Paramount Care (Gateshead) Limited

Paramount Care (Gateshead Ltd)

Inspection report

The Ropery
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Date of inspection visit:
12 July 2016
13 July 2016
21 July 2016

Date of publication:
06 October 2016

Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

This was an unannounced inspection which took place over three days, 12, 13 and 21 July 2016. The service was last inspected in November 2015. Four breaches of regulation were found at that time.

Paramount Care (Gateshead Ltd) are registered to provide accommodation for persons who require nursing or personal care at The Ropery for up to 20 people, mostly with a learning disability. There were 16 people living at the home on day one of the inspection, one person was absent. The service is split into three six bedroomed houses, two four bedroom houses and six one bedroom flats. Not all the rooms were registered so the houses had un-used rooms; some were used as additional communal areas or office accommodation.

There was a registered manager who had been in post since June 2015. They informed us they were in the process of de-registering. 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.

Risks to people's safety were not always correctly assessed and managed by the service so people were at risk of harm. Routine health and safety checks in the service were not robust and actions were not taken by staff in a reasonable time. The provider did not take actions after our last inspection and people experienced avoidable harm as a result.

Staffing was not always deployed effectively across the houses to provide consistent support throughout the day and night. Senior staff had to support staffing teams when required rather than manage the service effectively.

People's medicines were managed well. Staff were trained and monitored to make sure people received their medicines safely. Care plans were in place to support the use of 'when required' medicines.

Staff had attended training and demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, but this was not always reflected in the records or in how care plans were developed. Not all care records were written in a person centred way and it was unclear how progress towards goals was being made or evaluated for some people. Some people's care plans had been specifically targeted and updated, but others had not been updated.

Staff told us they received day to day support from senior staff to ensure they carried out their role effectively. However formal induction and supervision processes were not used consistently to enable staff to receive feedback on their performance and identify further training needs. It was not always clear if staff had successfully completed induction as the service did not keep effective records.

Arrangements were in place to request health and social care support to help keep people well. External professionals' advice was sought when needed, but some external professionals told us that staff did not always use advice consistently across the service and that staff needed support to complete behaviour support documentation.

Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say. People told us they felt cared for by staff who listened to them. People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and choice. However not all peoples care documentation, which could support staff's understanding of how best to support them, was completed.

It was not always clear that people, or their representatives, were involved in their care planning and review. Care plans were inconsistent and did not contain enough detail to show how the service supported people in a manner of their choosing.

People who used the service and visitors were supported to take part in therapeutic, recreational and leisure activities in the home and the community.

There had been limited progress in the action plan submitted to us after our last inspection. The service had not taken clear action after the last inspection leaving a number of areas unimproved. The systems in place to make sure the staff learnt from events such as accidents and incidents were inconsistently used by staff.

The provider had not always notified us of incidents that occurred, as required by current regulations. How people were consulted on the service provided was varied across the service.

Those people, relatives, professionals and staff spoken with all felt the registered manager was approachable. However some external professionals and staff told us they felt team leaders and overarching leadership of the service was inconsistent.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not always safe.

Risks to people safety were not always correctly assessed and managed by the service so people were at risk of harm. Routine checks in the service were not robust and actions were not taken in a reasonable time.

Staffing was not always deployed effectively across the houses to provide consistent support. Managers had to support staffing teams when required because of staff shortages.

People's medicines were managed well. Staff were trained and monitored to make sure people received their medicines safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, but this was not always reflected in records. Not all care records were written in a person centred way and it was unclear how progress towards goals was being made or evaluated for some people.

Staff received day to day support from senior staff to ensure they carried out their role effectively. However formal induction and supervision processes were not used consistently to enable staff to receive feedback on their performance and identify further training needs. Staff attended training, as well as accessing local resources, as required.

Arrangements were in place to request health and social care support to help keep people well. External professionals' advice was sought when needed, but some external professionals told us that staff did not use advice consistently across the service.

Is the service caring?

Requires Improvement

The service was not always caring.

Care was provided with kindness and compassion. People could

make choices about how they wanted to be supported and staff listened to what they had to say. However not all documentation to identify how best to support people had been completed well.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and choice.

Is the service responsive?

Requires Improvement

This service was not always responsive.

It was not always clear that people, or their representatives, were involved in their care planning and review. Care plans were inconsistent and did not contain enough detail to show how the service supported people.

The care records showed that changes were made to respond to requests from people who used the service and external professionals and some changes had been made to individual care plans, but not all.

People who used the service and visitors were supported to take part in therapeutic, recreational and leisure activities in the home and the community.

Is the service well-led?

Inadequate

This service was not always well led.

There had been a lack of progress completing the action plan submitted to us after our last inspection. The systems in place to make sure the staff learnt from events such as accidents and incidents were inconsistently used by staff.

The provider had not always notified us of incidents that occurred, as required by current regulations. How people were consulted on the service provided was varied across the service.

Those people, relatives, professionals and staff spoken with all felt the registered manager was approachable. However some external professionals and staff told us they felt team leaders were not always consistent in how they led and supported staff.

Paramount Care (Gateshead Ltd)

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 12, 13 and 21 July 2016 and day one was unannounced. This meant the provider and staff did not know we were coming. This inspection was carried out to check that improvements to meet legal requirements had been made after our comprehensive inspection on 25 and 26 November and 3 and 11 December 2015. We inspected the service against the five questions we ask about services; 'Is the service safe?'; 'Is the service effective?'; 'Is this service caring?'; 'Is this service responsive?' and 'Is the service well-led?' This was because the service was not meeting legal requirements at the time of our last inspection. The visit was undertaken by an adult social care inspector, a specialist advisor and an expert by experience. The specialist advisor was from a qualified learning disability nursing background and an expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. There had been a number of safeguarding alerts and incidents where the police had been contacted. There had been a number of anonymous concerns also raised with us about the service. Information from the local authority safeguarding adult's team and two commissioners of care was also reviewed. We contacted a number of external professionals before the inspection and five sent us written information as well as one advocate for people using the service. We also contacted one person who had moved from the service since our last inspection and their relative, they sent us written information.

During the visit we spoke with 11 staff including the registered manager and five people who used the

service. We spoke with two relatives during our visit. We spoke with two external professionals who regularly visited the service and two people who worked for a social care consultancy who had been commissioned by the provider since our last inspection.

Four care records were reviewed as were four medicines records and the staff training matrix. Other records reviewed included safeguarding alerts and deprivation of liberty safeguards applications. We also reviewed complaints records, five staff recruitment, training and supervision files and staff meeting minutes. Other records reviewed included internal audits and the maintenance records for the home.

The internal and external communal areas were viewed as were the kitchen and the dining areas of the houses, offices, activities rooms and with their permission, some people's bedrooms.

Inadequate

Is the service safe?

Our findings

People we spoke with during the inspection told us they mostly felt safe living at the service. One person had concerns about the behaviour of other people who used the service as they felt they were verbally aggressive at times.

We looked at the services safeguarding alerts raised since the last inspection. There had been a number in relation to one person's behaviour and their absconding from the service as well as some alerts relating to staff conduct. We saw that each alert had been reported to the local authority, although some required notifications had not been sent to us by the provider. Staff we spoke with told us they had attended safeguarding training, and that they would report any concerns. We saw staff had raised alerts about third parties to help protect the rights of people using the service. Staff were quite clear that they had a duty to speak up about any concerns they had for people. For example advocating on behalf of a person using the service where there was conflict with family members about what was in a person best interests. A number of alerts were still under investigation some months after first being raised and the registered manager and deputy told us they had a number of investigations underway causing a delay.

We reviewed some people's care plans to see how the service assessed and managed any risks. Some people had detailed plans about the risks they may have had, for example due to their behaviour or health condition. However in one person's care plan we saw that some risks to the person had not been assessed and managed correctly leading to actual and avoidable harm. At our last inspection we highlighted that the service needed to ensure that window restrictors were in use and operating effectively. We found that one had not been fitted resulting in a person suffering an injury. Although we found that restrictors had been fitted after the incident, this issue should have been addressed following the last inspection when the issue was originally identified.

The service had a health and safety policy for staff to follow, but this was not always implemented adequately, which may have placed people at risk of harm. Staff told us the home had systems, processes and policies in place to manage and monitor risks to people, staff and visitors. We were told that all staff carried out visual checks daily when walking around the building to identify, document and report any health and safety risks. We saw records of these checks and how risks were managed and assessed. We looked around the service to ensure that it was safe and that potential risks to people were managed by the service. We found opened food packages that had not been dated when they were opened; it was unclear if they were still in use by date. This placed people at risk of consuming food that may have been out of date. When we asked staff why this was the case, one told us they had run out of labels. Staff also told us some was staff food, but it was unclear as it had not been labelled and could have been used by people using the service. Staff disposed of the food which was unlabelled.

In communal areas and in kitchen cupboards we also found cleaning products which could be harmful if people consumed them. These were accessible to people using the service Staff took action to ensure that chemical cleaners were stored securely at the time of the inspection. This had not previously been identified as an issue by staff during health and safety checks. We looked at audits of health and safety within the

home and saw that water temperatures were checked in sinks that people used to wash in. We saw in two houses within the service that water temperatures had been recorded above the recommended temperature of 44C for a period of seven months. These were recorded as up to 54C and no action had been taken. This meant people may have been at risk of scalding. Signage to advise people of the risk was present in one service, but not the other, and it was unclear if people using the service had capacity to understand the signs. When we brought this to the attention of staff they took immediate action. We also saw that some of the regular checks in the health and safety audit of each house were incomplete or not completed as regularly as the audit stated. For example one house said there had been no accidents, but we found an accident report for that time period. We also saw that some actions required had not been completed in a reasonable timeframe. This meant people might have been at risk of harm as the service did not have a robust process to identify, manage and reduce potential risk in the premises.

We looked at the services accident and incident records. We saw that these were audited, but that some records did not tally with the audits. We found one accident record was not completed until four days after the event, and the section that identified what actions had been taken to reduce future risk was still incomplete two weeks later. We talked with staff who demonstrated that action had been taken but it was unclear if the process to manage risk effectively had been followed correctly.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager explained to us how they calculated the staffing numbers across the service to ensure there was adequate staffing. This was based on individual assessments of people and their levels of dependency. We saw that a number of people had one to one staffing at specified times of the day, and that each house had a staffing team. People told us that this meant if 'one to one' staff were not available, then people in the house had to alter their daily plans to accommodate staff shortages. Staff told us the registered manager or deputy would step in and support staff to avoid cancelling planned activities. External professionals we contacted told us the staffing levels were sometimes an issue. When people's one to one staffing hours had finished this meant there were times when one staff member would be alone supporting multiple people. If staff required assistance from other staff they felt isolated with no direct communication. Commissioners we spoke with also told us how the staffing was calculated based on a model that meant there were highs and lows of staffing throughout the day and night. Staff told us they used sound monitors to check on people's wellbeing even if they were not in sight. Some staff told us they could be quite isolated in the houses, one told us that "I can go a whole day and not see anyone else if we stay at home. If I have a problem I have to telephone another house or the office to ask someone to come and help, but they don't always answer quickly."

These were breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service recruited new staff and the process they followed to ensure they were safe to work with vulnerable people. We reviewed staff recruitment files; a process was in place to recruit new staff, with the aim of ensuring that only applicants suitable to work with vulnerable people were employed. Appropriate checks, such as with the Disclosure and Barring Service regarding previous convictions and suitability to practice, were undertaken. Applicants' work histories were checked for unexplained gaps, and proof of identity was required. Previous employers were approached for references. Staff we spoke with confirmed the process was followed.

We looked at the management of medicines, there had been issues at last inspection and the provider

submitted an action plan detailing how they would become compliant. We had concerns from commissioners that medicines had not been managed well; they had supplied the service with an action plan to improve their processes and practice. Effective systems were in place for the ordering and delivery of prescribed medicines and for the collection and disposal of unwanted medicines. The management of medicines was audited on a regular basis and staff competencies were regularly checked. Some staff had recently undergone training on the management of medicines, and they told us this had been helpful. The registered manager told us that all staff were booked to attend this new training from their pharmacy provider.

Peoples medicines administration records (MAR's) were reviewed and 'when required' medicine care plans were checked. These records demonstrated that people were received their medicines at the correct time. The MARs were clearly initialled by staff to confirm when medicines had been administered. Where medicines were refused or a person was unable to take them for any reason, this was also clearly documented on the MAR. Medicines were stored securely in a locked cupboard. People who had 'when required' medicines had plans which detailed how and when they were to be used. Staff we spoke with told us that these assisted them to be consistent in how they were used. One person told us they were happy with how the staff managed their medicines; they told us staff always had their medicines ready for them at the right time.

We spoke with staff about how the service was kept clean; we saw a rota for the service included cleaning the home throughout the day, as well as regular deep cleans. People and relatives told us they felt the service was clean and odour free and we found this to be the case during the inspection. There were some areas of the building where leaks in the roof had caused damage to decoration, or other communal areas where marks to the wall had occurred. The registered manager told us they had already been identified and that re-decoration was to occur.

Requires Improvement

Is the service effective?

Our findings

Some people, relatives and external professionals we spoke with told us the service was effective at meeting people's needs. However a majority of external professionals we spoke with told us they had to "micro manage" or regularly support the service to meet people's needs.

We looked at records of how staff were inducted and trained. We saw that records of training staff had received had not been updated. For example it was not clear if a member of staff who had been in post since 2013 had completed any care qualifications or attended behaviour management support. This staff member supported other staff to use this training and it was unclear if they had completed this themselves. Of 64 staff listed, it was unclear if 13 had completed an induction. New files of training were being created at time of inspection, but these were not in use yet.

Some external professionals we spoke with told us that staff skills appeared varied to them. One told us they had worked with the staff team to develop a behaviour support plan, but on return found it was used inconsistently by staff, which meant the person was not supported well. External professionals told us that staff turnover and variable ability amongst staff meant they often had to repeat advice or best practice to the staff teams to effect change.

We looked at how staff were supervised and appraised; to see how the service supported them to meet people's needs and identify further training needs. The provider's policy stated staff would be supervised every six weeks. However one staff file we looked at had only one recorded supervision in 2016, and three in 2015. They had an annual appraisal in March 2016, but the previous one had been in March 2014. Another staff member had only one supervision in 2016, and six in 2015. Staff we spoke with about supervision told us there was variability in how they were supported. Some told us they had regular supervision with some team leaders, others said that formal supervision and appraisal did not happen as frequently as the providers policy stated.

These were breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that a number of people were subject to DoLS, and that applications and renewals had been made promptly by the service. However recent renewals had not always been notified to CQC.

We checked whether people were asked to give their formal consent to their care. Care plans and documentation had not always been signed by people, or their representatives, to give consent. A number of people using the service did not have capacity and were subject to DoLS, but it was unclear if the principles of the MCA had been followed when creating the care plan in the person's best interests. Staff we spoke with had attended training on the use of the MCA principles, but the records kept could not evidence this was being used in practice.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were supported to make choices about the food they ate and they were encouraged to eat healthily. We saw that people had records around their need for support to eat and drink healthily. Some of these records lacked clear goals and the records kept could not support effective review of how well staff met those needs. For example one person had a modified diet, but in different parts of the care records there was slight variation in the advice given to staff. This was reviewed as part of the inspection and it was only by checking with staff that we were clear what this person's diet was. This meant staff did not have clear guidance on how best to support this person.

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

There was evidence of good collaboration between the service and the local GP's and some community health professionals. Records showed this input was used to consult and advise about people's changing health needs. Two external health professionals who had regular contact with the service told us that staff had supported a person's discharge from hospital and made changes to their environment to meet their needs. Feedback was variable however; as some external professionals told us that their guidance was not consistently followed by staff. One told us "Staff are more variable with proactive interventions, especially following speech and language therapy advice and psychological advice to provide more structured activity and prompting. This is especially where clients have difficulty making their daily choices and planning their own day."

Requires Improvement

Is the service caring?

Our findings

People we spoke with during the inspection told us they felt cared for by a staff team who knew them well. One person told us "The staff are fantastic here." Another told us that "[Name] is really down to earth and [Name] is like a father figure, if someone gave me 100 pounds I would not change the staff." One relative told us that the staff team had become like an extended family to them, supporting them as well as their relative.

External professionals mostly stated that the staff's approach was caring, and supportive of people. One told us, "I have found staff to be caring towards all of my clients. They are knowledgeable about the clients I work with. One of my clients in particular will ask many questions and staff take the time to respect these and answer them." However some external professionals felt that staff needed to be more proactive in supporting people who neglected themselves.

Staff were able to tell us about some people's history of behaviours that could be challenging. They told us how they recognised that people had the need for caring responses to these behaviours. Staff were able to tell us how they tried to divert these behaviours and see the person with their needs first, and not the challenges. Staff showed they could respect diversity and people's choices, offering them options and alternatives, such as how to improve their diet and well-being or look for voluntary employment. The registered manager was clear about the role the service had in advocating for people's choices and rights, and to refer to external services, such as advocacy support, when required. We saw the service had recently challenged the views of a person's family about what was in the person's best interests. This had a positive impact on the person as their care had been adjusted to meet their behavioural needs.

During our visit we observed staff and people interacting with each other, we also talked to staff about their approach to supporting people. We saw staff offering people choices, and respecting their wishes. People told us that staff made time for them; one told us "The staff are very good if you have a problem they will take time out to listen to you." During interactions between staff and people we saw positive body language and interactions. One person had been supported to carry out work in the communal garden, we saw this was what they had requested and this had been supported by staff.

On some people's records we saw that relationship maps had been completed. These showed in pictorial form the people they loved, the people they liked, the people they knew and the people who are paid. This helped people using the service understand relationships but also helped the staff be familiar with the relationships that were important to people. However, not all people had one of these in place and some were incomplete.

We recommend the provider ensures they complete appropriate documentation to ensure staff understand peoples relationship support network.

We saw that people accessed advocacy services; either Independent Mental Capacity Advocacy or general advocacy as required. Staff we spoke with knew who to contact for external advocacy support. Feedback

from an external advocate was generally positive, though they did query how well the staff understood their advocacy role.

We recommend that the provider ensures staff understand the role of advocacy support services.

Staff were able to tell us how they ensured that people's privacy and confidentiality were respected. This included ensuring all personal care was provided in people's bedrooms, with curtains closed. We saw that people had been asked if they preferred male or female staff to provide personal care.

Staff told us how they worked with people to encourage their independence and develop self-caring skills. For example, by managing their own budgets for food, or by taking more control over how their timetable was directed. This was not always reflected in care plans or documentation so it was not always clear how this was evaluated.

Requires Improvement

Is the service responsive?

Our findings

When we looked at care plans and other care records we found a number of issues remained from our last inspection. We found that some people's care plans had been updated and transferred to a new format which was more person centred and comprehensive. However improvements had not been completed across the service and had been limited to specific individuals. Other care records we looked at were largely unchanged from the previous inspection and the provider had not taken comprehensive action.

We looked at one person's initial assessment, completed prior to the placement beginning. In this there was clear guidance about the aims of the placement, and what actions needed to be taken to meet those aims. For example, the creation of a health care support plan and the need for a key worker to aid communication between supporting professionals and the service. These actions had not been completed in the eight months since being identified, or had been started and then not completed. For example the health care plan identified they had multiple health issues, alongside a desire to lose weight, the only suggested action was "Try swimming". This did not demonstrate a pro-active, detailed or effective approach to the person meeting their desired and identified goals. This meant that the service had not responded appropriately to the identified needs of the person.

Some material in files was repeated, but with inconsistencies. As these documents often lacked dates or signatures it was unclear which guidance was in current use. Other documents had only been partly completed after the person had been using the service for more than eight months. The person had refused to contribute, but no action had been taken to consider why the person did not wish to engage with the process or to liaise with others to develop a clear plan in their best interests. This left the person with no clear goals or guidance for staff on the aim of the placement or how to meet their needs effectively.

We looked at the review process used by the service. A person's care was usually reviewed monthly and the plan was adapted as the person's needs changed. However we found that some people had changes in need, for example in the medicines they received, and these changes were not reflected in the care plan. This included one of the new style care plans where we saw details about a change in a person's medicines had not been updated in their care plan.

We saw that some people had detailed weekly schedules of activities for them to take part in. One person's relative told us how the service had been proactive in finding leisure and educational opportunities for their relative, both presently and into the future. People we spoke with were mostly happy with activities on offer. However there was another person where they had an amount of one to one staffing hours in place, but due to a lack of goals there was no clear remit to their work. For example one day the only two activities noted down by staff were 'Gave meds' and 'Went for cigarette'. There was no clear guidance or goals in their care plan to assist staff in developing their activities further and staff largely shadowed the person as they went about an unstructured routine.

These were breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had received three complaints since our last inspection. We saw that these had been responded to well, the complainant had received feedback and action had been taken. Two of these related to staff conduct and action had been taken with these staff to address the issues.

Inadequate

Is the service well-led?

Our findings

At our last inspection we found that leadership across the service was varied. Each house within the service had a team leader and staff told us then that leadership was varied. At this inspection we again found that leadership continued to be varied across the houses. External professionals we spoke with told us that some staff had motivation and seemed to be committed to joint working, whereas others needed constant support and monitoring to ensure a consistent approach. The majority of external professionals we spoke with told us that senior staff did not seem proactive and often lacked skills at providing clear documentation and guidance for staff.

The registered manager told us they had started the process to de-register with us. We asked if there were any clear plans about appointing a replacement, but none had been made at time of inspection.

Staff we spoke with in the service again reflected the view that management was varied, with some senior staff acting in a consistent manner offering support and advice, whereas others were mainly operating as care staff due to staffing issues in their house.

People and most relatives we spoke with told us that the registered manager and deputy were visible and had time to speak to them. One relative felt the service lacked effective leadership as they seemed to be busy with administrative matters rather than supporting staff and the care offered.

When we spoke with the registered manager, deputy and other senior staff they told us that at times they were so busy with recruitment and investigations that at times their leadership and governance roles were not prioritised. For example we saw that audits of each house were in place, but there had been no effective oversight of these to check their consistency. This meant each house's audits varied in quality and some actions were not being taken as regularly as required.

The provider had employed a social care consultancy to assist in the improvement of some parts of the service. The staff working for the consultancy told us that leadership was varied across the service and that some team leaders were effective and had the time and skills required to carry out their leadership roles well. However they told us that when team leaders did not fulfil their roles effectively, no clear action was taken by senior management within the organisation to remedy this.

We looked at how the service gathered feedback from people using the service. Each house would support people to complete a feedback questionnaire on a regular basis. Across the houses these were completed in various ways, sometimes involving family to gather wider views. The process for collecting and analysing any feedback was inconsistent and it was unclear how this was used to improve the service.

We saw the service had just completed a survey of staff in May 2016. We reviewed the results with the registered manager, deputy and consultants. The survey was a generic online form completed by staff anonymously. We questioned its effectiveness as the questions were generic business questions, not tailored to the service. For example when it asked staff what grade they held it described roles not equitable

to ones in the organisation. The results showed that staff did not feel their opinions mattered, that they felt unsupported and the organisation lacked clear goals. We asked what this survey would be used for and we were told this was yet to be decided and that no response had been developed to date.
At our last inspection a number of issues were identified and an action plan was submitted by the provider to take action. At this inspection we found that only limited action had been taken to complete the action plan and the majority of the issues had not been improved. A number of actions the provider had agreed to carry out had not even begun before the end date for completion had passed. Some areas of improvement had been limited as resources had been targeted towards specific people, rather than across the whole service. We also found new areas of concern that required action by the provider. These demonstrated that the services leadership had not improved, and that people were receiving care which was increasingly variable in safety and quality.

These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the notifications we had received from the provider. We found two written safeguarding alerts that had been raised with the local authority which had not been reported to us. We also found that where people had their DoLS renewed this had not been notified to us.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

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 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 registered person had not ensure that staff had received such appropriate support, training, professional development, supervision and appraisal as necessary to enable them to carry out the duties they are employed to perform. Regulation 18 (2) (a)

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 9 HSCA RA Regulations 2014 Person-centred care The registered person had failed to design care or treatment with a view to achieving service users' preferences and ensure their needs are met. Regulation 9 (3) (b)

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person had failed to ensure that care and treatment of service users was provided with the consent of the relevant person. Regulation 11 (1)

The enforcement action we took:

warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had failed to assess the risks to the health and safety of service users of receiving the care or treatment; and do all that is reasonably practicable to mitigate any such risks; and ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way. Regulation 12 (2) (a) (b) (d)

The enforcement action we took:

warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); and assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. Regulation 17 (2) (a) (b)

The enforcement action we took:

wanring notice