

Hillgreen Care Limited







Hillgreen Care Limited - College Park Road

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	

Overall summary

The unannounced inspection took place on the 27 January 2016.

We found nine breaches of legal requirements, which put people using the service at significant risk of receiving inappropriate or unsafe care. You can read the report of this inspection, by selecting the 'all reports' link for this service on our website at www.cqc.org.uk.

We took urgent enforcement action against the registered provider and imposed the condition that they must not admit service users, either new to the service or returning without the prior written agreement of the CQC for a period of three months.

The service opened in May 2015 and this was the first inspection since the service opened. The service was registered to provide accommodation for persons who require personal care. The service's registration stated a

Summary of findings

maximum of five people who are younger adults and have learning disabilities or autistic spectrum disorder. The service is a three storey house with an enclosed garden situated on a residential road. At the time of inspection four people lived at the service although one person was not present on the day of inspection.

There was no 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.

We found some staff had not received safeguarding adults training. Staff were able to tell us how they would report a safeguarding concern. However the service had not reported safeguarding incidents to the appropriate authorities this failed to ensure people were protected from abuse.

We found on the day of inspection there was enough staff on duty to manage the needs of the people using the service. However we found omissions in the staffing recruitment process, this meant the provider could not be certain staff were properly vetted and safe to work with people.

Some people living at the service had complex behavioural support needs and required staff expertise to keep them safe from physical harm. However many staff had not received training to keep people safe. We found that four of the staff on duty had not received training in managing behaviour that challenged the service. This put people and the staff at high risk of injury and distress.

People had individual risk assessments. Some risk assessments did not contain sufficient detail and we found some historical risks were missing in the current risk assessment. This meant staff did not have guidelines should these risks arise and new staff or agency staff may not be aware of the range of risks surrounding an individual they are required to support.

Staff referred people for health professional support where needed. Medicines were stored appropriately and there were systems in place to ensure the safe administration of medicine.

People required support with physical and mental health conditions however we found most staff had not received appropriate training in essential areas such as autism to meet people's support needs. Some people used Makaton, a language programme using signs and symbols, but staff had not received training to use this form of communication. In addition the service had not created visual aids to support people to know what was planned for the day and who would be working with them. Staff did not use visual prompts such as easy read posters or symbol labels or photo activity plans to keep people informed. This failed to support people to receive care and support that enabled their involvement and met their needs.

Staff spoke about people in a positive way and we witnessed some staff speaking to people in a gentle and affirming manner. One staff was able to converse in a person's family language and the person responded well to this. However we also observed staff did not always promote people's dignity. Staff used their mobiles and had conversations when supporting people, which meant people were always not the focus of their attention and was disrespectful.

People did not have enough activities to engage them in a meaningful manner. We observed that staff did not have activities planned and there was a lack of leisure equipment, games, sensory objects and items of interest for people. Staff did not work with people to explore ideas about what they might like to do other than basic activities such as going for a walk or watching TV.

The service did not provide guidance to tell people how to complain and complaints were not recorded and analysed.

Although some auditing had taken place it was inconsistent and had not addressed all the issues identified. Therefore the service had poor systems of accountability and this had left the service unsafe.

We found overall nine breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are taking enforcement action against the registered provider. We will report further on this when it is completed.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and further action taken if needed. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service.

This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Investigation into incidents did not take place.

The staff did not report safeguarding adults concerns to the appropriate authorities.

The provider did not have a safe recruitment processes.

Risk assessments had not considered all risks to the individual in detail.

People's medicines were stored and administered safely.

Inadequate



Is the service effective?

The service was not effective.

Staff did not have effective induction, supervision appraisal and training. As such staff were unable to offer effective support to people.

The service specialised in the care of people with autism but this was not evident in practice.

Deprivation of Liberty Safeguards had been applied for appropriately.

Inadequate



Is the service caring?

The service was not always caring.

Staff did not always support people to maintain their dignity and privacy.

Staff did not always respond to people's needs quickly.

When staff spoke about people they showed compassion for the people living at the service and talked about people in a positive manner.

Requires improvement



Is the service responsive?

The service was not responsive.

Staff did not support people to have meaningful activities.

Care plans did not contain information about people's diverse support needs.

There was no complaint policy available or posters telling people and relatives how they could complain.

Complaints were not necessarily addressed.

Inadequate



Is the service well-led?

The service was not well led.

There were ineffective governance systems.

Inadequate



Summary of findings

There was no registered manager in post.

Resources had not been utilised to equip the staff team to undertake their role and keep people safe.

Hillgreen Care Limited - College Park 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 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 27 January and was unannounced. The inspection team consisted of an inspector and a specialist advisor for people who have learning disabilities and autistic spectrum disorder.

We looked at notifications we had received with regard to the service prior to the visit. We looked at three people's care files and medicine administration records. We looked at nine staff recruitment files. We looked the systems and policies used by the service. People living at the service were not able to answer complex questions as such we observed care in communal areas across the home, mealtimes and some daily activities. Following the inspection we spoke with commissioners from three authorities.

Is the service safe?

Our findings

Staff at the service did not protect people from harm. We found a number of unreported safeguarding incidents. Staff had not managed to support some people's behaviour appropriately which had resulted in harm to others, their clothes and their property. When we arrived at the property we saw broken furniture outside the entrance waiting for collection. Staff told us someone living at the service had destroyed people's bedroom furniture. Incident reports detailed how the damage had taken place. We noted this type of incident had occurred before. When we looked around the service we saw two people only had their beds intact in their rooms as all other furniture such as their wardrobes and computer tables was destroyed by other people. Incident reports detailed several occasions when people had been present in their rooms when the damage occurred and at times suffered cuts and scratches and their clothes ripped and torn whilst wearing them. Reports stated people had been scared. The service did not report these incidents to the appropriate authority so as to help protect people from abuse and improper treatment.

Incident reports showed there were physical altercations between people living at the service and on numerous occasions these resulted in exchanged blows. The service should have reported these incidents as safeguarding adults concerns to the appropriate authority however this had not taken place and therefore people had not been protected from harm.

People could not tell us if they felt safe at the service. We found there was no easy read or pictorial guide displayed to support people living at the service to understand what abuse was and how they could report it.

Staff had not received the training they required to protect people from harm. Five out of eleven staff named on training matrices had not received safeguarding adults training. This undermined the ability of staff to recognise potential abuse and act on it appropriately.

In addition five staff had received no training in managing behaviours that challenge the service. This was necessary as the service was managing the needs of people who had a high risk of displaying behaviour that would harm both

themselves and others. A staff member told us, "We are all mostly scared." Another staff member said that they "go into the room" remove themselves and "shut the door" when incidents occurred.

Incident reports detailed one person had displayed self-injurious behaviour that challenged the service. Incident reports showed occasions when untrained staff had attempted to prevent injury occurring to the person who continued to injure themselves. Untrained staff spoke of being hurt on occasion. The deputy manager showed us photographs of scratches to a staff member's neck. The incident report detailed scratches and torn clothing on the staff member. We spoke with four staff members during the visit who told us they had not received safeguarding or challenging behaviour training. We saw a reference in one person's monthly summary which stated "Pro-script (a behavioural framework) is used and all staff are trained in this." However the training matrix showed only three people had received Pro-script training. One staff member had been with the service for over five months giving adequate time for training to take place.

We asked the manager why staff had not received this essential training. The manager explained that the provider expected staff to attend in their own time. However staff had not attended the training scheduled. We talked to a staff member who explained they were unable to attend training outside of their work hours due to other commitments. The manager explained that from February 2016 in agreement with the provider training would occur within people's work hours. However, we found overall that the provider had not taken steps to ensure that people were kept safe from abuse by ensuring that all staff had received appropriate training.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

On the day of the inspection there were enough staff numbers to support the needs of people in the service. The deputy manager told us agency staff were used when staffing levels dropped due to staff absence. Staff said there were enough staff throughout the day and management ensured staffing levels were adequate by using agency staff when necessary.

We checked staff recruitment records and found that there were a number of omissions in the recruitment process

Is the service safe?

where Disclosure and Barring Service (DBS) checks had not been fully completed. In one staff member file who was employed in August 2015 the DBS was from another company not Hillgreen Care Ltd meaning it was not sufficiently up-to-date. In some files there was only one of the two required references. The manager explained that there had been a high staff turnover in recent months and informed us they employed people in a supervised capacity on receipt of the initial part one of the DBS confirmation and one reference. However, the provider's recruitment policy did not say this was accepted practice. This meant that safe recruitment of staff was not taking place as the provider was not making all reasonable checks to ensure that new staff were of good character before they were allowed to provide care to people.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

There was an environmental risk assessment in place and steps had been taken following incidents to make the environment more secure. Light fixtures that hung down had been replaced with built in ceiling lights and radiators were covered. However some measures had not been successful in keeping areas safe. For example the boarded up wooden bannisters had been damaged again, with wood panelling broken, meaning they were not secure enough for people to use them safely. Not all repairs were promptly carried out as some damage to fittings was not repaired. For example three toilets in people's en-suite bedrooms had no seats in place. A junction box that controlled the door mechanism had been destroyed on the 9th of January and was not repaired.

In one person's file we found some historical risks not considered in the current risk assessment. We found old documents from previous providers in the files that outlined risks that did not feature in the new documents. The risks outlined specific dangers to others. This meant new or agency staff did not have guidelines readily available to help them manage these risks should they occur.

There was a fire precaution policy available to staff. The service had fire prevention equipment throughout the building with clearly signed fire exits. The records showed there were monthly fire drills from September 2015

onwards. However the manager explained that they had not been able to check the fire alarms since August 2015. This was because the alarms were glass encased and there was no key available to undertake the test. This was a health and safety concern that put people using the service at risk.

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

Although decorating was occurring the service was clean and tidy. Care staff had designated duties each day to undertake cleaning tasks such as washing the laundry. We saw there were stocks of disposable towels, gloves and aprons. Staff wore disposable gloves when necessary and we saw staff machine-washing soiled linen at a suitably high temperature. Mops were colour coded and staff were able to tell us what colour was used for each location. The kitchen and the appliances were clean. Colour coded chopping boards were available to prevent cross contamination. In the fridge food was stored appropriately and covered when necessary. Staff had labelled food clearly with the opening date to avoid out of date food being eaten and making people unwell. Some staff had received food hygiene training.

The service had double glazed windows and patio doors. Windows had restrictors fitted to stop people falling out of the windows. Some lower panes in the lounge had opaque covering for privacy and safety. The service undertook safety checks and electrical appliance checks had taken place two weeks before our visit.

We examined three people's medicine administration records (MAR). We found them completed appropriately and up to date. Staff signed when administering PRN (as and when) medicine and it was not given routinely. Staff described the medicine administration process clearly. There was a detailed daily auditing of the medicines undertaken by the deputy manager. All staff who administered medicine had received training and the manager had assessed their competency. The storage of medicine was appropriate, in a locked cabinet and temperatures monitored and recorded. The service had safe systems in place to manage the administration of medicines.

Is the service effective?

Our findings

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The manager demonstrated he had submitted Deprivation of Liberty Safeguards (DoLS) applications to the supervisory body as these were available in people's files. The manager had received DoLS and MCA training however the rest of the staff team had not. There was not a MCA and DoLS policy available for staff to reference in the policy and procedure file. Staff members we talked with did not have an understanding of DoLS or MCA. One staff member told us when asked about MCA, "Don't know what that means," Another staff member said, "No. No training here at all for us." We checked whether the service was working within the principles of the MCA.

People's files did not demonstrate the consideration of consent to care. There were no capacity or best interest decisions with regards to care planning. For example one person's care plan was person centred with an "All about me" document. However this and other documents had not been signed by a service user and did not have an entry which detailed why they could not sign or if a mental capacity assessment and a best interest meeting had taken place with regard to care planning. Care and support plans failed to state if the next of kin, family, key professionals or allocated social workers had any input into their creation.

This a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff described that they guided people away from danger. Incident reports show staff used de-escalating techniques but also reports detailed staff "were able to remove [X] hands" demonstrating restraint was used to keep people safe. Staff interviewed said they had been told to "Bring [X] arms down". When asked if restraint was used another staff said "yes [X] and [X] sometimes not as often". As only three

staff were trained in using Pro-script it is a concern that staff may have used physical restraint techniques without the necessary training. We asked the manager to show us the managing behaviour that challenges the service policy as this should include restraint interventions used, however the manager could not locate this in the policy file or on the computer systems.

We asked staff about their induction to the service. Staff said they "met the service users." and read people's files. One staff member said they had worked alongside the manager "to see how things are done." No staff spoken with had received a planned induction or had a probationary period. One staff said they had "no idea when they would get training." Staff files showed that only one staff member had a completed induction check list; in other staff files there was no induction check list. Hillgreen induction and foundation training policy stated that staff should have an induction and supervision within two weeks of starting their induction and second supervision within three further weeks, but records showed that this had not taken place. This meant the provider did not have systems in place to ensure the competence and suitability of new staff whilst they were working.

Some staff said they had supervision "often," however we saw only one staff supervision record dated October 2015, amongst the staff files we checked. The provider told us following the visit the supervision notes were on the service manager's computer. The manager told us, "Supervision needs to happen more often" explaining he was in the home managing difficult situations so had been unable to conduct the supervisions. An audit carried out by the provider on the 22 January 2016 had highlighted that "Supervisions are all due." The service did not have an effective system in place to ensure staff received regular supervision to support them to carry out their care duties for service users.

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

The service had a key worker system but it had stopped in recent months. Staff said this was due to staff leaving. This meant there was no named staff member who worked closely with a specific person, ensured their files are up to date, and liaised with family members, health professionals and others. The staff had referred people to the appropriate health services where needed, however we saw a service had made a complaint when a person failed

Is the service effective?

to attend a clinic for two appointments. The manager explained the appointments were going to the wrong address and they had received the second appointment the day of the visit and were not able to support the person at short notice.

People's health care action plans did not contain all the significant information required to make them effective. For example one plan did not contain a photograph of the person, GP details, the person's age, and the diagnosis on the profile page was missing. There was no next of kin or first contact on 'My Health Action Plan.' Only one person had a hospital passport. This is a document that goes with the person when they attend hospital. It tells health professionals what support people require and how they communicate.

Staff told us details about people's health needs. For example one person required a "soft" diet to avoid choking. Staff could tell us about this person's support needs. The person's files contained speech and language therapist guidelines. Some people in the service had epilepsy, staff were able to name these people. One member of staff could explain what they would do if a person had an epileptic seizure. However we found that only the manager had received epilepsy first aid training. People's files had epilepsy care plans. All service users with epilepsy had a generic risk assessment that stated they had not had any seizure activity since their admission. There was no historical information or details about their type of seizure activity in the risk assessment. There was no clear emergency protocol in place for each service user with an epilepsy diagnosis. This meant staff and agency staff were not fully equipped to support people should they have an epileptic seizure.

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

Two first aid boxes in the service contained bandages, dressings, and a few plasters. They were not fully stocked, lacking items such as sterile wipes, tweezers and an eye bath. The manager and deputy manager had received first aid training but only the manager's certificate was in date. We brought to the attention of the manager who explained Hillgreen Care Ltd had realised all managers of services first aid certificates required renewing.

There was a lack of understanding of autism in the service. The service was registered to provide care and support for people with autistic spectrum disorder. However, only one staff member had received training to support them to understand the needs of people with autism. There was the lack of structure in the service. People required structure to understand what was going to happen during the day. There were no photographs of staff, so there was no way for people to tell who was coming on duty to work with them. There was no timetable in people's bedrooms detailing activities with photographs, pictures, or symbols or objects of reference to structure people's day, so people did not know what was going to happen and when.

People communicated in different ways. The staff did not acknowledge this in the care planning and the staff approach. For example in one person's care plan it said they used some Makaton signs, a language programme using signs and symbols, but staff when asked did not know this communication system and had received no training on it. One staff member was able to speak the family language of another person who responded well when spoken to using this language however this was not referred to in the care plan. We observed one member of staff wore a hat and jacket throughout the day that may have wrongly signalled to one person who was keen to leave that it was time to go out. Another example was the new choice of colour for the walls in the hallway which was a vibrant green and the newly painted small lounge was a bright lilac, not a muted choice of colour to support people who may need calm colours to avoid becoming distressed. There was a failure in the service to understand and meet the support needs of the people using the service.

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

People had the choice of menus that covered four weeks. The manager explained staff sat down with people and they looked at what they might cook for the week. When we asked how people make choices, the manager explained one person can ask for the foods they like, one person is supported to go into the kitchen and pointed at food items they would like, another person is asked and given a physical choice of meal. We saw a variety of fresh

Is the service effective?

vegetables, snacks and ingredients for meals. There was a large choice of soft cold drinks and hot beverages for people. The service was meeting people's nutritional needs.

Is the service caring?

Our findings

One staff member described they “care for them and talk to them” and another staff member said, “I care for them making sure I am doing like I would treat my family.” We heard a staff member speaking in a gentle tone to people using a good approach. We saw other staff talking in a person’s family language and encouraged the person to eat their food in a supportive manner. Staff spoke about people in a kindly manner and staff were concerned for people. One staff member described how one person sometimes liked company and so that they just sat with that person talking. Staff spoke in positive terms about people and used affirming language.

Staff did not always support people in a timely manner at times throughout the inspection. When we arrived one person was sitting in the lounge in a state of semi-undress. Staff supported them to adjust their clothing once we walked into the room. On one occasion a staff member tried to keep two people separate to stop them from fighting but another staff member in the room did not support immediately to help the staff member or go off to get help but carried on with a cleaning task.

Later in the day we observed one person again semi-clothed in the lounge after using the toilet. Staff supported them to adjust their clothing but it would have been more dignified if staff had enabled support in the privacy of the bathroom or their bedroom. Two people looked poorly shaved giving them an unkempt appearance. One person needed support to change stained clothing this was not provided.

On two occasions we saw staff talk on their private mobile phones while in the same room as people they were

supporting. One conversation continued for over five minutes, which was not respectful of the person they supported. We observed staff supporting this person would talk to them occasionally and continue with tasks such as cleaning and laundry. If the person became agitated the staff and other staff members would engage with the person to calm them down. Once we saw the manager singing to the person, which was more effective at engaging them. There was no-one engaging with the person on a regular basis, giving quality time when the person was simply sitting down in the chair.

People could shut their bedroom door and have privacy when they wished. It was not clear how long people could safely have privacy without being checked as this was not risk assessed. Staff did knock before entering and asked if they could come in. However staff had not been able to prevent some people entering other people’s bedrooms and destroying their belongings. This was an invasion of people’s privacy. In addition curtains and the curtain rail had been pulled down from the wall although staff had attempted to put in place temporary measures these were not effective leaving a lack of privacy.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff recorded daily records about the care provided to people, using language that was appropriate. Staff kept people’s confidential records in an office in a confidential manner. There was a confidential information and data protection policy for staff to read. There was no system available however for staff to sign to say they had read the policy and understood it.

Is the service responsive?

Our findings

There was a lack of meaningful activities for all people living at the service. Staff told us, “There is nothing at all for them to do” and “Absolutely nothing here.” We observed that one person sat all day in the lounge area with the TV on moving only for personal care. When they stood up if they were agitated they were encouraged to sit down again. Staff did not offer them activities other than eating a snack and they remained static in their chair. Another person remained in their room or on the hallway stairs throughout the day. They were restless and monitored closely by staff but they were not encouraged to undertake an activity or to go out for a walk. Staff informed us another person had a pattern of sleep disturbance and was said to be awake all night, as such did not get up until 3pm during the visit. There was no care plan that described how to support the person to be more active during the day. Each person had a planned activity week and although these were individualised, they contained no detail. For example on the day of inspection one person was to meet family members with support from staff. This did not take place. On the activity plan it was not specified who would be supporting the person. Throughout the weeks activity there was no named staff or activities co-ordinator to undertake the activity.

There was a lack of equipment for staff to offer people. We saw no games or any sensory equipment. There was a swing intended for use in the garden and a TV for the small lounge, both in their packaging. The manager explained they had been waiting for the provider to install both these items. Two people did not get on well with each other within the service. One person did not therefore go into the main lounge to avoid conflict however the small lounge they could use was devoid of any items of interest to them or any activities. Staff told us that one person liked music, and family had told them liked to hear a guitar being played. We saw staff put on music that the person liked to listen to. However there was no musical equipment such as a guitar or percussion instruments that the person might have enjoyed. Staff told us this person also enjoyed showering but staff had not explored the use water as a sensory play activity. Another person liked a cartoon character and staff told us they also liked to see building work. There was a picture of the character on the wall in

their bedroom but staff had not explored activities around their liking for this character, such as if they might like to build something with support or use craft construction materials or bricks like Lego.

People were not engaged in their everyday living activities. For example people did not help with the preparation and cooking of their meals or with the day to day chores; we observed no attempt to engage people by asking if they would like to prepare a drink for themselves. The lack of meaningful activities resulted in people being frustrated in the service and this impacted negatively on people’s behaviour.

Care files did not detail people’s diversity. For example a staff member told us a person came from a particular cultural background and understood a specific language that was used by their family; however this was not documented in the care plan. In another person’s file an old report from another provider detailed that a person came from a specific cultural background again this information was not available in the person’s care plan. A staff member told us about a person’s faith and dietary needs and explained this dietary requirement is met within the service, but this information was not available within the person’s care plan. The care plans contained no relevant background or history of people. In one person’s file an old document from a previous care provider gave the person’s relevant information detailing important family history; however staff had not captured this information in the care plan. This means that important information could be lost or was not readily available to agency or new staff.

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

The service did not manage complaints in a comprehensive manner. There was no easy read or pictorial poster to support people to complain and no poster that advised visitors to the service how to complain. The lack of allocated keyworkers meant there was no one who was working specifically with people to advocate on their behalf should people not be happy with the service they received. There was no complaint policy and procedure available. We brought this to the attention of the manager who looked in files and on the computer but could not find a copy. An external complaint form was available in the policy file however this did not detail

Is the service responsive?

time-frame or the stages for answering complaints. The manager explained that he and the provider responded to complaints via e-mails on an individual basis. There was no process in place to collate and analyse complaints in order to inform and improve the service. As such the service was not facilitating an open and transparent complaints policy.

This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Is the service well-led?

Our findings

We found the service was not well-led. The provider had not equipped the staff in terms of training and support to undertake their role. In addition the provider did not supply basic and specialised activity equipment in a timely manner to allow the staff to work with the people who used the service effectively.

The service audits were not effective at identifying and addressing concerns. Audits took place on a monthly basis, although records of those carried out in September and October 2015 were not available. Audits had identified some errors and omissions. There were instructions in the latest audit to rectify many of the omissions we identified in the inspection, however on the day of inspection the actions required to address omissions in staff recruitment files and the care plans had not taken place there was a time scale to complete the omissions as soon as possible. Staff supervisions, inductions and training had not occurred. Despite the audits safety procedures were not adhered to, such as checking the fire alarms and implementing the keyworker system. We noted on two people's care plans another person's first name was in some of the plans. One person's name was misspelt on the cover of their file. These errors demonstrated that care planning was not given the attention to detail that should have been taking place and audits had not picked this up. The large amount of omissions across each of the domains and the resulting negative impact on the service meant that the provider did not have effective systems and processes in place to ensure compliance with the registration of the service.

The service did not have a registered manager in post. There was a manager who had recently applied to be registered. Staff said the manager was approachable and supportive. Staff said they felt respected and listened to by the manager. Their comments included that he was

"polite" to staff, "very approachable" and "a good man." Staff said they could raise their views, telling us, "Yes they take it on board, to see how they can move the service forward." Staff said that they can contact the deputy manager and manager when they need to. The manager explained that out of office hours he or his deputy would be on-call and the service manager would also be available in emergency.

All staff said there was a daily handover of information. Some staff said they found this informative and structured with tasks identified for each staff member. One staff member said it needed to be "more formal," saying with regard to what is planned for the day, "Staff are not sure and neither are the service users." The manager explained daily notes are always written by staff, and that there was a communication book and dairy to ensure information and appointments are not missed. The service also had a social media group so people can pick up information before they came onto the shift or keep abreast of what was taking place when they are off duty.

There had been no questionnaire for staff, relatives and professionals to feed back their views on how the service was run. The service had not enabled people using the service to feed back their views about their care and support. For example there was no easy read form or pictorial feedback forms and no residents meetings. We discussed this with the manager who explained they had regular meetings with relatives using the service on an individual basis, thereby working closely with families. We found there was partnership working with local health professionals but the service had not liaised with the local authority in respect of reporting safeguarding incidents. Therefore a crucial element in working in partnership was missing.

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

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

You are in breach of Regulation 9 (1)(2)(3)(a)(b)(c)(d)(e)(f)

The service must ensure there are relevant person centred plans for each individual that detail people's care and preferences that include activity plans.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

You are in breach of Regulation 16(1)(2)

The provider must ensure complaints are investigated and appropriate action is taken. In addition complaints must be monitored to look for trends and identify areas of risk.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

You are in breach of Regulation 18(1)(2)(a)(b)

The provider must ensure the staff have induction, supervision and training to equip them to undertake their role with the people who use the service.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

You are in breach of Regulation 10(1)(2)((a)

The service must ensure people's dignity and privacy.

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

You are in breach of Regulation 11(1)(2)(3)

The service must take measures to obtain people's consent to their treatment.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>12.—(1) Care and treatment must be provided in a safe way for service users.</p> <p>(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—</p> <p>(a) assessing the risks to the health and safety of service users of receiving the care or treatment;</p> <p>(b) doing all that is reasonably practicable to mitigate any such risks;</p> <p>(c) ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely;</p> <p>(d) ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way;</p>

The enforcement action we took:

A condition was imposed on your registration which says you must not admit service users, either new to the service or returning without the prior written agreement of the CQC. This condition is effective immediately and is for a period of three months from the 02 February 2016.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>13.—(1) Service users must be protected from abuse and improper treatment in accordance with this regulation.</p> <p>(2) Systems and processes must be established and operated effectively to prevent abuse of service users.</p> <p>(3) Systems and processes must be established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.</p>

This section is primarily information for the provider

Enforcement actions

The enforcement action we took:

A condition was imposed on your registration which says you must not admit service users, either new to the service or returning without the prior written agreement of the CQC. This condition is effective immediately and is for a period of three months from the 02 February 2016.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

You are in breach of Regulation 17 (1)(2)(a)(b)(c)

17.—(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.

(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—

(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);

(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;

(c) maintain securely 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 and of decisions taken in relation to the care and treatment provided;

The enforcement action we took:

A condition was imposed on your registration which says you must not admit service users, either new to the service or returning without the prior written agreement of the CQC. This condition is effective immediately and is for a period of three months from the 02 February 2016.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

You are in breach of Regulation 19 (2)

This section is primarily information for the provider

Enforcement actions

19 (2) Recruitment procedures must be established and operated effectively to ensure that persons employed is of good character.

The enforcement action we took:

A condition was imposed on your registration which says you must not admit service users, either new to the service or returning without the prior written agreement of the CQC. This condition is effective immediately and is for a period of three months from the 02 February 2016.