Parkcare Homes (No.2) Limited

The Foam

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

Overall summary

This inspection took place on the 25 and 26 November 2015 and was unannounced.

The Foam provides accommodation and support for up to three people who may have a learning disability, autistic spectrum disorder or physical disabilities. Although the service is not accessible to people in wheelchairs it had been adapted in areas to better suit the needs of people with mobility issues. At the time of our inspection the service was full.

The service is a small single storey style house. People's bedrooms were all located on the same floor as the communal living/dining room, bathroom, kitchen, and office which was also used as a sleep in room for staff. There was a large enclosed garden to the rear of the property.

The service had a registered manager in post at the time of our visit and was present throughout both days of the inspection. The registered manager also had oversight of two other services. A registered manager is a person who

Summary of findings

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 and associated Regulations about how the service is run.

The Foam was last inspected on 19 and 24 March 2015 and had been rated as requires improvement at that inspection. The Care Quality Commission (CQC) issued nine Requirement Actions after this inspection. Areas of concern were: the support people received with their activities as a sufficient number of staff were unavailable, risk assessments were not kept updated and staff did not always adhere to risk measures implemented, robust systems to mitigate the risk of staff lone working were not in place, feedback was not being acted on to drive improvement, medicines were not managed safely, peoples food preferences were not being respected, an accessible complaints procedure had not been displayed and complaints had not been acted upon, documentation and records were not up to date, accurate or completed at all times, staff recruitment files were missing the required information according to our regulations, and staff were not in receipt of regular supervision to provide them with support and identify areas of improvement in their work. We asked the provider to submit an action plan to us to show how and when they intended to address these shortfalls.

We found that while improvements had been made in some areas, this inspection highlighted that the provider had not fully met the previous Requirement Actions.

The provider had not ensured staff had received sufficient induction training or completed essential training before working alone and without supervision. The provider could not be assured that agency workers had the right skills to be able to deliver support to people in an appropriate way as no spot checks or competency checks were made.

Recruitment files continued to lack the required information as outlined in schedule 3 of the Health and Social Care Act 2008. This had been the case at the previous inspection and was a breach of the Commissions regulations.

Processes for managing medicines safely were inconsistent. We found gaps in safety checks and recordings which had not been satisfactorily investigated. Robust medicine auditing had not been implemented meaning the shortfalls found at this inspection had not been identified sooner.

Risk assessments had been implemented to help safeguard people but not all assessments had been updated when new risks had been identified. Although staff could tell us what action they took to mitigate risks, recorded risk assessments lacked this information.

One person had been assessed as being at risk of dehydration. Staff were not given information to help them understand the amount of fluids this person should receive daily. Recordings of fluid intake were inconsistent and missing which meant this person was at risk of receiving insufficient support with this health requirement.

Peoples care files contained good detail but were not always up to date with the most current information. This meant staff did not always have information which reflected the needs of people to inform their practice.

The service was lacking in leadership. Where shortfalls had been identified in this inspection internal audits had failed to identify these areas in need of improvement. The provider had not taken action in all areas following the pervious inspection meaning some regulations were still being breached.

Staff had a good understanding of safeguarding people and the process which should be followed to report concerns inside and outside of the service. A safeguarding policy was accessible to staff should they need to raise concerns including who to contact and what action should be taken.

People were offered a variety of meals and drinks; we observed staff engage people in making their own choices about their preferred meals. Picture guidance was available to help people understand the choices available. This was an improvement from the previous inspection where people's choices were not being respected.

People were able to participate in activities which they enjoyed. The previous inspection had identified that a lack of staffing meant people were unable to go out as

Summary of findings

much as they enjoyed. At this inspection we found that additional staff had been deployed during the day so people were able to go out more and engage in activities of their choice.

People were involved in making their own decisions and assessments of capacity were made to comply with the Mental Capacity Act 2005. People were given information in different ways to help them understand the impact of the choices they made. Staff understood people had the right to make their own choices and they would support them through this.

We observed staff talk to people in a caring way. People were relaxed in the presence of staff and there was good rapport. When people became anxious or distressed staff took the time to support the person manage their behaviours and did this in an unhurried, dignified way.

People were able to complain and policies and processes had been implemented which people could use. When people had complained about the service recorded action had been documented.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end 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?

Requires improvement

The service was not always safe.

There were not enough staff to meet people's needs. Not all staff that lone worked had received appropriate training or competency checks.

Recruitment files continued to be incomplete.

Medicines were not being managed in a safe way; there were gaps in audit and safety checks.

Risk assessments had been implemented to reduce the risk of harm to people. Some risk assessments needed updating.

Staff showed a good understanding of safeguarding.

Is the service effective?

Requires improvement

The service was not always effective.

Not all staff had completed their induction or essential training to complete their role before working alone. Staff that had received training completed a mixture of e-learning and face to face training. Staff said they felt they received enough formal supervision.

People required monitoring to ensure they were not dehydrated but checks were inconsistent and staff were not well informed of the amount of fluid a person needed in a day.

People were offered a variety of different meals and had choice around their food and drinks.

The service understood the principles of the Mental Capacity Act 2005.

People were encouraged to be involved and make decisions about their health needs. The service involved outside professionals to support people.

Is the service caring?

Good

The service is caring.

We observed staff show people respect and understanding. Staff spoke to people in a caring way in the way people preferred and responded to well.

When people became anxious or distressed staff were patient and spent time with the person to help them manage their behaviour.

Staff supported people to make their own choices and respected their decisions.

Is the service responsive?

Requires improvement

The service was not always responsive.

Summary of findings

Peoples care plans were not kept up to date to reflect their current needs meaning staff did not have the most current information to help them support individual people.

Some documentation in peoples care plans was well written with good detail. People had been asked for their input and consent with their personal plans.

Additional staff had been deployed throughout the day so people were able to access activities outside of the service and were supported by staff to do this.

People had information about how they could complain if they were unhappy with the service they received.

Is the service well-led?

Requires improvement

The service was not always well led.

The service was still in breach of several regulations identified at the previous inspection.

Robust processes were not in place for auditing quality. Plans to assign tasks to other staff when delegated staff were unavailable had not been implemented.

Guidance documentation had not been made available for staff to help them support people in the most appropriate way.

Staff felt the service had improved significantly since the new registered manager had taken up post and could raise concerns in staff meetings.

People were able to discuss what they felt needed to improve in the service or what was going well in their own meetings.

The Foam

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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, 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 the 25 and 26 November 2015 and was unannounced. The inspection was conducted by one inspector on both days.

The registered manager had not received a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We gathered this information during the inspection. Before our inspection we reviewed the information we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law. The registered manager was asked to send us some further information after the inspection, which they did in a timely manner.

During our inspection we spoke to two people living in the service, one member of staff, the registered manager, regional manager and two health care professionals who were visiting. We also spoke with one relative and one member of staff by telephone. We observed interactions between staff and people, we looked at management records including peoples support plans, risk assessments, daily records of care and support, staff recruitment files, training records, and quality assurance information.

Requires improvement

Is the service safe?

Our findings

Safe staff working arrangements to ensure people were receiving appropriate care according to their needs was not evident at all times. The staff team consisted of two full time support workers and a registered manager who oversaw two other services. Two new staff had been recruited but had not commenced employment at the time of the inspection. Other shifts were covered by staff from the other services that the registered manager oversaw and by agency staff. Staff members started work at 7:00am and finished at 10:00pm. The registered manager would also cover some shifts. From 10:00pm until 7:00am there had previously been a sleep in staff member, however following a serious recent night time fall by one person a waking night staff member was now on duty at night instead.

For a person admitted recently assessments of their needs and guidance for staff about how the person preferred and needed to be supported were still being developed. This was a risk as the registered manager could not be sure night staff who were mostly agency workers had the right skills to support people or the available supporting documentation to guide their practice. Agency workers were not being spot checked or competency assessed to check this. We received information after the inspection that the service had reverted back to sleep duties following a review. We were also notified that an incident had occurred at night which resulted in a person being placed at risk.

In the previous inspection we found that lack of available staff had impacted on people's preferences to attend the activities they had wished to do. In this respect, numbers of staff had improved with one additional staff being allocated from 8:00am to 5:00pm. However, On both days of our inspection there was only one staff on duty who told us, "I have been off for four days; normally there is another staff member from 8:00am until 5:00pm I don't know why this is not on the rota". The registered manager said she would cover the shifts for the missing staff member. Staff remained lone working from 5:00pm and throughout the night. One staff said, they thought it would be beneficial for the people living in the service to have two staff from 7:00pm until 10:00pm as one person needed additional support to settle before going to bed, they commented "You can't satisfy two people at once".

People were not benefiting from staffing which was flexible to their preferences and support needs but was dependent on the availability of staff. We observed that staff struggled at times to support people as well as complete tasks. During the inspection a staff member was cooking the evening meal. One person needed urgent support with their personal care. Had it not been for the on going inspection this staff member would have had to deal with this alone. The registered manager said, "We are still assessing when the extra staff hours should be in place". One staff member said, "We try to structure meals to 5:00pm whilst there are two staff here as it can be difficult to cook the meals whilst trying to support people at the same time when you are working alone".

There were insufficient staff to meet people's needs. The provider could not be assured that staff that were lone working had the right skills, competency and information to be able to provide the appropriate care people needed. This is a breach of regulation 18 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection staff recruitment files lacked the required information. The provider had agreed to rectify this by the 30 July 2015. We re-checked recruitment files at this inspection and found that staff files were still incomplete; two files did not contain a current photograph of staff and gaps remained in employment history which had not been explored. This continued to be a breach of our regulations.

The service did not ensure that staff recruitment files contained all the required information. This is a breach of regulation 19(3)(a) and information specific in Schedule 3 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People required support with taking their prescribed medicines which were stored in their bedroom in a lockable medicine cupboard which staff held the keys to. One person was in receipt of a large quantity of medicine which was stored in original boxes. An audit log had been implemented to count all of this person's boxed medicine to ensure that there were no missing tablets and medicines had been given without error. It stated on the log "these should be checked every evening". Daily checks ensured missing medicines would be identified quickly, if medicine had not been counted for several days it would be difficult to identify when errors had been made. We found

Is the service safe?

consecutive days where no checks had been recorded and a number of gaps in counting up the medicine prescribed. This person did not have a medicine profile to describe how they would like to be supported to take their medicine or a photograph, this was not person centred.

We viewed people's medication administration records (MAR) and found gaps in recording. There were gaps on the 03, 11, and 12 November 2015 and two gaps on the 15 November 2015 which had not been identified or acted on. Temperature checks to ensure the storage of medicines was safe had not been consistently recorded and we found that one person's temperature checks had not been completed for the 10, 12, 31 October 2015 and 22, 23, 24 November 2015. The new person had moved in on the 23 October 2015 but temperature checks of their medicine storage had not commenced until 10 November 2015 and no checks had taken place on the 12, 14, 16 or 17 November 2015. One person was prescribed occasional use medicine (PRN) pain relief; this was not recorded on their MAR chart. One person was prescribed PRN to help them manage their behaviour, the guidelines in place were not clear to help staff to understand when this person would need to receive their medicine. This meant that this person was at risk of receiving their medicine in an inconsistent way.

We found one persons creams left on top of their medicine cupboard, we were told that this was where they were always kept and the person would not touch them, there was no evidence of a risk assessment around this. When people were prescribed creams body maps had not been used to indicate where they should have their cream administered. The registered manager said she had written it on the box but it had been thrown away. The registered manager said she would conduct monthly audits on the medicines but had been on annual leave in October 2015 so this was missed. The registered manager said that usually a team leader would do the audit if she was not available but no team leader was employed at this service. There had been no delegation of this task in the registered manager's absence which meant the shortfalls identified were not picked up sooner. The previous inspection had identified a shortfall in safe medicine practices. This continued to be the case at this inspection.

Fire risk assessments had been made by an external consultancy firm. We found a person's bedroom door had been wedged open by a flannel which did not comply with fire regulations and was a risk to their safety. We were told this was how the person liked it. We asked staff why a Doorguard or equivalent safety device had not been fitted and they said they did not know. A Doorguard is a device which will automatically close an open door if triggered by a fire alarm.

Safe medicine practices were not being followed and people were at risk because safety equipment was missing which is a breach of regulation 12(2)(d)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had individual risk assessments on their care files which covered areas such as health, finances, mobility and sensory perceptions. An incident had been recorded on the 18 November 2015 where a person had choked on a cheese sandwich. The form the incident was recorded on stated "lesson learnt, grate cheese". This person's risk assessment did not specify that staff should remain with the person whilst they ate or monitor them at all times to reduce the risks of them choking although this was what staff told us they had to do.

We viewed other areas of the service and found the toilet chair in the bathroom was very dirty; grime was ingrained into the surrounding tiles and surfaces of this room. The sofa in the lounge was quite low for people to sit in and get out of easily; the registered manager said they would be replacing the sofa with a higher back and seat. This had been raised in the previous inspection but no action had been taken. This is an area which requires improvement.

Each person had an individual personal evacuation plan in the event of a fire. General risks assessments of the environment had been made to reduce risks to people and staff. Current safety certificates had been issued for the fire alarms, gas safety and electrical testing. A lone working policy was in place which the registered manager said was in the process of being updated, this had been missing at the previous inspection.

Staff understood the processes for raising safeguarding concerns. One staff told us, "I would report my concerns to the manager and we also have contact numbers to go up to higher management. I could call CQC and use the whistle blowing procedure". Safeguarding policy was available for staff in the office which included a "stand up and speak out" poster, flashcards to describe steps to take if abuse

Requires improvement

Is the service safe?

was suspected or witnessed and a flow chart of the actions which should be taken to respond to concerns. Staff were able to describe to us the action they would take if they saw or suspected abuse to keep people safe.

Requires improvement

Is the service effective?

Our findings

Some staff were not adequately trained to complete their roles competently. One staff member had started to lone work before completing their induction and had not received all of the essential training needed to carry out their role. There was no evidence to show this staff member had been subject to any competency checks to ensure that their practice was safe although the registered manager said she had observed this person whilst working on shift but had made no record of this. There was an induction policy but this had not been reviewed since 16 January 2012. This meant that the service was not offering an induction package to new staff which reflected the most current guidance. The induction for new staff covered areas such as finance, folders, specialised training, housekeeping and systems training. New staff would shadow more experienced staff for several days until the registered manager assessed their competency to work unsupervised. Staff were offered a mixture of e-learning and face to face training. One staff told us, "I get enough supervisions, I can ask for them".

Agency staff were used to cover wake night duties alone. It was not evident that the provider could be certain that agency staff were able to work competently and meet the needs of people. The registered manager said that they relied on the agency providing the staff to make sure they were well trained. The registered manager told us that when agency staff began to work at the service they received a one hour shadow of permanent staff but received no supervision or competency checks. This meant that people were being left at risk of receiving inappropriate care and treatment. At the previous inspection concerns had been raised by a social care professional around agency staff not receiving appropriate induction so they understood the needs of people in the service which would place them at risk of receiving inappropriate care and support. At the time of the last inspection agency staff were not being used and the majority of the gaps in shift cover were covered within the staff team. We found that agency staff were now frequently used to cover night duties.

Failing to deploy staff with sufficient training and supervision is a breach of regulation 18 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person had been identified as being dehydrated which was thought to be the cause of their fall from bed. Fluid charts had been recommended to monitor that this person was receiving enough fluids throughout the day. We found that there were days when no recordings had been made, there were significant variations in amounts taken from day to day, and no total amount of fluid had been identified for staff to aim for. We asked the registered manager to explain how this was effectively monitoring this person fluid intake. She said, "The hospital had just said a good intake. The amount had not been considered until brought up now". The registered manager agreed that there should be a total amount for staff to aim for. This is an area which requires improvement.

At the previous inspection people were not offered their preferred choice of meals and information about meals were not offered in an accessible format. Since that inspection this had improved and people were asked daily what they would like to eat. We observed a staff member offer a person different choices for their meal that day. When the person had decided what they would like the staff member went to the shop to purchase it. A folder containing pictures of different meal options was available in the kitchen. The service would do their shopping online which was delivered and buy any top ups throughout the week if required.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. During the inspection we saw evidence that people's capacity had been assessed to meet the safeguards. Mental capacity assessments had been made for a person who was going to have an operation. The information recorded around this assessment explained who the person had been given information by and how the procedure was explained to them. The person had been provided with picture diagrams to help them understand what would happen during the procedure and what the possible outcomes could be. Capacity assessments had been completed for various aspects of people's daily lives. One staff commented that

Requires improvement

Is the service effective?

although they had received e-learning training in the principles of Mental Capacity Assessment further in-depth training would be beneficial to inform their understanding of this important area.

People were encouraged to make decisions about their health and were provided with information to help them understand the possible outcomes of the choices they made. There were good records in respect of a person's forthcoming operation which detailed when the person had visited the hospital for pre-checks and assessments and included details of what happened at these appointments. We were told by a staff member that one person did not like to go to the dentist and they had not attended for a long time. We asked if any further referrals had been made to help support the person with this. We were told by staff that no referrals had been made and no action plan implemented around this but they would look into this further. One person had been identified as being at risk of choking and a referral to the speech and language therapist had been made. On the first day of the inspection one person received a visit from their learning disability nurse who came to discuss the person`s health needs following a hospital admission. On the second day of the inspection a psychiatrist came to visit a person and discussed the person's specific needs with staff and how they were managing these. Guidelines to manage this person's behaviour had been implemented by the psychology team. The guidance informed staff how to deal with repetitive behaviour, activity engagement, dealing with repetitive complaints and how staff should respond in these situations. The service had been completing behaviour logs, sleep charts and notes of daily progress and evaluations.

Good

Is the service caring?

Our findings

We observed people being approached by staff in a friendly, caring manner. People looked relaxed in the presence of staff and were laughing and joking with them. One person had put their slippers on the wrong feet and was laughing with staff about it before changing them back.

Staff encouraged people to be as independent as they could to improve their life skills. One staff member said, "I encourage people to do as much as they can for themselves, helping them with new skills. (Person) does their own washing; they could not do this before". We saw that people were treated with dignity and respect. An example of this was a person who did not like other people going into their bedroom when they were not present. This was clearly documented in their care plan; we observed staff always knocked on the person's door and wait to be invited into their personal space. One staff member told us, "We want to maintain people's dignity. We make sure people look clean and tidy when they leave the home. We ask (person) to go back to their room to put their clothes on (to maintain their dignity)".

Staff took the time to help people manage their individual anxieties in a patient way. During the inspection one person became increasingly anxious about the whereabouts of their jacket which they believed had been taken. The registered manager showed the person where their jacket was and offered them reassurance to try to help them manage their anxiety level. The person continued to be repetitive about this for a period of time and the registered manager spent time with this person until they were reassured enough that their personal property was still safe. When this person was repetitive about food staff were patient and calm in their approach and tried to distract this behaviour verbally by engaging the person in a different focus which helped reduce this persons anxieties.

We observed staff speak to a person about their forthcoming operation frequently throughout our visit at the person's request. Staff offered reassurance and discussed it in a way which relieved the persons anxieties. Staff told us that they had frequently spent time going through the concerns and worries the person raised. They had made an agreement with this person that once they had been through their operation their bedroom would be re-decorated and a new bed purchased. This helped the person deal with this situation. This person referred to them self as a "new person" once they had received their operation so they wanted all new things. Staff told us that the person had been assessed as having capacity to decide if they wanted to go through with his operation and they would support them and respect their decision throughout the process.

Staff described how they had helped a person cope with their anxieties around throwing away personal items they said, "(Person) does not like to throw their clothes away, even when stained or ruined. I found a way of doing this by asking them to accompanying me to the clothing recycle bin which they like to do. It gives (person) more meaning to this and doesn't create anxiety". The staff member had thought about how they could help this person in a positive way which meant this person was supported to make their own decisions and be involved in this aspect of their life which they found difficult.

One staff told us, "Me and (person) sit together and do their care plan. I show (person) and ask them if they are happy with what's in it. Phase two will be improving this person`s life skills and I will try to get (person) involved in that". A staff member told us about when they had accompanied a person to watch the show "We Will Rock You" they spoke about this fondly and how they had enjoyed going with this person.

Requires improvement

Is the service responsive?

Our findings

Some information in people's care files had not been updated to reflect their current needs. For example one person's personal profile stated that they were not prescribed any medicines, however they had been prescribed medicine in August 2015. There was a document called "Personal development and support needs assessment" which stated the person was not on any medicines at present. This document had last been reviewed in July 2015 and was due to be reviewed again in October 2015 which had been missed. In this person`s medication file there was more up to date information which stated that they were on a short term course of medicine which was in preparation for an operation they would be undergoing; this document did not state when they had commenced taking medicine or when they would finish. This person had a health action plan (HAP) including a hospital passport. Information still included details of the person's deceased relative, and did not document the medicines currently prescribed. A weight records chart was included in the HAP which stated this person's weight should be checked monthly. Recordings were missing for April and May 2015. A person who was new to the service did not have a completed HAP and the registered manager printed off a blank copy at the inspection which she said would be filled out.

One person's care file contained references to their relative who was an important part of their life. Unfortunately their relative had passed away some months earlier. This had not been reflected in the care file which continued to make references to the relative and what part they played in the person's life. This relative was still listed as their next of kin and emergency contact.

Guidance documents did not accurately reflect the support a person received. For example, a document about a person going to activities and events outside of the service stated, "I am not able to access the community independently and need staff support. I enjoy going out on a daily basis, but need full staff support to access the community and its facilities". In another document called culture, identity and beliefs, the same person was referred to as being able to attend church alone. We asked staff about this discrepancy in the records and was told, "(Person) goes to church alone. I'm not sure if the people at church have the number to call us, but maybe they should with the current medical problems this person has". This practice was not a reflection of what the care records documented as being the persons support needs; this posed a potential risk to the person.

The transition for a person recently admitted to the service had not been well planned or managed. A staff member told us, "There was little handover from their previous home and only the manager went to visit the new person. We didn't understand or have any information. It was not good, it was done badly. The new person was very unsettled and had behaviours, it was a learning curve. There was no information; I was the whole staff team". A care professional said, "The last placement for this person was not suitable so the move happened quickly. (Person) has been through a lot of change". This persons care files had not been fully updated and we were told that this was an on going process. Staff were using documents which had come with the person from their previous service but told us they felt they were not person centred enough. Some documents were not an accurate reflection of the person's current needs. For example the eating and drinking guidance stated that this person was able to do this independently. Staff said this was not the case and they required support throughout as they were at risk of choking. Although it had been recognised that the care documents and guidance were not an accurate reflection of this persons needs they had not been updated promptly so staff could be informed of the best ways to support this person. This was of particular risk as people were receiving care from agency workers who spent little time with other staff who could guide their working practice. The service had made a referral to the Speech and Language Therapist. Although it is reasonable that new guidance to inform staff of how to support a new person takes time whilst assessment takes place, there is an expectation that when risks are identified documentation will be implemented immediately to ensure staff are well informed of people's needs and how to meet them.

Peoples care records had not been kept up to date and the support people received did not always meet their needs. This is a breach of regulation 9(1)(a)(b)(c)(3)(a)(b) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person's file had some good description to inform staff how the person liked to be supported. There was information on how the person preferred to be

Requires improvement

Is the service responsive?

communicated with, what they liked to drink and eat, things they did not like and how to assist them with their personal hygiene. There was evidence to show that people had been involved in their care plan and consent had been sought in respect of sharing their personal information.

There had been improvement since the last inspection in respect of the activities people were now able to attend with the addition of extra staff throughout the day time. One person said, "I can ask the registered manager for activities and I go to church, bowling, and swimming. I've been on holiday and I enjoyed dancing and listening to music there". People attended a day centre throughout the week, had been to a reindeer centre the previous week, and attended discos at the day centre. Both people went to the day centre on the day of our inspection and one played a game of bingo and brought a prize home.

The previous inspection had found that information about how people could make complaints was not in an accessible format and when complaints had been made they had not been responded to appropriately. We found at this inspection this had been improved. A complaints policy was available for people to use detailing how complaints would be dealt with and the process which should be followed. Included were timescales and what other agencies people could speak to if unhappy with the outcome of their complaints. There was a "Making a complaint" leaflet in the hallway with forms for people to use to write down any complaints, comments or compliments. We found that where complaints had been made an action plan to improve had been implemented. People had been asked if they understood how to make complaints. We saw records of discussions staff had had with people to assess if they felt able to complain or say if they were unhappy. We saw records for the 21 September 2015 and 22 October 2015 which stated, "(Person) knows how to make a complaint and feels they have nothing to complain about at the moment" in November 2015 this person had made two complaints which were being responded to.

Requires improvement

Is the service well-led?

Our findings

The previous inspection had identified nine regulations that the service was in breach of. Although the service had made improvement in areas such as activities, complaints and food preferences; other regulations were still being breached. The provider had sent the Commission an action plan after the last inspection which gave details of how they were going to make improvements to the services they delivered and by what date. Not all areas of the improvement plan had been met and robust systems for monitoring the plan had not been implemented to successfully identify areas which had not been acted on or improved as agreed.

Processes for auditing safety records, people's records and staff records were not followed up to identify when checks had been missed or when documentation needed to be updated to reflect current practice. Systems had not been put in place to ensure checks would be made in the absence of the registered manager or other individuals designated to specific tasks.

Daily fluid intake records had not been effective in monitoring the amounts of fluid people received to remain hydrated. The registered manager had failed to put processes in place for staff to understand the quantities they should aim for and audits had not been made to ensure daily records were consistently made. This was a risk to people's health and wellbeing.

Some quarterly, monthly and weekly safety checks implemented by the provider to be undertaken by staff were not always recorded as completed. For example the fire alarm system should have been checked weekly but there were a number of gaps throughout April, May, August, September and October 2015. Doorguards had not been checked since March 2015, and fire extinguishers had not been routinely checked according to the services own protocols. We found similar failings at the previous inspection and sufficient processes were not in place to identify when checks had failed to be conducted. We did find that vehicle and wheelchair checks had been made which had been highlighted as missing at the previous inspection. The service employed an internal compliance inspector who visited the service on the 15 June 2015, 21 July 2015 and 29 September 2015.

Quality assurance questionnaires were sent out yearly to people living in the service. The registered manager told us that they did not send surveys to professionals, outside people who had contact with the service or relatives. We reviewed the results of the survey which had been sent out to people in June 2015. An action plan had been made in September 2015 which included more meetings for people, staff to promote choice, and one person wanted to invite a friend round. We asked if the person had been able to invite their friend round and was informed this had not happened as of yet and this was still being discussed.

Staff demonstrated that they wanted to provide a good service for people but oversight of their practice continued to be limited and good practice was not supported by the records maintained. The previous inspection had identified that handover sheets were not always completed and this inspection found the same short fall. Handovers had not been recorded on the 04, 05, 06, 11, 12, 13, 14, 16, 18, 19 and 20 November 2015.

The registered manger had not ensured staff were suitably trained, supervised to perform their roles safely or have access to current guidance to inform their practice. A person had only recently moved into the service who had complex needs and behaviours which could challenge others. It was evident that the registered manager had involved and sought support from appropriate outside sources, the purpose of this being to help the new person settle into their new placement and meet their needs. What was not evident was how staff within the service were receiving support and clear guidance to provide care to the new person. The service had been working closely with this person to understand what their support needs were but had failed to update the care plan records when areas had been identified. This meant that there was a greater risk of the person receiving care which was not person centred particularly as agency workers were working alone on shifts. One staff told us, "I don't feel like we had enough time to assess the new person. We need to learn more about them".

The systems for monitoring the quality and safety of the service were not effective. Feedback from people had not been responded to appropriately. This is a breach of Regulation 17 (1)(2)(a)(b)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Monthly meetings were held for staff to discuss the service and the action needed to improve outcomes for people.

Requires improvement

Is the service well-led?

We found recorded meetings in January, May, June and September 2015. A staff member said, “I get enough support from the registered manager. I think the home is improving; it’s going in the right direction. You didn’t get any help before when you was lone working. Now I feel more supported and you can call the manager and other managers for help. The way we work is better structured. I feel now I’m part of a team”. Another staff said, “I think the manager has improved the paperwork it’s more streamlined now. I thinks things have improved, before we lone worked and not much support was available, that’s better now”.

People had monthly meetings with their key worker to discuss any wishes or complaints they may have. We saw that one person had used this time to raise two complaints which were being dealt with following the services procedures. A staff member commented, “People have your voice meetings which gives them a chance to have a voice and talk about any complaints”. One person had asked for a new television in October 2015 which was purchased in November 2015.

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 HSCA (RA) Regulations 2014 Staffing The provider could not be assured that staff that were lone working had the right skills, competency and information to be able to provide the appropriate care people needed.The provider was failing to deploy staff with sufficient training and competency checks. Regulation 18 (1)(2)(a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The service had failed to complete the required checks or obtain information to ensure staff were suitably employed. Regulation 19(3)(a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were placed at risk because medicines were not always managed safely. People were at risk from the environment that they lived in. Regulation 12(2)(d)(g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Peoples care records had not been kept up to date and the support people received did not always meet their needs. Regulation 9(1)(a)(b)(c)(3)(a)(b).

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The providers systems for monitoring the safety of the premises was not effective. Feedback from people was not responded to appropriately. Regulation 17 (1)(2)(a)(b)(e).