HICA

The Birches - Care Home

Inspection report

Grammar School Road
Brigg
Lincolnshire
DN20 8BB

Tel: 01652652348
Website: www.hicagroup.co.uk

Date of inspection visit:
02 May 2018
04 May 2018

Date of publication:
11 July 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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 2 and 4 May 2018, it was unannounced on the first day and announced on the second day.

At the last inspection in May 2017 there were no breaches of regulation. We rated the effective and well-led domains as 'requires improvement' which meant the quality rating was 'requires improvement' overall. This is the third consecutive time the service has been rated Requires Improvement. We found quality assurance checks and audits had been improved and staff understood the need to gain consent before care and support was provided. However, the principles of the Mental Capacity Act 2005 were still not followed or implemented in a consistent way.

The service is required to have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was no registered manager at the service, an acting manager had been in place for five days.

The Birches is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates people across four bungalows and two self-contained flats. Three bungalows (Birchdale, Birchwood and Birchwalk) having eight bedrooms and one bungalow (Birchrise) which has four bedrooms. All bungalows could be accessed via a secure door leading from one to another, but each bungalow was treated as a separate entity. There were two self-contained flats, only one was occupied at the time of the inspection. There were 26 people with learning disabilities or autistic spectrum disorder living at the service.

The care service has been developed in some areas in line with the values that underpin Registering the Right Support. (This guidance clarifies the expectation on providers to ensure care homes are focused on person-centred care and developed in line with national policy). We found the bungalows were separate units, even though they were all based at one location. Registering the Right Support values include choice, promotion of independence and inclusion for people living with learning disabilities and autism to ensure they can live as ordinary a life as any citizen. Further work needs to be undertaken once the breaches of regulation have been addressed to ensure the service complies with Registering the Right Support.

During this inspection we found issues with the environment. During our walk round of each bungalow we found issues with the environment which had to be addressed to help to maintain people's safety. The acting manager took swift action to address the environmental issues we found. However, we recommend that the provider should monitor the environment to make sure it remains safe for people.

We found the administration and management of people's medicines was not always effective to ensure

people's medicines were returned, recorded or stored appropriately. We recommend the provider follows good practice guidance in relation to medicine management.

The principles of the Mental Capacity Act 2005 (MCA) were not followed. Decisions were not made in accordance with the MCA. Associated records lacked detail; they were generic and not person-centred. Best interest decisions were not always completed following capacity assessments, which contravened the MCA. This meant that people who used the service had limited choice and control about their lives and experienced unnecessary restrictions.

We found people's care records were excessive, not easy to follow and staff had made changes to care records without dating or signing entries. It was unclear from people's care records what care and support people needed to receive or if their needs were being met. A full review, reassessment of people's records was required, this was planned to take place.

Auditing and checks to maintain and improve standards were not robust and this had meant corrective action to address issues had not always been acted upon in a timely way.

Staff completed training in a variety of subjects. However, it was not clear if staff had taken on board the information provided to them during training. The provider's training team were about to commence a full review of the staff's skills and knowledge. Some staff had not received timely supervision in line with the provider's policy which meant their skills had not been reviewed.

During the inspection we found there was enough staff available to meet people's needs. Infection control measures were in place. Accidents and incidents were being monitored and corrective action was taken to help to prevent any further re-occurrence.

People were supported to eat and drink, where necessary so people's dietary needs were met.

We saw staff were caring and kind to people and people's privacy and dignity was respected.

Information was shared in a format that met people's needs about what the service could provide and about the complaints procedure. Information about local advocacy services was provided to people.

Staff were caring and kind and respected people's privacy and dignity.

Activities were provided in line with people's preferences, social events and outings occurred and people were supported to undertake education or go to work if they wished.

Complaints raised were investigated and this information was used to improve the service.

People, using the service, relatives and staff were asked for their views and feedback received was acted upon to help to maintain or improve the service.

The provider and higher management team supported the acting manager. Action was being taken to improve the service provided to people. The provider and staff were working with the local authority and were assisting in safeguarding investigations, if required. The provider had voluntarily stopped admissions to the service until they were satisfied all concerns and issues had been addressed.

The provider was in breach of four regulations from the Health and Social Care Act 2008 (Regulated

Activities) 2014. Regulation 11, Need for Consent, 12, Safe Care and Treatment, 17, Good Governance and 18, Staffing.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Environmental issues found may have placed people at potential risk of harm. Further monitoring of the environment was required to help to maintain people's safety.

Safeguarding issues raised were being investigated. Staff were aware of the action they must take to help to protect people from harm and abuse. The staff's competency regarding safe medicine management was under review.

Infection prevention and control and recruitment practices were robust.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The Mental Capacity Act 2005 was not followed, which restricted people's choice.

Staff skills and knowledge was being re-evaluated. Some staff had not received supervision in line with the providers policy.

People's dietary needs were met. Those who required assistance to eat and drink were helped by staff.

Is the service caring?

Good

The service was caring.

Staff supported people with kindness and the privacy, dignity and diversity was respected.

People's individual ways of communicating were understood, information was provided to people in a format that met their needs.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care records did not reflect their full and current needs. They were being reviewed, re-written and condensed to provide clarity and make them person-centred. Changes in people's needs were not always dated and signed by staff.

A complaints procedure was provided in a format that met people's needs.

End of life care was not provided. This was to be offered only if people's needs could be met with support from relevant health care professionals.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There was no registered manager in place.

Quality assurance systems and processes were not robust. There were shortfalls relating to people's care and support, care records, staff's skills and knowledge, staff supervision, and the Mental Capacity Act was not followed. Audits and checks undertaken had highlighted shortfalls but effective and timely action was not always taken by the provider to ensure people's wellbeing was protected.

People we spoke with told us they were satisfied with the service they received. Meetings were held to gain people's views about the service.

The Birches - Care Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on the 2 and 4 of May 2018. Day one of the inspection was unannounced and we told the provider we would return on 4 May 2018. The inspection was carried out by two adult social care inspectors. We brought forward the inspection of this service due to an increase in safeguarding notifications and concerns raised by the local authority about this service.

We looked at information we held about the service, this included notifications sent to us since the last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We asked for further information from North Lincolnshire County Council prior to our inspection, however we did not receive this. We also asked Healthwatch (a consumer healthcare champion) if they had any information to share about this service. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at last once annually to give some key information about the service, what the service does well and improvements they plan to make. This information was used to help us plan the inspection.

During our inspection we spoke with the acting manager, quality assurance manager, area manager, interim manager, cook and three staff. We walked round each bungalow and we were introduced to all the people living there. We spoke with three people in detail and phoned two people's relatives to gain their views.

During the inspection we observed how staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people using the service. We observed the care and support provided to people in the communal areas and watched lunch being served in one dining room.

We looked at five people's care records and a selection of documentation related to the management and running of the service. This included quality assurance information, policies and procedures, the complaints

file, results of audits undertaken, action plans and a root cause analysis information completed following investigations into safeguarding concerns, meeting minutes, medicine administration charts and audits and records of maintenance carried out at the service. We also looked at recruitment information for three members of staff, staff training, supervision and appraisal records.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the service. One person said, "Sometimes I get upset but the staff sort things out for me. I feel safe here with the staff." Another said, "I am safe knowing the staff are about."

On the first day of our inspection we undertook a tour of all the bungalows. We found issues throughout the service, gloves were not stored securely, two people's steridents tablets in en-suite bathrooms were not stored securely and in one person's bedroom razor blades were accessible. We saw two people's electric razors were plugged into sockets near their bathroom sink, although there was no water in the sinks we asked the acting manager if it was possible for people to have their razors charged in their bedrooms to reduce the potential risk to people's safety. In two bungalows we found two kitchen knives and dishwasher tablets were not stored securely in the kitchens. We discussed these issues with the acting manager who rectified them immediately and provided guidance to staff about how to maintain people's safety. We recommend the provider should follow current good practice guidance about how to maintain a safe environment for people.

We looked at how medicines were ordered, administered, stored and returned. We found prescribed topical creams and one person's eye drops were not stored securely in people's en-suite bathrooms. We inspected five people's medicine administration charts (MAR). We found one person had two gaps on their medicine administration chart (MAR) for topical creams and gaps on their MAR for mouthwash. It was unclear if these items had been administered, been taken or declined. We looked at the returns in the treatment room and saw two tablets were in a plastic pot without any description of what, or who's they were. Staff did not know if any action had been taken to ensure this was not detrimental to the person's health. We asked staff for further information about this, they could only tell us the tablets were in a pot because they needed to be returned to pharmacy and they had run out of return's bags. We discussed this with the acting manager who immediately obtained more bags. The acting manager reminded staff that all medicines for return to pharmacy must be correctly identified and action must be taken to make sure people's wellbeing was protected. The acting manager assured us these issues would not occur again because staff's competency regarding safe medicine management was under review. All staff were to have further supervision in this area of practice to embed best practice guidance. We recommend the provider follows current good practice guidance relating to medicine management.

We saw medicines received were recorded and signed in by staff. We observed a member of staff giving medicines to people. They checked (MAR's), dispensed the medicine and spent time with the person to make sure they took their medicine or declining it before returning to record this on their MAR.

Risk assessments were in place for people for example. For going out in the community, the risk of developing skin damage due to immobility, choking or poor food and fluid intake, and epilepsy. However, we found they were not always personalised or detailed. We were told by the senior management team and acting manager that everyone's care records were currently being reviewed, reassessed and rewritten to address this. People had two to three files of care records each, which were difficult to follow. They were

being condensed into one file with people's care and support plans and risk assessments placed together, to help staff monitor people's wellbeing more effectively. During our visit we saw people were encouraged to be as independent as possible and live their life, even if some risks were present. For example, people were encouraged to walk observed by staff or go out with support from staff.

At the time of our inspection there were safeguarding issues being investigated and a full review of people's care was being undertaken by the local authority. The provider assisted with investigations and were co-operating with the local authority, as necessary. We discussed some recent safeguarding issues that had been received with the acting manager, quality assurance manager and area manager. We were provided with evidence that confirmed the management team made improvements to the service regarding the known outcomes of safeguarding investigations that had taken place. The management team told us they would continue to make sure people were protected from harm and abuse.

Staff undertook training about how to safeguard people from abuse. Staff told us they would report any safeguarding concerns straight away. A member of staff said, "I would report abuse to the manager or area manager, no problem." (They went on to say they would also contact the safeguarding team at the local authority and police, if necessary). Another member of staff said, "Abuse- I would raise the issue." The provider had policies and procedure in place to guide staff about the actions they must take to help to protect people from harm and abuse.

During our visit we observed there was enough staff to meet people's needs in a timely way. Following our last inspection staffing levels had increased at night time from three to four staff. We were informed at the time of the inspection night staff numbers had gone up to five staff, which meant there was a member of staff deployed in each area of the service and one member of staff floating to assist staff, where needed. This increase had been implemented by the provider after safeguarding issues were raised with the local authority. The acting manager confirmed staffing levels would continue to be monitored to make sure people's needs were met. People using the service told us there were enough staff to take care of them. One person said, "The staff look after me. There are enough of them." Staff we spoke with said, "Staffing levels are a lot better. We work 12 hour shifts, they have helped. Everyone works well as a team" and "I do not feel we are understaffed."

We looked at the 'targon' (call system) at the service; we tested this at random throughout the service to make sure it was working and to see if staff attended quickly. We found it worked and staff attended promptly. The provider used electronic monitoring (baby monitors) for two people in their bedrooms. The use of these had been determined through best interest meetings. We were informed staff were present within the bungalow at all times to monitor these people's safety.

Information about accidents and incidents that occurred were monitored monthly. The acting manager told us they looked for patterns of accidents or incidents and asked for advice from relevant health care professionals to prevent issues from re-occurring.

The provider had a business continuity plan in pace which informed staff about the action they must take in the event of an issues occurring, such as a power failure or fire. People had personal emergency evacuation plans (PEEPs) in place. A PEEP record states what equipment and assistance a person would require when leaving the premises in the event of an emergency. The acting manager confirmed these were current and were reviewed as people's needs changed.

We found the environment was clean and free from any unpleasant odours. We inspected the laundry and found red bags were used for any soiled linen. Staff used personal protective equipment, (PPE) such as

gloves and aprons to help prevent and control the spread of infection. Hand sanitiser was provided throughout the service, which promoted good hand hygiene for staff and people visiting the service.

The provider had service contracts in place and the handyman completed repairs and maintenance within their capabilities to ensure the service remained a pleasant place for people to live.

Staff were recruited safely and full employment checks were carried out before staff started work at the service. Potential staff completed an application form, provided references, had an interview and a Disclosure and Barring Service (DBS) check was undertaken. (DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands). DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable people.

Requires Improvement

Is the service effective?

Our findings

At the last inspection of this service in May 2017, this domain was rated requires improvement because we found further development was required to ensure inconsistencies in the application of the Mental Capacity Act 2005 (MCA) were addressed. At this inspection we found inconsistencies were present. This inspection has highlighted that best interest meetings have been held without capacity assessments.

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.

During our inspection we found decisions were not made in accordance with the MCA. Capacity assessments were completed; however, they did not follow the principles of the MCA. They lacked detail about how they promoted people to understand and make their own decisions. They were generic in all cases we looked at and were not person-centred. Some best interest decisions were made without capacity assessments being completed, which was a contravention of the MCA. This meant people who used the service had limited choice and control about their lives and experienced unnecessary restrictions.

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 authorisation 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.

There was evidence that some people who used the service were under continuous supervision and control and they were not free to leave, this is known as the acid test. For people who do not have capacity to consent to care and treatment, if the acid test is met, the provider is required to apply to the supervisory body for the deprivation of liberty to be authorised. The provider had submitted applications, although they were not person-centred and there was no evidence of relevant capacity assessments completed for 17 applications. Six DoLS applications had been authorised by the local authority,17 were still pending and one had been refused. This meant the correct processes had not been followed. People who use the service had been subjected to unnecessary restrictions.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.Regulation 11 Need for Consent.

During our inspection we looked at staff supervision. We asked for further information to be sent to us following the inspection because we were concerned staff may not be receiving supervision in line with the providers supervision policy which stated, "in general one supervision per quarter or four per year". From the information received we found 12 out of 37 staff had one supervision since December 2017. There was no

information provided to us prior to December 2017. Although the acting manager had a plan in place to address the supervision shortfall, corrective action had not been taken in a way to ensure staff were suitably supported through supervisions.

We looked at the training undertaken by staff. The training planner showed staff training was mostly up to date. However, there was a concern expressed by the higher management team that staff may not have understood the training provided to them. As a result, staff may not have had all the skills and knowledge they required to meet people's needs. At the time of the inspection the provider was putting a plan in place to commence a full review of all the staff skills and knowledge.

The lack of assessing staff skills and knowledge and the lack of appropriate supervision was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 18 Staffing.

Although people's needs and choices were assessed on admission, multiple care records existed for each person. Which meant that it was confusing for staff to understand people's full and current needs. This was discussed with the acting manager who confirmed action was being taken to review people's care, reassess their needs and rewrite everyone's care records to ensure compliance with NICE guidance. People's preferences for the gender of care worker to support them was recorded and respected.

People's nutritional needs were met. People who required special diets received this. We observed people being supported with meals of their choice and regular drinks and snacks were provided. We observed lunch and saw the mealtime experience was relaxed and people received the support they needed. Food and fluid charts were completed for people who required this level of support and people's weights were monitored on a regular basis.

Prior to our inspection there was concerns raised about people's health needs being met. These issues were currently being looked at through safeguarding of vulnerable adults' procedures. During our inspection we saw documentation of appointments and discussions held with health professionals to help maintain people's wellbeing. The provider had systems in place to share information within the service. The provider used handover sessions, information sheets and a medicines book to pass information on between staff. We saw people had health passports, which were used to inform staff about their needs when they had to use different services in the health care system.

The Birches consists of 4 bungalows and 2 self-contained flats which can provide accommodation for up to 30 people. Three bungalows (Birchdale, Birchwood and Birchwalk) have eight bedrooms and one bungalow (Birchrise) has four bedrooms. The bungalows could be accessed via a secure door, leading from one to another, but each bungalow was treated as separate entity. There were two self-contained flats, only one was occupied at the time of the inspection.

The bungalows provide accommodation on one level and have wide corridors which lead to communal areas, which made it easier for people who lived there to get around their home. There were communal bathrooms in addition to each person having their own en-suite toilet. Pictorial signage was available throughout the service to help people find their way around. Bedrooms were decorated and personalised to people's individual tastes. We saw people with autism had their bedrooms designed around their sensory needs. Pictorial signage was provided to help people find their way around. There were communal areas where people could socialise or spend time in peace, without intrusion and noise. Gardens were designed for easy access, patio areas and garden furniture was present. People were seen to enjoy the outside space at the service.

The service was situated on the outskirts of Brigg among housing. There was a school nearby and small local shops. The town centre was about a mile away, there was a good range of shops and facilities. Staff supported people to walk to or be transported into Brigg. A leisure centre and large garden centre on the outskirts of Brigg was accessible for people.

Good

Is the service caring?

Our findings

People who used the service told us they felt cared for. One said, "I'm quite happy, I'm ok" and "staff are lovely." Relative's we spoke with said, "The staff are very caring" and "the carers are very good, I don't have a problem with the carers" and "[Name] does like the carers. He doesn't like change and we often see the same carers".

Healthcare professionals we spoke with about the service said, "I rate the staff highly for caring" and "Staff are caring in their interactions."

We observed some care records throughout the service were not stored securely to maintain peoples confidentiality and maintain data protection. This was discussed with the acting manager who addressed this immediately.

During the inspection we observed staff interacting with people who lived there in a positive manner. People were offered reassurance, we saw one person had their hand held and had a hug when they were upset. This was carried out in a friendly and professional way to reassure the person. People were relaxed around the care staff and conversed with them and other people who lived there.

We saw staff responded to people in a timely manner and acted when the buzzer was pressed during the inspection. This ensured people received timely care and support. Staff spent time with people to converse with them and to reassure them if they were anxious or upset. We saw people maintained their independence, where this was possible.

People's privacy and dignity was respected. Staff provided personal care to people in their own rooms or in communal bathrooms behind closed doors. Staff respected people's privacy by knocking on bedroom doors and gained consent to enter, where this was possible.

Staff respected people's diversity, likes, dislikes and preferences for their care and support. People were offered choices for example, about their hair style and in the way they were dressed, to ensure this was to their personal taste. People's bedrooms throughout the service were decorated and furnished to their own tastes and were homely.

Staff understood people's individual communication needs. They communicated with people with kindness and compassion. Communication through speech, body language and gentle appropriate touch was used by people. Staff understood how people communicated and observed people's body language and monitored if they looked comfortable. If staff were unsure they checked if people were alright and acted upon what people said. Positive communication tools were noticed during the inspection, these included pictorial signs around the home and pictorial menu's.

People could review their care records, if they wished. People we spoke with told us they undertook this, when they wished. However in the current format this could have been difficult. This was being addressed by

the provider. We observed staff speaking with people about their care and support and acting upon what people said.

Information was provided to people in a format that met their needs. Information about advocacy services (independent help and support) was provided.

The provider had a confidentiality policy in place which staff followed. Computers were password protected and during our inspection we ensured paper records were held in secure areas to comply with the Data Protection Act 1998.

Requires Improvement

Is the service responsive?

Our findings

During our inspection we found people had two to three files containing their care records, some people's records did not reflect their full and current needs. For example, one person's mobility had changed and their care records stated '(Names) mobility has deteriorated to the point where they can no longer weight bear. (Name) is hoisted for all transfers.' No date was recorded and this was not signed by staff. There was no guidance when a further review of this person's mobility was required. Another person had a care plan for their personal care, this information had been reviewed four times in April 2013, once in July 2015, once in January 2016 and once in July 2017.There was no evidence that this information had been reviewed by staff in 2018 and we found their needs had changed. This person had a care plan for eating and drinking. Information was present that a speech and language therapy assessment had been completed. Staff had added information in to their care plan to say the person must be always supervised when eating/drinking and that they must be sat upright and not in bed. However, this entry was not dated so it was unclear if this was current advice. Another person had a medical/physical care plan in place, they had been assessed by a health care professional as having dementia. This entry was not dated. The person had a pacemaker and the care plan about this had not been reviewed since November 2017. They had behaviour that may challenge, we found they had not had a review of this since July 2016.

Another person had a 'shoe monitoring' chart in place. We asked the quality assurance manager why this was present, they did not know why, but stated this was excessive documentation. We also found one person's care plans about epilepsy care required more clarity to inform staff when they should seek advice from the person' relevant health care professional. One person's care records indicated how much fluid they needed to drink each day. However, their output was not always recorded over 3-4 days. There was no information in their care plan about when staff needed to refer them to a health care professional to protect their wellbeing. We saw comments made by staff in the person's records about 'a poor fluid intake' but the care records did not confirm if staff had taken any action to address this.

People's risk assessments were not person-centred and were generic. One person's records had a risk assessment for behaviour that challenged. We noted they had bitten someone and staff had recorded 'this could have been avoided.' There was no record of the learning that took place or the action that was taken to prevent this risk from occurring again. Another person's falls risk assessment was updated on 2 March 2018, but was found not to be fully up to date regarding their falls that had occurred. This meant the person may not have received appropriate support to maintain their mobility and reduce the risk from falls.

People's care records were not person-centred and they did not provide evidence that people were involved in creating or reviewing their care needs, where this was possible. We saw one person had a blank profile and communication passport, when they had been at the service for some time.

We spoke with the acting manager about staff not dating and signing changes made to people's care records, risk assessments being generic and being unable to determine if people's full and current needs were being met. The acting manager told us they and the provider were aware people's care records required reviewed, re-writing and condensed to provide clarity about people's current needs and to make

them person-centred. They showed us a blank file which had been created as an example for staff to follow to start to undertake this work. The acting manager told us this would take some time but it would be completed for everyone living at the service. Staff we spoke with confirmed they had built relationships with people which, helped them to understand people's needs but told us the care records did not always reflect people's needs. One member of staff said, "People's care files are big, and we are condensing them to take out things that are not relevant."

During our inspection information was shared with us that staff may not have received adequate training regarding a specific treatment for epilepsy. We considered this and asked for more information to be sent to us, following the inspection, which we received. Upon reviewing the information, we found not all staff had undertaken this training and the training notes were very brief and were not detailed enough. Staff may not have had the required skills and knowledge to support the person with their need and this may have placed the person wellbeing at risk.

Following our site visit concerns were raised with us by health care professionals, they told us people living with epilepsy may not have been supported appropriately by staff. They had asked for some people to be referred to their GP or consultant for a review of their epilepsy. They told us they had asked a senior member of staff at the service to contact the GP's to ask for these reviews to take place. They said, when they checked, they found staff had not acted upon this request and staff had to be asked again to make these requests.

We received the following comments from health care professionals who had recently reviewed people's health and wellbeing at the service. They told us, "Staff did not seem to have an understand epilepsy. There was unclear documentation, staff did not understand dysphagia (difficulty swallowing) or speech and language care plans present. There was no clear guidance about pressure care. There was no real emphasis on people's health care needs. There was a lack of training and follow through by staff." And, "One person had very old information present about a speech and language assessment (SALTS) which required updating. There was no choking risk assessment because the person had no choking issue, yet food was being cut up into small pieces. A new request for a new SALT assessment has now been made. When health issues are being reported there is no follow up by the manager to make sure staff have contacted the GP, there is a lot of work to be done and staff need training regarding care plans, updating people's information and reviewing people's care properly and effectively."

The above concerns demonstrated a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12, Safe care and treatment.

During our inspection we were told by the acting manager that staff were responsive to people's needs. They gave an example about a person who required hospital assessment and the acting manager described how the person had been supported to gain this intervention. We saw staff were responsive to people's needs in the communal areas of the service. We observed staff encouraged people to maintain their independence, where possible and acted upon what people said. One person said, "The staff are here to help me when I need them. The staff look after me. [Name's of staff] are the best they help me when I have a problem."

We saw people had opportunities to be involved in social activities that interested them, both in the service and the community. On the first day of our inspection people were seen going out with staff to shop in Brigg and go for a walk. Staff we spoke with told us about people's activities and hobbies they liked to take part in and they said they made sure these were made available for people to participate in. One to one activities took place and people had a variety of activities available to them, which they could take part in if they wished. There had been a trip to Cleethorpes and Brigg Garden Centre. Some attended the Gateway Club

social events others undertook activities they enjoyed, for example, horse riding. The acting manager confirmed people were supported to find work and attend further education if they wished. Relatives we spoke with told us they would like to see more activities provided to people and for more outings to be undertaken.

Visitors to the service were made welcome and there were no restrictions in place. People were encouraged to go out with their family, staff supported people to ensure this happened. Staff helped people to maintain contact with people who were important to them, by phone or in person. Social engagement in the community was encouraged for everyone living at the service to avoid social isolation. People's religious preferences were known and staff supported people to ensure their religious needs were met.

The acting manager told us at present, end of life care was not provided. This would be looked at and considered for each individual case that may occur to see if further help and support could be gained to meet people's needs and allow them to remain at the service.

The provider had a policy and procedure about complaints. Information about how to raise a complaint was provided to people. There was an easy read complaints policy displayed in reception, which helped to inform people. People were supported to raise any issue. Complaints received were investigated and responded to. We asked people living at the service if they would feel able to make a complaint if they wished. One person said, "I would complain, but I am quite happy. I am okay." Complaints were shared monthly with the higher management team to improve the service provided.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection of this service in May 2017 the service was rated requires improvement. This was due to shortfalls in the domains effective and well-led. In well-led we found quality assurance systems and processes had been strengthened to ensure shortfalls were identified in a timely way. We also found further development was required to ensure inconsistencies in the application of the Mental Capacity Act 2005 (MCA) were identified. Although some improvements had been made we could not rate the service higher than requires improvement for 'well-led' because to do so required consistent and sustained improvement over time. During this inspection we found shortfalls were present regarding MCA, safe care and treatment, training and supervision, and in quality monitoring the service. There was a failure to maintain accurate and complete records.

There were issues regarding people's mental capacity not being assessed in line with the MCA, this information was generic and was not person centred. There was a breach of regulation, which the provider needs to address.

At the inspection we found unmanaged risks associated with the environment, which may have placed people's safety at risk. Although these issues were addressed by the acting manager further monitoring of the environment was required.

The management team had visited and completed audits prior to the acting managers appointment. We found the auditing had not picked up all the shortfalls we found and action had not been taken in a timely way to address the issues at this service. Audits and checks covered areas such as, maintenance checks and health and safety, catering audits, medicines management and people's care files. We found there were gap's present in the auditing taking place at the service. For example, we saw the last check of the water temperatures at the service was dated December 2017. This should have been completed each month to ensure hot water temperatures remained in the correct temperature range to reduce the risk of scalding. No one at the service had been affected by this. During our inspection we saw an outside contractor checking and replacing tap valves and regulators, where this was necessary. We found gaps in the catering records for monitoring the refrigerator temperature had occurred on eight days in April 2018. We discussed this with the cook who told us this would be rectified. We looked at the last medicine audit that had been completed on 26 February 2018. On the 19 January 2018 an issue was found about the staff's competency to apply people's topical creams records stated, 'check staff applying creams have had training and have been signed off as competent'. We could find no evidence the staff's competence had been checked. We discussed this with the manager who told us a full audit of all the staff's skills and training was about to commence. We met the training team who were present on the second day of our inspection, they were planning how to review the staff's skills and knowledge.

The staff's skills and knowledge gained from the training provided was about to be re-checked by the providers training team, because it was unclear if staff had skills and knowledge they required. Not all staff had received regular supervision in line with the provider's policy.

Five health care professionals we gained feedback from after our site visit gave mixed feedback about the service. We received the following comments, "There is a lack of leadership and direction staff are overwhelmed by the excessive files (people's care records). There is no real leadership. The service has totally lost its way. The staff team are demoralised and need leadership to make sure staff have the support they need and people get the care they require", "Unless there is a manager to check staff act and are accountable, things will not change" another health care professional said, "I have been surprised there have been concerns raised about The Birches, my team of staff have not brought up any concerns."

There is was no registered manager at 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. This limits the rating of this domain to 'required improvement'. When we inspected an experienced manager, who worked for the provider at another location had been working at the home for five days. The lack of a registered manager limits the rating of this domain to 'required improvement'.

Audits of people's care files had occurred, however people's care records remained excessive, with two or three files of information present for each person, they were difficult to assess. We found it was unclear if people's needs were being met, we were unsure from reviewing people's records if risks to their wellbeing were being managed appropriately. We found some people's care plans had information added to them however, there was no date recorded and no staff signature present. The management team told us they were aware people's care records required reviewing re-writing and condensing. The manager showed us a blank file highlighting the information that was to be contained in people's care records. The re-writing, re-evaluating and condensing people's care records had only just commenced and was planned to take some months to complete.

The provider had failed to assess, monitor and improve the quality and safety of the service. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.of Regulation 17, Good governance.

The provider was working with external agencies to improve the service. For example, prior to our inspection information was received that people may be at risk of abuse and staffing levels at night were a concern. This information was shared with the local authority and provider. The provider met with the local authority and the regional director visited the service to review staffing levels. These were increased at night time to five staff, one for each unit at the service. This was in response to the concerns raised. The provider attended a 'Service Improvement Meeting' on 30 April 2018. And a resident and relatives meeting took place on the same day, to discuss the issues that had been raised. The provider reassured people living at the service and their relatives there was a 'zero tolerance 'policy in place about abuse and discussed the staffing issues. People were informed the provider would work with the local authority and Clinical Commissioning Group (CCG) to address the issues raised. The provider also placed a voluntary suspension on admissions to the service, which remains in place.

The senior management team attended the service to support the staff along with an interim manager prior to the acting manager commencement. This support was to continue. We saw a managers meeting was held on 2 April 2018. Issues discussed included the newly implemented staff rota system. Staff now worked 12 hour shifts and there were two team managers in place. This system had been implemented to start to monitor the service further and it was designed to allow the team managers time to commence the auditing of care files and medicine management audits at the service.

People we spoke with were not able to tell us if they felt the service was well-led but said they were happy living at this service, One person said, "I like it here."

We spoke with the acting manager about how they would monitor the service. There was an 'Early warning tool' in place which was mapped against the Care Quality Commissions regulations to help identify potential breaches of regulation. Another system called 'SharePoint' allowed information to be shared with the provider's head office about staff training, service contracts DoLS applications and authorisations, concerns, complaints, accidents and incidents. The acting manager had started to collate this information, they told us they knew the service had issues to address and they would be addressed.

We saw staff meetings were held. We looked at minutes of a senior staff meeting held in December 2017. Staff we spoke with told us they could speak with the acting manager, or with anyone from the management team at any time. A member of staff said, "The manager listens to you and if suggestions are viable they consider it. The acting manager is open to discussion; we have had lots of meetings recently. If we can use feedback to improve- just tell us."

People were asked for their views in surveys. We looked at the results of the latest survey completed and found the results were positive and shortfalls identified were addressed. The acting manager had an 'open door' policy in place; they were available along with the senior staff and higher management team for people living at the service, their relatives or staff to talk to at any time.

During our inspection we found the acting manager and provider was acting to improve the service. They were reviewing all the checks and audits that had taken place to ensure issues that had been raised were addressed. Staff were being reminded about the provider's policies and procedures. The acting manager told us they wanted to gain a good understanding of people's needs and oversee the care and support being delivered to people along with the senior staff.

The acting manager and higher management team all told us they were committed to improving the service and aspired to provide consistent high-quality care and support to people living at the service. We saw good practice guidance was present; the acting manager told they would work to ensure staff implemented this. The area manager told us, "We did not realise how much this service had dipped, we will make things right."

We discussed with the acting manager the principles of Registering the Right Support. The provider and acting manager needs to undertake further work once the breaches of regulation have been addressed to ensure this service complies with Registering the Right support. Further work needs to be undertaken once the breaches of regulation have been addressed to ensure the service complies with Registering the Right Support. At the time this service was registered this guidance was not in place.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not acted in accordance with the Mental Capacity Act 2005 (MCA) and associated code of practice. Capacity assessments did not follow the principles of the MCA. They lacked detail about how they promoted people to understand and make their own decisions were generic and not person-centred. Some best interest decisions were made without capacity assessments being completed, which was a contravention of the MCA. This meant that people who used the service had limited choice and control about their lives and experienced unnecessary restrictions.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured care and treatment was provided in a safe way for service users.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and improve the quality and safety of the service.

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to assess the staff's competency following training and appropriate supervision has not been provided in a timely way for all staff.