integration, room cleaning and other household chores for gaining more independence. However, there were needs that were not fully addressed, for example physical health care needs, capacity and consent, promoting smoking cessation or management of risks for people were smokers, and medicines, their efficacy and side effects.

The senior support worker told us that care plans were reviewed on a three monthly basis and updated as required, and we saw evidence that staff were in the process of reviewing people's care plans. The service manager informed us that the needs of all people using the service was being reviewed in conjunction with their care co-ordinators as it had become apparent that the service was not suitable for some people living there. He told us that this was being completed in consultation with people using the service although at the time of this inspection there was limited written evidence to demonstrate this.

There was also a Mental Health Recovery Star management plan in place within care plans. This is a system designed for people managing their mental health and recovering from mental illness, which addresses key areas including mental and physical health, social networks, relationships, identity and self-esteem. People confirmed they were offered key working sessions but there was limited evidence that these meetings took place, which it was difficult to determine whether staff were able to actively engage people in one-to-one sessions to evaluate their mental health needs and recovery.

Records showed that people were being offered opportunities to develop and maintain social interests in the community. We observed a weekly coffee morning on the first day of the inspection. People were offered pastries, fruit juices and savoury snacks. It was attended by two people although we observed staff tried to encourage other people to attend. We noted that in the three months prior to the inspection visit the provider had hosted a party to celebrate the opening of the new activities/dining room, with a buffet and non-alcoholic cocktails served. There had also been visits to the cinema, café trips and meals out, and a visit to Kew Gardens. During the staff handover we heard that one person attended the gym and another person regularly went out to play tennis. Within the premises we observed there were books available, a chess set and a choice of daily newspapers. There was a computer available but this was not in use as not connected to the internet. The senior support worker told us that steps were being taken to find a solution to this. Activities run by other organisations involved in the wellbeing of people with mental health needs were listed on the communal noticeboard, and included an arts and music festival this autumn, singing workshops and a healthy living course.

People were given opportunities to provide feedback about the service. Regular meetings were held where people could discuss issues about the quality of the service and receive information about any proposed changes. People told us they felt more listened to since the appointment of new management staff this year and had confidence their views were being acted upon. For example, people were consulted about the décor of the activities room/dining room but some people did not like the room once it was completed. We heard people raise this with the service manager during the inspection and they were assured that alterations could be made.

The provider had a complaints policy and procedure in place, and people confirmed they were given a leaflet about how to make a complaint when they moved in. The

Requires improvement

Is the service responsive?

complaints log detailed four complaints made by people using the service since the previous inspection visit in October 2013. Records showed that the complaints had been listened to, investigations were conducted and discussions were held with people to ensure that their complaint was resolved satisfactorily. We noted that follow-up action was taken to support people so that issues did not reoccur.

Requires improvement

Is the service well-led?

Our findings

People told us they felt they could informally approach the service manager and we saw this happen during the inspection. Comments included, "Things have been done to improve here but it can still be noisy at night" and "It's only been a few weeks but you can see that [the service manager] is changing the place for the better." Staff told us they felt better supported and thought the provider was addressing one of the priority issues of preventing unauthorised persons from entering the premises, in order to minimise risks to people using the service, their visitors and staff. Although the service manager has been in post for a few weeks at the time of the inspection, they had previously worked for the provider and knew some of the people who had lived at the service for a long time. We saw that positive changes were taking place. For example, a scheduled staff meeting took place during the inspection and the service manager advised us that he had implemented an increase to the frequency of staff meetings from monthly to weekly as an interim measure, in order to strengthen communication during this period of change.

The service manager acknowledged the provider had experienced problems with ensuring the stable management of the service. There had been several team leaders within the past few years and although people were positive about the contributions made by the most recent team leader, the lack of managerial continuity over a significant period of time had impacted upon the quality of the service. For example, medicines were not being administered safely, care plans were not thoroughly person centred and notifications had not been sent to the Care Quality Commission (CQC) as required by legislation. The prior lack of constant management had also impacted on some quality assurance systems, for example the provider did not demonstrate that regular auditing of documents such as care plans, risk assessments and key working records took place.

The registered manager for the service told us they were not in daily charge of the service and visited once or twice a week. The service manager said his plan was to apply to CQC to deregister the registered manager and apply for registered manager status. Recruitment was taking place to appoint a team leader for the day to day management of the service, as the service manager would also have managerial responsibilities at two other local services run by the provider. This showed that action was being taken to resolve the difficulties caused due to a lack of permanent and consistent leadership.

We found that effective communication about people's needs was being achieved. Three staff handovers took place each day at the beginning of each shift change. During a handover we observed discussions took place about how to support a person who was at risk from a person in the community, and how to support another person who arrived late for their morning medicine which needed to be taken earlier for medical reasons. We noted that all staff members we spoke with provided us with the same information, which indicated the staff team communicated well and maintained a consistent approach towards understanding people's and addressing people's needs.

There were some systems in place to monitor the quality of the service. We looked at quarterly monitoring visits by the provider, which were detailed and gave clear actions to be achieved within an agreed timescale. We noted the provider's own identification of the problems within the service corresponded with the findings of other organisations, for example CQC and the local safeguarding team. Records showed that the provider also sought the perspective of people with mental health problems as they carried out a separate annual monitoring visit, which involved senior management staff and a person who used another service provided by Hesta Housing and Support.

Concerns were identified in relation to the provider's record keeping, which could impact on the efficient and safe management of the service. On the first day of the inspection we looked at some health and safety checklists, which were not up-to-date. We spoke with staff about this and they assured us that checks were taking place, for example daily testing of fridge and freezer temperatures and cooked food temperature probes. On the second day of the inspection records were located to evidence these checks had taken place. There was also initial confusion about the whereabouts of the current whistle blowing policy and we were given a dated policy on the first day of the inspection. A current version was found on the second day. The lack of clear record – keeping protocols meant we

Requires improvement

Is the service well-led?

could not accurately ascertain how the provider has dealt with accidents and incidents since the previous inspection, although more recent records showed there was now a systematic analysis of events in place.

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 18 CQC (Registration) Regulations 2009 Notification of other incidents The provider did not protect people who use services by notifying the Care Quality Commission without delay about risks to their safety and wellbeing. Regulation 18

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The provider must ensure that people's needs and preferences are assessed and care plans address how their identified needs and preferences are being met. Regulation 9 Person-centred care 9 (1) (3) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider must ensure safe care for people using the service in relation to the safety of the premises and equipment used to minimise the risks of fire Regulation 12 Safe care and treatment 12(1) (2) (d) (e) The provider must ensure people are protected by the proper and safe management of medicines 12(1) (2) (f)