

Parkcare Homes (No.2) Limited

Finn Farm Lodge

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

We carried out this unannounced inspection on 1 & 4 April 2016. Finn Farm lodge is a Prader Willi Service. It provides accommodation for up to six people. At the time of inspection there were three people living at the service. People had their own bedrooms. Some bedrooms were located downstairs but the service was not accessible for people who needed to use a wheelchair. This service was last inspected on 2 September 2014 when we found the provider was meeting all the requirements of the legislation.

At this inspection there was a new manager in post who was not yet registered with The Care Quality Commission. 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.

For a period of time leading up to this inspection the service had had an extended period of unsettled management and this had led to shortfalls in the quality of service people received through an absence of consistent management support. A new experienced manager had been appointed. The inspection found there were strengths within the service and that staff now felt better supported, the manager and senior managers in the organisation understood and had identified many of the shortfalls present within the service and were taking action to address these. The atmosphere of the service was relaxed, people told us they felt safe now that changes had been made to who lived in the house with them. People were comfortable in the presence of staff and actively sought their attention if they wanted something. People received individual support from staff that interacted well with them and showed that they understood their individual needs.

This inspection however, found that people were not always safe because the checks made on new staff were not robust in order to meet the requirements of the legislation. The induction of new staff was poor. Some important details about how people's health needs or behaviour should be supported were not in place to inform staff. Improvements were needed in the management of medicines to ensure boxed and bottles medicines were dated upon opening and staff competency to administer medicines was updated in accordance with the expectations of the organisation. Informal concerns raised by people in the service although listened to were not routinely recorded to ensure that action was taken to address them.

Fire drills were held but improvements were needed to how these were scheduled to ensure all staff participated in fire drills each year, Improvements were needed to the way in which people were provided with activity and stimulation to meet their needs.

The new manager had taken steps to improve communication between staff and with relatives and other stakeholders. Assessments of risk people might be subject to from their environment, or from activities or risks associated with their assessed support needs had been developed and measures implemented to

reduce the likelihood of harm occurring; these were kept updated.

Appropriate systems were in place to ensure staff received training to support the needs of people in the service such as Prader Willi Syndrome, and diabetes. Staffing levels were appropriate to ensure there was enough flexibility to meet people's demands and needs.

Staff felt supported and listened to and opportunities for more frequent one to one meetings with the manager, and more regular staff meetings was an area both the manager and provider representatives had identified for improvement, and plans were in hand for this. Annual staff appraisals were scheduled.

A range of quality audits were in place to help the manager and provider monitor the service, and these were mostly effective in identifying many but not all shortfalls highlighted from this inspection; the provider was therefore able to assure their selves that a safe standard of care was being maintained. Improvements to the premises had been made to provide a comfortable environment for people to live in, systems were in place for the routine testing and servicing of electrical, gas and fire alarm installations to ensure people were kept safe.

There was a low level of accident and incidents, and staff showed an understanding of safeguarding, they were able to identify abuse and were confident of reporting concerns appropriately. Staff understood the action they needed to take in the event of an emergency that could stop the service.

Staff had received training in Mental Capacity Act 2005, they sought people's consent on an everyday basis and understood when other people might need to be involved in making more complex decisions on a person's behalf. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made; appropriate steps had been taken to ensure those living at the service who met the requirements for a DoLS authorisation had been appropriately referred. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

Staff showed a good understanding of people's needs and people were relaxed and comfortable in the presence of staff. Relatives thought the arrival of the new manager and recent changes to the people supported in the house were positive steps towards provided a better service to the people now living there. Professionals commented the service was providing good management of the Prader Willi Syndrome needs of people living in the service.

Staff monitored people's health and wellbeing and mostly supported them to access routine and specialist health when this was needed. People liked the food they ate which was designed specifically in relation to their condition.

We have made one recommendation:

We recommend that the provider and manager review their responsibilities to provide individual staff with fire drill training and the recommended frequencies for this in accordance with the Regulatory Reform (Fire Safety) Order 2005.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version 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 always safe.

Staff recruitment processes were not robust to ensure all appropriate checks on new staff were made. Improvements were needed to the management of medicines and staff competencies for administration.

There were enough staff to meet people's needs. Staff knew how to keep people safe.

The premises were well maintained and all safety checks and tests carried out

Is the service effective?

Requires Improvement ●

The service was not always effective

Staff induction was poor. Documentation to inform staff about people's health conditions or behaviour support was either not sufficiently detailed or not in place.

People health needs were monitored and access to healthcare supported. Staff received an appropriate range of training to inform their practice and given them the right knowledge and skills. Staff had opportunities to meet with their supervisor.

People's nutritional needs were met in accordance with the requirements of their health condition. People were given meal choice and liked what they were provided with

Is the service caring?

Good ●

The service was caring.

The new manager had taken steps to improve communication with relatives and other stakeholders.

People were treated with dignity and respect and staff adopted a kind and caring approach. Staff had time to spend with people and interact with them so that they received the care, support and stimulation they needed.

Staff supported people to maintain contact with their family.
People were relaxed in the company of the staff and each other.

Is the service responsive?

The service was not always responsive.

People were listened to but their informal concerns and complaints were not logged and progress in resolving them not documented.

People enjoyed trips out but activity choices were limited and there was a lack of structure to people's weeks.

Care plans had been developed to meet peoples Prader Willi Needs and staff provided care in accordance with these.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Audits and checks in place were not sufficiently effective to highlight shortfalls in service quality.

The service was without a registered manager but a new manager had been appointed. Staff and relatives found the new manager approachable and staff felt supported by her.

Opportunities for staff to meet together had been re-established to a regular schedule. The Registered manager ensured the Care Quality Commission was notified appropriately of any notifiable events.

Requires Improvement ●

Finn Farm Lodge

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 1 & 4 April 2016 and was unannounced. To ensure our inspection was not too intrusive this was conducted by one inspector only.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at all the other information we held about the service, including previous reports, complaints and notifications. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with two of the three people using the service. We also spoke with the new manager, and the regional manager in addition to four care staff. After the inspection we received feedback from two relatives. We also received feedback from a care manager and the local commissioning and safeguarding teams, who had no current concerns.

We looked around the environment, and we observed how people interacted with each other and with staff. We observed staff carrying out their duties and how they communicated and interacted with each other and the people they supported.

We looked at three people's care and health plans and risk assessments. Medicine records, staff recruitment training and supervision records, staff rotas, accident and incident reports, complaints information, servicing and maintenance records and quality assurance audits.

Is the service safe?

Our findings

People told us they felt safe. One commented "It's not just about feel safe, I feel relaxed now too". Relatives commented that they were much happier now that changes had been made to the people receiving support in the service, and felt the service now provided a safer environment.

People could be placed at risk because the checks made of new staff undertaken centrally by the organisation were not robust and did not meet the requirements of legislation. Records contained completed application forms, evidence of interview records, a current photograph, evidence of personal identity and a criminal record check through the Disclosure and Barring Service (DBS). Two out of three files however, showed that gaps in applicants employment histories had not been noted or visibly checked with them at interview or prior to employment. In two files verification of reasons for leaving previous care roles were not given on application forms or noted in interview records. One file had one reference only and this was not a reference from the most recent and relevant previous employer, one file was without a medical statement of health fitness of the applicant to undertake their role. There was a failure by the provider to ensure recruitment checks were robust and in accordance with legislation. These omissions in documentation are required by legislation and are a breach of Regulation 19 (3) (a) of the Health and Social care (HSCA) Act 2008 (Regulated Activities) (RA) Regulations 2014.

Only specific staff were trained to administer medicines. People could however, be placed at risk because the competency of the trained staff was not routinely assessed to ensure they were still administering correctly and safely in accordance with the organisations policy. In the file of one staff member who was trained and approved to administer medicines their records showed their competency was last assessed in 2009. In discussion with administering staff and managers there was a lack of a clear understanding of what frequency competency assessments should be undertaken; the organisation medicines policy made no clear reference to this although there was a clear expectation from senior management staff that this would be a minimum of yearly if not more often. The majority of medicines people received were prescribed and were provided in pre packed blister packs, some people had medicines in boxes and bottles that were for occasional use or were vitamin or mineral supplements, these were not dated upon opening to enable staff to check their shelf life once opened and also to aid auditing of usage to ensure people were not being given too much. These shortfalls are a breach of Regulation 12 (2) (g) of the HSCA 2008 (RA) Regulations 2014.

In all other aspects medicine management was safe. Staff trained in medicines management were responsible for administering medicines; they ensured people received their medicines when they needed them. Appropriate systems were in place for the ordering, receipt and disposal of medicines. Medicine administration records showed these to be completed well with no gaps and appropriate use of codes where medicines were not administered. Medicines in use were stored in people's individual bedrooms in locked cabinets. Temperature records were maintained to ensure these were kept at the right temperature. Medicine administration was undertaken in people's bedrooms and people were informed and involved in the administration process. A medicines audit was undertaken on a monthly basis by the registered manager to provide assurance that all aspects of medicine management were being conducted safely and in accordance with the medicine policy.

Staff knew how to protect people in an emergency and the actions they needed to take in the event of an emergency that may stop the service. Detailed guidance was available to staff so they knew how to respond in an emergency and who to contact. All staff had received fire training, fire risk assessments were in place and all staff knew the evacuation procedure and assembly point. Individual personal evacuations plans (PEEPS) were in place. PEEPS took account of any needs or likely problems in people evacuating safely and informed staff how to manage this. Fire drills were recorded with the numbers of staff attending however, records showed that some staff were routinely not involved due to when drills were scheduled, the provider could not therefore be assured that all staff understood the actions to take in the event of a real fire. This is an area for improvement.

Risk information was kept updated and reviewed annually or more often if risk levels changed. In the event of incidents or accidents risks were re-evaluated to consider how effective risk reduction measures were or whether further amendments and changes were needed to reduce risk levels further. There was a low level of accidents and incidents reported which indicated that current risks were appropriately assessed and supported. These were monitored by the regional manager and the new manager to assess for patterns or trends which may indicate reasons for accidents/incidents occurring, and a need for changes to a person's support plan. Staff understood the process for reporting and recording accidents and incidents.

There were enough staff available to support people. During the daytime shifts there were three staff on each shift one of who could be the manager or a team leader. At inspection there were two care staff on duty and the new manager. The staff rota confirmed these levels of staffing were maintained and at night there was one waking night staff member on duty. Due to recent changes in the service, two out of three of the people in the service had been admitted very recently. It was still too early for people, and their relatives to judge whether they thought there were enough staff to support people's needs, however in discussion with staff they felt that the changes to the dependency of people now admitted to the service, had meant staffing levels were enough to meet their needs. Up until the service is full some staff were being relocated to another service as Finn Farm was currently overstaffed. Staff felt with the change in the group of people supported, there was more opportunity to use their time more flexibly and effectively with people and more opportunities for people to share experiences and activities together when out in the community. People's individual needs were assessed and they were allocated hours to support their personal care and activity requirements. Information gathered from these assessments informed the registered manager as to how many staff were needed to support people safely on each shift and this was kept under review.

Staff had received regular safeguarding training; this helped them to understand, recognise and respond to abuse. Staff showed they were confident in their understanding of abuse and in their ability to raise concerns either through the whistleblowing process, or by escalating concerns to the manager, provider or to outside agencies where necessary.

The premises had sustained some significant wear and tear over the last year and some refurbishment was still ongoing. The premises provided a comfortable safe environment for people to live; the new manager and staff were planning further improvements to improve the homelike atmosphere of the service. The premises were kept clean and well maintained, and all necessary checks and servicing of equipment and electrical and gas installations were undertaken. Staff reported any repairs that needed to be undertaken into a maintenance book; a maintenance team visited weekly and prioritised and completed the most urgent repairs. Staff said that most repairs were usually addressed quickly and the maintenance book showed this to be the case except where other factors for example, waiting for parts or costings caused delay. Checks and tests of electrical, gas and fire installations and fire and electrical equipment were carried out in accordance with recommended frequencies.

We recommend that the provider and manager review their responsibilities to provide individual staff with fire drill training and the recommended frequencies for this in accordance with the Fire safety order reform 2005.

Is the service effective?

Our findings

People said that they liked the choice of food they received, they were aware that they needed to abide by a strict diet to combat the effects of their condition. Professionals commented that staff seemed to understand the needs of people with Prader Willi Syndrome well, and another relative was really pleased with the way in which the service controlled food intake which had led to substantial and much needed weight loss for their relative to improve their quality of life.

People could be placed at risk because systems to induct new staff into their role and ensure they had the right skills and competencies were weak. New staff were expected to complete a probationary period but staff records showed little evidence of probationary assessment of new staff during the first six months of their employment; one staff member said they had felt unsupported during their first six months at the service due to the changes in management. Records viewed showed staff had received a poor induction to the service, with only one record showing the staff member had completed an induction in line with Skills for Care (Skills for care is the strategic body for workforce development in adult social care in England).

Two out of three records showed that staff induction had comprised an orientation to the service in one case signed off in one day and in another over several dates, but neither referenced satisfactory completion by staff of modules covering the core skills they needed to support people appropriately, for example an understanding of privacy and dignity, an understanding of nutritional needs, or behaviours that may be seen as challenging. One staff member was experienced in care and may not have needed to complete some elements of induction that covered how care should be delivered, however no explanation was given within their induction record to support such a judgement. All staff had a login to the organisations intranet to access information that could inform their practice but not all staff were confident in using computers. The failure to provide new staff with an appropriate induction to their role and to provide those without previous care experience an induction to care in line with nationally recognised programmes is a breach of Regulation 18 (2) (a) of the HSCA 2008 (RA) Regulations 2014.

People could sometimes express their emotions and anxieties through behaviour that could be seen as challenging. In the present group of people such incidents were infrequent; however, support plans did not make clear the strategies staff were to adopt to ensure they responded to such incidents in a consistent manner and this could pose a risk of people not receiving the appropriate support when they needed it. For example on one care plan it stated that the person needed to be supported to manage their anxiety, but there is no guidance for staff as to how anxiety manifests itself for this person and what strategies work well in distracting the person and helping them overcome their anxiety.

Health action plans and Hospital passports were still being developed for some people. Staff demonstrated a good understanding of Prader Willi syndrome and had received specialist training around this, but a relative raised a concern that this may not have provided staff with a wider understanding of many of the accompanying health issues associated with the condition that also required monitoring and regular check-ups, they said their relative had missed an important appointment because they felt staff did not understand its importance. Records showed that this person was supported to attend other health

appointments and a record of contacts with health professionals was made.

One person had diabetes and their support plan showed that they undertook their own blood glucose monitoring; their relative confirmed the person was competent with this. We spoke with the person and they were able to tell us what their safe glucose range was and when it fell or exceeded particular numbers they needed to take action and they understood what this was. Their support plan however did not go into this level of detail to inform staff in the event that the person was unable to undertake this for themselves, and their health action plan that detailed all their health needs was incomplete. Diabetes UK recommends that care homes provide a separate care plan detailing the support a person requires around their Diabetes. For the same person the care support plan refers to the person undertaking exercises each day but did not make clear what this referred to, in discussion with the new manager we ascertained this related to a regular walk but was not made clear for staff who may be supporting the person. There was a failure to ensure that staff were provided with guidance to accurately reflect and support people's health and behaviour needs; this ensured people received a consistent and appropriate level of support from staff. This is a breach of Regulation 12 (2) (a) (b) of the HSCA 2008 (RA) Regulations 2014.

For established members of the staff team there was a programme of refresher training in a variety of topics, such as safeguarding, food hygiene and health and safety. The majority of training was delivered through the intranet and was computer based with staff having to achieve a specific pass mark. Staff were given 45 mins paid time for completion of individual courses if this could not be done in work time. Staff spoken with said they were up to date with all their mandatory training. The manager and regional manager were able to analyse training records for individual staff and highlight where training was about to expire or overdue and ensure staff were reminded of the need to complete courses. Specialist training relevant to the needs of the people in the service was also provided to all staff usually with a trainer, for example positive behaviour support (this type of training enables staff to have an understanding of an individual's challenging behaviour and using this to develop effective support), to help staff work with behaviour that could be challenging in a positive way. Despite the loss of some experienced staff in the past six months more than 50% of staff had achieved a vocational qualification in health and social care. These are work based awards that are achieved through assessment and training.

Staff told us that they felt supported and found the new manager approachable at any time and supportive of them. We observed a good rapport between the manager and staff. The frequency of staff supervisions had drifted with the changes in management team since the previous registered manager left, the new manager had implemented a new supervision schedule and these were now underway with staff. These meetings provided opportunities for staff to discuss their performance, development and training needs. An appraisal schedule had also been developed and the new manager was working her way through this with staff.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Because of the nature of their condition everyone in the service was currently subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. The new manager had a good understanding of when an application needed to be made and how to submit one. People had capacity for most everyday tasks and activities but where their condition impaired their judgment/ capacity to make important decisions for themselves for example in regard to money management, mental capacity assessments were in place and best interest discussions held. Their care and treatment was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in their best interests, and by people who knew them well. Staff were observed seeking consent from people in relation to everyday tasks, for example whether to go out or not, choice of activity, what to have for lunch, some people had also signed consent to care and treatment forms to confirm they understood they needed support in their daily lives

with aspects of their care..

People's dietary needs and preferences were discussed with them or with people who knew them well before admission. Menus had been developed specifically to meet the nutritional and calorific needs of people with Prader Willi Syndrome and to effect weight loss, or maintain a steady weight. Risk assessments were in place to highlight risks of people losing too much weight and their Body Mass Index (BMI) falling below an accepted level, measures were in place if necessary to provide food supplements to ensure people did not become malnourished. Menus were devised on a four week cycle and gave people a choice at breakfast lunch and dinner of meals they could choose from. We observed people being offered choices. Due to peoples condition access to food needed to be strictly controlled but this was undertaken discreetly. Records of people's individual food intake was recorded and weights were monitored regularly but records showed some people often declined to be weighed.

Is the service caring?

Our findings

We observed that people were comfortable with staff and were happy to be around them and engage in some activities. This required encouragement and prompting from staff to motivate people. We observed staff were kind in their support and responses to people, they showed patience and their attitude was respectful and showed that they understood people's individual characters and needs.

A social care professional told us that they thought communication from the service was appropriate and they were kept informed of important events, however one relative had commented that prior to the new manager arriving communication had not been particularly good, they acknowledged that some of these issues had probably been exacerbated by the intermittent and unsettled management arrangements over the past eight months. We discussed with the new manager what steps had been taken to improve communication, they told us that they had been made aware of some of these issues and this had now been resolved by changes within the staff team, the purchase of a new computer and improved internet access. She also told us that since coming to the service she had made a point of contacting relatives and was now in regular email or telephone contact with them.

Relatives told us they were made to feel welcome by staff when they visited. All the people in the service spent time at home with their families and staff were supportive of these arrangements. One relative told us that they were really pleased with the service their relative received. Two relatives said that their family members were happy living in the service and always willing to return their after visits home. A professional told us that they thought the management of people's Prader Willi needs was well thought out and they received good support around this.

It was too early for people to be having formal reviews of their placement as no one had been in placement for one year yet, but an initial review was conducted within a short while of people moving in to ensure the placement met their needs and relatives were involved in these. Relatives said they also wanted to be involved in the annual placement reviews when these happened so they could contribute their thoughts and ideas, but recognised that their relatives were adults and had capacity to make decisions for themselves too.

People had capacity and the potential for greater independence within supportive boundaries that helped control the impacts of their condition and any risk this might place them at. Opportunities for them to develop domestic skills had now been implemented for example, each person had a house day each week that involved them cleaning their room, bringing down their laundry, emptying bins from their room, and vacuuming, participation was linked to an activity they enjoyed to incentivise their involvement and willingness to participate. There was more scope for people to maximise their potential but this had to be taken slowly at a pace to suit individuals and to ensure safeguards were built in to keep people safe and ensure they were responsive to motivation to be more independent.

There was a relaxed atmosphere in the service and we observed examples of clear informative, patient and supportive interactions between staff and the people they were supporting. Staff showed that they

understood people's individual preferences and characters. Staff had time to spend with people and interact with them so that they received the care, support and stimulation they needed. People were able to vocalise their needs and had capacity to make their own choices and decisions about most aspects of their care and support for example, how they spend their time, when they want to go to bed, what they wear each day, what they want to eat from the menu. Staff respected people's choices.

Staff protected people's dignity and privacy by providing personal care support in accordance with people's preferences, they respected people's confidentiality and did not speak about people's needs with other staff unless in private. People were provided with keys to their bedrooms and could decide if they wanted to use them.

When at home people were able to choose where they spent their time, for example, in their bedroom or the communal areas. Bedrooms had been personalised not only with personal possessions and family photos but décor had been chosen carefully to reflect people's specific preferences and interests. People were supported to maintain relationships with the people who were important to them, and were supported to make regular contacts or visits.

Is the service responsive?

Our findings

Two out of three relatives and a social care professional commented that they thought there was a need to establish more structure to people's week to provide them with stimulation and activity. Relatives had aspirations for their family member and to see forward planning for their life needs with the possibility of work experience for one person.

The complaints log contained a copy of the complaints process and templates for complaints to be completed, formal complaints were logged on line and the intranet showed us that three complaints had been recorded for this service over the last 12 months; we were told two were resolved and one was in the process of being resolved and closed. The complaints procedure was in an easy read format and displayed for people to see. When we asked people if they felt able to raise concerns they may have with staff, they were able to point out the complaint policy and indicated that they would feel confident about expressing any concerns they might have to staff. We saw evidence of this during the inspection when we observed one person actively complaining about what they saw as a lack of action in one matter and felt frustrated by information not being available in regard to another matter. Staff managed the persons escalating anxiety well and distracted them from their concerns, there was evidence that similar concerns had been raised previously by this person with the regional manager and records showed the regional manager had checked how this matter was being resolved. The person indicated that this had been an ongoing concern for many months, no record of their initial informal complaint or subsequent complaints regarding this matter had been recorded to show how long they had been waiting for action to be taken, or indeed that action was in fact being taken on their behalf. The failure to ensure that people's informal concerns and complaints are logged and acted upon is a breach of Regulation 16 of the HSCA 2008 (RA) Regulations 2014.

People were scheduled to have 1-1 meetings with their key worker each month, this system had not happened in previous months, but with the admission of two additional service users this was to be reintroduced and featured as an action in the internal management review quality audit.

We found that people were being offered opportunities to go out and daily reports showed that some people went out more than others due to motivational factors, but there was a lack of any clear structure to each person's week and no activity planner was in place; the range of activities on offer to people was limited. Staff said that the issue of poor motivation meant they could not structure people's weeks with booked activities because they might not be motivated to go, however they recognised that each person had preferred things they liked to do or were interested in, these had not been listed as free choices people could make to fill their week; this could be used flexibly and would better suit the needs of individuals, with shared interests where people might wish to do activities together. This is an area for improvement.

Before admission to the service a pre-admission assessment was undertaken to assess whether the service could meet the person's needs. Initial meetings with the providers, manager, relatives, representatives and previous care providers enabled reports to be gathered. An assessment of needs was usually undertaken at a pace to suit the person, with opportunities for visits and trial stays. A relative confirmed that they had looked around a number of services before this became a suitable option.

Following initial assessment people's everyday care and support was designed around their specific individual assessed needs and how Prader Willi Syndrome affected them. This included a personal profile about the person and important people in their lives and the health and social care professionals who supported them. People told staff their needs and wishes, their support plans took into account their individual preferences in the development of their daily routines and personal care requirements, the medication they received and the support they needed around this, the management of money, nutritional needs, and social activities and interests. As we have stated previously people's preferred activities and interests were recorded but did not transfer necessarily into a weekly activity plan that staff followed to enable and encourage each person to pursue their interests. This information was reviewed and updated and provided staff with a holistic picture of each person and guided them in delivering support consistent with what the person needed and wanted. Staff showed they understood the needs and personalities of each person well; staff showed that they were able to offer support that was appropriate to people's needs and was consistent with their plan of care. There was a lack of goals for people to work towards but this had already been highlighted as an area for improvement within internal audits undertaken.

Is the service well-led?

Our findings

The service had been without a registered manager since June 2015. Since that time there had been approximately four managers in charge but all moved on quickly. This had been an unsettling time for staff and relatives and the service suffered as a result of inconsistent management styles and input. A new manager had been appointed who had been in post only a short while, the new manager was knowledgeable around Prader Willi Syndrome and had brought her experience and expertise to the service to help with its development. At inspection the new manager was still to register with the Care Quality Commission.

There were a series of internal audits local to the service but due to the unsettled management not all audits had been completed to the providers expected timescales, comprehensive medicine audits were undertaken monthly and had been completed as required, however monthly audit checks that domestic catering and cleaning were being completed had not been maintained. Monthly health and safety audits had also not been completed with the last being recorded as December 2015. An infection control audit was meant to be carried out on a six monthly basis but this was overdue with the last one completed in July 2015. These omissions did not give the provider assurance that cleaning, infection control and catering tasks were being completed, or that potential Health and safety risks within the environment were being identified and addressed. For example we highlighted an electrical wire that was prominent on the staircase and posed a potential tripping hazard, this had not been highlighted through health and safety checks; we brought this to the attention of the manager and regional manager for them to take action.

The regional manager was an accessible and visible figure and had regular contact with the staff and people using the service. He undertook quarterly review visits to assess service quality and also gave direct supervision to the manager. He chaired managers meetings on a regular basis which provided good peer support and shared information and good practice amongst managers.

The regional manager took his auditing responsibilities seriously and we viewed records of previous management review audits; these were comprehensive and identified shortfalls within the service some of which we had also identified at inspection in regard to frequencies of staff supervision, peoples 1-1 meetings with staff, frequency of activities and complaints management. An action plan was developed from these audits of the shortfalls highlighted and the new manager was already working with the regional manager to address those identified, however, weaknesses and gaps within the audit system locally and at management review level compromised their overall effectiveness and needed to be reviewed. There was a failure to ensure the assessment and monitoring system for the service was fully effective and implemented as per the requirements of the organisation. This could impact on the quality of care and support people received and is a breach of Regulation 17 of the HSCA 2008 (RA) Regulations 2014.

Staff found the new manager approachable with a willingness to engage and listen to them. We observed that people were happy to approach and speak with the manager, and that she understood their support needs. Two relatives commented about the manager "she seems on the ball", and another said "she seems good; I hope she is good at communicating with us". Relatives had raised a concern that they had

experienced poor communication and transfer of information from and between staff; this worried them, in case important information was not passed on and is an area for improvement.

Social care professionals had not yet met the new manager so were unable to comment on her leadership; they were aware of the difficult time the service had been through but had no specific concerns about the service or the quality of support provided to the person they were responsible for.

A system was in place for the organisation to annually seek feedback from relatives this information was analysed and stored, relatives were given feedback and an action plan was drawn up to address any identified shortfalls highlighted from survey feedback. This had not yet been initiated and had been highlighted as an action for the new manager to progress within the regional manager's review of the service.

Regular staff meetings had now been implemented and staff said they felt confident of raising issues within these. There were a range of policies and procedures governing how the service needed to be run. The new manager had reviewed all policies and procedures and ensured these had been updated and were relevant to the service. Staff knew where to find policy and procedure information and said they were required to read updates.

The organisation had membership of the Prader Willi Syndrome (PWS) Association and attendance at conferences had enabled the service to tailor policies, procedures and staff practice to better meet the needs of people with PWS.

The registered manager ensured that the care quality Commission was notified appropriately and in a timely manner as and when notifiable events occurred. The provider was appropriately displaying their ratings from a previous inspection in accordance with the requirements of legislation.

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 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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There was a failure to ensure that staff were provided with guidance to accurately reflect and support people's assessed health and behaviour needs; this ensured people received a consistent and appropriate level of support from staff. Regulation 12 (2) (a) (b)</p> <p>Boxed and bottled medicines were undated upon opening. The competency of administering staff had not been routinely assessed in accordance with the expectations of the organisation. Regulation 12 (2) (g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>There was a failure to ensure that people's informal concerns and complaints were logged and acted upon. Regulation 16 (1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a failure to ensure the assessment and monitoring system for the service was fully effective and implemented as per the requirements of the organisation. This could impact on the quality of care and support people received. Regulation 17 (1) (2) (a)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>There was a failure by the provider to ensure recruitment checks were robust and in accordance with legislation. Regulation 19 (3) (a).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>There was a failure to provide new staff with an appropriate induction to their role and to provide those without previous care experience an induction to care in line with nationally recognised programmes. Regulation 18 (2) (a).</p>