

Foresight Residential Limited

Foresight Residential Limited - 14 Otley Road

Inspection report

14 Otley Road
Harrogate
North Yorkshire
HG2 0DN

Tel: 01423500700
Website: www.4sr.co.uk

Date of inspection visit:
23 April 2018
02 May 2018

Date of publication:
20 June 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Foresight Residential Limited – 14 Otley Road on 23 April and 2 May 2018. Day one was unannounced and we told the provider we would be visiting on the second day.

At the last inspection in February 2017 we found the provider had breached two regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to evidence that people's capacity had been assessed and the oversight of the home. The provider submitted an action plan and has met with us on three occasions since the last inspection. A continuing breach of Regulation 17 Good Governance was found at this inspection. You can see what action we have told the provider to take at the end of this report.

The rating remains unchanged at Requires Improvement. This is the second time the service has been rated Requires Improvement. We will meet with the provider outside of the inspection process to understand what action they will take to improve their overall rating to Good.

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Up to 13 people can be accommodated. Ten people lived at the service when we inspected. People between the ages of 18 and 64 live in the service who have a sensory impairment and or a learning disability/ autism. Some people also have mobility needs.

The service is developing 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.

Two registered managers were new in post since the last inspection who shared responsibility for the service. 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.

People and staff felt the support from the registered managers, deputy and senior care workers was positive. People and staff were more confident and told us they felt able to speak up about concerns or ideas they may have to improve the service they received. We observed people looking relaxed and fully involved in their own care and support.

The provider had not ensured that systems were properly established which are required to keep people safe and to enable them to receive a quality service. For example, health and safety systems, risk assessment tools, records relating to the Mental Capacity Act, and accident, incident procedures. The registered managers did not have the resources, skills and support to implement all that was delegated from the

provider to sufficiently improve the service and demonstrate sustained improvements. The provider has confirmed following the inspection they will take appropriate action to address these concerns.

People and their families told us they felt safe using the service and we saw day to day checks and servicing of the building and equipment had occurred to support this. All staff understood how to protect people from avoidable harm and knew how to raise concerns if they saw signs of abuse.

Appropriate systems were in place for the management of medicines so people received their medicines safely.

People told us there were enough staff on duty to meet people's needs. We found safe recruitment and selection procedures were in place which the provider needed to ensure were followed consistently.

Staff felt confident they had the skills to deliver safe and effective support. We saw the training they required was not always up to date. The registered managers had a plan in place to ensure this was rectified.

We saw improvements had been made around the culture of the service. Focus had been to support and recruit the right members of staff who understood what person centred care looked like. And who were willing to ensure people received a person centred service. This had been successful and people told us they received support in the way they preferred and that they enjoyed feeling relaxed in their own home. People had better access to community activities and staff had enabled people to develop and maintain their independence. People received support from staff who treat them with dignity and respect and who displayed a caring, compassionate attitude.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. People were supported to maintain their health including their nutritional needs with the support of healthcare professionals. Better records were needed to evidence the support provided to monitor progress of specific health needs.

The service continues to make improvements and the registered managers were keen to listen to feedback from people and their relatives to influence how continuous improvements could be achieved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Systems such as the risk assessment process and accident system were not robust enough to demonstrate the provider had mitigated the risk of avoidable harm.

Where safety assessments had been carried out actions to improve were not monitored to ensure they were carried out.

There were enough staff to respond to people and cater for their needs. Staff understood how to protect people from abuse, including the safe management of medicines.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Training staff required to enable them to fulfil their role was not up to date. A plan to ensure training was completed was in place.

Where decisions had been made in people's best interests, documentation to evidence this was not robust.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good ●

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff could describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs.

Is the service responsive?

Good ●

The service was responsive.

People who used the service and relatives were involved in decisions about their care and support needs.

People had opportunities to take part in activities of their choice inside and outside the service. People were supported and encouraged with their hobbies and interests.

People and their relatives knew how to raise concerns and felt confident to do so.

Is the service well-led?

The service was not always well led.

The provider did not ensure the governance, resources, leadership and supervision was available to ensure the service was safe and quality.

People, their relatives and staff felt the support from the registered managers was good and that they could approach them if needed.

Feedback had been sought from people and their relatives to develop an action plan to improve where required.

Requires Improvement 

Foresight Residential Limited - 14 Otley Road

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.

We inspected Foresight Residential Limited – 14 Otley Road on 23 April and 2 May 2018. Day one was unannounced and we told the provider we would be visiting on the second day. The inspection team consisted of an inspector on both days. An expert by experience supported the inspection on day one. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed all the information we held about the service. This included information we received from statutory notifications since the last inspection. We sought feedback from the commissioners of the service and key visiting professionals. We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with six people and two of their relatives. We spent time in the communal areas and observed how staff interacted with people and some people showed us their bedrooms.

We spoke with both registered managers and the sole director of the company, referred to as provider in this report. We spoke with five members of staff including the deputy manager, senior care worker and care workers.

During the inspection we reviewed a range of records. This included two people's care records, including

care planning documentation and medication records. We also looked at two staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

At the inspection in February 2017 the provider had not assessed the risks to people's health and safety or done all that was reasonably practicable to mitigate such risks. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered managers had sought to implement risk assessment tools which had been developed by professionals and were recognised good practice tools. We saw they had not been consistently applied in people's care plans, for example one person did not have a nutrition risk assessment. We saw another format used for the management of falls risks was not appropriate for members of staff to use as they were designed for trained healthcare professionals. No care plan audits had been carried out, which meant the provider was not aware of these issues.

We saw the provider had instigated the use of external professionals to complete a health and safety audit and fire risk assessment. The outcome of each assessment meant actions had been identified to improve safety. When we visited the progress towards completion of the actions had not been recorded and was not known by the provider.

We sought to find important documents about people's safety during the inspection such as personal emergency evacuation plans (PEEPs). PEEPs support staff to know how to support people to evacuate safely in an emergency. Also, each person's hospital passport which should be accessible if the person needs to visit hospital. The hospital passport provides hospital professionals with key information around how to support people. Staff did not immediately know where the information was, but it was found eventually. This demonstrated it was not easily accessible and the location was not routinely known by all staff. This meant there was a risk important information would not be found in an emergency.

Arrangements for managing accidents and incidents and preventing the risk of reoccurrence were not robust. The documentation did not outline the changes made to ensure all that was reasonably practicable had been done to reduce the likelihood of avoidable harm. Lessons learnt were not assessed and therefore not acted upon. The provider had not assessed the patterns and trends in relation to accidents and incident to provide leadership to the registered managers to implement continuous improvements.

The provider had not ensured all systems in relation to the safety of the service were established and operated effectively. This included the assessment, monitoring and mitigation of known risks. This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The registered managers provided updates following the inspection to confirm actions had been completed in relation to the assessment of safety. They also confirmed the implementation of an electronic care plan system meant more suitable risk assessment formats will be used in the future around people's individual needs. The team responded on the day of the inspection to ensure important information about people for use in an emergency was accessible.

Records confirmed checks of the building and equipment had been carried out to ensure health and safety. Evacuation practices had been undertaken to check the process was effective. Significant improvements had been made to the environment since the last inspection and we saw the premises were clean and free from malodour. Refurbishment had also occurred to improve the appearance of the building and better manage infection control. One person told us, "The home is clean and hygienic."

Recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) and confirmation of a full work history. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. The application of the recruitment process was not always consistent, for example we saw in one file the full work history was not recorded and gaps in employment were not explained, also the interview of the staff member had not been recorded. The registered managers agreed to ensure all areas of recruitment records were robust.

The service had used agency workers since the last inspection. We saw profiles had been received and induction carried out. The agencies had not provided robust information within the profiles to reassure the provider of safe recruitment processes, the identity of the worker and their training record. The deputy manager immediately requested the appropriate information whilst we were on inspection.

The registered managers had assessed the numbers of staff needed to meet each person's needs. The rota document reflected that safe levels of staffing were used on each shift. We saw there were enough staff to respond promptly when people required support or requested assistance. One person told us, "Staffing is quite steady but we have had a lot of agency staff over the last year. Generally, there are enough staff to meet our needs here." The registered managers agreed with this and explained the challenge they had recruiting staff. There had been a high turnover of staff in the past year. This had arisen because the registered managers were challenging poor practice and developing a more positive person centred culture. The aim of the service was to support people to have choice and control and have support to have a good and meaningful everyday life. This is in line with 'The National Service Model' for people with learning disabilities and or autism called 'Building the Right Support'.

The registered managers understood how to safeguard people and what action to take if they witnessed or suspected abuse. Records confirmed all incidences of suspected abuse had been recorded and reported appropriately. Staff we spoke with said they would have no hesitation in reporting safeguarding concerns and they described the process to follow.

People and their relatives understood what it meant to be and feel safe. People said, "I find staff caring and I feel safe around them" "I feel that my things are safe here and I feel safe too" and "I feel safe with the staff." Relatives told us, "My family member is safe with the staff, they treat them well and they love it at Otley Road" and "The staff on the whole are very attentive and they make sure that my family member is safe."

A recent incidence of financial abuse towards people was dealt with appropriately and the registered managers had ensured procedures were changed and implemented to protect people better in the future.

Arrangements in place for the management, storage, recording and administration of medicines were safe. Records were well maintained and we observed staff were caring and attentive when they supported people to understand their medicines and to take them.

Staff had been trained to support people with their medicines. The registered managers explained a process to competency check all staff who supported medicines was due to be implemented. The audit of the

medicines process was not robust and the registered managers agreed to implement a more appropriate format from another of the providers services.

Is the service effective?

Our findings

At the inspection in February 2017 the provider had not assessed people's capacity, to understand if they were being deprived of their liberty. Applications to authorise this where required had not been made. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Positive progress had been made and the service was working with the local authorities following applications being submitted to authorise people to be deprived of their liberty.

Staff training had occurred and staff were aware of how to support people to make their own decisions where they were able to and when they needed to make decisions in their best interests. One member of staff said, "Some people have more capacity than others regarding complex decisions. We involve people in making decisions and do best interest decisions if needed."

We were confident positive practice to empower people to make their own decisions was embedded in the culture and that appropriate applications had been made around DoLS. Therefore, the provider was compliant with Regulation 11.

Records to evidence the positive work to involve, people and their relatives or those authorised to legally act on people's behalf was still not appropriately recorded in people's care plans. We have discussed this with the provider since the last inspection. The provider had not carried out audits to check progress towards the implementation of appropriate documentation since the last inspection.

Following the inspection we met with the registered managers to clarify what was required and they have updated us that progress is being made to correctly implement appropriate records.

The registered managers explained to us the staff turnover, staff sickness and absences have meant they have been challenged to keep training up to date. They had a training matrix in place and knew which staff required training or refresher training. Training was booked and the registered managers were working towards all staff training being in date.

The registered managers told us staff new to care were undertaking the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. Staff we spoke with described the positive induction they received, one member of staff told us, "I had a very good induction. I did training and shadowed people. I felt confident and could ask for help if needed. I feel I could show a new staff how to do the role." Another member of staff told us, "We have had a lot more training in the past six months, most weeks there is something on. We did documentation training around new laws last week."

A visiting professional recognised the improved approach to developing staff skills, they said, "The service does promote good care since the new management has been appointed."

Staff told us they felt well supported since the registered managers had taken over the management of the service. One member of staff said, "We now get formal 1:1 supervisions when we ask. It could be more regular, but we can always ask. I feel supported and confident the managers would listen to any concerns I had." The registered managers monitored the amount of support staff received, this included 1:1 supervision, team meetings and by an open door policy. We saw records to evidence the registered managers had challenged poor practice where it had been identified and supported staff with their professional development.

People were very happy with the meals and snacks available for them. People said, "The food is very nice here. We have a menu for each day. If it was something I didn't like, I think that I could have something else" and "I love the food here and I get a choice of what to eat." A relative told us, "I find staff are very good with my family member. They seem to get the food they like and that is important to them."

We observed the flexibility around meal times, choices and access to snacks and drinks throughout the day. People were relaxed in the environment and supported to make their own choices very well. People were comfortable accessing the kitchen and food in the fridge and cupboards. This demonstrated they were empowered in their own home.

Staff knew each person's nutritional needs. They understood how to encourage a healthy balanced diet. Staff had started to monitor people's weight more closely and use the malnutrition universal screening tool (MUST) a recognised tool to understand where people are at risk of malnutrition and therefore need specialist referral to a dietician.

Where people had complex health needs we saw relevant professionals had been involved to provide advice and treatment plans for staff to follow. One relative described how they felt staff did not consistently link all areas of their family member's health needs and actions they must take to maintain good overall health. The records we viewed on day one were not easy to follow in relation to the person's health and no monitoring records were in place. For example, around supporting the person to mobilise and do exercises to aid their wellbeing. On day two a system had been designed to better monitor progress for the person.

We saw records to confirm people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. People had received an annual health check from their GP which had included a medicines review. This process is known to promote good health for people with learning disabilities by professionals reviewing the whole person. We saw staff prepared a health action plan each year to understand whether appointments and health needs were being managed well.

Hospital passports were in place to support hospital staff to understand each person's health needs and support needs should they need to visit or stay in hospital. On day two the registered managers confirmed these were now in an accessible place for staff to find them.

One visiting professional told us "The service regularly refers to the community team for support on various health needs. I feel this is appropriate and benefits people." Actions to support people with their health needs were in line with 'The National Service Model' for people with learning disabilities and or autism called 'Building the Right Support' because people had good access to mainstream health services and specialist services where needed.

The layout and accessibility of the environment was important people to because of the sensory impairment. A member of staff told us, "People have a sensory impairment and we support them to know their environment and to navigate it. We know not to move furniture. Out in the community we guide people and know only one staff should guide a person and instruct them so not to confuse people." We observed people at ease in the environment and accessing all communal areas independently where they had the physical ability to do so. People could find their rooms and belongings and show us around the property. The approach to supporting independence therefore worked.

Is the service caring?

Our findings

People and their relatives told us they were happy and the staff were caring. People said, "The staff are kind and caring. They listen to me if ever I want to talk and they knock on my door before coming in my room. I think they respect my privacy" "I like the staff, they look after me and they do care" and "I love it here." One relative told us, "I have always found staff to be kind, considerate and compassionate in looking after my family member. They respect their wishes and personal choices and I think highly of the staff."

A visiting professional said, "I have personally witnessed examples of compassion, kindness, dignity and respect in the day to day care."

We saw people were comfortable in their environment and there was a relaxed friendly atmosphere. People were supported to spend time as they chose. The environment was large and it meant people had the option to spend time in various communal areas and the garden outside. One person told us, "We had a barbeque on Friday. It was really nice and we had good weather."

People were observed to have their own routine which was flexible and supported by staff. People had a lie in, people were supported at their own pace with their one to one support staff and others had chosen to eat their meals away from the busy dining room so they felt less anxious. Staff knew these preferences and respected each person's wishes.

There had been a high turnover of staff since the last inspection and the registered managers described the challenge to build a new staff team who knew people well and were aware of the culture they wanted to embed. Staff were aware of people's needs, histories and preferences; this helped them develop positive relationships with people and to build trust. One member of staff told us, "People are treated in a friendly way, relaxed way and staff are down to earth and chatty. It makes the service homely. People mingle and we know their preferences."

Staff demonstrated their positive approach as we saw them provide dignified and respectful support for people. They were observed knocking on people's doors and waiting for permission to enter. The accessible information standards outlined within the Health and Social Care Act 2012 placed a duty on providers to ensure they understood people's communication needs and ensured people received information in a way which was accessible to them. The staff understood each person's preferred method of communication such as sign language, objects of reference to point to and how to make written information accessible through audio or large print. Staff told us about plans to record care plans in an audio format to make them accessible to people.

The registered managers and staff we spoke with showed concern for people's wellbeing. One person was emotional as they had felt unwell and dizzy. All staff responded with kindness and reassurance for the person and ensured they had access to appropriate support. The person told us, "There are loads of staff here who are nice. I was unwell this morning and they helped me."

During the inspection people showed us their bedrooms. They were very personalised and each person had their own key so they could lock their room when they left and feel reassured their belongings were safe.

People were encouraged to maintain and develop their independence. Staff were working with professionals for one person to understand how to support their mobility safely. Another person told us they had been supported to access a talking watch and clock to help them feel empowered. Where people had the skills to carry out their own personal care this was encouraged and people were seen to be clean and well presented. People had been supported to start using the kitchen since the last inspection which is positive evidence that the culture of the service has become more person centred. People now made their own drinks and helped with meal preparation if they were able. One person told us, "We can go in the kitchen and make a hot drink. Help with cooking, that is what we should be doing and gaining our independence."

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

Is the service responsive?

Our findings

At the inspection in February 2017 the provider had not ensured appropriate systems were in place to record and monitor people's assessed needs. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The on-going concerns around this breach have been covered in the well led and safe sections of this report.

People told us they received a person centred service based on their preferences, wishes and aspirations. Staff knew people well and lots of work had occurred since the last inspection to get to know people better and understand how to maintain and improve their experience living at the service. We saw evidence the service promoted people having choice, control and a good and meaningful everyday life. This is in line with 'The National Service Model' for people with learning disabilities and or autism called 'Building the Right Support'.

At this inspection we observed people were more relaxed on their environment and had a sense of purpose as they moved through their day, being involved in their routine and accessing activities of their choice. Staff had worked hard to start recording people's preferred routines in their care plans and this had made them more person centred. Care plans contained people's likes and dislikes such as, what makes them feel sad or worried and their favourite foods and movies. People knew about their care plans and told us staff read them out to them so they knew what was recorded. This meant they could say whether they agreed or not. One person said, "I do have a care plan, [Name of staff] helps me fill it in as my keyworker." A new electronic care plan system was due to be introduced at the service following the inspection.

A member of staff could describe how the person centred approach had meant greater feelings of well-being for one person. They told us, "Through working in a person centred way we have supported one person to improve their weight, which was low and their mobility is better. We encouraged and supported them to visit town and friends. Now we don't need to encourage because they ask us to go. I can see their confidence increasing. We have seen good progress; their mood has lightened and the community team has discharged them. They are more settled at night. It is such a big difference in just 12 months."

People were leading active lives if they chose this. This meant people had varied social lives and were able to maintain and develop relationships with friends and families. People were keen to tell us about the activities and outings they had. They included trips out for the day, support to access local clubs and venues and resources to enjoy spending time at home doing the things they wanted to. People told us, "I like going to the record shop, I love Jimmy Somerville" "The animals that came to visit were great. They even brought a tarantula and insects" "At the end of May I am going to see Bryan Adams," "We went to the pub for Sunday lunch the other day. I like to get a few cans of cider at home when we have parties," and, "I enjoy listening to my vinyl music and my CD's. I love my room. It is big enough to relax." People were also supported to go on holiday and spend time with relatives at their homes.

A relative told us, "My family member really enjoys going out with staff. They take them for meals and shopping and the day service. I think there is enough for them to do." Another relative felt more could be done to support their family member to access activities and support their anxieties when they access the community.

Staff described the work they have done in the past 12 months to support people to develop such skills, reduce their social isolation and challenge people to try new things. One member of staff said, "People are now starting to try new things and activities they have not done before, which is great. We know one person lost their confidence and we provide them with reassurance, we offer opportunities to develop their skills and we see they are pleased with themselves when they achieve something." Another member of staff told us, "It has been a hectic year but we are going in the right direction. People are now out a lot more." For another person who chooses not to join socially with staff or other people often, staff told us they have started to work with them to develop their communication, offer one to one support with the aim of promoting more integration.

Nobody required palliative care when we visited. Each person and their families had been offered the opportunity to record their preferences around end of life support in their care plan. Some people had not wanted to do this; others had recorded their favourite music and flowers so that staff understood how to plan for them based on their wishes. This meant people were supported to plan ahead as they grow older. This is a good practice element of support identified within the National Institute for Health and Care Excellence (NICE) guideline, 'Care and support for people growing older with learning disabilities'.

A complaints policy was available and each person had received individual support from their keyworkers to understand how to raise a concern. People and their relatives told us they knew how to raise concerns. No formal complaints had been received since the last inspection. However, where relatives had raised issues the registered managers were aware and we could see action had been taken to address them.

Is the service well-led?

Our findings

At the inspection in February 2017 the provider had not ensured appropriate systems were in place to assess the safety and quality of the service. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider has failed to implement robust systems to ensure they knew the quality and safety of the service. Where actions were identified by consultants employed by the provider, the local authority or CQC the provider had delegated responsibility to the registered managers for their completion.

In the past 12 months the registered managers have had their workload increased to share the management of this service alongside other services. The workload to improve quality and safety at the service was increased due to staff turnover and performance, safeguardings and the volume of change required. The registered managers did not have the time resources or knowledge to develop and implement robust systems without appropriate support, training and leadership. The provider had not provided supervision which effectively supported the registered managers in their role.

The provider had not monitored progress or provided leadership and resources to enable systems and arrangements to be designed, understood and embedded. All of this meant sufficient and sustained improvements were not seen at this inspection. Examples of this include, lack of appropriate records around Mental Capacity Act, actions following a health and safety review not completed, lack of review of patterns and trends relating to accidents and incidents, inappropriate risk assessment tools. Lack of monitoring of training compliance and the outcomes people experience.

The ongoing lack of leadership and governance from the provider meant people were at risk of avoidable harm and potentially would not receive person centred high quality care. This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Following our feedback the provider informed us after the inspection that they had employed the services of a quality assurance consultant to carry out appropriate checks of the quality and safety of the service. The provider agreed to develop their own approach to governance of the service so they ensured the registered managers received appropriate supervision, leadership and guidance.

People and their relatives were happy with the leadership from the registered managers. They told us, "[Name of registered manager] is very easy to talk to and as helpful as they can be" "It's really nice to live here and the manager is very easy to talk to when I need to" "Of course I know the managers. They are nice and I can talk with them. A good thing living here is that I feel relaxed. I can be myself; I have no complaints or queries." People and staff also recognised the good leadership from the deputy manager and senior care workers. A member of staff said, "The deputies and seniors are hands on and we can ask anything. I feel more supported now we have structure and I feel I could approach them with any issues."

Staff told us the morale had improved since the last inspection and was good. They attributed this change

to the open and transparent approach the registered managers and management team had. Staff told us, "I have returned from maternity leave to all the changes. I am happy working here, I feel the changes are good, especially the ones around medicines" "I have seen the changes and they are positive, we are now flexible and we can use our initiative. People are more involved. We have adopted a new culture. I now enjoy coming to work. Morale is better than it was and the service is more relaxed" and "In the last 12 months we are going in the right direction. There have been improvements in staffing, paperwork, we are getting there, and we just need to embed the changes."

A visiting professional told us, "The managers recognised the culture and practices needed to change and is pursuing more person centred approaches. They communicate well and are transparent."

People and staff have regular opportunities to attend team meetings and residents' meetings. People and staff told us they felt free to speak up and voice concerns or ideas in these meetings. We saw from records that safety was discussed such as fire evacuation, ideas for menus and potential holiday venues. A recent survey of people's views and their relative's views had been conducted. The results were available to view. Feedback had been received from relatives about the level of activities and cleanliness in the service. The registered managers had organised an open day to invite relatives to see the service, discuss plans and changes they wanted to continue to make. They told us an action plan will be developed based on everyone's views following this.

The service is located in a central location for people to access local shops and amenities, including the town centre. People have regular access to the local community which increases opportunities to develop and strengthen relationships beyond those usually made with professionals involved in the service. This is an area which will improve as the registered managers develop the service further.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and arrangements were not established and operated effectively enough to assess and monitor safety or demonstrate continuous improvement by the provider.</p> <p>Regulation 17 (1) (2) (a) (b) (c) (f)</p>