

Potensial Limited

The Croft

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Inadequate 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection took place on 28, 29 and 30 December and the inspection was unannounced. The Croft provides accommodation for up to 25 people who require personal care. The people living in the home have a range of mental health needs and learning disabilities.

At the last inspection on 4 August 2014 we rated the service as "Good" and the service met the regulatory requirements.

The home had 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.

Staff interacted with people in a friendly manner.

We checked to see if people were given their medicines in a safe manner and found there were no gaps in the Medicine Administration Records (MAR). However we found medicine profiles of people giving information on their allergies and photographs were missing. This put people at risk of being given the wrong medicines.

Risk assessments had been carried out in relation to the building, although not all staff had signed these. We found risk assessments for people's mental and physical health to be missing from their records. This meant staff did not always have the guidance in place to help them mitigate the risks to people using the service.

Staff recorded incidents in the home; we found the registered manager reviewed the incidents before compiling their monthly report. We found the incidents had not been reviewed in sufficient detail to ensure people in the home were kept safe. CQC requires registered services as a part of their registration to notify the commission when there are incidents of a safeguarding nature or the police are called out to a home. We found not all of the notifications had been made.

We found areas of the home to be unclean and the decoration was in a poor state of repair. The local Infection Control team had visited the home in October and December. They had highlighted the lack of cleanliness in October and found there was no change in December. The registered manager had put together an improvement plan to redecorate the home but was unsure of the budget available to them at the time of our inspection to carry out the plan.

The registered provider carried out appropriate pre-employment checks to ensure staff were safe to work with vulnerable people.

Staff were not supported to carry out their role through regular supervision and appraisal. We found staff

were caring for people without having had training to meet people's needs. For example we found not all staff had received training in mental health. No staff members had received training in meeting the needs of people with learning disabilities or diabetes.

We found the needs of people with specific dietary needs had not been addressed in the service. This meant people were put at risk of receiving inappropriate foods.

Staff supported people to attend medical appointments. We found one person who had lost weight and wanted to see their GP about feeling unwell. The person was not supported to convey their possible symptoms to their GP. We also found a staff member had told a clinician a person was improving following an incident when the police were involved. The staff member did not record if they had discussed with the clinician the person's behaviour. The clinician made a decision based on inaccurate information. This meant the people were put at risk of clear communication between the service and its partners.

People had additional one to one staff hours allocated to them and we found they chose how to spend this time. Some people chose to go out with staff support. We also observed staff engaging people in board games.

We found the service made applications to deprive people of their liberty as guided by the Deprivation of Liberty Safeguards. We found in one person's care plan the home was required to keep all doors locked to keep the person safe. During our inspection we found the front door to the home open.

Assessments were carried out with people prior to their admission to the home. We found the assessments did not always include people's mental health needs and their current presentation.

We found people with specific needs did not always have care plans in place to ensure staff were given guidance on how to care for people. In their on line brochure we learned the service used the Recovery Star model. The Recovery Star is a recognised model which uses ten life domains to optimise individual recovery and gain the information to create recovery-focused care plan. Although staff had carried out the first stage of the model they had failed to develop the model into people's plans to promote their recovery.

Quality audits carried out in the home by the registered manager and the regional manager failed to discover and address the deficits we found in the service.

The local police had worked with the service to reduce the number of call outs to the home. We found the work of the staff team in considering if the police were necessary had reduced the number of times police were involved in the service.

During our inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Details of any enforcement action taken by CQC will be detailed once appeals and representation processes have been completed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe

People did not have medication profiles explaining their allergies and with attached photographs. This meant people were at risk of being given the wrong medicines.

Incidents and accidents were not reviewed in sufficient detail to keep people safe.

Risk assessments were not in place for people which described relapse prevention indicators. These tell staff when a person's mental health condition is deteriorating and helps staff support people to prevent them from being re-admitted to hospital.

Is the service effective?

Inadequate ●

The service was not effective.

Staff were caring for people with diagnosed conditions without having the necessary training in place. Staff had not been provided with support through regular supervision and appraisal.

We found people with specific dietary needs and weight loss were not catered for.

Staff supported people to attend medical appointments but had failed to support a person with relevant information for their GP.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People who used the service had not been engaged in meetings about the home for five months.

People caught smoking in the building had their cigarettes removed and were given one cigarette per hour. We found there was no health promotion activities in the home. We found improvements could be made to support people develop healthy lifestyle.

People were given privacy in their bedrooms.

Is the service responsive?

The service was not responsive

We found the pre-admission assessment used by the service failed to direct the assessor to the person's mental health condition, their current presentation and their legal status.

People had in place person centred care plans; however we found care plans were not in place for people's specific health conditions.

We found the registered provider had in place a complaints process. Two people we spoke with were not confident that if they made a complaint it would be appropriately addressed.

Inadequate ●

Is the service well-led?

The service was not well led.

Audits carried out in the home failed to address the deficits in the quality of the service we found during our inspection.

Records in the service were found to be inaccurate and not up to date.

Notifications to tell CQC about safeguarding incidents and police call outs to the home had not been made. This meant the service was not meeting their registration requirements.

Inadequate ●

The Croft

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28, 29 and 30 December 2016 and was unannounced.

The inspection team included an Adult Social Care Inspector, a CQC Specialist Advisor in Mental Health 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. The expert on the inspection team had experience in working with people with mental health issues.

During the inspection we spoke with five people who used the service and carried out observations of people in their interactions with staff. We read six people's files in detail and other records associated with the management of the home. We spoke to six staff including the regional manager, the area manager, seven staff including the deputy manager, senior carer, carers and ancillary staff.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law.

We also contacted professionals involved in caring for people who used the service including local authority commissioners. Prior to the inspection we spoke with local authority commissioners. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

We did not ask the provider for a Provider Information Return (PIR) before this inspection. 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.

Is the service safe?

Our findings

We asked people if they felt safe using the service. One person said, "No reason not to feel safe as all the staff OK." Another person said "If there was something kicking off it would be OK." People told us they felt safe when smoking in the smoking shelter because staff were always with them.

We checked to see if people were getting their medicines in a safe manner. We saw people were prescribed medicines to be administered on an "As and when required basis". These medicines are known as PRN. We found people's PRN plans had recently been updated. However we found some lacked detail and one stopped mid-sentence and was incomplete. People had also been prescribed topical medicines; these are medicines applied to the skin. We saw there were body maps in place to show where the topical medicines should be applied and guidelines to staff on their application.

We looked at people's Medication Administration Records (MAR) and found there were no omissions, they were up to date and accurate. The MAR charts were kept in two A4 ring binders. We found medication profiles together with photographs were missing from people's files. This meant people were at risk of receiving the wrong medicines or medicines to which they were allergic

We looked at the registered provider's medicine's policy and found staff who administered medicines were subject to a six monthly competence check. We found these had not taken place, however the manager had put in place actions to ensure staff were being reviewed at the time of our inspection.

We reviewed the risk assessments held on the building. These had been updated in the last year. We saw a list of staff signatures at the front of the file to staff had read the policies. The signature list was incomplete. This failed to demonstrate staff were aware of the policies relating to the home. We saw people's key risk assessments were missing including those which identified triggers or relapse indicators. This meant the appropriate risk management plans had not been formulated to prevent people requiring re-admission to in-patient psychiatric services.

We saw accidents and incidents were recorded by staff. Some of these incidents related to violent or aggressive incidents perpetrated by people who use the services. We saw the manager reviewed the incidents for their monthly report and had focused on the actions of the perpetrator. However we found other people who were using the service had been put at risk due to the incidents and there was no analysis of the incidents in relation to the safety of other people. Whilst staff had been trained in safeguarding we found incidents where people had been put at risk had not been analysed and risks to people mitigated. This meant the service was not doing all that was possible to mitigate risks to people.

Whilst walking around the home with the registered manager we found an upstairs fire door which was hanging off the door frame. The registered manager made immediate arrangements for a repair which was carried out on the same day.

We looked at the communal areas of the home including toilets, bathrooms, laundry room and lounges. We

saw the toilet and bathrooms were cleaned on a daily basis. The upstairs lounge carpet and settees were dirty and stained. Throughout the home we saw woodwork areas were chipped making it difficult to clean. We found a dirty and stained shower chair with the drainage area uncovered and chipped. We saw the local Prevention and Infection Control infection team had visited the home on 18 October 2016 and 7 December 2016. In their December 2016 audit they continued to note there was a poor level of cleanliness in both treatment rooms and, "All of the paintwork in a poor state of repair especially the stairs which makes it very difficult to keep clean and the levels of cleanliness reflect the cleaning vacancy which you have." This showed there were limited improvements in the service and the prevention of the spread of infection had not been addressed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We found the registered provider carried out the appropriate pre-employment checks on staff. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevented unsuitable people from working with children and vulnerable adults. We saw the registered provider used DBS checks to help them make these safer decisions. Before staff started working in the home they completed an application form outlining their previous experience and training. The registered provider asked for two references and interviewed each person to check if they were suitable.

We asked the registered manager if there were any staff subject to disciplinary procedures or any on-going investigations follow whistle-blowing concerns. The registered manager told us there were no on-going investigations.

Hot water temperature checks were regularly carried out for bedrooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014) for baths and showers. However we found one basin in communal bathroom where the temperature was above 50 degrees. National guidance recommends where water temperature are delivered up to 50 degrees the risk of scalding is minimal. This however is subject to people having the ability to understand the risk. Following the inspection the registered provider agreed to fix a thermostatic valve to reduce the water temperature to safer level.

We saw the home had in place a fire risk assessment. Fire drills had been carried out together with weekly fire alarms and checks on fire doors. We checked the fire extinguishers and found records on one fire extinguisher showed the check was out of date. We drew this to the attention of the registered manager for their immediate attention.

The registered manager told us they had difficulty recruiting staff of sufficient calibre to work in the service and this meant there was a shortage of staff. The manager had in place a crisis management plan to meet the rota requirements. Some staff we spoke with were unhappy about being called in on days off to cover "rota issues. The manager explained the rota to us and we found the shifts were covered. Two people who used the service told us staff were "Too busy" to be asked for something. We observed one person asking different staff for an hour for support to have a shower.

We recommend the registered provider review the staffing levels in the home.

Is the service effective?

Our findings

Before the inspection we found the online brochure for The Croft. The brochure described the Croft as offering support for personality disorder, bi-polar, schizophrenia, depression, poor motivation and self-harm. We found during the inspection people had these conditions and also were diagnosed with diabetes and Crohn's disease. Some people had learning disabilities. We looked at the registered manager's training matrix and found seven members of staff had undertaken mental health training. No member of staff had undertaken training in self harm, learning disabilities and diabetes. We found staff had not been trained to support people living in the home.

The registered manager showed us the rotas for the home and explained how they worked. We saw the service was using agency workers. We asked to see the agency staff inductions for the service and how checks were carried out to make sure the right agency staff was being employed in the home. The regional manager and the registered manager explained a description of the staff skills was in the contract with the employment agency. The registered manager confirmed they did not check the detail about the staff the agency supplied and agency staff had not received an induction to the service. This meant agency had not been given appropriate guidance and support to work in the service. This meant people were being care for by staff who had not been made familiar with the service.

We asked the registered manager how often staff were required to have supervision. The registered manager told us, "Eight times per year." A supervision meeting is held between a staff member and their manager to discuss any concerns, their progress and their training requirements. Staff told us they received supervision. We asked the registered manager if they had a supervision matrix to monitor staff supervision meetings. They told us they did not have a supervision matrix but recorded supervision meetings on a white board in their office. We looked at the white board and found individual staff had not received supervision since June, July or August 2016. We checked in staff files and found the dates recorded in the file were as described on the board. The registered manager confirmed they were not up to date with their staff supervision meetings. This was further confirmed in the registered manager monthly performance reports where they acknowledge staff supervision meeting were not up to date. Similarly we found staff appraisals were not up to date.

We found staff did not receive appropriate support and supervision as is necessary to enable them to work in the service.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We read reports on incidents in the home where staff described they had used their Management of Actual or Potential Aggression (MAPA) training to restrain people and prevent further harm to them and others in the home. The registered manager told us staff were no longer being trained in MAPA because staff were now being trained in Positive Behaviour Support (PBS). PBS supports people to positively change their behaviour without staff needing to resort to restraint or punishment. We saw some staff had been trained in

PBS and we asked which people had been referred for PBS support. We found no one had been referred. This meant the service was not effectively implementing PBS and new staff had not been trained in MAPA.

In 2014 the registered manager had conducted a survey of people who lived in the home to look at food preferences. No one we spoke with could remember any discussions around menus or food preferences. Catering staff told us the new chef ordered food for the week and then cooked with what was available. The registered manager told us they had asked the new chef for a new set of menus and later showed us the old set of menus. We saw there were menu sheets in the kitchen listing people's names and their meal preferences for the day. The menu sheets had one person listed as having diabetes but failed to list others with diagnosed health conditions who had additional dietary needs. We found people who were at risk of weight loss and using the Malnutrition Universal Screening Tool (MUST) were at risk of malnutrition. This information had not been conveyed to the catering staff and menus adapted. This meant the nutritional needs of people living in the home had not been met.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw people were supported to attend medical appointments. Staff transported people to the appointments and spoke directly to medical practitioners with the permission of the people attending their appointments. We saw staff arranged for people to see GP's, nurses and dentists. The home also facilitated visits to see mental health practitioners. However we found one person had lost weight and no contact had been made with the GP to find the cause, nor had staff brought it to the attention of the GP when the person had been feeling unwell. We found the home had failed to do all that was possible to ensure the person received safe care and treatment.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can 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. We found the registered manager had made application to the appropriate supervisory authority to keep people safe. We found one person whose DoLS application had been authorised as they were at risk of absconding. Their care plan told us, "All doors were to be locked." We found the front door of the home was insecure and constantly open during our inspection. It was noted in their care plan that they had been brought back to the home by the police who had stated they were not getting involved if the person absconded. This meant the service was not adhering to the DoLS and the person had absconded which put them at risk of harm.

This was a breach of Regulation 12 and a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We found there were two communication books in the home. There was a communication book for senior carers; we saw this mainly contained information about people's medicines. The senior carers left messages for each other about changes to people's medicines or the need to follow up prescriptions. The communication book between staff primarily contained signatures to say they had read the communication book, however there was very little information between staff other than to report people had their cigarettes removed from them due to being caught smoking in the home. We found there was a diary which documented people's appointments. This meant whilst the service had systems in place to manage communication the information shared between staff at shift change overs was not recorded.

Is the service caring?

Our findings

We observed staff interacted with people in a friendly manner. People felt able to approach staff and ask for the things they needed. One person told us they thought the staff were, "Kind." The registered manager explained they had difficulties in recruiting the right kind of staff. They felt the staff in post were the right kind and were able to demonstrate they cared. Staff said they knew the people who used the service well especially as some of them had been residents for a while. However we found in the absence of appropriate care plans and risk assessments staff were not aware of people's health conditions and how they should care for people. For example we witnessed a person giving chocolates to another person who was diabetic. There were no care plans in place for the person's diabetes and the staff member was unable to respond to the person who received the gift to provide the right care and advice. This compromised people's well-being.

People talked to us about a scheme where £30 was allocated to them for cooking in The Croft. They explained to us it was to promote their independence and they could learn about food preparation. However whilst they told us they had enjoyed it the activity had been discontinued but no reason had been given. This meant people were not involved in how the service was run. Individual people had been assessed as being able to access the kitchen with varying degrees of support from staff to promote their skills. However we found people who used the service were being asked to help kitchen staff prepare the meals for everyone else. People's independence was supported in different ways. We read whilst people had gone shopping with staff support they had chosen what they wanted to buy. Others were able to leave the home and manage their own transport. This meant people were supported to be independent.

We saw written in a staff handover book people's cigarettes had been removed from them if they were caught smoking in the house. One person told us if people were caught smoking for the first time cigarettes were removed for a week, if they were caught for a second time they were removed for a fortnight. People then received one cigarette an hour from the staff. This meant the service managed people's unhealthy lifestyles. We observed cigarettes were dispensed from the kitchen and staff were being repeatedly asked for cigarettes. One person said, "It's stupid and annoying." We asked people if staff spoke to them about giving up smoking. One person told us staff had asked but they did not want to. We found staff joined people in the smoking shelter for their cigarettes. There was no visible information available in the home on health promotion for example for smoking and alcohol. We found the provider was not meeting the requirements of the NICE guidance Smoking: acute, maternity and mental health services Public health guideline [PH48] Published date: November 2013. We spoke with the registered manager and the regional manager regarding the use of Positive Behaviour Support (PBS) to look at alternative ways of managing people smoking. This meant staff were not doing all that was reasonable to mitigate the health risks to people who used the service.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the home had held meetings for people who use the service. These were known as "Empowerment"

meetings. The last meeting was held In July 2016. This meant people who used the service had not been engaged in discussing the service provision for five months.

There was an open door to the office approach taken by the service. People who used the service could enter the office and speak to staff. On one occasion a person entered the office and began to describe their worries. The conversation was continued in front of the inspector without consideration about the person's confidentiality. We found people's files were stored confidentially in a locked cabinet or on the registered provider's computer system accessed via passwords. The registered manager explained to us only permanent staff with a password could enter information into the system.

Each person had their own room where they were permitted privacy. We observed staff knocking on doors and asking if they could enter people's rooms before opening the bedroom door.

We found the registered manager had a good understanding of advocacy and was able to convey to us how advocates were used in the service, particularly around people's mental health needs.

Is the service responsive?

Our findings

The registered manager told us the service accommodated people whose needs were primarily concerned with mental health. One member of staff disagreed with this perspective and felt people's learning disability needs were the main reason people were admitted. During our inspection we looked at six people's care plans in detail. We saw the registered provider had in place a pre-admission assessment tool. These had been completed, however we found the tool did not direct the assessor to people's mental health to record past history and current presentation and legal status. This meant people's care and treatment had not been assessed to see if they were suitable for the service.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw people had in place care plans which were relevant to their individual needs for example displays of aggression, absconding, physical health, appointment support. These described people's needs and listed what actions staff needed to take to support people. We found these care plans to be person centred. However we found some people with specific conditions for example diabetes had no care planning in place. This meant staff were not given guidance in line with that provided by the National Institute for Health and Care Excellence (NICE) to reduce risks to people's health.

On the registered provider's website we found The Croft uses the Recovery Star model. The Recovery Star is a recognised model which uses ten life domains to optimise individual recovery and gain the information to create recovery-focused care plan. We found people had in place the first stage of the model but the service had failed to develop the model into coherent plans for people to promote their recovery. We spoke to staff about the Recovery Star Model and they were not able to give us information about the model.

One person had recently been discharged from hospital following a relapse in their mental health. We looked at their care plans and found there were no triggers in place to guide staff on their symptoms which would indicate deterioration in their mental wellbeing. This meant staff had been not alerted to their condition to prevent a relapse and a further admission to hospital.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us people's care plans are reviewed every 180 days or if there was a change. People's care plans recorded the original start date, the start of the care plan and the next review. Not everyone's plans demonstrated they were reviewed every 180 days. On the registered provider's electronic records system we found a section on the Care Programme Approach (CPA). CPA is a way of organising services for people with mental health needs including assessment, planning, co-ordination and reviewed. We found the CPA approach used by local care coordinators was not recorded on some people's care plans. This meant the service did not have in place up to date reviews on which they could base people's care planning.

We saw the registered provider had a complaints procedure in place. The registered manager told us they had not received any complaints since our last inspection. Two people told us they felt uncomfortable about raising complaints, they told us they did not feel listened to. One person told us they had specific requirements for their room to aid them sleep but nothing had happened. They had been told, "Everything will be changing soon anyway." They alluded to the building works to be carried out. This meant one person felt they had to wait until major changes in the building were carried out before they could have their sleep requirements met.

The registered manager told us people who used the service had additional one to one hours. We reviewed the rotas and saw staff were on the rota to be available for people and provide their additional one to one hours. People had choices as to how these hours were used and we found people used them for example to go out. The additional hours meant people were prevented from experiencing social isolation. We also observed staff engaging people in board games. We observed people were enjoying the games and chatting to staff. This meant staff were providing activities for people who used the service.

Is the service well-led?

Our findings

The service had a registered manager in post who had worked in the service in different roles since they started in the home 13 years ago. We found the registered manager was committed to working in the home. The regional manager and the registered manager told us they had recently discussed the differences between a manager and a leader. The registered manager told us whilst they had been allocated an office upstairs in the building, however they were aware staff were stretched and covering extra shifts. They therefore felt they needed to take a hands-on role in the service and be more available downstairs to offer support to people who used the service.

We found neither the registered manager, nor anyone else in the staff team held a qualification in mental health. The registered manager had experience of working with people with mental health needs and had received training in management. Their mental health training was not differentiated from other staff working in the home and therefore we found leadership in questioning mental health practice was missing. For example we found one person with very complex needs including mental health needs whose behaviour challenged the service. A number of incidents had been recorded which involved the person. The intensity of these incidents was rated as "Major" or "Moderate". In the review of incidents in the home the registered manager had recorded they were attributable to a reduction in the person's medicines. However there were additional factors including physical and emotional health needs. We found questioning of practices in the home did not lead to a comprehensive overview of the person's well-being. This meant aspects of their care and treatment were not being holistically monitored.

We looked at the audits carried out in the home by the regional manager and the registered manager to determine if the staff were delivering a quality service. We found the audits had not addressed the deficits we found in the service. For example medicine audits had failed to address the missing medicine profiles in the Medication Admission Record (MAR) files. Audits had been carried out on fire extinguishers but also failed to discover a fire extinguisher which had not been checked for over a year. This meant the systems in place to measure the service had failed to identify the deficits.

We saw the registered manager completed monthly reports and looked at the reports for September, October and November 2016. For three successive months the registered manager commented staff supervision meetings were out of date. They had written, "Again well out of date will get on top of this in the next few weeks." We found no progress had been made by December 2016 and there was no action planning in place to resolve the issue. The regional manager had suggested an alternative which included adding the minutes of the staff meeting entitled, "Any other business" as a group supervision meeting to people's files. However we found this had not been carried out. This meant despite solutions being suggested to resolve identified management issues, they had remained unresolved.

The registered manager told us they had a good working relationship with psychiatric services. We observed the registered manager giving professionals who were visiting the home an update on a person's behaviour. The registered manager was able to answer their questions in preparation for a review. We read through one person's daily records and found a serious incident involving the police where other people were put at risk.

Staff conveyed to a clinician who was visiting the service the day after the incident that the person's behaviour was improving. The clinician made a decision not to see the person for a number of weeks. Subsequent incidents did not trigger any further conversation with the clinician. This meant the records showed partnership working was not based on accurate information being exchanged with external professionals.

Registered providers are required by law to submit notifications to us when there has been a safeguarding incident or when the police have been involved to the home. During our inspection we found a number of notifications had not been submitted to the Commission. Following the inspection we spoke with the local police and found there had been further police involvement in the service which had not been reported to us. This meant the service was failing to meet the registration requirements.

We found staff updated people's records on a daily basis. However we found people did not always have care plans in place which reflected their needs. We saw the home had in place checks to be carried out of people's rooms including radiator and window restrictors. The registered manager told us it was to ensure people were safe as some people may turn off their radiators but not have the capacity to understand if they are cold to turn them back on. We found the records of these checks were not up to date. We asked for specific information on one person concerning their physical health and the registered manager told us the staff were not able to find it. This meant the service did not have an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager shared with us the vision for the home. This included a reconfiguration of the premises and the introduction of people with forensic psychiatric needs. A plan had been drawn up for the service. The registered manager explained consultation had taken place with local commissioners. We saw the plan included changes to the building and staff training.

The registered manager also had drawn up a property audit. We saw the property audit included re-decoration throughout the premises as well as a mural for the smoking shelter. At the point of our inspection the registered manager was unsure of the budget they had available to them to make the improvements to the home. This meant people continued to live in premises which required redecoration until funds were made available.

The local police had contacted the service to look at the number of call outs to the home. Work had been carried out in the service to reduce the number of calls to the police. The registered manager told us the staff now thought about if a call to the police was really necessary. They showed us an email from the police to confirm the reductions in calls and thank them for the work they had done.

The registered manager held staff meetings and responded to staff concerns in the meetings. This meant the manager responded to staff concerns.