Metropolitan Housing Trust Limited

Baldock

Inspection report

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Date of inspection visit:
03 February 2016

Date of publication:
08 April 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 03 and 04 February 2016 and was unannounced. This was the first time we have inspected the service, formerly known as 'Baldock Core and Cluster', following its registration with a new provider.

The service is a care home without nursing that provides personal care and support for adults with mental health needs and learning and/or physical disabilities who live in five separate houses in Baldock. At the time of our inspection a total of 24 people received personal care and support.

There was a new manager at the service who had only been in post since the beginning of January 2016 and is in the process of registering with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The manager was supported by three team leaders responsible for the day-to-day operation of each property where people received care and support.

The arrangements in place for the maintenance and repair of the central heating system were not as effective as they could have been. This meant that when the boiler broke down people and staff were without central heating and hot water for a significant and unsatisfactory period of time.

Records held about people's health, care and support needs were not always as accurate, up to date or complete as they could have been in all cases.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

At the time of our inspection we found that the provider was working within the principles of the MCA where it was necessary and appropriate to the needs of the people who received care and support. A number of DoLS applications had been made to the appropriate supervisory body in to help staff keep people safe, both at the home and while out and about in the community.

Although safe and robust recruitment processes were followed, staffing levels varied and lacked consistency across the five separate houses that made up the home. However, staff told us and our inspection confirmed, that this had not impacted on the safety or quality of care provided. During our inspection we

found that some areas in two of the houses we visited had not been adequately maintained. This meant that, despite frequent cleaning, staff found it difficult to achieve the required standards of cleanliness and hygiene appropriate to the care and support provided.

Staff received training in how to safeguard people from abuse and were knowledgeable about the potential risks and how to report concerns. Plans and guidance were in place to help staff deal with unforeseen events and emergencies in a safe and effective way.

People were supported to take their medicines safely and at the right time by trained staff. Potential risks to people's health and well-being were identified, reviewed and managed effectively but assessments and plans were not always accurate or up to date.

People who lived at the home, their relatives and social care professionals were positive about the skills, experience and abilities of staff. We saw that staff received training and refresher updates relevant to their roles and had regular supervision meetings with managers to discuss and review their personal development and performance.

People were encouraged and helped to maintain good health and had access to health and social care professionals when necessary. They were also supported to eat a healthy balanced diet that met their individual needs.

We saw that staff provided care and support in a kind and patient way that promoted people's dignity and respected their privacy at all times. Staff had clearly developed positive relationships with the people they cared for and where very knowledgeable about their needs and personal circumstances.

People, their relatives and professionals were involved in the planning and reviews of care. However, this was not always consistently or accurately reflected in plans of care or the guidance provided to staff. The confidentiality of information held about people's medical and personal histories was securely maintained at the service.

People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences and routines. People, relatives and staff expressed mixed views about the opportunities available to pursue social interests and take part in activities.

Staff listened to people and responded positively to any concerns they had. People were encouraged to have their say about how the home operated at regular meetings and key worker sessions.

People, their relatives, staff and professional stakeholders were all complimentary about the management team and how the home operated. The new management team monitored the quality of services and potential risks in order to drive continuous improvement.

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

There were not always sufficient numbers of staff available to meet people's needs consistently at all times.

Despite frequent cleaning, staff found it difficult to achieve the required standards of cleanliness and hygiene in some areas due to poor maintenance.

People were kept safe by staff who had been trained to recognise and respond effectively to the potential risks of abuse.

Safe and effective recruitment practices were followed to ensure that all staff were suitable for the roles performed.

People were helped to take their medicines safely by trained staff.

Potential risks to people's health were identified and managed effectively.

Is the service effective?

Good

The service was effective.

Staff obtained people's agreement and consent before support was provided and acted in line with the MCA and DoLS.

Staff were trained and well supported which helped them meet people's needs effectively.

People were supported to eat a healthy balanced diet that met their needs.

People's health needs were met and they were supported to access health and social care professionals when necessary.

Is the service caring?

Good

The service was caring.

People were supported in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People and their relatives were involved in the planning and reviews of the support provided.

People were supported in a way that promoted their dignity and respected their privacy.

The confidentiality of personal information had been maintained.

Is the service responsive?

Good

The service was responsive.

People received personalised support that met their needs and took account of their preferences and personal circumstances.

People were helped and supported to pursue social interests and take part in meaningful activities relevant to their needs.

People and their relatives knew how to raise concerns and were confident these would be dealt with in a prompt and positive way.

Is the service well-led?

Requires Improvement

The service had not always ben consistently well led.

Systems in place to quality assure the services provided, manage risks and drive improvement had not always been as effective as they could have been.

Information and guidance about people's care and support needs were not always as up to date, accurate and clear as they could have been.

Relatives, staff and health care professionals were very positive about the managers and how the service was operated.

Staff understood their roles and responsibilities and were well supported by the management team.

Baldock

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 03 and 04 February 2016 by one Inspector and was unannounced. Before the inspection, the provider was also required to completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make.

The service is a care home without nursing that provides personal care and support for adults with mental health needs and learning and/or physical disabilities who lived in five separate houses in the Baldock area.

During the inspection we spoke with four people who were supported by the service, three relatives, three staff members, three team leaders and the manager. We also received feedback from health and social care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection. We looked at care plans relating to three people and two staff files.

Requires Improvement

Is the service safe?

Our findings

Some relatives of people who used the service and staff members expressed concerns about staffing levels. One person's relative told us, "Staffing is a bit stretched on occasions. The staff change quite a lot but some have been there a while." A staff member commented, "Staffing is a serious problem, we are always short staffed, which means we do a lot of overtime. Recruitment is a problem but the manager is looking into it." Another staff member said, "We are a good team and things will get better and improve with more staff."

The service comprised five separate houses located in Baldock that catered for people with a wide range of different and often complex care and support needs. Staff members told us that staffing levels across the houses varied and often lacked consistency; some felt there were enough staff in the house they worked in whereas others said they were often short staffed in another house. One staff member said, "There is a sufficient amount of staff [in] the house that I work….there is always somebody prepared to come over to cover."

Staff vacancies and difficulties with recruitment meant that staff regularly worked overtime, team leaders were frequently required to cover shifts and bank and agency staff were regularly used to cover shortfalls. A staff member commented, "Shifts are sometimes difficult to cover, when staff are sick or on leave. Shifts are always covered, with staff doing overtime or with bank or agency workers."

Staff told us, and the findings of our inspection confirmed, that although vacancies and shortages had continued to cause difficulties, the situation had not impacted on the quality or safety of care and support provided. One senior staff member said, "We need more [staffing] flexibility over all the houses. The residents are our priority, we do not allow [staff shortages] to impact on their care and support." The manager, who had only been in post a few weeks, acknowledged the need to make improvements in this area and had taken immediate steps to work on a recruitment campaign and review how staff were deployed. They explained, "Rotas should reflect [people's] needs, wherever possible staff work at the same house for consistency. There are a number of vacancies and we are about to start a recruitment campaign but care and support needs have not been compromised."

During our inspection we found that some areas in two of the houses we visited had not been adequately maintained. This meant that staff found it difficult to achieve the required standards of cleanliness and hygiene appropriate to the care and support provided. For example, we saw in a communal bathroom that the floor covering was damaged, badly stained and had become difficult to clean properly while significant areas of tile grout were dirty and discoloured. Flooring in a downstairs toilet had also become stained, discoloured and difficult to clean and damage caused to ceiling paintwork by previous leaks had not been repaired.

A feedback survey completed by one of the people who used the service in March 2015 noted that communal areas needed to be improved and redecorated. One staff member told us, "It's difficult to clean [the house] and needs re-decorating." Another staff member commented, "The décor and repair are very tired." Although not long in post, staff told us that the registered manager was a frequent visitor to all of the

houses that made up the home and was aware of the need for redecoration in some areas. The manager acknowledged the need for improvements and had taken immediate steps to ensure that a programme of maintenance and refurbishment was put in place.

People told us they felt safe and secure within the service because of the help, care and support they received from the staff. One person said, "I love it. I've lived here a long time and feel happy and safe." Staff gave people help, advice and support about how to stay safe, both at home and when out and about in the local community. An entry in the guidance provided about one person noted, "Accompany me in the community. I like to link arms with staff as I don't have much road sense." A person who used the service commented, "Yes I am safe. They [staff] remind us about strangers and to be careful at the [front] door."

People's relatives told us they were confident that their family members were kept safe and well protected from potential risks of abuse and avoidable harm. The relative of one person said, "I like the place and have no concerns about their safety or well-being." Another person's relative commented, "I am happy that [family member] is safe and well looked after."

Staff received training about how to safeguard people from harm and were knowledgeable about the risks of abuse. They knew how to raise concerns and how to report potential abuse by whistle blowing if the need arose. Information and guidance about how to report concerns, together with relevant contact numbers, was prominently displayed. Staff members were encouraged to speak out about any concerns as part of the provider's 'won't walk by' initiative. A staff member commented, "Safeguarding people from harm is our main priority here and we take it very seriously indeed." A social care professional with experience of the home said, "People are kept safe and safeguarding issues are dealt with appropriately."

Safe and effective recruitment practices were followed to make sure that all staff employed at the home were of good character and suitable for the roles they performed. People took part in the interviews of prospective candidates and had a say about who was employed to provide them with personal care and support. This helped to ensure that staff had the right mix of skills, abilities and experience to meet people's needs safely.

People's medicines were stored, managed and disposed of safely at the home. Trained staff supported people to take their medicines at the right time and in accordance with the prescribers instructions. A relative of one person who used the service told us, "The staff are very good at making sure [family member] takes their medicines properly and on time." A social care professional commented, "I have no concerns around medicines, the few errors that have occurred have been dealt with appropriately."

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed to take account of people's changing needs and circumstances. This included areas such as managing people's behaviours that challenged others and staff, road safety and use of public transport, physical and mental health, nutrition, use of domestic appliances and the management of personal finances. However, some of the risk assessments and care plans we looked at were not accurate, up to date or complete. This issues is dealt with in the 'well led' section of the report.

Staff adopted a positive approach to risk management wherever possible to help people achieve their personal goals and aspirations. For example, a person anxious about using public transport on their own was helped by staff to do so independently.

Incidents, accidents and injuries that occurred at the home were recorded, investigated and personally reviewed by the manager to ensure that steps were taken to identify, monitor and reduce risks. Plans,

guidance and equipment were available to help staff deal with unforeseen events and emergencies which may affect the home and people who live there. This included relevant training, for example in areas such as emergency first aid.

Good

Is the service effective?

Our findings

People received care from staff who had been trained and supported to meet their needs in a safe and effective way. Staff were clearly very knowledgeable about people's health, welfare and individual support needs. One person told us, "I'm well looked after and have everything I need. They [staff] help me stay healthy." Another person commented, "Yes I am very well looked after thank you."

People's needs were assessed, documented and reviewed to ensure that the care and support provided helped them to maintain good physical, mental and emotional health and well-being. This included in areas such as mobility, continence care, communication, eating and drinking and personal care and support needs. A person's relative told us, "[Family member] is well looked after and all of their needs are met. They are very well cared for." A social care professional commented, "Staff are very good; good at engaging, enabling and prioritising people's needs to make sure they are met."

However, although staff were knowledgeable about people's health needs, the guidance provided was not always clear. For example, in one case we saw that staff were advised to "act accordingly" if a person's mental health deteriorated. The manager was in the process of carrying out a review to ensure that the guidance provided to staff about how to meet people's needs was clear and consistent. We also found that people's individual plans of care were not always as accurate, up to date or complete as they could have been in all cases. This issue is dealt with in the 'well led' section of the report.

Staff helped people make and attend appointments with health and social care services and made sure they received the ongoing healthcare needed to meet their individual needs. One person who used the service told us, "Yes I get to see a doctor if I don't feel well, like if I'm sick." A relative commented, "They [staff] are very good at making sure [family member] sees the doctor and other specialists they need."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At the time of our inspection we found that the provider was working within the principles of the MCA where necessary and appropriate to the needs of the people they supported. Where it had been established that people lacked capacity to make decisions for themselves in certain areas, best interest decisions were made in accordance with the MCA and included in their individual plans of care. However, these records were not always as up to date and complete as they could have been in all cases. This issue is dealt with in the 'well led' section of the report.

A number of applications had been made to the relevant supervisory body to limit or restrict some people's liberty in order to keep them safe, both at the home and when out and about in the local community. This had been done in accordance with the MCA and deprivation of liberty safeguards (DoLS).

People told us, and our observations confirmed, that staff obtained people's agreement and consent before personal care and support was provided. This included asking people how they wanted to spend their time and what they wanted to eat and drink. One person told us, "Yes, they [staff] ask me what I need help with. I do what I like, I decide what I want to do." A staff member commented, "We never make assumptions about the support they [people] need; we always ask and encourage them to make decisions wherever possible."

We saw that an entry in guidance about one person's personal care needs noted, "I choose my clothes independently and lay them on my bed before taking a shower." However, people's care and support plans did not always consistently or accurately reflect their agreement and consent in all cases. This issue is dealt with in the 'well led' section of the report.

People who lived at the home, their relatives and social care professionals were positive about the skills, experience and abilities of the staff who provided care and support. One person told us, "The staff are very good. They are easy to talk to; very friendly and that. I am happy here; it's OK, quite nice." Another person said, "I love them [staff], they help me." A person's relative commented, "Staff are really good, [Family member] likes them all. When I take them back there it is obvious they like the staff."

Newly employed staff were required to complete a probationary period and structured induction during which they received training relevant to their roles. They worked with experienced colleagues until confident and able to demonstrate their competencies in practice. Staff followed a continuing learning and development pathway, based on a mixture of e-learning and classroom based training linked to their roles and responsibilities.

The training and updates provided helped staff to develop and perform their roles effectively. This included in areas such as medicines, infection control, health and safety, food hygiene, first aid, fire safety and safeguarding. They also had opportunities to receive specialist training relevant to some of the people they supported. One staff member commented, "Training is great, they [provider] are up on their game with that, classroom and e-learning. I have had autism training and am up to date with meds and safeguarding." Another staff member commented, "All the staff are well trained, there is a whole variety of training for staff to attend, the training is specific to the role that we do, some is specific to a house and some is person specific."

The manager and team leaders held regular meetings with staff to discuss and review their personal development and performance. Staff members told us they felt valued, listened to and were well supported by the new manager, team leaders and area manager. They were also encouraged to have their say about how the service operated and any concerns they had at regular staff meetings.

Staff were knowledgeable about people's nutritional needs and supported them to eat a healthy balanced diet. One person said, "The food is OK, most of the time." A relative told us, "[Family member] is well fed and eats well." A staff member commented, "[People] are encouraged to partake in the weekly house meetings and are given choices of what they would like for meals for the following week."

Although staff knew and understood people's nutritional needs, guidance contained in plans of care was not as clear as it could have been in all cases. For example, an entry in guidance for one person indicated that they needed to drink more fluids but did not explain why or how. The manager was in the process of reviewing and updating all plans of care to ensure they were clear and consistent. We also found that some plans were out of date and incomplete which will be addressed in the 'well led' section of the report.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind and caring. One person told us, "I am happy here, there's nothing I don't like. The staff are nice. They are kind to me always." Another person said, "I love it, I like the staff….they are kind. They help me make cakes and change my bed."
A relative commented, "Everything is fine, it's a good place and [family member] is happy there; always happy. It is obvious to me they like the place, staff are definitely very kind and caring, very respectful."

During our inspection we saw that staff helped and supported people in a calm and patient way while respecting their privacy at all times. Staff asked people for permission before entering their bedrooms to provide support and help them with personal care. A social care professional told us, "People get good care and support here. Staff are very respectful and treat people with dignity." A staff member told us, "Our main priority here is to provide the best care that we can, they [people at the home] are our main priority."

Staff had clearly developed positive and caring relationships with people who lived at the home. They were very knowledgeable about people's individual care and support needs, families and personal circumstances. For example, a couple of people became anxious because the central heating boiler had broken down and they were worried about being cold and unable to have their usual bath or shower. Staff used effective communication techniques to reassure and calm the people concerned in a kind and patient way. They explained what was happening, how temporary heaters would be used to keep them warm and discussed personal care alternatives, such as using the facilities of another house nearby.

People were helped and supported to maintain positive relationships with friends and relatives. A relative of one person told us how staff had supported them to attend a family funeral, "[Family member] looked lovely and was very well supported by the staff who came along. They [staff] were excellent, really good." Another person's relative explained how staff had helped their family member obtain a specialist phone so they could overcome communication difficulties and stay in touch, "They can [contact] me every week because the key worker got them the phone. They [staff] know the guys there very well."

Staff members, some relatives and a social care professional told us they and the people concerned were involved in the planning and reviews of the care and support provided. Each person had a 'key worker' assigned to them responsible for ensuring they received the support required to meet their individual needs. One relative told us, "I go to reviews, one a year, and have been to the day centre. When I have wanted meetings about [family member] I have got one."

A staff member commented, "[People] are supported to be involved in all aspect of their health and social needs, to take the lead and control their own decisions and make their own choices." Another staff member said, "We have monthly 1-1 meetings with the customers that we key work whereby we ask the customer questions like what they would like to change, things they have done, things that they would like to change, what has gone well and what could be done differently."

However, we found that individual care and support plans did not always consistently or accurately reflect

people's involvement and relatives said they could not recall having seen them as part of reviews. This issue is addressed in the 'well led' section of the report.

Some of the people who used the service lacked capacity to make certain decisions for themselves had little or no independent support or oversight about their care from family or friends, either because none were available or they lived far away. The manager has agreed that in those cases people should be supported to access independent advocacy services as a matter of course, to provide a 'voice' and speak up for them as part of care planning and reviews. Steps have been taken to identify people who may need this additional support and put the necessary arrangements in place to obtain it.

Confidentiality was well maintained throughout the service and information held about people's health, support needs and medical histories was kept secure.

Good

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs and took full account of their preferences and personal circumstances. Information and guidance was in place to help staff provide care in a person centred way, based on people's individual health and support needs. This included information about people's preferred routines, medicines, dietary needs and personal care preferences.

For example, entries in guidance about one person's personal care preferences noted; "I will make a sign when I would like my hair washed by rubbing my hair"; "I normally go to bed around 8-9:00pm. I will sign 'sleep' and wave goodnight"; "Friday to Sunday I like a lie in, I will get up and go downstairs for breakfast." This meant that people's views and preferences had been considered and taken into account as part of the planning and delivery of their care. One person told us, "I like it here, I do what I want to do. I do what I like, I'm fine."

People received personalised care and support that was responsive to their individual health and welfare needs. For example, staff worked with a specialist speech and language service to make sure they were able to provide appropriate levels of care and emotional support to a deaf resident who had lost a close family member. Staff received additional training and were given the communication tools necessary to support the person through the grieving process and attend the funeral. This meant that care and support had been planned and delivered in a way that recognised, took account of and met individual and specific needs.

However, we found that the information and guidance provided about people's individual needs and preferences was not always as up to date, accurate or complete as it could have been in all cases. This issue is dealt with in the 'well led' section of the report.

People told us they did things they wanted to do, both at the home and at the day centre where most of them went during the week. One person told us, "We make cakes, Easter and father's day cards." Relatives, staff and professionals expressed mixed views about the opportunities available for people to pursue hobbies, social interests and take part in activities relevant to their individual needs. A relative of one person said, "Apart from the day centre I don't think much else goes on, [family member] comes with us on holidays." A social care professional was concerned that staffing issues had limited the time that staff had available for activities and 'one to one' engagement with people; "The conflict between person centred care and staffing limits is a continuing problem."

The manager told us that people were supported to pursue interests above and beyond day centre activates. These included trampolining, music therapy, horse riding and attending various social and activity clubs. However, they acknowledged that staff rotas and deployment needed to be more flexible and focused on people's individual needs and interests so that, for example, if somebody wanted to go swimming then staff were available to take them. A team leader explained that regular reviews were held with people to discuss their likes and dislikes, plans and the goals they wished to achieve; "We risk assess activities and encourage positive risk taking where applicable and in their overall best interest."

A staff member commented, "Most [people] regularly go to the day centre. They also have a home base day to do their own washing and help out around the house. Typical activities that happen outside the house may involve supporting someone to do their shopping, going out for lunch or dinner, visiting family or going to the pub." However, another staff member said, "Apart from day centre we don't have the time or staff to do much else, like trips out or holidays. It would be nice if they could have a nice holiday." The manager was in the process of reviewing staff cover to ensure people's social needs were met and opportunities for additional community based activities were identified and explored.

People had a say about the home and how it operated at regular meetings held for the benefit of residents and during 'one to one' sessions with their key workers. People's relatives told us they knew how to complain but had not found it necessary to raise any concerns formally. The manager had introduced a new 'grumbles' book in each of the houses people lived so that minor issues could be raised, recorded and dealt with quickly and efficiently.

Requires Improvement

Is the service well-led?

Our findings

The provider did not have effective arrangements in place for the prompt maintenance and repair of a central heating system that broke down at one of the houses where people lived. Prompt and effective steps were not taken to identify and mitigate the risks or make alternative arrangements to ensure that people's personal care routines were not unduly disrupted. This meant that residents and staff were left without central heating and hot water for six days, a significant, disproportionate and unsatisfactory period of time in all of the circumstances. One staff member said, "It's disgusting", while another commented, "It's not good enough, the [provider] needs to get a grip of the maintenance department."

During our inspection, four days after the initial breakdown, people told us they were cold and some were clearly anxious and concerned that they had not been able to take a bath or shower since the boiler failed. The manager and staff were frustrated that, despite numerous frequent calls and enquiries, the maintenance contractor used by the provider had been unable to furnish them with any meaningful information about when the system would be fixed. Staff made alternative arrangements for people to use bath and shower facilities at nearby houses as a temporary solution. On the fourth day the contractor supplied some temporary heaters and staff made arrangements for people to take baths and showers in another nearby house operated by the home. It was a further two days before the system was fixed, despite the considerable and best efforts of both the home and area manager. The incident will be reviewed by the provider's risk and quality of service team to identify and share learning outcomes and put in place improved systems to deal with unforeseen events that may affect how the service operates.

This amounted to a breach of Regulation 15 of the of the Health and Social Care Act (Regulated Activities) 2014 because following the breakdown the central heating equipment was not adequately maintained or repaired in a way that met people's needs in a safe and effective way.

Records, plans and guidance held about people's individual health, care and support needs were not always as accurate, up to date or complete as they could have been in all cases. Most of the plans of care, risk assessments and reviews we looked at were inconsistent, unclear and often difficult to navigate and understand. For example, some risk assessments relating to people's finances, behaviour and keeping safe at the home dated from 2009. Reviews had either not been completed, because the forms used were blank, or they had last been reviewed in 2013.

Some personal emergency evacuation plans had not been reviewed since 2014. A number of mental capacity assessments were not signed or dated and some had not been reviewed since 2012. Various aspects of people's individual plans of care were blank, incomplete and/or out of date, for example, a number of the reviews dated from 2012. Most of the plans we saw also failed to accurately reflect people's involvement, consent and agreement to their care, for example in relation to medicines.

Although staff were very knowledgeable about people's care and support needs, much of the information and guidance contained in their plans of care was unclear, inconsistent and poorly maintained. For example, the likes and dislikes recorded for one person were identical, so it was not possible to establish

from the plans what they did and didn't like to do. A staff member commented, "Nobody knows what care plans should look like, can't make head nor tail of them. They are too corporate and not person centred….but new, bank and agency staff do need to refer to them."

This amounted to a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) 2014 because accurate, complete and contemporaneous records were not always maintained in relation to each persons care and support.

Both the home and area manager were relatively new in post but by the time of our inspection had already set about on a programme of review and change to drive the improvements required in key areas, such as audits, record keeping, care planning, recruitment, staff deployment and the refurbishment and redecoration of some areas. For example, at the time of our inspection a large and reputable pharmacy provider had been engaged to review, audit and improve medicine practices at the home.

People who lived at the home, relatives, staff members and social care professionals were very positive and complimentary about the team leaders, home and area manager. One relative told us, "The team leaders are excellent, really good and the new manager is already making a big difference." A staff member commented, "From what I have seen so far I would say that this . The manager has an open door policy and [is] always available to talk to. The service as a whole is really well operated."

Staff told us that things had improved considerably since the new home and area managers had been in post, for example they felt valued and well supported whereas that had not always been the case previously. One staff member said, "We like the new manager and their style, opposite of the previous. The new one is very approachable and a breath of fresh air. I feel well supported and valued now, particularly by my team leader, they are great." Another staff member told us, "The new manager and team leaders are very good at getting things done. I have seen more of the new manager."

The manager was clear about the provider's values and how they related to the home and how it was run. Staff also understood these values, their roles, responsibilities and what was expected of them. The manager, team leaders and staff were very knowledgeable about the people they cared for, their individual needs, families and personal circumstances. The provider and manager ensured that staff had the tools and training necessary to meet the individual, complex and varied needs of the people who lived at the home.

Both the home and area manager monitored, reviewed and checked the quality of services provided across a range of key areas, for example in relation to the management of medicines, health and safety, resources, complaints, safeguarding, accidents, incidents and staff issues. The manager was in the process of introducing new and improved ways of monitoring and maintaining effective oversight of issues such as staff training, supervisions, observations and competency checks, emergency planning and staff absence levels through, for example, sickness.