

Temperance Care Limited

Maltreath Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



Overall summary

This was an unannounced inspection carried out on 10 April 2015. Maltreath Residential Care Home is in a residential area in Cliftonville. The service provides care and support for a maximum of 12 persons with mental health conditions, including, schizophrenia, bipolar and psychosis. On the day of the inspection there were 12 people living at the service.

There are two registered managers who both work with the staff each day. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Summary of findings

People told us that they felt safe living at the service and were well supported by staff. Staff understood the importance of keeping people safe and knew how to recognise signs of abuse. The provider did not have up to date policies and procedures in place for staff to follow to ensure that any concerns about people's safety were reported properly. When there had been incidents between two people these had not been reported to CQC or the local safeguarding authority.

People were supported to have their medicines at the right time. Medicines were stored securely and safely. People's medicines were regularly reviewed. There were no documented medicine audits to ensure people received their medicines safely.

There was a lack of guidance for staff to minimise the potential risks to people's safety. Accidents and incidents were recorded and monitored by the registered managers; however, there was no information to show what positive action had been taken to support people and to keep them safe.

There were enough skilled and experienced staff on duty to make sure people received the care and support they needed. The provider had recruitment and selection processes in place to make sure that staff employed at the service were of good character.

The premises were not adequately maintained. There were no audits in place to monitor and identify shortfalls in the level of cleanliness and to take the appropriate action.

People were generally relaxed in each other's company and with staff. Staff knew people and their individual preferences and routines well. Staff received regular training. The provider did not support staff by consistently holding one to one supervision meeting and appraisals with them.

There was a risk that people's rights may not be protected because assessments were not carried out to check whether people were being deprived of their liberty and whether or not it was done so lawfully.

The provider worked closely with health and social care professionals to make sure people's care needs were met. People's nutritional needs were met by a range of nutritious foods and drinks.

Staff were kind and caring. Staff encouraged people to maintain their independence. People were treated with dignity and respect. Staff involved people in making decisions around their care and support. People's records were stored securely to protect their confidentiality.

Care plans reflected people's individual needs and choices. Care plans were up to date and regularly reviewed. People received personalised care and support and were involved with the planning of their care but were not always written in a respectful way by staff.

Some people had behaviours which may challenge others. There was no guidance for staff on what triggers a person may have and how to de-escalate behaviours quickly and to ensure people were supported in a consistent manner.

People told us that there was very little to do in the service. Some people were able to go out on their own while others needed the support of staff. Some people chose to stay in their rooms. There was a lack of activities in the service and some people may be at risk of social isolation.

The notices about making complaints contained out of date information. People told us that if they had any concerns that they would speak to the staff and that they would be listened to.

Care plans were kept securely to protect confidentiality. The records in the office were disorganised and not easily locate. Policies were out of date and had not been reviewed.

There were no systems in place to regularly monitor the quality of the service that people received.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Staff received regular safeguarding adults training and knew how to recognise abuse. The provider's policy on safeguarding was not up to date and not all incidents had been reported to the local authority and the Care Quality Commission for consideration.

Risks to people were identified but were not always assessed and guidance was not available to make sure staff knew what action to take to keep people as safe as possible. The premises were not adequately maintained.

Medicines were stored safely and securely. People said they received their medicines at the right time. People's medicines were regularly reviewed.

There were enough skilled and experienced staff on duty to make sure people received the care and support they needed. The provider had recruitment and selection processes in place to make sure that staff employed at the service were of good character.

Requires improvement



Is the service effective?

The service was not always effective. The provider did not consistently hold one to one supervision meetings and appraisals with staff.

Staff knew people well and had a good understanding of people's needs and preferences. There was regular training.

People's health was monitored and staff worked closely with health and social care professionals to make sure people's care needs were met. People's nutritional needs were met by a range of nutritious foods and drinks.

Requires improvement



Is the service caring?

The service was not always caring.

People were supported by staff to maintain their independence. Staff knew people well and how they preferred to be supported. People were treated with dignity and respect.

Staff involved people in making decisions around their care and support. People's records were stored securely to protect their confidentiality but records written about people were not always written in a respectful way.

Staff were kind and caring. Staff spoke with people in a compassionate way.

Requires improvement



Is the service responsive?

The service was not always responsive. Some people had behaviours which may challenge others. There was no guidance for staff on what triggers a person may have and how to de-escalate behaviours.

Requires improvement



Summary of findings

The notices about making complaints contained out of date information. People told us that if they had any concerns that they would speak to the staff.

People received personalised care and support. Care plans reflected people's needs and choices. Care plans were up to date and regularly reviewed.

Some people were able to go out on their own and some needed the support of staff. There was a lack of activities in the service and some people may be at risk of social isolation. People told us that there was very little to do in the service.

Is the service well-led?

The service was not well led. Staff did not have regular one to one supervision or appraisals to be mentored and coached.

There were no systems in place to regularly monitor the quality of the service that people received. There were no documented medicine audits to check that people received their medicines safely.

The records in the office were disorganised and not easily located. Policies were out of date and had not been reviewed. Care plans were kept securely to protect confidentiality.

Inadequate



Maltreath Residential Care Home

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.

The inspection took place on 10 April 2015 and was unannounced. This inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We did not ask the provider to complete a Provider Information Return (PIR) because the inspection was carried out at short notice. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We reviewed information we held about the service. We looked at previous inspection reports and notifications received by the Care Quality Commission (CQC). Notifications are information we receive from the service when a significant event happens, like a death or a serious injury.

We met all of the people living at the service. We spoke with three members of the care team, the domestic and the two registered managers. During our inspection we observed how the staff spoke with and engaged with people.

We looked at how people were supported throughout the inspection with their daily routines and activities and assessed if people's needs were being met. We reviewed four care plans. We looked at a range of other records, including safety checks, policies, three staff files and records about how the quality of the service was managed.

We last inspected Maltreath Residential Care Home in June 2013 when no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, “I feel very safe here. The staff make sure I am safe”. And another person commented, “I feel safe here. The staff are wonderful”.

People looked comfortable with each other and with staff. People said that if they were not treated well they would report it to the registered manager who would take their worries seriously and take action to protect them.

Staff had received training about keeping people safe. Staff understood the importance of keeping people safe and told us how they would recognise signs of abuse and neglect, such as bruising or a person being withdrawn, and how to report abuse to the provider. Staff said they would not hesitate in speaking up if they had any worries. They felt that the registered managers would listen to them and that their concerns would be taken seriously and acted on.

The provider did not have up to date policies and procedures in place to ensure that any concerns about people’s safety were reported. The provider did not have a copy of the local authority safeguarding protocols at the service and did not know what they were. They did not have a clear understanding of what should be reported in line with current guidance. When there had been incidents between two people these had not been consistently reported to CQC or the local authority. One allegation of abuse had been reported to the local authority but not to CQC.

There was a risk that people may not be fully protected from abuse as policies and procedures were not up to date and current guidance had not been followed. This was a breach of Regulation 13(1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Potential risks to people in their everyday lives had been identified, such as supporting with personal care, health and dietary needs, and going out in the community. There was no robust guidance in place for staff to follow about the action they needed to take to make sure people were protected from harm. For example, one care plan identified the risk as ‘risk of personal safety while out on external activities’ but did not explain what the risks were or how they should be managed to keep this person safe.

Accidents and incidents were recorded and monitored by the registered managers. Although forms contained information about what had occurred, they had not been completed properly. When there had been incidents between two people there was no information to describe what level of intervention had taken place. There was no information to show what positive action had been taken to support people and to keep them safe. There was no guidance for staff on how to prevent further occurrences.

There was a lack of guidance for staff to minimise potential risks to people. The provider was not doing all that was reasonably practical to mitigate risks. There was a risk that action was not taken following incidents to prevent further occurrences. This was a breach of Regulation 12(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service smelt clean and fresh. All the rooms were spacious. Lounge areas were a good size for people to comfortably take part in social, therapeutic, cultural and daily activities. There was adequate private and communal space for people to spend time with visiting friends and family. Some rooms were in need of decorating and doors and skirting boards needed painting. There had been a water leak and there was damage to the ceiling which had not been repaired. There was a cleaning schedule for the kitchen which was clean but there were no daily or weekly cleaning schedules for the rest of the building. A cleaner was employed for two hours a day. Toilets and bathrooms were clean and had liquid soap and hand towels for people and staff to use. There were bins in each bathroom but these did not have liners so could not be emptied easily. A number of hand basins in people’s rooms and in bathrooms either did not have a plug or the plug was not attached making it difficult for people to fill their sinks to wash. Some bedrooms had bare light bulbs and no light shades. The toilet brushes in three toilets we saw were soiled and unclean. There were no audits to monitor the cleanliness of the service.

The service was not adequately maintained. The levels of cleanliness were not monitored to identify shortfalls and take appropriate action. This was a breach of Regulation 15(1)(a)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were stored safely and securely. People said they received their medicines at the right time. Medicines administration records (MAR) were completed and staff

Is the service safe?

received training on how to administer medicines safely. Most medicines were administered using a monitored dosage system or 'blister packs'. The name of the person for whom it was prescribed was written on each medicine pack. This helped to make sure that people were given the right medicine as prescribed by their doctor. People were supported to have their medicines regularly reviewed.

People told us that they knew what to do in the case of a fire. Each person had an emergency evacuation plan (PEEP) in place so staff knew what to do in an emergency. A PEEP set out the specific physical and communication requirements that each person had to ensure that people could be safely evacuated from the service in the event of a fire. People and staff were clear of what to do in the case of an emergency.

Staff were recruited safely to make sure they were suitable to work with people who needed care and support. The provider's recruitment policy was followed. Staff completed an application form, gave a full employment history, showed a proof of identity and had a formal interview as

part of their recruitment. Written references from previous employers had been obtained and checks were made with the Disclosure and Barring Service (DBS) before employing any new staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There were enough staff on duty to keep people safe. People told us that the staff were always available when they needed them. The registered managers assessed people's needs and made sure there were enough staff with the right mix of skills, knowledge and experience on each shift. The staff rotas showed that there were consistent numbers of staff throughout the day and night to make sure people received the support they needed. There were plans in place to cover any unexpected shortfalls like sickness. During the days of our inspection the staffing levels matched the rota and there were enough staff to meet people's individual needs.

Is the service effective?

Our findings

People told us that they received the support they needed, when they needed it. One person said, “All the staff know me well. If I need help with something I just ask and they will help me”. The staff team knew people well and knew how they liked to receive their care and support. The staff had knowledge of people’s medical, physical health, mental health and social needs. Staff were able to tell us about how they supported each person to ensure they received effective individual care and support. Staff were able to explain what they would do if people became restless or agitated. During the inspection when one person became very unsettled they were supported to go for a walk and returned later appearing more relaxed and calm.

Staff did not receive appropriate on-going or periodic supervision in their roles to make sure their competence was maintained. The provider had a policy in place with regard to staff supervision dated May 2004. This had not been reviewed and was not being followed. The policy stated, ‘We are required to formally engage with each member of staff every second month with a view to continuous care of our service users in a process known as supervision’. We discussed staff supervision with the registered manager who said, “We are changing the formats for supervision. I don’t like the current one. I do informal one to one supervision”. The records of staff supervision were not easily located by the registered manager. Only one member of staff had a record of supervision for 2015. The most recent supervision records for three staff were dated 2014. We did not see any evidence of supervision for the remaining three staff.

Annual appraisals to mentor and coach staff were not consistently held. We asked the registered manager to show us copies of staff appraisals. The registered manager could not easily locate the records. We found records for two staff appraisals dated September 2014 and one dated September 2013. There were no records of appraisals for the remaining four staff.

Staff completed an induction when they started working at the service. This included training and shadowing experienced staff to get to know people and their routines. Staff were supported during the induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people’s needs.

Staff told us that they had completed plenty of training. Training records indicated that staff were trained on subjects such as moving and handling, infection control and fire safety. There had been additional specialist training relevant to people’s needs which included diabetes awareness and challenging behaviour. The registered managers kept a record of all the training staff had completed to ensure that refresher courses were completed when needed.

Staff did not receive the appropriate support, supervision and appraisal to enable them to carry out the duties they were employed to perform. This was a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The manager was not aware of the judicial review in March 2014. This review made it clear that if a person lacking capacity to consent to arrangement for their care is subject to continuous supervision and control and is not free to leave the service, they are likely to be deprived of their liberty.

When people were unable to give valid consent to their care and support, staff at the service acted in accordance with the requirements of the Mental Capacity Act (MCA) 2005. The Mental Capacity Act is a law that protects and supports people who do not have the ability to make decisions for themselves. People and their relatives or advocates were involved in making decisions about their care. Staff told us that they had received MCA training. One of the registered managers told us, “We rely on the mental health unit, social services, for mental capacity assessments. We deem that people all have capacity. In terms of day to day people can make their own decisions”.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People were offered choices of hot and cold drinks throughout the day. Some people were able to make their own food and drinks when they wanted to. Some people enjoyed being involved in preparing meals. The kitchen cupboards, fridge and freezer were well stocked to ensure choice and there was plenty of fresh fruit for people to help themselves to. Staff had all

Is the service effective?

completed training on food safety. There were set mealtimes but there were plans in place and flexibility for people who were out of the service at those times. When people needed assistance or encouragement with their meals staff supported them in a way that did not compromise their independence or dignity. People told us that they had a meeting once a week to help plan the menus for the following week and make suggestions of what they would like to eat. One person said, “We have meetings and we choose what we want” and another person commented, “They happen every week, usually on a Sunday, so they know what to get”. We observed lunch and five people sat together in the dining area. They told us that lunch was ‘lovely’ and ‘very nice’. One person commented, “The jam roly poly is gorgeous”. Three people were out and had their meal on their return and four people chose to eat their meal in their rooms. The food looked appealing and people said they enjoyed it. Staff told

us that people always seemed to enjoy their food. People chatted with each other and with staff and it was a social occasion. It was a very relaxed time with friendly banter between people and staff.

People maintained good physical and mental health because the staff worked closely with mental health, health and social care professionals including: doctors and dentists. People were supported by staff to attend appointments with their doctors, dentists and other health care professionals if the person agreed. People’s health was monitored and care provided to meet any changing needs. When people’s physical and/or mental health declined and they required more support the staff responded quickly. People had access to health care professionals, like psychiatrists, to meet their specific needs. Care plans were reviewed for their effectiveness and reflected people’s changing needs.

Is the service caring?

Our findings

Staff did not always refer to people in a dignified manner when they completed records. The records were not always completed properly. One incident report had two separate events recorded on it. The terminology used on the incident form was not appropriate. Information about the incident read, “(A) was relatively agitated this morning and he was having a go at practically everyone. Initially, he had a confrontation with (B) in the morning and staff had to intervene before the situation escalated.” It then noted, “Again, there was another encounter between the two of them in the afternoon which led to (B) hitting (A), as witnessed by a fellow resident, (C). When staff queried (B) about the incident, he said that he was acting in self-defence. (B) was reprimanded”.

People were able to express their views and make decisions about their care and support. People told us they were happy living at the service and ‘got on well’ with staff. People said, “I like it here. It is my home. I have everything I need”, “I am quite independent. I do all my washing on a Monday. I do it myself. If I needed any help I would only need to ask”. “I am looked after well” and, “(Staff) can be very helpful when you need to talk especially if I have a problem with something”.

One of the registered managers showed us around the service. Some people were in their rooms and they knocked and waited for an answer before entering the room. Staff understood, respected and promoted people’s privacy and dignity. We spent time observing how staff interacted with people and saw staff showing consideration towards people. Staff were concerned and interested in the welfare and safety of each person. The registered managers and staff knew people well, communicated with people in a way they could understand and gave individual and compassionate care. Staff knew what people’s preferences were and had a good knowledge of people’s life histories. Staff chatted with people and talked with them about their friends and relatives. Staff spoke with people face to face, making eye contact, in a sensitive and kind way. Staff spent time with people and reassured people when they were agitated, angry or concerned. Staff knew which people preferred to spend time in their rooms and respected their privacy by allowing

them to have their own space when they wanted it. During the inspection one person was distressed and staff showed warmth and concern while supporting and comforting them.

People moved freely around the service and grounds and could choose whether to spend time in their room or in communal areas. We spent time talking with some people in the garden and they told us that they enjoyed being able to spend time sitting in the garden on their own or with others. Some people went out on their own and some were supported by staff when they wanted to go out. One person told us how much they enjoyed going out for breakfast at a local café each day and that, “The people there know me really well. I like to go there every day”. Several people we spoke with told us that they had regular visitors and that they often went out with them. Staff told us that visitors were able to come at any time. During our inspection there were no visitors.

Each person was allocated a ‘keyworker’. A keyworker is a member of staff allocated to take the lead in co-ordinating someone’s care and support. People knew who their keyworkers were and told us that they had good relationships with their keyworkers and that they trusted them. A diary was kept about each person noting what they had done each day and if they had any concerns. Keyworkers wrote a monthly report on each person as an overview of what people had done and any healthcare concerns. These were used to keep relatives up to date and to assist health and social care professionals when they visited to review people’s needs.

Care and support plans were kept securely, to protect people’s confidentiality, and were located promptly when we asked to see them. People were encouraged to maintain their independence. Care plans directed staff to promote independence by encouraging, prompting and supporting people with their personal care and daily routines. During the inspection one person asked for help with their laundry and were supported to collect their clothing, take it to their room, fold it and put it away in their drawers. They wanted to show us their room, their clothes and where the laundry went. They told us, “I really enjoy folding my clothes and putting them away”. Staff recognised the importance of helping them to do this in a calm manner and at a relaxed pace. One person was complimentary about a member of staff who helped him with his personal care saying, “I trust him”. People’s care

Is the service caring?

plans gave staff guidance on what people could do for themselves and what support was needed. All the staff we spoke with had an in-depth knowledge of people's needs, routines and preferences.

People and staff prepared meals and drinks in the kitchen together. There was a relaxed, family atmosphere and people looked comfortable with the staff. People told us that they were independent and chose what they wanted to wear and what they wanted to do each day, in the

service or in the community. Some people chatted with each other and the staff and some chose to spend time on their own. People were smiling and generally happy during the inspection.

Some people were unable to make complex decisions themselves. The registered managers arranged for them to be supported by an Independent Mental Capacity Advocate (IMCA) so that people were involved in decisions about their care and support as much as possible. An IMCA's role is to support and represent a person in the decision making process. They make sure that the Mental Capacity Act is being followed.

Is the service responsive?

Our findings

People told us that the staff knew what support they needed and that they would ask the staff if they wanted anything. Each person had a care and support plan which had been written with them and their relatives. People had signed their care plans. The care plan gave staff the guidance and information they needed to look after the person in a way that suited them best.

People were not supported to keep occupied and some people were at risk of social isolation. Some people were more independent than others and were able to go out when they wanted to. During our inspection some people had gone out to eat and some had spent time at the local shops. Some enjoyed their own crafts like embroidery and collages. Others spent time in their rooms, communal areas and the garden. A number of people told us they would like more activities to do in the service and that they spent a lot of time watching the television which caused arguments over what to watch. One person's care plan noted, "Should be encouraged to engage in indoor activities especially in helping with some of the household chores". There was an objective for staff, "Exploring more opportunity for indoor activities within the home". We could not see any evidence that this had been explored. One person told us that they would like to play skittles indoors "like they used to" but that they didn't do this anymore. They said, "I only have meals to look forward to and when my relative calls". Another person told us how they liked to watch 'DVDs' in their room but their DVD player was broken. A new one had been purchased and was on top of their wardrobe and no-one had set it up for them. There was no schedule of regular activities.

Some people had behaviours that may challenge others. There were no positive behaviour support plans in place. There was no guidance for staff on what triggers a person may have and how to de-escalate behaviours quickly and to ensure people were supported in a consistent manner.

Action was not being taken to meet people's social needs. People's needs relating to anxiety and behaviours had not been assessed and planned for. This was a breach of Regulation 9(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that the staff were approachable and that they talked to staff if they had any concerns and that the

staff would listen to them and help them. People said that they didn't have any complaints. The complaints procedure was displayed on the wall in the hallway. This included the contact details for the Care Quality Commission (CQC). Although the phone number was correct, the address for CQC was out of date.

Care plans contained information that was important to the person, such as their likes and dislikes, their personal life history, people that were important to them, and any preferred routines. Care plans included details about people's personal care, mental health needs and healthcare needs. Care plans were reviewed and any changes to people's needs was noted to make sure that staff had up to date knowledge of people's needs.

A staff handover was completed at the beginning of each shift. Staff told us that they worked closely as a team and that they used a staff communications book which was used in conjunction with the handover. Staff said that they made notes in the book during their shift and this made sure other staff were aware of any changes to people's health or support needs.

Staff were responsive to people's individual needs throughout the inspection. When people asked for support from staff or needed reassurance the staff responded quickly. People were supported to maintain links with the people that mattered to them. Personal life histories had been recorded in people's care plans so that staff could get to know about people's backgrounds and important events. Relationships with people's families and friends were supported and encouraged. People told us about the different ways they kept in touch with relatives, in person, by phone and by writing letters. People's religious needs were being met and staff supported people to attend church services and singing sessions. People told us that they enjoyed this.

The registered manager told us that they valued feedback from people, their relatives and visiting professionals and that they carried out an annual survey. We looked at comments from the last survey and these were positive. Comments included a relatives saying, "X is always positive about his life at Maltreath" and, "Encourage more participation in household chores" and a social care professional, "They provide a high quality of care and have dealt with my client, when in crisis, very professionally".

Is the service well-led?

Our findings

The registered managers did not have a clear understanding of their responsibilities in recording and notifying allegations of abuse or incidents to local authorities and the Care Quality Commission (CQC). All services that provide health and social care to people are required to inform CQC of important events that happen in the service so CQC can check that appropriate action was taken to protect people from harm.

There were no systems in place to regularly monitor and analyse the quality of the service that people received to drive continuous improvement. People and relatives were not given the opportunity to regularly influence the development of the service. Meeting with residents were held every two months. Notes of these meetings were recorded in a book so people did not get to see any minutes or check if any actions that were needed were completed. Regular quality checks and audits on key things, such as, the environment to make sure they were safe were not regularly carried out or documented.

We asked the two registered managers what audits were carried out to check that medicines were correctly administered and were told that they were checked every day. These checks on medicines were not recorded. MAR charts were completed and there were no missing signatures. One MAR chart showed that, following a visit to a health professional, one of their medicines had been increased from twice a day to three times. The MAR reflected this change; however, on one date there were four signatures instead of three indicating that the person had received one dose too many. We asked the registered manager about this. They looked at the MAR, didn't check the medicines, and said, "Staff have just signed it twice".

The provider had a range of policies and procedures which were all dated 2004 and had not been reviewed to reflect any changes and to ensure that staff had current up to date guidance to follow. The registered manager told us that they had recently employed a company to update systems,

forms and policies. Since the inspection the registered manager provided CQC with copies of some of the new policies. Records, such as, one to one supervision and appraisals, were not in good order and not easily found. Many of the records we requested to see were not available immediately. Staff were not supported, mentored and coached through regular supervision and appraisals.

The provider had failed to assess, monitor and improve the quality of the services provided. The provider had failed to ensure that people were protected against the risks of unsafe or inappropriate care arising from a lack of proper information about them. An accurate record in respect of each person and other records in relation to staff and the management of the service had not been kept. Records could not be located promptly when required. This was a breach of Regulation 17(1) and (2)(a)(b)(d)(e) and (f) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered managers held regular meetings with staff. Staff told us that they took part in the meetings and that records were kept of the meetings and notes made of any action needed. Staff meetings highlighted any changes or concerns with people's care, mental health and support. Staff had the opportunity to comment on the day to day running of the service and suggested improvements.

People were supported to spend time in the local community. One person told us that they frequently went to a local café and that the staff there knew them well. Another person said that they enjoyed shopping in a local charity shop and showed us their recent buys.

On the day of the inspection people and staff came in and out of the office whenever they wanted to. There was clear and open dialogue between the people, staff and the registered managers. Despite the constant demands, the registered managers remained calm and engaged with people and the staff. Staff told us that the managers were always available and accessible, and easily contacted if they needed them outside working hours.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>People were not fully protected from abuse as policies, procedures and current guidance had not been followed. This was a breach of Regulation 13(1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>There was a lack of guidance for staff to minimise potential risks to people. The provider was not doing all that is reasonably practical to mitigate risks. This was a breach of Regulation 12(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>The service was not adequately maintained. The levels of cleanliness were not monitored to identify shortfalls and take appropriate action. This was a breach of Regulation 15(1)(a)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Action we have told the provider to take

Staff did not receive the appropriate support, supervision and appraisal to enable them to carry out the duties they were employed to perform. This was a breach of Regulation 18(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Action was not being taken to meet people's social needs. People's needs relating to anxiety and behaviours had not been assessed and planned for. This was a breach of Regulation 9(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and improve the quality of the services provided. The provider had failed to ensure that people were protected against the risks of unsafe or inappropriate care arising from a lack of proper information about them. An accurate record in respect of each person and other records in relation to staff and the management of the service had not been kept. Records could not be located promptly when required.</p> <p>Regulation 17(1) and (2)(a)(b)(d)(e) and (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

CQC has issued a formal warning to Temperance Care Limited telling them that they must take action by 15 July 2015 to assess, monitor and improve the quality and safety of the service. Assess, monitor and mitigate risks to the health safety and welfare of service users and others. Keep an accurate record in respect of each person and other records in relation to staff and the management of the quality of the service.