

Parkcare Homes (No.2) Limited

The Bay

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? | Requires Improvement  |
| Is the service well-led? | Requires Improvement  |

Summary of findings

Overall summary

We carried out an unannounced inspection of this service 14 January 2016. The Bay is a service for eleven people with learning disabilities. There were no vacancies at the time of inspection. The Bay consists of two detached, adjacent houses with a communal garden at the rear. It is situated in a small close about a mile from the coastal town of New Romney. At a previous inspection on 13 January 2014 we found the provider was meeting all the requirements of the legislation.

There was a registered manager in post. 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.

Recruitment processes did not have all required checks and information about staff was not in place. A range of individual and generic risk assessments were in place and these were kept updated; staff encouraged people to be independent but important risk information to support some of their independent activities was not in place and could place them at risk. There was not enough staff available to ensure everyone's activity needs and preferences could be met throughout the week or that a good standard of cleaning was maintained in the service. Staff understood people's individual care and health needs but required more information about how to support some specific health conditions in accordance with national guidance. Staff interactions with people were seen to be appropriate, kind, and caring. People were relaxed in the company of staff and said they were happy and felt safe.

Staff knew how to protect people in the event of a fire as they had undertaken fire training and took part in practice drills, but people's individual evacuation plans to inform staff of their specific needs in evacuation were not in place.

A range of audits and quality checks were in place but these had not highlighted the issues found at inspection and were not used effectively to identify and act on shortfalls in the service. People wanted more information but were not always provided with information in formats they could easily understand. People and relatives were asked to give their views about service quality but their feedback was not always analysed sufficiently to inform service improvement.

The premises provided a comfortable home for people but wear and tear in some areas required redecoration; repairs were not always completed in a timely manner. Equipment checks and servicing were regularly carried out to ensure the premises and equipment used was safe. Fire detection and alarm systems were maintained. Guidance was available to staff in the event of emergency events so they knew who to contact. is

Staff received induction to their role and training to give them the skills and knowledge needed. Staff were supported through supervisions and appraisal of their work performance and personal development. Staff

had been trained in how to protect people; they knew the action to take if they suspected or witnessed abuse towards people. They were confident they could raise any concerns with the registered manager or outside agencies if this was needed.

People's routines were flexible and staff supported them in accordance with their support plans. Staff respected people's dignity and privacy. Staff were trained and understood the strategies they needed to use in supporting people whose behaviour could be highly anxious or challenging. Staff understood and worked to the principles of the Mental Capacity Act 2005.

People chose what they wanted to eat and said they enjoyed their food. People were supported to attend health appointments and staff ensured appropriate referrals were made to assure people's health and wellbeing.

People were kept informed about the complaints procedure and relatives felt confident of raising concerns with staff if necessary. People were given opportunities to meet with staff to discuss their care and treatment. A relative confirmed that they were kept informed and had been consulted about the person's care and treatment plan.

People were supported by staff to maintain important relationships. Relatives were always made to feel welcome and they and other professionals said communication was good. Staff felt supported and able to express their views.

Accidents and incidents were monitored by the provider to see where improvements could be made to prevent future occurrence. Policies and procedures were updated centrally and sent around for staff to read to ensure staff worked to current guidance. The registered manager ensured agencies including the care Quality Commission were informed of significant events.

We have made four recommendations:

We recommend that the provider review guidance in relation to the development of personal evacuation plans in line with their responsibilities under current fire legislation Regulatory Reform (Fire Safety) Order 2005.

We recommend that the provider ensure that individualised condition specific support plans for Diabetes are developed in accordance with guidance from Diabetes UK.

We recommend that the provider reviews current best practice guidance around the availability of information in formats suitable for people to understand.

We recommend that the provider review concerns and complaints procedures to ensure that this is fully accessible and representative of the experiences of people in the service.

We recommend that support to develop people's independence and life skills is shown clearly through the setting of achievable goals and the monitoring of progress towards these

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked 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.

Recruitment procedures needed to be strengthened to ensure all appropriate checks were undertaken and met legal requirements. There were not enough staff to support people's individual activities and interests.

The standard of cleanliness in some areas needed improvement. Risks were assessed but not all were recorded to show that all factors had been considered and this could place people at risk.

Staff understood how to protect people from abuse. Medicines were managed appropriately

Is the service effective?

Good 

The service was effective.

Staff received induction to their role and training to give them the skills and knowledge needed. Staff were supported through supervisions and appraisal of their work performance and personal development.

Strategies were in place to guide staff in supporting people who experienced behaviour that could be challenging. Staff understood and worked to the principles of the Mental Capacity Act 2005.

People chose what they wanted to eat and said they enjoyed their food. People were supported to attend health appointments and staff ensured appropriate referrals were made to assure people's health and wellbeing.

Is the service caring?

Good 

The service was caring

People had some information in accessible formats but wanted more so they knew more about what was happening on a day to day basis.

People and relatives found staff to be friendly, caring and respectful.

People's routines were flexible and staff supported people in accordance with their support plans. People's dignity and privacy was respected.

People were encouraged to be as independent as they could be. They were supported by staff to maintain important relationships. Relatives were always made to feel welcome.

Is the service responsive?

The service was not always responsive.

People who did not participate in the structured day centre activities were not provided with alternatives because staff were not available to support this.

People and their relatives were involved in the development of care and support plans, staff support were guided by these.

People were kept informed about the complaints procedure and relatives felt confident of raising concerns with staff if necessary.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Quality assurance systems were not used effectively to identify and act on shortfalls in the service. People were asked to give their views about service quality through meetings and surveys but their feedback was not always analysed sufficiently to inform service improvement.

Relatives, professionals and staff said communication was good. Staff felt supported and able to express their views.

Policies and procedures were kept updated to ensure staff worked to current guidance. The registered manager ensured agencies including the care Quality Commission were informed of significant events.

Requires Improvement ●

The Bay

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 checked 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 the 14 January 2016; we called back on 15 January 2016 to meet with people who were out the previous day so that we could hear about their experiences. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 also looked at all the other information we held about the service, including previous reports, complaints and notifications. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

We met all the people that lived in the service during the inspection except one who was unwell. Most were able to speak with us directly about their views of the service, for a few people who were unable to comment for themselves we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager and three care staff during the inspection. We contacted a range of health and social care professionals who knew the service and received feedback from three and they raised no issues of concern. We also spoke with one relative following inspection who spoke positively about the service.

We looked at three people's support plans, activity planners, health records, and individual risk assessments. We also looked at medicine records, menus, and operational records for the service including: staff recruitment, training and supervision records, staff rotas, accident and incident reports, and servicing and maintenance checks.

Is the service safe?

Our findings

People were relaxed and comfortable with each other and in the presence of staff who knew their needs well. A relative told us they were happy with their relative's care. They commented "Some staff shine above others and a few have developed really good relationships with X", "X is genuinely fond of staff", "It's always clean, we have seen staff cleaning and polishing late at night, so they are always doing things". Health professionals told us that they had never had any issues with this service; they said about staff "Clients care comes first with them".

The standard of cleaning in both houses was in need of improvement. There were cleaning schedules in place, but these lacked detail to ensure all cleaning tasks were broken down and could be checked as completed. Low staffing meant there was a lack of flexibility within available staffing hours to enable staff to fulfil their care support and cleaning roles, for example, in house 31, the floor around a toilet people used was heavily soiled, bedroom windows were dirty on the inside, and tops of radiator covers were stained; the areas between stair rails was thick with dust. In house number 30, a new bathroom was without the appropriate equipment to foster good hand hygiene for the people using it.

Both houses showed signs of recent investment in regard to the new kitchens and bathrooms. Laundry areas were located in both houses and staff understood about managing soiled laundry. Washing machines available however, did not have appropriate sluice cycles to ensure soiled laundry was cleaned to the right standard to avoid any cross infection issues. One person used a commode but no cleaning protocol was in place to guide staff in ensuring they undertook basic cleansing of the shower and toilet area's following the emptying and washing of the commode; this would ensure a good standard of cleanliness was maintained and reduce the risk from cross infection.

Although in reasonable condition there was some evidence of wear and tear in the premises with walls requiring repainting, a cracked window in the porch area of number 31 made safe, but not repaired for six months. A shower in house 31 had been out of use for one month, this was having a direct impact on people in that house on the first floor who preferred using this facility, although alternatives were available elsewhere in the premises. Worn carpet on the stairs. These matters had been reported for repair and authorisations given for some replacements but no date given for this to be completed.

The failure to maintain a good standard of cleanliness within the service and that repairs and maintenance to the premises were undertaken in a timely manner is a breach of Regulation 15 (1) (a) (e) of the HSCA 2008 (RA) 2014.

No new staff had been recruited to the service for some time. Overall staff retention was very good and staff said they enjoyed working in the service and with the people they supported. Some staff had worked for predecessor companies before transferring to work for the present provider. Recruitment files for staff inherited from the previous provider were not meeting the requirements of current legislation; steps had not been taken to rectify shortfalls in required documentation by the provider. For example, one file contained no references of character or conduct in previous employment, a second file had only one conduct in

employment reference. All had application forms but one was without a full employment history, two were without medical information about fitness to undertake their role.

There was a failure by the provider to ensure that all staff recruitment files met the requirements of legislation Regulation 19 schedule 3 of the HSCA 2008 (RA) 2014.

Risk assessments were completed for each person that were individualised and took account of each person's specific needs and their personal awareness and understanding of danger and risk. People were supported to take risks, for example walking to the shop independently, but we found two instances for example, unsupervised bathing for one person, being left in the house alone for another, where assessments were not in place and not all factors could be shown to have been considered and people could be placed at risk. There was a failure to ensure that some activities undertaken by people independently were appropriately risk assessed and this could place them at risk of harm. This is a breach of Regulation 12 (1) (2) (a) of the HSCA 2008 (RA) 2014.

At inspection we initially found it difficult to get staff attention because they were engaged in getting people ready. We found there was just one staff member in each house in addition to the registered manager who was working across both services. The front doors were unlocked and we were able to enter the building unchallenged. We met two people who were up and dressed, and largely left to their own devices whilst staff were occupied elsewhere. There was a relaxed routine for people getting up and going to bed so staffing support can be adequate to provide the prompting and supervision people need for this task but does not take account of the monitoring and supervision those already up should have. Interactions were limited but those we did see were kind and respectful.

For those people who choose not to go to the day centre Monday to Thursday there were limited opportunities for them to go out other than help staff with weekly shopping trips. Staff confirmed that existing staff levels restricted their ability to offer a wider range of activities for people who did not want to attend day centre and support and spend time with those who did not want to do any activities. The failure to ensure there were enough staff to meet people's daily needs for adequate stimulation is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The majority of risk assessments viewed were kept updated and responded to changes that occurred. Risks people might experience from their environment had been assessed and these were also kept under review or updated when circumstances changed.

Personal evacuation plans were in place for each person in summary form only. These did not make clear to staff the special support people might need to evacuate the premises. The registered manager was concerned these had gone missing and commenced new ones during the course of inspection which were incomplete when we left; this is an area for improvement.

Fire drills were held and staff received regular fire training, evacuation plans were in place in the event of fire and emergency guidance was also available and on display for staff in the event of other major events that disrupted the operation of the service.

Staff knew how to respond in emergencies and who or what agencies they should contact and how to protect people during evacuation. They were aware of where the emergency guidance pack was kept. A business continuity plan was in place to inform staff of the actions they needed to take in the event of emergencies that could impact on the running of the service.

Servicing of gas, electricity, fire alarm and fire extinguishers and portable electrical items was undertaken annually. Weekly and monthly visual checks and tests of the fire alarm and fire fighting equipment was conducted by staff.

There were a low level of accidents and incidents mostly linked to slips, trips and falls or incidents of behaviour that was challenging to others. These were recorded clearly and the registered manager monitored these and discussed with staff if any changes were needed to the support people received or if further improvements could be made to prevent similar events in future.

Staff were able to tell us about the signs of abuse, and how they would report their concerns and to whom; including those agencies outside of the organisation, such as the local authority safeguarding team. Staff received regular training in protecting people from abuse so their knowledge of how to keep people safe was up to date. Staff understood the whistle blowing policy and they showed they felt confident of raising concerns with the provider or outside agencies if this was needed.

Medicines were managed well no stock was kept people received their month supply only, medicine records were completed appropriately and meds received in were signed dated and quantities listed. Med sheets contained photographs and these guided staff in administering the right medicines to the right person. Only trained staff administered, medicines and their competency to do so was reassessed annually by the registered manager.

We recommend that the provider review guidance in relation to the development of personal evacuation plans in line with their responsibilities under current fire legislation Regulatory Reform (Fire Safety) Order 2005.

Is the service effective?

Our findings

A health professional told us "I have never been concerned and have only ever observed good practice from staff". People told us they were consulted about what they ate but said they would like more information about what was on the menu each day. A relative said they thought people ate well and said "When we have visited on a Sunday you can smell a lovely roast dinner cooking".

There had been good staff retention and most staff had worked at this service for more than five years, some under previous owners. Staff said they enjoyed working at the home and were provided with the skills and knowledge they required to support people safely. Staff said that if they needed specific training to support an individual this would be provided, and they gave the example of practical moving and handling training that was provided following the deterioration of one person's mobility.

Staff said that new staff completed an induction period. In the first two weeks of their time at the service new staff familiarised themselves with people's care needs, the routines of the service and the policies and procedures that guided this; they shadowed more experienced staff. The induction process would count towards staff who needed to undertake the Care Certificate if they did not already have a nationally recognised care qualification at level 2. The Care Certificate was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life.

There was an established programme of on line training that all staff were required to complete on a regular basis and all of their basic essential training. Some basic training was provided by external or in house trainers and this included moving and handling and safeguarding. Specialist training had been provided for staff administering insulin and a diabetes nurse visited annually to check staff competencies around this. Eight out of nine staff had completed either an NVQ level 2 or Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard and the two other staff were working towards this qualification.

Staff told us that they were supported through individual one to one meetings. These were scheduled to happen every quarter but were more often than not three times per year. These meetings provided opportunities for staff to discuss their performance, development and training needs. Staff said the registered manager had an open door and was always available for staff to approach them at any time if there were issues they wished to discuss. Handovers took place between team leaders, to ensure important information was passed between shifts and also staff were required to read the communication book.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one and the majority of people were subject to DoLS authorisations. Staff supported people when making everyday decisions about what they wore, where they ate, what they ate, what they wanted to

do. Where people lacked the capacity to make some more important decisions for themselves around their care and treatment the service was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests, and by people who knew them well.

Some people experienced anxieties that sometimes meant their behaviour could become challenging to others. Clear strategies were in place for staff to assess the different levels of behaviour from low to high, specific guidance for each level guided staff responses to ensure people were kept safe. Restraint was not used and all staff had been trained in a recognised behaviour de-escalation technique. The registered manager monitored incidents of behaviour looking for patterns and causes of the behaviour. The infrequency of such events gave the registered manager and staff confidence that the support they provided to people at times of high anxiety appropriately met their needs.

Health action plans were in place for people, these documented people's state of health, the medicines they used and the health contacts they had throughout the year and how they responded at these times. People had regular contacts throughout the year with GP's, dentist, opticians and chiropodists, community nurses and hospital appointments and these were carefully logged. Some people had diabetes, one person had an individual support plan around how this should be supported, this was good practice but the plan required expanding to make this more informative to staff. Other people with diet controlled diabetes had this reflected as a small part of a support plan around medicines, it is good practice advice from Diabetes UK for all people with diabetes to have a separate support plan for this, and this is an area for improvement.

People's dietary needs and preferences were well known to staff who consulted with them each week about what they wanted for their main meal each day for the following week, shopping was bought during the week to ensure these meals could be provided. People said they liked the food they received. We observed people helping themselves to snacks during the day and some people were able to make drinks with staff supervision. Staff encouraged people to eat a healthy balanced diet, and recorded people's food and drink intake to ensure this was at a satisfactory level that did not highlight a risk of poor nutrition. Although people could ask what was for dinner, menu information was not displayed in an accessible format for them which they said they would like.

We recommend that the provider ensure that individualised condition specific support plans for Diabetes are developed in accordance with guidance from Diabetes UK.

Is the service caring?

Our findings

People spoke positively about staff who they described as friendly, helpful and kind. They felt staff respected them. A relative told us "We are pretty involved; we visit regularly and are always given a chance to comment about X's care and support", "Staff are always welcoming and offer a cup of tea". People told us they would like more information about what was going on for example, what they were going to have for dinner, who was on duty each day and night and what events were happening in the area.

Some information was provided in accessible formats but people said they would like more of this so they knew what was happening on a day to day basis, for example what staff were on duty, what was for evening meal, what events were on in the surrounding area; this is an area for improvement.

We observed that people were relaxed and comfortable in the presence of staff, watching television, talking amongst themselves, and asking questions of staff and each other. There were good humoured interactions between staff and the people they were supporting. Staff spoke appropriately and respectfully to people, most staff had known people for many years and spoke affectionately about them and they showed that they understood people's individual characters and needs. Staff showed that they understood people's individual styles of communication well enough to know their preferences and wishes.

A relative and a health professional told us that communication from the registered manager and staff was good, the relative said they were always contacted about matters relating to the health and wellbeing of their family member, and any changes in care and treatment before these were implemented. They said they were included in regular reviews and were asked to contribute their thoughts and felt listened to. They said that they had helped with information or been approached for information towards the development of the care plan.

Staff supported people to make choices and decisions for themselves in their everyday lives about how they spent their time, when they went to bed, what they wore, or did, and what they ate. Staff respected people's choices. Staff protected people's dignity and privacy by providing personal care support discreetly, and respecting confidentiality

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. Bedrooms had been personalised with personal possessions, family photos and preferred colour schemes and décor, reflecting people's specific preferences and interests.

People were supported to maintain relationships with the people who were important to them, and were supported to make regular contacts or visits. A relative told us that they were always made to feel welcome by staff when they visited, and that staff were supportive of visits their family members made home to them.

We recommend that the provider reviews current best practice guidance around the availability of information in formats suitable for people to understand.

Is the service responsive?

Our findings

One relative told us "x is more than able to vocalise any concerns he has but has never commented about not wanting to go back and is more than always happy to do so". Two people told us they were happy with what they did and did not want to go to the day centre each week, one said "I like chilling in my room", another said they liked to help with their own washing and laundry, and listen to their music and radio". One person told us they were not sure about whom they could raise concerns with, but after discussion said they would speak with staff. Records of resident's meetings also showed that how people could make a complaint was often touched on in these meetings to remind people how to do this. Easy read versions of the complaints procedure were on display in both houses. People who did not wish to participate in structured activities did not have enough to do. Each person had a weekly activity planner this had been developed from an understanding of what they were interested in and liked to do. Time was also set aside within weekly activity planners for people to do activities of their own choice, such as listening to music, or watching favourite DVD's. Planners showed that at least 50% of people liked to have a structured activity in the community and attended a day centre Monday to Thursday. Other people liked to go out to specific preferred activities, and some were able to do this independently for example table tennis, or for a daily walk. Whilst staff did their best to support activities for those not attending day centre, staff availability directly impacted on their ability to do so in a planned or spontaneous way as often as they would like. A review of daily reports showed that people not attending day centre spent a large amount of their time in the service and were not offered meaningful alternative activities

There was a failure to provide adequate stimulation and choice of activity to people who did not wish to participate in structured day service activities. This is a breach of Regulation 9 (1) (2) (3) (b) of the HSCA 2008 (RA) 2014.

There was a complaints record for recording of formal complaints received, the Provider Information Return (PIR) informed us that there had been no complaints received in the last 12 months and this had not changed at the time of inspection. Staff understood how people communicated. Some people were easily able to express their views others used sign language body language or their general mood, behaviour and demeanour told staff how they were feeling. The absence of recorded concerns and complaints from people in the service however, showed there was no culture of staff taking a proactive view that when people were angry or distressed with each other or with events that had occurred outside of the service the same consideration would be given to it being recorded as a complaint and the same expectation that this would be dealt with as such. This is an area for improvement.

In care plans there was recognition of what people could do for themselves and staff showed that they were responding to people's needs in a way that was consistent with their plan of care. Many people had potential for further independence but their care plans showed there to be a lack of individually identified achievable goals for them to work towards as a means of developing and enhancing their skills, at a suitable pace in keeping with their abilities; this is an area for improvement. Changes in people's care and treatment needs were discussed with them and their relatives and representatives before these were put into place; care support plans were kept updated to reflect any changes. People and their relatives were included in the regular assessments and reviews of their individual needs.

A relative told us that they always found the registered providers, registered manager and staff approachable and would not hesitate in raising concerns with them if they felt this was necessary; they expressed confidence that action would be taken to address their concerns and that they would be kept informed.

There had been no new people admitted to the service for some years. A relative told us they had spent time looking around before their relative came to this placement, they were satisfied they had made the right decision and that their relative's quality of life was greatly improved. The registered manager explained that when vacancies arose people referred to the service had their needs assessed as to whether these could be met; where appropriate, opportunities to visit and stay for tea or overnight stays would be provided. We were told that consideration was always given to the person's impact on other people in the service and the views of staff.

Following initial assessment people's everyday care and support was designed around their specific individual assessed needs. This included an understanding of their background history, interests, preferences around daily routines, communication, personal care, social activities and interaction, night time support including continence management, and a recognition of the people who are important in their lives. This information provided staff with a holistic picture of each person and guided them in delivering support consistent with what the person needed and wanted.

We recommend that the provider review concerns and complaints procedures to ensure that this is fully accessible and representative of the experiences of people in the service.

We recommend that support to develop people's independence and life skills is shown clearly through the setting of achievable goals and the monitoring of progress towards these.

Is the service well-led?

Our findings

Social care professionals told that they had no concerns about the service. A health professional told us "communication is good"; "they always ring for advice if they are not sure". A relative told us "it's as good a place as it can be", we are always kept informed, if the manager thinks we need to know about something she rings us."

We were told that regional managers were accessible and visible to the registered manager and staff. The registered manager completed unannounced out of hour's visits to the service and produced reports with any actions from these. Formal service review audits were conducted by the regional manager every quarter and reports from these were available to view, actions from these visits were added to a rolling programme of actions to be completed. However, clear timescales for completion of actions were not given on action plans viewed, so as to ensure areas for improvement did not span long periods.

People's relatives were surveyed annually for their views about the service. The registered manager and staff did not see the outcome of these surveys in relation to their specific service but rather the provider aggregated responses from all services to give an overall level of satisfaction, this meant the registered manager and staff did not receive feedback at local level about how well they were doing or areas they might to improve in.

The Registered manager also conducted individual surveys of people to ask for their comments and assessment of the service they received. Their feedback was analysed and a breakdown of their feedback produced. This was available for people to see but was in a small print format that people would find difficult to read. The analysis provided no evident follow up to comments that people made that they were 'mostly' or 'sometimes' satisfied with aspects of the service, and there was little evidence that survey feedback was discussed with people in their house meetings to try to understand why people thought this .

Internal audits in regard to care, finance and health and safety were conducted by internal audit teams and reports from these with identified actions were sent to the registered manager. Any actions from these audits are also discussed at quarterly safety quality compliance meetings. The registered manager also undertook a monthly walkaround and a medicines audit. Whilst there was a range of audit processes in place these had failed to identify the shortfalls highlighted by this inspection, for example staff recruitment, insufficient staffing to support a wider range of activities, the assessment of risks to individuals, cleanliness and maintenance of the premises. There was a failure to ensure that systems to assess and monitor the quality of the service were implemented effectively and conducted robustly or that feedback from people or their relatives was used to inform service development, this is a breach of Regulation 17 (1) (2) (a) of the HSCA 2008 (RA) 2014.

The registered manager had been with the company for some years and managed both houses on the site. Staff said she was good manager and they felt supported by her and found her approachable. They said they felt listened to and were able to raise issues that were important to them with her, they found staff meetings and individual face to face meetings with the registered manager comfortable forums to raise and

discuss matters.

Staff understood the aims and objectives of the service and these were discussed at staff meetings; staff had been fully briefed on impending future changes to the service which was that the service would de-register as a care home and become a supported living service. Relatives and care managers had also been apprised of planned changes, the registered manager was hopeful that these changes would enable better support and increased staffing hours to meet people's individual personal support and activity needs.

The PIR told us that staff were kept informed by a weekly newsletter called Top Priority; there was an intranet that staff could access that provided a range of guidance for staff to refer to. A quarterly telephone conference was conducted with the chief executive. The registered manager also attended regional managers meetings and conferences and in house staff meetings were held on a regular basis. Staff said that they felt able to raise matters within these meetings and each was given time to talk about things they wanted to discuss. Staff said they felt supported at local level by the registered manager who they found approachable with an open door policy; she promoted an open culture by making herself accessible to people, visitors, and staff, and listening to their views.

There was a low level of incidents and accidents within the service. Analysis of incidents through the use of Antecedent Behaviour and Consequences (ABC) charts enabled the registered manager and staff to monitor specific incidence of behaviours for patterns or trends and develop strategies for working with people to overcome this.

There were a range of policies and procedures governing how the service needed to be run. These were updated centrally by the quality team and staff were made aware of updates to policies and procedures and asked to read and sign when they had done so.

The registered provider had signed up to the 'driving up quality initiative'; this is a code that outlines good fundamental practices and behaviour that organisations supporting people with learning disabilities need to be committed to. Signing up to the code is a public commitment that the organisation believes in these good practices and is actively working towards them.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care There was a failure to provide adequate stimulation and activity for people living in the service who did not participate in structured activities. Regulation 9 (1) (2) (3) (b). |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was a failure to ensure that some activities undertaken by people independently were appropriately risk assessed and this could place them at risk of harm. Regulation 12 (1) (2) (a) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 15 HSCA RA Regulations 2014 Premises and equipment There was a failure to maintain a good standard of cleanliness within the service. Regulation 15 (1). The failure by the provider to ensure that repairs and maintenance to the premises were undertaken in a timely manner to ensure they did not unduly impact on people Regulation 15 (1) (e) |
| Regulated activity | Regulation |

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

There was a failure to ensure that systems to assess and monitor the quality of the service were implemented effectively and conducted robustly, Regulation 17 (1) (2) (a).

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

There was a failure by the provider to ensure that all staff recruitment files met the requirements of legislation Regulation 19 schedule 3

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

There was a failure to ensure that there were enough staff to meet people's requirements for stimulation and activity. Regulation 18 (1)