

Voyage 1 Limited

Longridge Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

This inspection took place on 17 and 20 August 2018 and was unannounced. Longridge Court 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.

Longridge Court provides accommodation and personal care for up to 11 people with a learning disability or autistic spectrum disorder. There were nine people living in the home at the time of our inspection. Longridge Court consists of the main house which has six bedrooms and an additional three bed roomed flat on the upper floor. An adjacent annexe has three bedrooms. People had access to a secured outdoor space.

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.

At our last inspection we rated the service good. At this inspection we rated the key question 'Is the service safe?' as "Requires Improvement" as we found additional improvements were required to ensure the management and monitoring of people's risks were continually recorded by staff who were familiar with their needs. We also rated 'Is the service well-led?' as "Requires Improvement" as the systems used to monitor people's care and the governance of the service were not always effective in driving improvement. Therefore the overall rating of the service is "Requires Improvement."

A registered manager was in place as required by the service's conditions of registration however they were on maternity leave. 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. An interim manager was newly in post and intended to register as a registered manager during their management period.

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had been trained to recognise signs of abuse and report any concerns to their managers and other relevant authorities. Effective recording systems were not in place to monitor people's risks. Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Some risk management plans had not always been updated to reflect people's current needs and the care they had received to remain safe. Accident and incidents where people had become distressed had been reported.

Due to a recent turnover in staff, the home had used agency staff. However, some people's care plans were not current and therefore did not provide staff with the information they needed to support people if they were unfamiliar with their needs. On occasions, people's recreational needs had not been met due to

staffing constraints.

People's privacy, dignity and decisions were respected and valued by staff. People who could make decisions for themselves were involved in the planning of their care and consented to the care and support being provided. They were encouraged to express their choices and preferences about their daily activities. When people's needs had changed, staff had appropriately referred them to health and social care services. However, people had not always been supported to maintain their health and wellbeing by attending regular health care appointment's such as the dentist.

People's dietary needs and preferences were catered for and known by the staff. Improvements had been made to the management of people's medicines to ensure they were managed and administered safely in accordance to their assessed needs.

Safe recruitment systems were in place. Records showed staff were supported and trained to meet people's diverse physical and emotional needs.

Relatives were concerned about the continuity of familiar staff who supported people and felt communication from the home needed to improve. Quality assurance systems were in place although not always effective in monitoring the quality of service being delivered and evaluating the actions being taken.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Care Quality Commission (Registration) Regulation 2009. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

The service has deteriorated to requires improvement as effective recording systems were not in place to support the monitoring of people's risks.

Recent turnover of staff had on occasions impacted on the quality of care being delivered.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Improvements had been made to the management of people's medicines.

Is the service effective?

Good 

The service was effective.

People's care had been assessed in line with current practices.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles.

Staff encouraged people to make choices about their day and respected their decisions. People were encouraged to maintain a balanced diet.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.

Is the service caring?

Good 

The service was caring.

Relatives were positive about the care people received. They complimented the staff.

People were relaxed and calm around staff. They used different

methods to communicate with people and adapted their approach accordingly.

People's privacy, dignity and decisions were respected and valued by staff.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives had been involved in developing their care, support and treatment plans. Staff were knowledgeable about people's personalised needs and responsive to any changes in their well-being.

People and their relative's concerns and complaints were encouraged, explored and responded to in good time.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The service has deteriorated to requires improvement as systems used to monitor the quality of care and support that people received were not always effective in identifying shortfalls and recording the actions being taken to drive improvement.

The home had a new interim manager who would provide the home with stability. They had identified areas that required improvement and were actively recruiting new staff to ensure people's needs were being met by familiar and consistent staff.

Longridge Court

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 17 and 20 August 2018 and was unannounced. The inspection was completed by one adult social care inspector.

Before the inspection, we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We spoke with two people about their experiences of living at Longridge Court. We spoke with the interim manager, two representatives from the provider and three care staff. We also spoke with three relatives by telephone.

We reviewed four people's care records as well as records relating to the management of medicines, complaints and how the registered persons monitored the quality of the service. We also looked at staff records relating to their professional development and recruitment.

Is the service safe?

Our findings

We observed staff caring for people in a respectful and safe manner to reduce the risk of harm. People's risks had been identified and assessed however, people's care records were not always current and did not always reflect the support that staff were providing to keep people safe. People were therefore at potential risk as they were sometimes cared for by new and agency staff who may not be familiar with their support needs and may rely on people's care plans for guidance. We were told that new and agency staff were always supported by established staff members to help reduce risks to people.

The interim manager could not always be satisfied from people's records that their risks were being managed. We found the risk monitoring staff completed of some people's risks were not consistently recorded as required by their care plan. For example, staff were taking action to support one person to maintain their weight, however the monitoring of their weight and body mass index had not been continuously monitored and recorded in line with their care plan. Therefore, the interim manager would not be able to assess if the care being provided to the person had been effective. However, a recent letter from their doctor identified their weight had been stable which indicated that the person had been receiving appropriate care.

The management plan of another person who required a specialised diet in line with their speech and language (SALT) guidance had not been updated to reflect their current dietary requirements. We found that the SALT guidance was available in the person's care plan and staff on duty provided the person with the recommended diet. However, this may cause confusion and put the person at risk of receiving an inappropriate diet if staff referred to the person's care plan for guidance. Staff may not identify people's nutritional risks as they were not effectively implementing the universally recognised malnutrition screening tool that the provider had in place to identify people who were at risk of malnutrition or dehydration which would help to inform their care plan and manage their risks.

A comprehensive behaviour management plan was in place for one person who could become agitated and displayed behaviours which may challenge others or harm themselves. Their care records provided staff with information about the triggers which may affect their mood and behaviour and how staff should support them if they became upset. Staff had logged any incidents in relation to the person behaviour and a referral had been made to a representative of the provider who specialises in the management of people's behaviour for advice and support. However, senior staff had not taken immediate action to effectively evaluate the incident reports to identify patterns and to monitor whether staff were following people's behaviour plans whilst waiting for the support of the specialist advisor.

Staff had identified one person who was at risk of developing pressure ulcers and it was clear in their care plan the actions staff should take to protect their skin. However, it was not always clear from their records how staff had managed and monitored their skin when they had showed signs of developing a pressure ulcer. For example, staff had identified that they had developed a red area on their skin. Whilst staff had effectively supported the person to reduce the pressure on their skin, their support and treatment had not been fully recorded. This meant that the interim manager could not fully assess the progress of their skin to

ensure they had received the appropriate care and treatment as described in their care plan.

Systems to ensure people regularly accessed routine health care appointments such as the dentist and chiropodist were not effective. This meant some aspects of people's health were not regularly being monitored to reduce the potential risks to their health.

Feedback from some relatives, indicated that they felt that the key worker system was not always effective due to changes in staff. They explained that this had resulted in discrepancies in people's care plans and were not always confident that new and agency staff had the current information they needed to support people.

People's care records were not always current and accurately maintained. This is a breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance

The representatives of the provider and interim manager were aware that not all care records had been updated effectively and had a plan to update each person's care plan in a new format. During our inspection, the interim manager took immediate action and updated the areas of high risk in the care plan of one person so it accurately reflected their support needs.

Accidents and incidents were recorded and loaded on to the provider's central electronic data base system and reviewed by senior managers within the organisation. The interim manager told us they had an open approach to the management of concerns and would be reviewing the home's system to monitor and manage incidents within the home to ensure the actions were taken to help mitigate further incidents.

We found other people's records were detailed and provided staff with the information they needed to manage people's risks. For example, the management and support that people needed in relation to the risk of choking was documented well. There were detailed care plans and records of the monitoring of people who experienced seizures. Relatives told us they felt people's risks were well managed. One relative told us they were given the information they needed about people's current needs and concerns which assisted them when they accompanied their relatives to healthcare appointments. We found that people were supported to take positive risks in their life and experience new activities such as swimming. Information about the care and management of people's individual medical conditions had been researched which provided staff with a better understanding of people's physical, health and emotional needs.

The level of staff on duty was determined by the needs of people living in the home and the funding provided by the local authority to provide individual support. We reviewed a small sample of staff rotas which showed that there were sufficient numbers of staff on duty to meet people's needs. Due to recent turnover of staff or shortfalls in staffing, the home relied on agency staff. We were told that the same agency staff were used where possible so they had a good understanding of people's needs and the home's procedures. The interim manager also helped to support people if required.

However, feedback from staff and people's relatives when we discussed the staffing levels at the home indicated that the staffing levels were not always consistent. Relatives shared with us their concerns about the inconsistency of familiar staff and felt that some new and agency staff did not fully understand their relative's needs. Staff and relatives also described incidents when people had not always been able to participate in planned activities such as swimming or visit relatives due to unsuitable numbers of skilled staff available to support people. Staff told us that they had been under considerable amount of pressure due to staff turnover and people's community based activities had occasionally been cancelled due to staffing constraints, but they were confident that people remained safe and well cared for at all times.

The home was actively recruiting staff to reduce the number of agency staff being used. The representative of the provider explained that recruitment in the local area was difficult due to the rural locality of the home. However, they had tried innovative ideas to recruit new staff such as holding open days which involved people using the service.

The home followed safe recruitment practices in line with the provider's recruitment policy. The interim manager was supported by the provider's head office to request and check the recruitment documents of new staff. The provider also scrutinised the training and recruitment of agency staff. Records showed the majority of relevant checks relating to new and agency staff had been completed and been screened by the manager. However, the managers assessment of the recruitment and agency documents was not always recorded to evidence that they were satisfied that the new staff member or agency staff was of good character and suitably trained. We raised this with the interim manager who told us they would be more vigilant in the recording of their screening process and conversations with new and agency staff.

Peoples' medicines were administered by staff who had been trained and assessed to manage people's medicines safely. We observed people being given their medicines as prescribed. Medicines Administration Records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts. Protocols were in place to provide staff with guidance on the administration of occasional medicines such as pain relief and anxiety.

The service had experienced several medicines errors with no negative impact on people. As a result of the errors, the staff had reviewed and updated the medicines management procedures at Longridge Court including having discussions with the pharmacist about stock control. The manager also explained they were looking at alternative systems to store people's medicines to help further mitigate the risk of medicines errors. We were assured that progress was being made to improve the medicines management systems to ensure people receive their medicines as prescribed.

The home was clean and free from offensive odours. Staff wore protective clothing and took appropriate actions when spills and accidents occurred to ensure people remained safe. Regular checks were carried out to ensure the building and equipment associated with people's care were maintained and serviced.

Is the service effective?

Our findings

People's care needs had been assessed and support was being delivered in line with current guidance. The interim manager told us they wanted to make a difference to people's lives and promote choice, independence and inclusion for people who live at Longridge Court.

The home been adapted to meet people's needs. The design and layout of the building ensured people were able to live comfortably. People had spacious bedrooms which had been personalised to their taste. Specialist equipment such as baths and ceiling track hoists had been installed to improve people's well-being and access to facilities. People could access a sensory room and secure garden. Some people had access to hand held computer devices to help them access their photographs, search the internet and communicate with their families.

Staff training was underpinned by current legislation and evidence based guidance. Staff told us they had the appropriate skills and knowledge to support people with their needs and carry out their roles effectively. The provider's training reports indicated that staff were trained in their role and had completed all their required training. Staff told us they had received training in supporting people who could harm themselves or others. They had been trained to 'de-escalate' situations when people showed behaviours of becoming upset or distressed. One staff member said, "The training at Voyage is spot on." They told us they felt confident in their role and were supported by their peers, seniors and managers.

New staff were required to carry out an induction training programme and to read people's care plans and the providers policies and procedures. They shadowed experienced staff members and were required to work towards the care certificate if they were unable demonstrate they had the care skills required to meet the national standards of health and social care. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff told us they felt supported and praised the support they received from their peers and seniors. Action had been taken to improve the frequency of staff supervision meetings to ensure staff development was regularly reviewed.

People were supported to eat a healthy balanced diet and were provided with a diet which met their needs and preferences in food. People who had specialised dietary needs were catered for such as pureed diets in line with the SALT guidance. Eight weeks of menus were planned in advance, however people were provided with alternative options if they did not want the meals available on the day. We observed that staff sat and supported people with their meals and encouraged people to eat and drink.

Each person had a health action plan which identified how people should be supported to maintain their health and well-being. Staff had been responsive when people's needs had changed, as records showed that people had been referred to appropriate health care professionals when their health and well-being had deteriorated and they received an annual health and medicines review with the GP. Relatives confirmed they were always informed of any changes in the health and well-being of their relative.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and whether any condition on authorisations to deprive a person of their liberty were being met. 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's care plans were detailed and supported staff to encourage people to make their own day to day decisions. Staff were aware of their responsibilities to provide people with choice and ensure their care practices were underpinned by the principles of the MCA assessment. They gave us examples of how they supported in accordance with their best interests which were based on people's known preferences and wishes. For example, one staff told us how they encouraged people to make choices about their clothes and the snacks and meals they ate. Some people's MCA assessments had not always been updated or were decision specific, however the interim manager assured us that people's consent to their care and support would be reviewed with the implementation of the new care plan format.

The interim manager and staff gave several examples where staff had worked with people's families, health care professionals, advocates and involved people where possible in significant decisions which were being made about their health care and well-being. The interim manager was aware of their role to apply for the authorisation to restrict people who may be deemed as being deprived of their liberty and freedom. Where people had been restricted of their liberty, the registered manager had sought advice and made the relevant application for authorisation to do so. 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). The new format of care plans provided staff with information on how they should support people in the least restrictive manner.

Is the service caring?

Our findings

Overall relatives told us they thought staff were caring. One relative said, "They (relative) seem very happy living at Longridge. Staff are generally caring, some are better than others but I have no concerns about the safety of (relative)."

Staff respected that they were working in people's homes and were passionate about their role. They spoke fondly of the people they cared for. They showed respect and empathy for people's well-being. One staff member explained it was a privilege to be working at Longridge Court and they loved their job. Staff showed a genuine concern for people's well-being and spoke kindly about people and their families. We saw staff chatting to people warmly and in a caring nature. Staff addressed people by their first names in a friendly and respectful way. We heard staff chatting with people throughout the day and they asked people about their day. People looked relaxed and confident amongst staff and confidently asked them for their help.

One person confidently escorted the inspector around the gardens and showed us the vegetables they were growing. The person later spoke to us and told us they were happy living at Longridge Court. They explained how staff helped them maintain contact with their family and telephone them regularly. Another person also helped us with the tour of the home and asked why we were visiting their home. They later showed us photographs of their holiday with staff and told us they had enjoyed singing at the disco and being on the beach. They said about the staff, "They are nice, I like them." A staff member who supported them said, "We had a great time. I hope we were able to give her the best holiday ever." They explained how they encouraged the person to try new experiences such as going down a water slide.

People were supported to retain and improve their levels of independence. Staff encouraged people to participate in activities of daily living and activities in the community. For example, staff took slow steps to encourage and assist one person in selecting and turning on their own music. People were supported to access advocacy services if required and if they did not have family or other representatives who could speak on their behalf when making important decisions about their life.

We observed many positive interactions between people and staff during our inspection. The atmosphere in the home was calm and we saw people confidently talking to staff and walking into the office to ask a question. Staff took time to listen to their questions and provided a clear answer which reassured them. Staff knew people well and their individual ways of communication. When we spoke with some people, staff helped us communicate with people and to understand their views and opinions.

Staff understood the importance of respecting people's privacy and ensuring they supported people in a dignified manner. For example, staff took time to talk to people privately and confidentially about their wellbeing and health. People's care plans reminded staff to respect people's dignity and privacy at all times especially when supporting them with their personal hygiene and toileting needs. Information about what was important to people such as quickly drying and keeping them warm after a shower or bath had been recorded for one person. People's care plans provided staff with prompts about their preferred styles of communication and the meaning of people's own unique way of communicating with people. People were

supported to maintain contact with their family. For example, staff assisted people in using hand held computer devices to 'video link' with their family members, write letters to their family or to speak on the telephone weekly.

Is the service responsive?

Our findings

People received care which was responsive to their needs. A one-page profile gave staff a summary of each person, including what they liked, an overview of their personality and what was important to them. People's health and emotional well-being had been assessed to ensure staff understood their needs and levels of support. People's care records were centred on their needs and personal preferences. Guidance was given to staff on people's preferred routines and how they should promote people's independence such as with personal hygiene activities.

People's care plans had identified people's preferred methods of communication and how staff should identify the needs and choices of people who were unable to communicate. Information about their preferences such as their likes, dislikes, allergies and how they wished to be supported and spend their time had been identified and recorded.

Whilst we found some people's care plans had not been reviewed, progress was being made in the reviewing and updating of people's care plans in a new format. The new format of care plans described people's 'typical day' and how staff should support them to achieve their goals and enable them to make choices about their day. The new care plans were focused on people's needs and wishes such as wearing jewellery and make up and their preferred sleeping habits.

Some people had high complex emotional needs and required a lot of support and reassurance from staff to support them with their daily activities. Staff knew people well and were observant for triggers which may cause a change in their behaviour or emotions. Guidance was in place for staff to help distract people becoming upset or frustrated to help manage their emotions.

People and their relatives had been involved in planning their care. Relatives told us they were confident in the staff to manage and support people with their needs. They told us that staff kept them informed and involved in any changes in people's care. Staff had supported people to understand new scenarios such as attending health care appointment by using photographs and social histories to prepare them to understand their experience.

Daily records showed how people had been supported including information about the their personal; care needs, nutritional intake and activities. At our last inspection we made a recommendation about people receiving support to develop a social network and increase their engagement in meaningful pursuits of their choice. At this inspection we found improvement had been made in the range and frequency of activities being provided. Each person had an activities time table with the one to one support they required to carry out the activity including shopping, swimming, horse riding. One person had been allocated a plot of land in the gardens to grow vegetables. They showed us the garden and explained how they cared for the vegetables. They also told us how they had become more independent in their activities of daily living and had previously had a part-time job. Staff had worked with this person to increase their independence and to be aware of risks such as in the kitchen.

People's day to day concerns and issues were addressed immediately. Staff told us they were observant for any changes in people's behaviours or moods which may indicate that people were not happy. People's relatives were confident that any concerns about the care of their relative would be addressed and acted on immediately. They told us they knew how to make a complaint and felt comfortable doing so. One relative told us they had made a complaint which had been resolved to their satisfaction. The interim manager told us that any complaint would be fully explored and responded to in accordance with the providers policy and was used as an opportunity to improve the service and any actions would be communicated to staff.

No one was receiving end of life care at the time of inspection. However, people had an 'aging, illness and death' care plan in place. Representatives of the provider explained that they planned to sensitively talk to people and their relatives about their end of life wishes so staff would have the information they required to support people if their health suddenly deteriorated. The managers explained that they were planning for all senior staff to receive training in end of life to support this plan.

Is the service well-led?

Our findings

A new interim manager had just started in post to cover the registered manager's maternity leave. They planned to register with CQC to be a registered manager while they were in post. The interim manager told us they had completed a corporate induction course to ensure they were familiar with the provider's policies, procedures and values. They were being supported and mentored by another of the provider's registered managers and the regional operations manager who regularly visited the home to provide support and advice. They had plans for further training and were currently undertaking a leadership and management course.

The interim manager explained that they were committed to improving the quality of care for people and to provide a stable environment for staff to work. During their short period of working at the home, they had identified good working practices and areas which needed improving such as the management of staff rostering and the review of people's care plans. The interim manager and representatives of the provider were actively recruiting new care staff and a deputy manager which would improve the stability and morale amongst the staff team. These areas were discussed with the operations manager who said, "We have got a really good home here. We care for people well and have lots of activities. But we recognise that our records don't always reflect the good work that happens here and we are working hard at recruiting new staff and lessen our agency hours."

The provider had systems in place to manage and monitor people's care and the running of the home. However, a recent turnover of staff and changes in the management had led to some inconsistencies in the overview and monitoring of the running of the home and the care being provided. We found that systems to monitor the service had not always been effective in accurately monitoring the service and driving improvement.

Whilst quality assurance audits were carried out by different senior staff and representatives of the provider, we found that their reports had not fully identified the shortfalls found in the management and recording of people's support needs. For example, a recent quality assurance check carried out by the previous manager stated that people's care plans were complete and reviewed. However, throughout the inspection we found several care plans had not been reviewed and updated to reflect people's needs and consent to care and there were some gaps in the recording of people's daily activities. This meant staff did not always have the information they needed to support people.

The operations manager's quality audit carried out in February 2018 had identified some concerns including the standard of some records, however their concerns had not been fully acted on. The report had identified parts of the service which needed improvement which informed the homes action plan, however there was no audit trail of the completed actions and limited assurances that the shortfalls found had been acted on. For example, the timescales and actions needed when shortfalls had been found in the management of people's weights and the person responsible for actions had not been recorded. This meant there was no clear structure in place on how the concerns would be addressed. The monitoring of staff development had not been thorough as the service had not always ensured that new staff had completed their probation

meetings and care certificate in line with national standards and the provider's policies on staff development. The provider's annual service review carried out in June 2018 informed the quality development plan and home's action plan. The review recognised areas of good practice such as good relationships between staff, people and their relatives as areas that needed improvement such as communication and the impact of using agency staff.

Whilst people were referred to health care services when their needs changed, the systems used to ensure people had regular access health care services such as dentist and chiropody to maintain their well-being were not effective. For example, records showed that some people had not been assessed by a dentist for a number of years.

Both staff and relatives reported that some people had not been supported to attend community based activities due to limitations of staffing numbers and skills. We reviewed people's activity records and found that it was not clearly recorded why some people's activities had been cancelled or if an alternative activity had been provided on the day. This meant the interim manager would not be able to take action to address the reasons of the cancellation of activities as the systems to monitor people's social needs were not effective.

We discussed this with the managers and found there was a conflict in information of the reasons why some people had not been supported to attend their activities such as having trips out of the home. They stated that alternative home-based activities would have been provided for people but there was could not provide any other assurances that people's social and recreational needs had been continually met as the recording of people's engagement in activities had not been consistently recorded.

The systems to monitor the authorisation time frame to deprive people of their liberty had not been continually maintained due to recent changes in the management of the home. Therefore, at the time of our inspection, the interim manager did not have current understanding of people's DoLS status. We were assured after the inspection, that the interim manager had investigated in to our concerns and had reviewed that systems to monitor people's DoLS authorisation and conditions and found that all required DoLS applications and renewals were in place.

Records showed that equipment used by people such as hoists and wheelchairs were regularly checked and maintained to ensure people remained safe. Fire risk assessment and safety systems were in place and routinely checked to ensure people remained safe in the event of a fire. However, alternative arrangements had not been put into place to carry out the routine weekly check of the fire alarms when the staff member who was responsible for the checks was on leave. This was raised with the interim manager who immediately took action and carried out a fire alarm check. Staff reported that their reports about maintenance issues in the home and associated facilities had not always been acted on promptly. For example, staff reported that the lights in one of the toilets and sensory room and minibus mirror had not been fixed although they had been reported.

Systems used to monitor people's care and the governance of the service were not always effective in driving improvement. This is a breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance

The operations manager and interim manager had recognised that systems relating to the monitoring and recording of people's care and the governance of the home needed to improve. They explained that further training and mentoring was planned to upskill and enhance the skills and knowledge of senior staff and develop champions of areas such as in medicines management.

Relatives felt that the changes in staff and management had impacted on people's wellbeing and staff reported their morale had been low at times and felt that the communication from the management and provider needed to improve. However, they were positive about the new manager and pleased to have stability in the management of the home. The management team were actively recruiting new staff and were aware that the key worker system needed to be reinforced to ensure people's needs were being met and their care plans were current. The managers also explained that they planned to upskill some of the senior staff to give them skills and confidence to take on extra responsibilities in the home and support the manager ensure people's needs were being fully met and recorded. The interim manager recognised that the management and governance of the home needed to improve such as the frequency and effectiveness of staff meetings which would improve communication and staff support. They were also taking positive steps to implement a clearer and succinct staff shift planner and duties roster to manage the staffing levels to ensure people were being supported by suitable numbers of skilled staff.

We discussed the accessible information standards with the managers and were told that they would be reviewing the information available to people as part of their communication care plan review. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. When required, information was provided in an easy to read format using pictures and photographs to illustrate the text. The provider had taken proactive steps in engaging with people by providing an easy read quarterly newsletter for people which provided them with information about events across the provider's services and information relating to the provider.

The provider ensured they met CQC's registration requirements, by displaying the home's current inspection rating and completing and forwarding all required notifications to support our ongoing monitoring of the service.

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 17 HSCA RA Regulations 2014 Good governance People's care records were not always current and accurately maintained. Systems used to monitor people's care and the governance of the service were not always effective in driving improvement.