

Aldanat Care Limited

Peterhouse

Inspection report

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

This inspection was unannounced and carried out on 5 April 2016.

Peterhouse is a residential care home that provides care and support for up to eleven people who have a learning disability or autistic spectrum disorder. At the time of our inspection there were nine people using the service.

The service had a registered manager in post but they did not manage the service on a day to day basis. The registered manager was also a director of the company that provided the service. 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.

The service had appointed a new manager who commenced in post in January 2016 to take over the day to day management but they were not yet registered with the Care Quality Commission to manage this service. They have been employed to manage Peterhouse and another service.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special Measures'. Services in Special Measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in Special Measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in Special Measures.

We found a number of breaches 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 the report.

There had been a lack of oversight by the provider to ensure the service delivered was of good quality, safe and continued to improve. People's safety and welfare were compromised because they did not have in place robust and effective quality and assurance monitoring processes to identify issues that presented a potential risk to people. Thorough risk assessments had not been carried out routinely to identify risks in relation to people's health care needs, the physical environment and fire safety; necessary maintenance work and health and safety precautions had not been taken to protect people from risk of harm. Cleanliness and measures to limit the risk of cross infection had been neglected.

A system was not in place to ensure there were sufficient numbers of staff on duty to support people to follow interests and take part in social and therapeutic activity. There were not enough staff to enable people to go out and to support those who remained at home. People were not supported to participate in meaningful activities and the service did not provide people with opportunities and support to access the community on a regular basis. The two staff members on shift had additional responsibilities that included cleaning and preparing and cooking meals.

The service did not have a pro-active approach to staff member's learning and development needs in line with the provider's stated purpose and the needs of people using the service. Staff training was not developed to sufficient depth for staff caring for people with complex needs. They did not have the opportunity to develop the skills to carry out their role and ensure their practice was relevant and up to date.

Despite these shortfalls staff had developed good relationships with people living at the service. They knew their individual care and support needs well and people were supported, where able, to express their views and choices. Staff had a clear understanding of how to safeguard people and knew what steps they should take if they suspected abuse.

The service had applied the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) however this was compromised by not having enough staff to enable people to go out and about with support and supervision.

There was an effective recruitment and selection process to check that potential new staff were suitable to work with people who used the service. This was followed and helped to ensure that only suitable staff were employed.

Medication was managed and stored safely and administered correctly to people. People were supported to maintain good health. They received continuing specialist help pertinent to their healthcare needs. They had prompt access to a range of healthcare professionals for routine follow up and when they became unwell.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Risks at service level were not identified and managed.

The physical environment was not safe, adequately maintained or clean and placed people at risk.

Risks associated with people's health care needs were not always managed appropriately.

The service does not regularly review its staffing to make sure there is a sufficient number of staff to respond to people's diverse, social and changing needs.

Is the service effective?

Inadequate ●

The service was not effective.

The provider did not have a proactive approach to staff members learning and development needs in line with a service for people with a learning disability and associated needs.

Staff were not supported and did not receive regular supervision to develop and review their day to day practice.

Deprivation of Liberty safeguards were put into practice however there was not always the support available to enable people to go out under supervision.

People were supported in their healthcare needs and staff engaged proactively with health care professionals.

Is the service caring?

Requires Improvement ●

The lack of maintenance did not promote an environment that was caring for people or promoted their dignity and privacy.

Staff had developed positive and caring relationships with people using the service and staff treated people with respect, supporting them were able to exercise choice.

Is the service responsive?

People did not receive the opportunities and support to engage regularly with social or therapeutic activities or events outside of the service.

Staff endeavoured to deliver care to people in a personalised way.

Whilst staff addressed people's concerns where they were able; the provider was not receptive to complaints or concerns and did not view them as a way of driving improvement.

Requires Improvement 

Is the service well-led?

The service was not well led.

There was a lack of oversight by the provider and people were not at the heart of the service.

The service had no established systems or processes in place to effectively assess, monitor and improve quality and safety.

Inadequate 

Peterhouse

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 5 April 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we checked the information that we held about the service. Concerns had been raised with regards to the physical environment and cleanliness of the service. We also looked at the information sent to us from others, for example the local authority. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with one person who used the service. Other people were unable to speak with us directly because they had limited verbal communication or because they were anxious. We used informal observations to evaluate people's experiences and help us assess how their needs were being met. We also observed how staff interacted with people. Throughout the day we spoke with five members of the care staff, the newly appointed manager and the registered manager/provider. We spoke with members of the local authority safeguarding and quality improvement team.

We looked at four people's care records and information relating to the management of the service such as staff personnel and training records and quality monitoring information.

Is the service safe?

Our findings

We received information prior to this inspection telling us that the physical environment of the service was poor and not adequately maintained which placed people who used the service, and others at risk. We were told that the washing machine kept breaking down, the laundry facilities were poor and there were times when there was not enough heat or hot water.

We found shortfalls with equipment and practice within the service which did not protect people from the risks of poor hygiene and infection control systems. Peterhouse had its own in-house laundry. It was not designed or maintained to minimise risk of recontamination and therefore people and staff involved in the handling of used and soiled linen were not protected from the risk of cross infection. The wall surfaces of the laundry room were permeable and did not allow for effective cleaning. There was insufficient ventilation and the ceiling and higher part of the walls were covered in mildew from condensation, and cobwebs.

Staff told us that soiled linen was placed in water soluble bags to segregate linen and help to prevent cross infection. However the linen was not decontaminated effectively because the washer did not work properly. Staff told us they were using a domestic washer provided which did not have the specified programmes to meet disinfection standards and this kept breaking down. There was only one sink in the laundry room which was corroded and unclean; a soap dispenser and paper towels were not available for staff to wash their hands. The laundry did not provide appropriate areas for the segregation of dirty and clean linen.

The service did not follow Department of Health guidance designed to help social care providers to limit the risks of cross infection that people using the service have a right to expect. For example there was no linen handling and laundry policy and mops used for floor cleaning, stored in the laundry room were dirty and stained posing a risk of infection.

The manager told us that they had not been aware of the potential risks to a person's health and safety because their care and support plans did not contain relevant and important information about them. Some staff were aware that one person had a specific health condition but there were no risk management strategies in place to guide them on how to support and protect them from potential harm. The manager took remedial precautions. However they still required action by the provider to ensure the correct equipment was in place to support staff to manage the situation effectively.

The physical environment of the service posed risks to people's health and safety. Wardrobes in people's bedrooms were not fixed and were unstable; they posed a potential risk of harm if pulled over. Some of the wardrobes had items stored on the top, for example a television. People could sustain a serious injury if such items fell off the unstable wardrobe.

The seats in both toilets, on the ground floor were used by people with a physical disability. They were not secure because they were only attached by one loose hinge. Staff told us that they had tried on many occasions to repair the toilet seats. The provider told us that they had replaced the seats on many occasions but the fixtures kept breaking. The provider had given no further consideration as to how the toilets could be

made safe for people.

Radiators throughout the service were not covered and posed a potential risk of burns to people if they fell against them when hot. We saw some radiators were either damaged or coming away from the wall. A plug socket in the dining room was also damaged and had exposed wiring. The carpet on the staircase was damaged and loose and posed a trip hazard to people.

A risk assessment in relation to water safety identified an extensive list of actions needed to comply with legislation. Remedial works were carried out to comply with Water Supply (water fittings) Regulations 1999 however, the assessment record showed there was still outstanding work to be done particularly in relation to the risk of Legionella. When we showed the provider the list of recommendations they were not able to give a definitive answer as to the progress or who was responsible for completion.

We identified risks with regard to insufficient lighting for fire escape routes, a temporary wheelchair ramp at one fire exit was sinking and the metal steps for the upper floor fire escape were covered in moss. This meant the routes of escape in an emergency were not without risk.

Health, safety and fire risk assessments had not been carried out to identify risks to people using the service and necessary precautions to be taken within the service. The provider told us that a health and safety officer had recently been employed by the provider and they had since carried out risk assessments of the service, however they were not available and the provider said they had not seen them.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

The provider was not operating the service in line with it's Statement of Purpose which stated, 'Peterhouse was set in eight acres of mature grounds comprising a large pond, woods, paddock, lawns and flowerbeds. The Home aims to provide full residential services and comfortable personal accommodation. The lounge has comfortable seating. There are extensive outbuildings which have been adapted to provide an Occupational Therapy Room equipped with a shower room and toilet, sensory equipment, Conference Room, Office and laundry facilities. The complete lower level and gardens have full wheelchair access.' This did not concur with our findings.

Staff told us that some refurbishment had taken place. Some new flooring was in place but the entrance hall was still uneven and posed a trip hazard. Each bedroom had a portable electric radiator; staff told us that they were in use because there had been periods when the service was without heating or when it did work it was not efficient. Most window frames throughout building were rotten and drafty, chipped or required painting. The putty securing the lounge window was coming away and was not holding the glass pane securely and a window in one bedroom could not be opened. Walls were damaged in the dining room. An external door to a vacant bedroom had been changed into a window which had not been finished and sealed. Staff said it had been in this condition for a long time.

Building work had been undertaken and the outbuildings had been changed into a separate supported living service. The garden area was unkempt. Building debris and exposed electrical wiring posed a risk of tripping and falling for people, particularly with a physical or sensory impairment. Records for one person stated they liked to wander around the grounds bare footed which they would not have been able to do without a high risk of injury. The entrance from the road to the service was on a double blind bend and there were no gates. Staff said they were very concerned about the risk this posed to some people as they did not have road safety awareness.

Areas of the service were in need of redecoration and were not clean particularly people's bedrooms and washing facilities. Staff told us that their requests for furniture were not met; there were only six seats in the lounge for nine people which meant not everybody could sit together comfortably at any one time.

Carpets, toilet bowls, shower trays, baths and tiling were stained and dirty, cobwebs were evident in people's bedrooms. Four of the nine people were able to carry out basic cleaning as part of their support to develop independent living skills. Staff told us there was a cleaner employed for two hours a day and they did not clean people's bedrooms. Staff told us they supported people where they were able to clean but they did the rest. They found little time to do this. The service did not have a cleaning policy or cleaning schedules in place that would identify responsibilities; which products and equipment to use or the training staff needed to ensure a standard of cleanliness and hygiene was maintained.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Premises and equipment.

There were not enough staff to provide the right level of care and staff were not deployed in a way that ensured people's safety. Staff told us that there were usually three staff members to support nine people. Staff said that people got bored and frustrated and this impacted on their mood and how they interacted with staff and others. One person required one to one support daily, four people required one to one support with eating and two people required support from two staff members with personal care because of their mobility needs. Staff said that there were times when they had worked on a voluntary basis to take people out. This was because they felt doing this during their normal working hours would leave others vulnerable. Additional to their caring and supporting role staff were required to clean people's bedrooms and prepare and cook meals at the weekend. There were no additional staff at weekends.

A lot of staff had recently left employment and shifts were being covered by agency staff. This was unsettling for people with complex needs who benefited from consistent staffing.

On the day of our visit there were three permanent staff members on shift plus a new staff member. The new staff member was providing one to one support out in the community. They had commenced employment the previous day and were not familiar with the persons needs, communication and behaviours. There had not been enough time to develop a trusting relationship between them.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing.

Despite these shortfalls we found that staff were clear about their duty to ensure people were protected from bullying, harassment and abuse. We observed people felt safe and comfortable and had a good rapport with staff supporting them. Staff demonstrated a good understanding of their responsibilities in relation to safeguarding vulnerable people and protecting them from harm. They knew how to recognise signs of harm and what their responsibilities were if they saw or suspected abuse or poor practice. The manager was fully aware of their responsibilities and had arrangements in place to ensure that people were safeguarded against the risk of abuse and harm. We were not assured that the provider acted in the same way because they had not taken appropriate action to ensure the environment and staffing protected people.

New employees were appropriately checked through robust recruitment processes to ensure their suitability for the role. Newly recruited staff confirmed that all necessary checks had been completed before they had commenced working with people.

People received their medicines in a timely way and as prescribed by the doctor. Medicines were stored safely and were locked away when unattended. Staff responsible for managing medicines had received a basic level of training in relation to the practice of administering medicines with the exception Buccal Midazolam. This is an emergency treatment given to stop a prolonged seizure for people who have epilepsy. Medicine administration records were clear and up to date and all medicines administered or omitted for a reason had been signed for. Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was written criteria for each person, within individual medication records to guide staff on the purpose of PRN medication and when it should be offered. This ensured people received PRN medication appropriately. Guidance was also in place for staff to know when certain medications should be administered such as before food, with food or to avoid certain food types; this ensured their effectiveness. Monthly medication audits had been started by the new manager and these showed that action had been taken to address shortfalls and improve practice. For example a photo of each person had been added to the MAR to prevent error of misidentity and the date of opening was recorded on liquid medicines to ensure they were only used within the correct time limit of the seal being broken. This ensured they were fit for purpose.

Is the service effective?

Our findings

Staff and learning development was not effectively linked to the needs of people. The provider's website stated, 'Our staff are carefully selected and put through robust training. We believe staff development is important and invest heavily in updating their skills.' The provider's Statement of Purpose stated, 'Continually assess the performance of our staff and ensure they receive support and guidance in order to maximise the quality of support we provide and individual job satisfaction; ensure that we maintain a high quality work force, whom hold the relevant skills to perform the required tasks by providing full development planning and ensure our workforce receive regular training, supervision and guidance in order to develop their skills and confidence within the role.' This information did not concur with our findings.

Staff told us that they had either completed or were working towards a nationally recognised qualification in care. However they had no personalised plan which reflected their professional development or specialisms linked to the needs of people they cared for. Some staff told us that they had limited knowledge in relation to specific needs of people they supported such as epilepsy and Pica, (defined as an eating disorder that refers to the eating of non-edible things).

Staff did not have the necessary skills to support people with epilepsy. The training that staff had received in administering rapid treatment in the event of a prolonged seizure had lapsed. Training is recommended to be updated every two years. The manager told us that if any individual required this treatment it would have to be administered by paramedics. This meant that if an event occurred prompt treatment could not be assured and a hospital admission may not be prevented.

Staff told us that they had recently attended a training workshop in autism awareness. One staff member said that the training helped them to have a better understanding of why people they were supporting had very different needs. Staff said they would benefit from further training in this area and others such as learning disability and mental health needs.

Whilst care observed was caring and compassionate this was more intuitive than knowledge based. Staff told us that there were incidents that had occurred and were difficult to manage. They received training in practical approaches and strategies that could be used in reducing risk of harm to people, and others. However they had not received training in areas such as person centred active support, understanding challenging behaviours, positive behaviour support and alternative communication methods. This is vital for people who may experience difficulties in communicating or managing their emotions and may use behaviour as a way to express themselves. Training in these areas would support staff in preventing situations that may be challenging to others.

Formal supervision and appraisal had lapsed and staff had not received support in their day to day practice or the opportunity to discuss performance, development and training needs. The on-going monitoring and assessment of staff helps ensure the effective support of people using the service.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

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 the 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 and hospitals are called the Deprivation of Liberty safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that related assessments and decisions had been properly taken. Applications for standard authorisations had been made to the local authority in relation to DoLS as it was in the best interests of people using the service not to leave it without support and supervision.

People were protected, especially those with complex needs, from the risk of poor nutrition and dehydration. Where required, staff followed care plan's provided for individuals by healthcare professionals that contained information on specific needs around dysphagia (difficulty in swallowing) and diet, including advice about textures and types of foods and thickness of fluids required to meet people's individual nutritional needs safely.

We observed a staff member during the afternoon tempting someone to eat and offering various food items. They were patient and encouraging. The staff member later explained that this person had not wanted to eat at lunchtime; they had lost a lot of weight following a hospital admission for surgery. The staff member was pleased to tell us that with one to one support, prompting and encouragement of high calorie foods and supplements their weight had increased from 6st 8lbs to 7st 6lbs.

Staff told us that the cook set the menu and this included people's choices and preferences. Snacks and drinks were freely available and offered regularly by staff. On the afternoon of our visit the cook and staff were preparing party food to celebrate one individuals birthday.

People had access to healthcare services and received on going healthcare support where required. Their general health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. Staff supported people to attend appointments and follow ups with health care professionals such as doctors, dentists, chiropodists, district nurses, speech and language therapists and dieticians. There was evidence that annual health checks had been carried out. Hospital passports were completed for each person and kept in their care records. These assisted each person to provide hospital staff with important information about them and their health in the event of a planned or emergency admission to hospital.

Is the service caring?

Our findings

The physical environment did not reflect a caring service and did not promote dignity and respect for some people. The provider's statement of purpose stated, 'All residents will be encouraged to provide their own personal items of furniture and are welcome to bring their own personal belongings to the Homes. However, the Homes will provide adequate furniture, fittings and linen where appropriate'.

Staff understood it was an expectation for people to pay for redecoration of their rooms and replacement of furniture. This is acceptable if re-decoration and replacement of furniture is the choice of, and consented to by the individual however the provider has a contractual responsibility to provide and maintain decoration and furnishings. We brought these issues to the attention of the manager who said they would take action to address this to ensure that the arrangements for redecoration were clear and understood by all.

A lot of building work was taking place in the grounds of Peterhouse and the outbuildings had been changed into supporting living accommodation for another service which was separate to Peterhouse. The provider had not considered how the activities of another service and associated building work impacted on people living at the service. Builders and staff from the other service were using facilities at Peterhouse and the privacy and rights of people in their own home was not being respected or upheld.

Staff had developed positive and meaningful relationships with the people they supported. One staff member told us how they had come in voluntarily to re-decorate an individual's bedroom. Staff had a good rapport and interactions were patient, warm and engaging. They always stopped what they were doing, made eye contact and listened to what people were saying and showed genuine interest. There was a good friendly rapport and people were at ease with each other, and the staff.

Staff explained the purpose of our visit and were alert to any changes in people's behaviour, provided appropriate reassurance and diverted their attentions, which reduced their anxieties. Everybody was very excited throughout the day because of a birthday party. Later that afternoon there was a disco and we saw staff interacting and engaging with people; dancing and singing.

Support plans contained relevant information in relation to the individual's likes, dislikes and preferences. A keyworker system was in place and reviews were carried out each month of people's needs by their keyworker and, where able, the individual. Support plans were revised accordingly when people's needs had changed.

We saw people were provided with good support to make choices and decisions wherever they could do so and longer term staff members clearly understood each person's way of communicating their needs, wishes and choices.

People accessed all areas of the home freely and two people held a key to their bedrooms so they could lock it when they wished.

Is the service responsive?

Our findings

People were not supported to express their views or raise concerns. The provider's complaints policy and procedure was not visible and freely accessible to people, and others. Independent advocacy was not promoted or explored as a way of supporting people to express independent views. The service did not have any recorded concerns or complaints. Staff told us that they would recognise if anybody was upset and that they would address their concern immediately. However given the needs of people living at the service the provider had not considered how to ensure that appropriate opportunities or ideas are explored to support people with any worries.

We received information which demonstrated that the provider had not responded robustly to concerns raised by staff. This included concerns about the deteriorating environment, the laundry, staffing and transport. There were missed opportunities for the provider to demonstrate that concerns were being listened to, responded and used to improve the service for all. This also impacted on the services ability to demonstrate that staff worked in an open and transparent culture.

This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not work in a creative and inventive way to enhance the lives of people and ensure every opportunity was maximised and available to them. The provider's Statement of Purpose told us 'Where practicable, residents are provided with opportunities to engage with both the local and wider communities promoting a sense of inclusion and integration. Staff told us that social integration and participation in the local community was minimal and people needed to go out more.

The service mini bus had been out of action for a long time and this impacted on the number of people able to go out at one time. People liked to go to a social club held weekly at the local pub but staff told us that due to limited transport and staff resources not everybody could go every week. Although the service had two cars available this did not help to solve the issues because not all staff were able to drive them and they were not suitable for people who used wheelchairs. Staff told us that the personal financial allowance for an individual who was a wheelchair user was used up on taxis.

Staff told us that they had raised concerns with the manager about the lack of equipment and activities within the service to help to occupy and stimulate people. In response a Karaoke system and a camera was purchased. Staff said the camera enabled people to have photographs to capture and remember times of enjoyment and places or objects that meant something to them.

Improvements were needed to ensure that care and support plans reflected how all aspects of people's lives would be supported. This was needed to demonstrate people were leading fulfilled and meaningful lives. The plans explained when prompts or more active support was required by staff to support people. There was detailed information about each person, their likes, dislikes and preferences. However they lacked detail on how to support and promote social well-being through activity, therapy and social inclusion.

Staff on duty at the time of our visit had worked at the service for more than a year; they knew people's individual communication skills, abilities and preferred methods and they were able to communicate effectively by interpreting gestures, signs and body language. However more detail was needed in the support plans to guide new staff and temporary agency staff in relation to people's methods of communication and information on how to recognise and reduce people's anxieties.

Is the service well-led?

Our findings

The provider's Statement of Purpose told us that, 'The quality of care provided will be measured regularly to ensure relevance and purpose is maintained. Aldanat Care's philosophy is that of providing a service formed, developed and planned by the residents. A comprehensive quality assurance system will be used to gauge preferences, opinion and concerns in every aspect of the service, and all decisions affecting future direction will be influenced in this way. By using this consultation process, equal access to opportunities to become involved in the running of the Homes and the service they provide will be realised.' This did not concur with our findings.

Whilst staff and manager demonstrated a caring and responsive approach, they were limited in their ability to improve as the provider had not recognised the impact of the deteriorating situation within the service. As a result the enthusiasm and commitment of staff had not been utilised to encourage improvements through shared vision and values.

A new manager commenced employment in January 2016. They were recruited to manage two of the provider's services which included Peterhouse. This meant they were not at the service full time. When we arrived for our inspection the registered manager and the new manager were absent from the service. Peterhouse does not have a deputy manager or senior support workers employed to provide support and leadership to staff in the manager's absence.

The registered manager position for Peterhouse was held by a director of the provider company. They did not have effective oversight of the service and had failed to recognise and act on the deteriorating quality of the service, despite concerns being raised with them. Whilst staff were positive about the new manager's support they felt there was a lack of openness and transparency between them, the registered manager and provider. The senior leadership team had not recognised that more urgent action was needed to reassure staff, people and visitors about how they planned to improve and by when.

There was a lack of effective quality assurance systems being used to maintain quality and drive improvement. This included key areas of staffing, staff training and development. There was no maintenance plan in place for the building and things were dealt with on an ad-hoc basis. The provider had failed to continuously monitor and review where necessary the effectiveness of risk assessments in relation to health and safety. Cleanliness and risk of cross infection had not been recognised and robust action had not been taken to address it. This gave us concern that the service was not being run in a way that gave priority to issues that effected its quality and safety.

The service did not keep up to date with new guidance and developments and did not have links with organisations that promote and guide best practice, using this to train staff and help drive improvement.

The impact of staff's task based duties and responsibilities had not been considered against how they met people's individual care and support needs. The lack of regular staff supervisions and meetings meant there were limited forums in which staff could raise concerns, suggest improvements and share their views.

The manager was responsive to our concerns and assured us they would take action. However we were concerned about the ability of the manager to take these forward without access to considerable further resources and support from the provider.

This a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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>The registered person had not ensured that risk assessments were completed and regularly reviewed in relation to people's health care needs or at service level and had failed to do all that is reasonably practicable to mitigate any such risks.</p> <p>Regulation 12(1) (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe Care and Treatment.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Parts of the premises were unclean.</p> <p>Regulation 15 (1) (a)(c)(e) of the Health and Social care Act 2008 (Regulated activities) Regulations 2014. Premises and Equipment.</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>The registered person did not have an effective and accessible system for identifying, receiving, handling and responding to complaints from</p>

people using the service, and others. Necessary action was not taken to any failure identified by a complaint.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not have established and effective systems to assess, monitor and improve the quality and safety of the services provided including the quality of the experience of the people using the service.</p> <p>Regulation 17 (1)(2)(a) of the Health and Social Care act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered person did not ensure there were staff in sufficient numbers to meet all the needs of people using the service. The registered person did not ensure that all staff members receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out their role.</p> <p>Regulation 18(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The laundry facilities were not fit for purpose. There were shortfalls with equipment and practice within the service which did not protect people from the risks of poor hygiene and infection control systems.

The enforcement action we took:

Warning Notice