Quality Care (EM) Limited

# The Hollies

## Inspection report

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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

# Summary of findings

## Overall summary

We inspected this service on 26 February 2018. The inspection was unannounced.

The Hollies is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Hollies provides accommodation and care for up to 21 people with learning disabilities and autistic spectrum disorder in six purpose built bungalows and three individual apartments within the same grounds. At the time of the inspection 21 people living at The Hollies.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

The service had a registered manager who was in the process of de-registering as the registered manager for this service. A new manager had been appointed and had been in post for one week, they were in the process of submitting their registered manager application. We will monitor their progress.

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.

At the last inspection February 2016 the service was rated 'Good' in all key questions, at this inspection we found the service had deteriorated to 'Requires Improvement' in 'Safe', 'Effective', 'Responsive' and 'Well-led' and remained 'Good' for 'Caring'.

People were not continuously supported with the required staffing levels to meet their assessed needs. Staff were not always deployed appropriately. Safe staff recruitment checks were followed. Risks to people's needs and the environment had not always been appropriately assessed and reviewed.

The prevention and control measures for the spread of infections including cleanliness of the service were found to be poor. There was no effective analysis of behavioural incidents or accidents or learning to reduce further reoccurrence. Some inconsistencies were identified in the management of medicines.

Staff had received training in safeguarding and the provider had a policy and procedures to inform practice.

Staff received an induction and ongoing training and support. Staff had not received refresher training in

Positive Behaviour Management as required. However, this had been identified and plans were in place for staff to receive this training. Staff were not knowledgeable about all people's health conditions.

People had their needs assessed and planned for. People received a choice of meals, but some people had undue restrictions placed on them in relation to snacks.

People were not supported to have maximum choice and control of their lives and staff do not support them in the least restrictive way possible; the policies and systems in the service do not support this practice. Where people lacked mental capacity to consent to their care and support, assessments to ensure decisions were made in their best interest had not been consistently completed. There had been a delay in acting on a condition that had been made on the authorisation of one person's deprivation of liberty safeguard authorisation. People were supported to access primary and specialist health services.

Staff were aware of people's needs, routines and what was important to them. Staff overall were kind and caring and supported people ensuring their dignity and with respect. Independence was encouraged and supported. People were supported by independent advocates. It was not clear if or how, people were involved in their care and support.

Staff had information to support them to understand people's needs, preferences and diverse needs.

People received a lack of structured and meaningful activities, stimulation and opportunities to pursue their interests, hobbies and aspirations. The provider's complaint policy and procedure had been made available to people who used the service, relatives and visitors. People's end of life wishes had been considered and discussed with people or their relatives.

Systems and processes in place to monitor and improve the quality and safety of the service were found to be ineffective. People who used the service did not receive opportunities to share their experience about the service. Feedback from quality assurance surveys sent to relatives were not appropriately responded to, when issues were highlighted.

We made one recommendation in relation to improving staff motivation and team building.

This inspection identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the back of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.

Staffing levels and the deployment of staff, did not always meet people's assessed needs.

The environment was not clean and hygienic. There were no arrangements in place to audit and check the environment to ensure infection control measures were in place.

Risk assessments were completed but recognised tools were not always used as good practice guidance.

Some inconsistencies were identified in the management of medicines.

Staff were aware of how to keep people safe and to report incidences of concern.

### Is the service effective?

**Requires Improvement**

The service was not consistently effective.

Staff refresher training in one area was found to be out of date but action was being taken to address this. Staff received an induction and ongoing support.

People had a choice of meals but some people had undue restrictions on receiving snacks. Nutritional needs had been assessed and planned for.

The provider did not always act in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had access to a range of healthcare services and professionals.

Some concerns were found with the environment and maintenance checks but action was being taken to address this.

### Is the service caring?

**Good**

The service was caring.

Staff were kind and respected people's privacy and dignity.

It was not clear how people were involved in discussions about their support.

People had access to independent advocacy information.

## Is the service responsive?

**Requires Improvement**

The service was not consistently responsive.

People's preferences, diverse needs and interests were assessed and planned for. However, people received limited activities, occupation and stimulation.

The complaints procedure had been made available. Not all relatives felt complaints were responded to appropriately.

People's end of life wishes had been considered and planned for.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well-led.

There were insufficient systems in place to monitor and improve the quality and safety of the service provided. There was a lack of leadership and accountability of the service.

People who used the service did not receive opportunities to share their experiences. Where relatives had given feedback this had not been acted upon.

Staff lacked an understanding of the provider's vision and values and communication amongst the staff team was ineffective. Staff morale was low and there was a lack of staff motivation and clear understanding of roles and responsibilities.

# The Hollies

**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 comprehensive inspection took place on the 26 February 2018 and was unannounced.

The inspection team consisted of two inspectors and one Expert-by-Experiences (EXE). This is a person who has had personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners (who fund the care for people) of the service.

During the inspection, we spoke with six people who used the service for their views about the service they received. Some people who used the service had limited verbal communication so we also used observations as an additional method to understand people's experiences. We spoke on the telephone with the relatives of three people who used the service and following the inspection, an additional relative for their feedback. We also spoke with two vising GPs.

We spoke with the registered manager, new manager, the provider's director for the service, deputy manager and a mix of team leaders and support workers totalling nine staff.

We looked at the care records of eight people who used the service, the management of medicines, staff training records, five staff files, as well as a range of records relating to the running of the service including audits and checks including the management fire risks and legionella, policies and procedures, complaints and meeting records.

Requires Improvement

# Is the service safe?

## Our findings

The provider had failed to ensure there were adequate staffing levels through out the day to meet the assessed needs of people who used the service. A relative we spoke with told us they had concerns about staffing levels and explained how this had impacted on their family member assessing social and leisure activities.

Staff consistently told us there were regular shortfalls in staffing levels and that the deployment of staff was sometimes poorly planned. Staff told us how they picked up shifts to cover staff sickness but also told us how at times, there was no staff to meet shortfalls. Staff also told us that there was regularly no staff on shift that could drive, impacting on people's opportunities to access the community and places of interest. Another concern was the gender mix of staff. An example was given how a staff team of seven, had six male staff and one female staff for two people who used the service, a male and female. Staff told us female staff from other bungalows were called upon to support the team and this affected the staffing levels in those bungalows.

On the day of our inspection, we found staffing levels were correct but was aware some staff had been called in on their day off to cover shortfalls. We found staff morale to be low and staff told us they were tired and overwhelmed with the pressure of picking up additional hours or running on low staffing.

Daily logs recorded staff on duty. We looked at a sample of these records dated January 2018 up to the date of the inspection. One bungalow for two people required four staff in a morning and three staff on a late shift. Daily logs showed this was reduced regularly to two staff and on odd occasion's one staff. This shortfall in staff put people at risk of not having their needs and safety met. However, staff told us if the emergency button was ever sounded staff responded quickly.

The provider based their staffing levels on people's assessed needs and funding they received from commissioners (local authorities and local clinical commissioning groups who funded placements). The management team confirmed they had experienced difficulties at times to cover staff shortfalls and were in the process of recruiting more staff. On the day of the inspection, we were told three fulltime staff were required to make the staff team up to full compliment. However, after our inspection the provider's director confirmed after a further review of staffing, seven fulltime staff were required. This told us that the management team had failed to have full oversight of staffing levels and the impact the shortfalls had on people who used the service and staff. The lack of drivers and staffing levels had compromised people's safety and opportunities to participate in external activities.

The above information was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The prevention and control measures for the spread of infections including cleanliness of the service were poor. We saw a report completed by Ashfield and District Council dated March 2017 detailing the outcome of their audit visit on food safety including cleanliness. A number of recommendations were made to improve

standards in these areas. An action plan developed by a member of the management team in March 2017 following the food safety audit, showed required actions had not all been completed. An action plan developed by a member of the management team in March 2017 following the food safety audit, showed required actions had not all been completed despite this being eleven months after the audit.

We identified concerns in all kitchens. Equipment such as ovens and dishwashers were poorly maintained and were not clean. The cupboards within the kitchens were in a poor state of repair in most units, with damaged doors and missing drawer fronts. Kitchen cupboards in most units were soiled and had a build-up of grime on the exterior surfaces. Laminate flooring in some of the kitchens had gaps meaning there was a build-up of grease and dirt in the gap. We were told there was a cleaning schedule but when we asked for this information, staff told us they used to keep a record but the documentation was changed and they no longer completed a cleaning schedule. This meant there were no systems and processes in place to monitor standards of cleanliness, hygiene and the prevention of cross contamination posed by the risk of infections.

We found cleaning materials were not all stored safely. For example, we found cleaning substances such as oven cleaner and toilet cleaner in unlocked cupboards in the kitchens in some bungalows. Car screen wash bottles were found in a communal bathroom. This meant people were at risk of potential harm if they had digested these substances.

We saw support workers in some bungalows wore wrist watches, numerous bracelets, rings and had very long nails. This presented an infection control risk and increased the risk of skin damage when staff supported people.

The above information was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people's safety had been assessed and planned for. Support plans contained information about the identified risks with each of the activities of daily living to the person themselves and to others. The support plans contained information on how to reduce and manage the risks. However, the service did not use recognised tools to assess risks for people such as falls risk or nutritional risk. The uses of recognised tools to assess risks are good practice, which we would expect providers to use as a support to effectively manage risks.

All people who used the service required various levels of supervision to support them with behaviours associated with their learning disability and mental health needs. Whilst some people required the presence of one or two staff for their safety, staff were respectful about not putting undue restrictions on people. They respected people's right to privacy and personal space and were sensitive and discreet in their observations and support.

People required support with managing their behaviour that was described as challenging at times. Positive behaviour management plans were in place to inform staff of the possible signs and triggers, and the action required to de-escalate any potential behaviour. Staff had also received accredited physical intervention training. Support plans clearly advised staff that physical intervention was only to be used as a last resort and the least restrictive method used. Support plans included the method of physical intervention that had been assessed could be used if absolutely required. Staff also had access to the provider's physical intervention policy and procedure to guide practice. The management team told us they had plans to review people's positive behaviour management support plans, to ensure they were up to date and reflected people's current needs.

Staff were found to be knowledgeable about the principles and safe practice of managing any behaviours. We met with one of the four trainers within the organisation that delivered staff training on Positive Behaviour Management (PBM). We discussed the theory and practical side to the training staff received, and checked these trainers were appropriately qualified to deliver this training. We saw a report that broke down per month the behavioural incidents that occurred. However, the analysis of incidents were insufficiently detailed to support staff to consider different approaches and strategies to reduce behaviours from reoccurrence. The provider's director told us they were aware the current process of analysing incidents was insufficient. They told us about a new system that was due to be implemented that would provide a more robust analysis.

People told us they received their medicines regularly at a certain time. We were unable to observe the administering of medicines, but staff told us of the process they followed that demonstrated best practice guidance was followed.

Overall, we found the management of medicines to follow best practice guidance. However, some inconsistencies were found. For example, the monitoring of room temperatures to check medicines were stored correctly were not completed in all areas. The process in place to check the stock controls of medicines did not consider the delivery of new medicines. When medicines were handwritten by staff on the medicine administration record (MAR), they were not always signed by two staff to confirm they were checked for accuracy of transcription. The checks in place to manage medicines had not identified these shortfalls.

When medicines were prescribed to be given only as required (PRN), protocols were in place to provide the additional information required to ensure they were given safely and consistently. However, we found the dose of a sedative medicine given to one person on one occasion was higher than the amount prescribed. Staff told us the person had asked for a higher dose and they thought it was within the prescription. We checked the tablet boxes, the MAR and the PRN protocol and none of these stated that a higher dose could be given. We reported this to the management team who agreed to follow this up.

Staff said they had completed medicines administration training and their competency was checked prior to them administering medicines and records confirmed this.

People who used the service told us they felt safe living at The Hollies. One person said, "Safe, yes, it's good." Relatives told us they were positive about their family member's safety. One relative explained that they knew their family member was safe they said, "[Name of family member]'s happiness would regress which would indicate concerns when we visit and when they come home. There's no distress there, we would know."

Staff were aware of their role and responsibility to protect people from avoidable harm including discrimination. Staff told us they had received training to support them in keeping people safe and training records confirmed this. The provider had safeguarding policies and procedures in place to guide practice. From our records, we were aware safeguarding issues had been appropriately reported and responded to.

Staff employed at the service had relevant pre-employment checks before they commenced work to check on their suitably to work with people. This included criminal records check and employment history.

Staff had information available of the action to take should there be an event that affected the safe running of the service. Personal evacuation plans had been completed for people who used the service. A business continuity plan was in place; however, we noted this required reviewing to ensure contact details of the

management team were up to date.

Requires Improvement

# Is the service effective?

## Our findings

Relatives overall were positive about the skills and knowledge of staff. One relative said, "They (staff) are really trying to understand [family member] and they are not easy to understand." Another relative said, "They know how to anticipate [family member]'s behaviours."

We spoke with two visiting GP's. One GP said they had no concerns and found staff to be knowledgeable and organised. They also told us timely and appropriate referrals were made when concerns were identified about people's health. This was in contrast to another GP who told us staff's knowledge about the people they cared for was, "Variable and some staff did not have a good knowledge of behavioural therapies."

Some people had health conditions such as epilepsy, diabetes and periods of high anxiety, that at times could affect their mood and behaviour. Support plans in place were detailed and informative to staff. Staff we spoke with were generally knowledgeable about the care and management of people's epilepsy. Staff also demonstrated a good understanding of how to deal with behaviours that could or had become challenging. They were able discuss a variety of techniques which empowered the person, such as distraction techniques, whilst keeping the person and others safe. However, staff were less clear about the signs of hypoglycaemia (low blood sugar) in a person with diabetes and the management of diabetes. Staff said they covered diabetes briefly during induction but had not completed any other training in diabetes. This meant people could not be assured all staff understood their healthcare needs and the support to manage all known needs.

Staff were positive about the induction and ongoing training they received. One staff member told us their induction consisted of training and completing shadow shifts (shadowing more experienced staff). This staff member said, "Training here is the best training I've had." Another staff member said they were being supported to complete a national qualification in care. Staff were positive about the support they received and said they had regular face to face meetings with their line manager to discuss their work, training needs and development.

The staff training plan showed staff were up to date with their refresher training the provider had identified as required. However, annual refresher training in Positive Behaviour Management was out of date by the majority of staff. The registered manager said there had been some miss communication within the management team. They told us this training need had recently been identified and plans were in place for staff to receive this training. Whilst records confirmed what we were told this showed there was a lack of leadership and oversight of the service.

Feedback from people about the choice and quality of meals they received was mixed. One person said, "Nice food." Another person said, "It's a mixed bag sometimes its ok." People went onto say that if they did not like what was on the menu, they could have something else of their choice. Relatives gave positive comments about meals. One relative said, "Its home cooked food, I think there's variety. It certainly smells delicious."

We identified a concern in one of the bungalows about people not being offered snacks. Staff in one bungalow told us snacks were not routinely offered. This member of staff said, "We don't offer snacks because of weight issues, they have treats on special occasions when family buy them." Following further discussion with this member of staff, they clarified that people were offered three meals a day with no opportunities to receive any snacks including healthy options. People's support plans did not show there was a risk to people's health if they had snacks. We were concerned people had undue restrictions on them in terms of food choices and discussed this with the management team who agreed to follow this up.

Each bungalow had a different approach to menu planning but the menu plans and records of meals served, showed people had a choice of meals and a range of meals were provided. Food stocks and the storage of food were found to be appropriate. Staff were aware of people's dietary needs and gave examples of how they met these. Support plans were in place that showed people's needs had been assessed and planned for.

Relatives raised concerns with us about the security of the external environment. They told us the security gate had worked intermittently for a "Considerable amount of time." Relatives were concerned about the potential risk this posed due to the close proximity of the road and the needs of their family member. The management team confirmed the difficulties that had been experienced with the gate and told us further repairs were due.

During our tour of the premises, we noted maintenance issues that had not been addressed. For example, the protective screen frame (television cover) was not attached and was propped up against the wall in one bungalow posing a health and safety risk. Staff told us when they reported maintenance issues these were not always followed up in a timely manner.

We found communal areas were generally furnished appropriately but some areas would have benefited from re-decoration. In one bungalow, the hallways were in a poor state of repair and decoration and it appeared that someone had started to paint a door but had left the job before it was finished. The management team told us and records confirmed, a maintenance action plan had been developed to address repairs required including a refurbishment plan.

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. We checked whether the provider was working within the principles of the MCA.

We found staff understood the principles of MCA and we observed how staff supported people with choices that they respected and acted upon. However, we found where people lacked mental capacity to consent to specific decisions about their care and support the MCA was not consistently followed. For example, some people had had an MCA assessment but there was no best interest documentation to show how the decision had been made and who had been consulted as part of the best interest decision. Other people's records showed how a best interest decision had been made but there had been no MCA assessment completed. We also saw examples where there was no assessment or best interest decision made on behalf of people when this was required, such as when staff provided physical intervention. This meant people's rights under the MCA had not always been fully considered and MCA procedures adhered to.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the

Deprivation of Liberty Safeguards (DoLS). We identified a person who had been granted an authorisation with two conditions in October 2017. From this person's records, we saw there had been a delay in one of the conditions being acted upon. A staff member said this was because there had been some confusion as to who was responsible for this, The Hollies or the DoLS assessor. This showed a lack of understanding and awareness of the provider's responsibilities. We discussed this with the management team who agreed they would provide additional MCA and DoLS training for all staff as a priority.

People received an assessment of their needs prior to moving to The Hollies to ensure staff could meet their individual needs. Care records were personalised and included information about what support people required. The assessment considered people's diverse needs to ensure there was no discrimination in relation to the protected characteristics under the Equality Act. The registered provider had policies and procedures in place that were in line with legislation and standards in health and social care to ensure best practice was understood and delivered by staff.

People had health action plans that recorded their health needs, appointments and support needs and these were found to be up to date and detailed. These were also used in the event of an emergency admission to hospital, to ensure information was shared with other clinicians in the event a person requiring medical treatment.

People received support to access primary and specialist health care services. One person told us they got the help they needed if they were unwell and said staff were supportive, monitored their health and called the GP if required. Relatives told us the staff kept them informed of any changes in their family member's health or deterioration in behaviours. Relatives told us they felt listened to, were asked for their opinions about their family member's best interest and felt that health needs were being met. However, one relative expressed some concerns about staff not following up health referrals or health recommendations. We were aware the management team had met with this relative to discuss their concerns in more detail.

We found care records gave examples of staff working with external healthcare professionals such as the GP, psychiatrist and specialist learning disability community teams such as speech and language therapists and learning disability social workers.

Good

# Is the service caring?

## Our findings

People told us they liked living at the Hollies. One person said, "I'm happy here." Another person said, "It's alright here, it is." A third person said, "It's a cool place, I'd recommend it to anyone here."

People were positive about the caring approach of staff. One person said about the staff, "All top notch, I'd rate them 10 out of 10." Another person said, "If it wasn't for the staff keeping it together, I don't know where I'd be, they keep everyone good." A third person said, "I feel that the staff know where I am coming from."

Relatives were overall equally positive and complimentary about the staff. One relative said, "They are caring, they treat [family member] with dignity." Another said, "I've never seen anyone being harsh to any of them. [Family member] likes it here and they like the staff." A third relative said, "They are very patient, very good and so adaptable. They know just what [family member] needs." However one relative gave an example of poor communication and a response given by a staff member when supporting their family member during a recent visit. This relative felt this showed lack of respect.

Staff were found to be caring and knowledgeable about the people they supported. Staff demonstrated an understanding and awareness of people's needs, routines and what was important to them. One staff member said, "When you are working with them (people who use the service) you get to know them so well."

We observed most staff communicated with people showing a fondness of the people they cared for. Staff spoke with people in a non- patronising manner. From people's behaviour, they demonstrated they were relaxed and comfortable in the company of staff. Light-hearted jovial exchanges were observed between staff and people who used the service.

We saw examples of staff showing an interest in people. For example, a person had returned from a family visit. A staff member sat with them asking about the person's visit, taking a real interest in what the person was saying. The exchange was warm, friendly, and that of equal balance. We also observed how staff offered choices, involved people in decisions and promoted independence. For some people it was important for them to have clear daily routines and to know what activity was happening next to reduce any anxieties. Staff were aware of the importance of this for some people and supported them with their routines. People were actively encouraged to participate in domestic tasks such as making their bed and keeping their room clean and tidy. This supported people with their independence, was empowering and gave people a sense of self-worth.

We asked staff how they met the needs of people who may have identified themselves as being lesbian, gay, bisexual or transgender [LGBT]. A staff member gave an example of how a person was supported with a lifestyle choice and told us staff had a commitment in treating all people equally and without prejudice and discrimination.

People had access to information about independent advocates. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. Staff gave examples of how some

people had an Independent Mental Capacity Advocate who acted on their behalf. This meant people could be assured they would be supported to access an advocacy support if required.

People who used the service told us staff respected their privacy and dignity. A person who used the service confirmed that staff always knocked on their bedroom door before entering and said that they could wake up, and go to bed when they wanted to. This person said, "It doesn't matter what time I go to bed but I like to go on time."

People's care plans were focussed on the individual person and provided staff with guidance that promoted dignity, respect and independence at all times in the delivery of care and support. This meant the management team were clear about the standards of care people should expect from staff.

Staff were able to explain to us the principles of good care. One staff member said, "We keep things private, such as closing doors when supporting people. People's freedom of choice is important and has to be considered." Another staff member said, "It's important to respect people at all times and have a calm approach."

People's personal information was stored securely and staff were aware of the importance of confidentiality. The provider had a policy and procedure that complied with the Data Protection Act. People's relatives were able to visit them without any unnecessary restriction.

Requires Improvement

# Is the service responsive?

## Our findings

People had a variety of support plans for each identified need. This was to inform staff of how to meet people's needs and considered any health conditions including physical, mental health and wellbeing needs. People's routines, preferences, interests and hobbies were also included. Relatives told us they were involved in reviews and discussions about their family member's care.

We found people's support plans were reviewed at regular intervals but it was not clear how or if, the person had been supported to be involved in the review.

A common concern raised by relatives was a lack of activities and opportunities for their family member to participate in. An example was given about discussions that had been had with staff about exploring and offering new activities for people to experience. However, a relative told us this had not happened and was frustrated by the lack of "Staff commitment."

Support plans were found to be person centred in the content and level of detail provided for staff. However, written activities of what people liked to do was not always provided. For example, we asked two staff about two different people and the activities recorded that they reportedly enjoyed. These activities were swimming and horse riding. However, both staff told us neither person continued with these activities because they had,"Become anxious, so we stopped taking them." There was no action taken by staff to explore the possible reason for this anxiety such as considering other factors that may have affected and influenced the person. Neither had an alternative activity been identified.

Another person did not go swimming, an activity that had been identified of interest, because a staff member said, "It's too cold to go swimming in the winter, they have thick, long hair." There was no indication that any consideration of how the person could be supported had been explored such as using an alternative venue to a public swimming pool.

On the day of the inspection, the weather conditions were poor which we understood impacted on most people's opportunities to access the community. However, staff engagement in offering people different activities and stimulation was variable across the bungalows with the majority of people left to occupy themselves. For one person this included doing some colouring with felt pens, another person watched films on their IPad, others sat with staff watching television.

Staff told us that 'smart' goals had recently been introduced. This is where specific, measurable, achievable actions are identified with timeframes for success. This approach was to support people to achieve their goals and aspirations. However, the 'smart' goals we saw were generic such as 'to develop independence'. It was not recorded how the person or their relative had been involved in this decision. There was a significant lack of information as to what this meant for the person, what the desired outcome was and how the person would be supported. Staff were not knowledgeable about this approach or could offer any explanation or examples of how this approach had been successful.

We checked to see if the Accessible Information Standard was being met. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. We saw communication support plans provided staff with information about people's communication and sensory needs to support communication. We noted that people's support plans were not presented in an easy read format to support people to understand what was recorded about them. However, we did see that people had access to the provider's complaint policy and procedure and this was presented in an easy read format to support people's communication.

Some people showed us their bedrooms. The bedrooms we saw were of good décor and person centred. Some bungalows had a photograph of the person on or near the door. Each room reflected the interests of the person. One person proudly said that they had chosen their wallpaper themselves.

One person told us they were regularly supported to attend an external place of worship. This person said, "I've gone all my life." During the conversation, the person complained about not getting there early enough. A staff member reassured them that they would put this information into the communications book to inform staff.

People told us they would speak with staff if they had any concerns. The majority of relatives were positive that they could make a complaint if required and felt confident their concerns would be acted upon and responded to. One relative told us they were dissatisfied with their experience of making complaints and that staff and the management team, had not always followed up and responded to concerns appropriately.

The complaints log showed where concerns or complaints were raised these had been investigated and responded to in a timely manner.

People's end of life wishes had been considered and where this had been discussed with the individual and or their relative this was documented.

Requires Improvement

# Is the service well-led?

## Our findings

Systems and processes in place to monitor and improve the quality and safety of the service were found to be ineffective. The management team that consisted of a new director, home manager, registered manager and deputy manager had identified some of the concerns and shortfalls found during this inspection but not all.

On the day of the inspection, the management team were unable to provide sufficient evidence of what audits were in place. During the inspection, staff advised a senior staff member for the provider, had removed audits that were in place and replaced them with a one-page handover checklist. We saw an example of one of these checklists, which was insufficient to adequately monitor the service. The checklist was a reminder of checks that staff were required to complete whilst on shift. This system was ineffective in reviewing, monitoring and evaluating how the service was progressing and what action was required to drive forward improvements.

Following the inspection the registered manager told us there were daily, weekly and monthly audits in place up to around the end of October 2017 and these included checks on the environmental, medication, infection control and cleaning rota's. The registered manager advised there had been a misunderstanding by staff, who took the implementation of handover monitoring as a replacement of all other audit systems. However, the management team had failed to identify what had occurred. This demonstrates poor oversight of the service.

We found staffing levels had not been sufficiently monitored to ensure people's assessed needs were continuously met. There was no monitoring of cleanliness and hygiene to ensure people were not exposed to risks associated with infection and cross contamination. Risks associated with people's needs had not always been sufficiently assessed and planned for. The management of medicines were found to have some shortfalls that had not been identified. MCA and DoLS were not fully understood and policies and procedures not routinely followed. Some aspects of safety in relation to the environment and premises had not been appropriately responded to. Staff PBM training had lapsed even though the provider had four trainers, a registered manager, two deputy managers and a director that had responsibility to ensure staff received refresher training. There was no analysis of people's behaviours, incidents or accidents to reduce further reoccurrence. Some people had undue restrictions on receiving snacks. It was not clear how people were involved in opportunities to review their care and support. There was a lack of activities and stimulation for people, staff lacked motivation and direction to support people effectively. Opportunities for people to achieve their hopes and aspirations lacked meaningful consideration and planning.

We asked what audits senior representatives for the provider completed. The registered manager told us a director for the service who was no longer employed, had completed audits but was unsure of the frequency. The registered manager told us the last audit completed by this director was October 2017 but said they had not received a copy of the audit findings. This meant there was systematic failing by the provider to ensure there were sufficient and robust accountability and oversight of the service.

The management team told us people who used the service did not currently receive opportunities to share their views about the service. The provider sent an annual survey to relatives for their feedback about the service. The registered manager told us the last feedback received was March 2017 and relatives had raised concerns about communication. The registered manager told us as a response to this the deputy manager's (there were two deputies during this time) had regular weekly meetings to share information with the staff team. There was no evidence to confirm this and the registered manager had not checked that this was happening. This meant the provider had failed to actively encourage feedback from people who used the service. Whilst feedback had been received from relatives, this had not been responded to appropriately or used to drive forward improvements to the service.

This shows a lack of governance of the service and is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities).

There was a lack of staff's understanding of the provider's vision and values and the culture of the service was not open and transparent. Communication systems were poor with limited or no opportunities for the staff team to meet together as a whole and discuss issues, concerns or make suggestions for improvement. Staff morale was low and some staff were demotivated and needed clear direction and guidance. Staff required refresher training on their role and responsibilities as this was lacking. Staff did not feel valued or appropriately supported by the management team.

We recommend that the service seek support and training, for the management team, about motivation and team building.

The registered provider was aware of their responsibilities as part of their registration with the CQC to ensure we were informed of any reportable incidents. These include reporting serious injuries, allegations of abuse and events that could stop the service running appropriately. The ratings for the last inspection were displayed on the provider's website and at the service. A registered manager was in place but was in the process of de-registering and a new manager had been appointed and had been at the service a week. In addition, a new director was appointed in January 2018. Following our inspection the management team forwarded us an action plan, to show us the action they are taking to make improvements to the service.

The service worked with external organisations such as health and social care professionals to support them to meet people's needs.

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 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider had not assessed the risk of preventing, detecting and controlling the spread of, infections due to poor cleanliness and hygiene.<br><br>Regulation 12(1) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider did not have an effective system to regularly assess the quality and safety of the service and monitor against risks relating to the health, safety and welfare of people who used the service.<br><br>Regulation 17 (1) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>The provider had not ensured there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to meet people's needs.<br><br>Regulation 18 (1) |