

## Parkcare Homes (No.2) Limited

# The Bungalow

### Inspection report

Dennes Lane,  
Lydd, TN29 9PU  
Tel: 01797321612  
Website: [www.craegmoor.co.uk](http://www.craegmoor.co.uk)

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

We carried out this unannounced inspection on 8 & 10 December 2015. The Bungalow is a service for five people with learning disabilities or autistic spectrum disorder who may also have some behaviours that other people could find challenging. The service was full at the time of inspection. People had their own bedrooms. The service was accessible for people who needed to use a wheelchair or found stairs difficult. This service was last inspected on 10 January 2014 when we found the provider was meeting all the requirements of the legislation.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

At the time of inspection the service had suffered from a period of neglect and decline in the quality of service people received through an absence of consistent management support, but a new registered manager had now been appointed and was aware of and beginning to address some of the shortfalls within the service.

People were placed at risk because recruitment procedures were not sufficiently in depth. Medicines were

# Summary of findings

not managed well. The maintenance and cleanliness of the premises was not sustained to a good standard and infection control practice was poor. Some important risk information was not in place and procedures to guide staff in the event of emergency situations was not always clear or in place.

The induction of new staff was poor, and staff had not received training to support the needs of people with specific conditions such as epilepsy, diabetes or those in need of moving and handling. Health plans that guided staff in the support people needed with their conditions were not in place and staff were not provided with information about how to support people's behaviour that could be challenging to others. Staffing levels needed further review to ensure there was enough flexibility to meet people's demands and needs.

There was a lack of accessible information to inform people about the service they lived in and their own routines. A range of quality audits were in place to help the registered manager and provider monitor the service, but these were not sufficiently in depth or effective to identify the deterioration in the service, or the shortfalls highlighted from this inspection; the provider was not therefore able to assure their selves that a safe standard of care was being maintained. Records were not always well maintained. People's relatives were not routinely asked to comment about the service.

Professionals thought with the appointment of the new manager communication with the service was improving. There was a low level of accident and incidents, and staff showed and understanding of safeguarding, they were able to identify abuse and were confident of reporting concerns appropriately.

Staff had received training in Mental Capacity Act 2005, they sought peoples consent on an everyday basis but understood when other people might need to be

involved in making more complex decisions on a person's behalf. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and had taken the appropriate steps to refer all the people living at the service who met the requirements for a DoLS authorisation. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

Staff showed that they understood people's individual styles of communication, and how they made their needs known and people were relaxed and comfortable in their presence. A relative told us they were kept informed and about their family members care and treatment plans. Staff monitored people's health and wellbeing and mostly supported them to access routine and specialist health when this was needed. People liked the food they ate and were consulted about their personal food preferences to inform menu development. Staff received support through occasional staff meetings and had opportunities to discuss their performance through one to one meetings and annual appraisals of their work performance.

## **We have made two recommendations:**

**We recommend that the provider identify a suitable nationally recognised staff tool to review present staffing levels against people's dependencies.**

**We recommend that the provider reviews best practice guidance in regard to ways of engaging with staff and team building including staff meetings and the suggested frequencies for this to happen.**

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of this report.

# 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 always safe

Improvements were needed to the maintenance and cleanliness of the premises. There was poor infection control practise. Recruitment procedures did not protect people from unsuitable staff.

Improvements were needed to the management of medicines, and the arrangements for managing fire emergencies and other adverse events. Important risk information was not in place for some people. Staffing levels needed reviewing.

Staff understood safeguarding and how to identify and respond to concerns. There was a low level of accidents and incidents in the service.

Requires improvement



### Is the service effective?

The service was not always effective.

Improvements were needed to the induction and training of staff to ensure they had the right knowledge and skills.

There was a lack of recording around support people needed for behaviour that could be challenging or specific health conditions to inform and guide staff.

People said they liked the meals they received, staff demonstrated an understanding of Mental capacity and deprivation of liberty and the actions they needed to take around this.

Requires improvement



### Is the service caring?

The service was not always caring.

People were not provided with information in accessible formats suitable for their reading abilities.

Staff understood peoples individual needs and method of communication

People's privacy and dignity was protected and they were supported to maintain important relationships

Requires improvement



### Is the service responsive?

The service was not always responsive.

People did not have enough to do when at home or when they were out in the community.

People did not have access to accessible complaints information so they knew how to complain. Some concerns raised were not always logged

Requires improvement



# Summary of findings

## Is the service well-led?

The service was not consistently well led.

Quality assurance processes were not sufficiently effective to highlight and act on shortfalls in the service. Record keeping needed improvement. Updated policies and procedures were not available to staff to inform their practice.

Staff had mixed views about whether they felt supported, and there was some team building to do. Staff meetings were held but not regularly supported. Relatives were not asked to give their feedback about the service.

There was a new registered manager; communication was improving between the service and other stakeholders. People were given opportunities to express their views.

**Requires improvement**



# The Bungalow

## 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 8 & 10 December 2015 and was unannounced. This is a small service for five people, so to ensure our inspection was not too intrusive this was conducted by one inspector only.

Prior to the inspection we reviewed the records we held about the service, including previous reports and details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

We spoke with all five people using the service. We also spoke with the registered manager, and deputy manager who were present and three care staff. After the inspection we received feedback from one relative.. We also received feedback from the local commissioning and safeguarding teams, who had no current concerns. We received feedback however, from three care managers who expressed concerns about the quality of service provided to the people they represented.

We looked around the environment, and we observed how people interacted with each other and with staff. We observed staff carrying out their duties and how they communicated and interacted with each other and the people they supported.

We looked at three people's care and health plans and risk assessments, medicine records, staff recruitment training and supervision records, staff rotas, accident and incident reports, servicing and maintenance records and quality assurance surveys and audits.

# Is the service safe?

## Our findings

People told us living at the Bungalow was OK, and that they liked staff that supported them, and they did not feel unsafe. A relative told us they felt this was “the best place for X” and they had no concerns and that “he has been more settled in this placement.” Two professionals however, told us “I have concerns that the service is not staffed to the appropriate level” “I feel the service lacks any homely feel, another said “I found the environment sparse, cold and run down.”

People were placed at risk because a good standard of cleanliness within the service was not maintained. Floors had not been swept in people’s bedrooms; bathrooms were grimy, sink surrounds in bathrooms and in some people’s bedrooms were dirty. A maintenance person undertook minor repairs and redecoration, and people had been helped to personalise their bedrooms. Most furnishings throughout the service were of good quality. Communal areas and bathrooms however, lacked decorative touches that made it feel homely. Both bathrooms were in a poor state lacking appropriate ventilation which meant that they were constantly wet from condensation, resulting in mould and flaking paint on bathroom ceilings. Bathroom and kitchen windows were in poor condition and needed replacement. The failure to maintain and clean the premises to a good standard is a breach of regulation 15 (1) (a) (e) of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2015.

People were at risk from poor infection control practices. Staff had received training in infection control. Protective clothing was available for them to use when undertaking personal care, however overall infection control practice within the service was poor. At inspection bathrooms were without toilet paper, hand wash or paper towels to promote good personal hygiene. In the kitchen staff did not have access to a wall mounted hand wash supply. The kitchen was without a pedal bin and staff had to lift the bin lid by hand. There was a risk of cross contamination in both of these instances. Fabric on the arms of a chair in the bedroom of someone who experienced bouts of incontinence was heavily stained and unhygienic.

In the laundry, although soiled laundry was separated and washed in a different washing machine, there was no clear system for the management of clean and dirty laundry. The

laundry itself was without an impervious floor and posed a risk of infection because it could not be cleaned properly. The floor was also extremely dirty with rubbish on the floor including used gloves. Work surfaces were dirty and posed a risk to clean washing being placed on them. A sink for sluicing items through was extremely dirty and covered with a range of items that could be cross contaminated by any sluicing undertaken. A separate toilet and sink was available but this was covered in spider webs without toilet roll or any means of drying hands and staff said they did not use this. There was therefore no separate hand wash facility from the sink used for sluicing. The failure to maintain good standards of infection control practice is a breach of Regulation 12 (2) (h) of the HSCA 2008 (Regulated Activities) Regulations 2015.

People were at risk because the recruitment processes for new staff did not ensure that all necessary checks had been undertaken in accordance with the requirements of the legislation. We looked at the folder for the most recently appointed staff member and two others. These showed that all three files lacked photographs of the staff concerned, two out of three (one being the most recently employed person) had gaps in employment histories, one was without a statement of medical fitness, two had only one reference and additional references had not been sought in regard to another where there were issues with an employment reference. New staff experienced a three month probationary period but, all three files were without any probationary reports to show that new staff suitability was being assessed. The failure to ensure people were protected from the recruitment of unsuitable staff is a breach of Regulation 19 (1-3) of the HSCA 2008 (Regulated Activities) Regulations 2015.

Only medicines trained staff were able to administer medicines. A system was in place for the ordering, receipt and disposal of medicines and this was undertaken by the manager, deputy or a team leader. People did not self-administer but were provided with medicine cabinets in their bedrooms, these were kept locked and keys held by staff who administered medicines to people in their bedrooms to improve their privacy and dignity. Temperature records kept of medicines stored in peoples individual rooms had not however, been recorded since April 2015. Temperature records of the main medicine storage area were last recorded in September 2015. Handwritten changes to dosage instructions on the Medicine Administration Records (MAR) to ‘as required’

## Is the service safe?

instead of a daily dose, had not been signed or dated by staff making this change, so this could be tracked if an error occurred. Boxed medicines and creams were not consistently dated upon opening. The failure to ensure that medicines are managed and stored safely is a breach of Regulation 12(g) of the HSCA 2008 (Regulated Activities) Regulations 2015.

An emergency evacuation plan was in place to guide staff in the event of a fire. Weekly visual checks of the fire alarm and fire fighting equipment, and monthly checks of emergency lighting were taking place. Fire drills were held but records did not make clear which staff participated to assure the manager that all staff were experiencing these and knew the actions to take in an emergency. Staff were provided with emergency contact telephone numbers and an on call system existed for staff to contact managers out of hours. Contingency plans in the event of other adverse events that might stop the service were not, however, in place; this could leave staff without the relevant guidance they needed to understand the actions they needed to take at a time of emergency.

In 2010 the local fire service recommended annual reviews of the fire risk assessment for this service but this and the fire assessment tool had not been updated since 2013. Individualised evacuation plans had been developed; these helped inform staff how to help people leave the building quickly and safely. One person's plan had not been updated to reflect their needs in this location, so staff were not aware what specialist support they required in an emergency. Door guards linked to the fire alarm were not in place; people were seen propping their doors open by means of door stops and other personal items which could compromise fire safety measures.

There was a failure to ensure that systems that protect people in the event of a fire or other emergency event, had been reassessed, implemented and staff provided with relevant drills and guidance. This is a breach of Regulation 12 (2) (a) (b) of the HSCA 2008 (Regulated Activities) Regulations 2015.

Some important risk information was not available or had not been updated for one person to reflect their change of environment and whether the same risks existed. Risk reduction measures were unclear in risk assessments viewed. Some people were identified as not eating well at times but no nutritional risk assessment had been completed. Another person through poor diet, age and

continence issues was at potential risk from pressure ulcers but this risk had not been assessed, another person was at a high risk of falls but in their bedroom personal possessions were strewn around the floor creating a hazard and potential falls risk, and their risk of falls had not been updated to reflect the change of environment. Another person with epilepsy bathed unsupervised but, there was no risk assessment as to whether their epilepsy placed them at higher risk or the measures that should be put in place to protect them. There was a failure to ensure that risks from events, the environment or risks people may experience in their everyday care have been appropriately assessed or that measures had been implemented to reduce the level of risks and this is a breach of Regulation 12 (2) (a) (b) of the HSCA 2008 (Regulated Activities) Regulations 2015.

Staff told us that there were usually enough staff to support people. One staff member said that on occasion only one staff member had been on shift due to sickness. We saw a few examples of this on staff rotas viewed. The registered manager told us that in these instances a staff member from an adjoining service would be sent over to help, but if and when this happened it was not recorded on the staff rota nor confirmed by staff that had raised this as an issue.

An additional night time staff member has recently been added to the rota that would sleep in but be available to support the waking night person if needed. During the daytime we observed that people had little to do and wandered aimlessly around the service. One person showed excessive repetitive behaviour that took up a lot of staff time, staffing levels did not allow for one to one time with them to provide support and activities. Three other people were in their bedrooms all day, although we saw occasional visits from staff to one person. Staff were not observed to spend time with people encouraging them to leave their rooms. It was unclear if there were enough staff, or whether they lacked appropriate motivation and direction to deploy themselves better. As there was a concern that the lack of staff enthusiasm and proactivity directly impacted on the lack of activity for people, we have recommended that staffing levels are reviewed to ensure people's needs could be flexibly met.

People were protected from harm because staff had received safeguarding training that helped them to understand, recognise and respond to abuse. Staff were

## Is the service safe?

confident of raising concerns either through the whistleblowing process, or by escalating concerns to the registered manager and provider or to outside agencies where necessary.

There was a low level of reported accidents/incidents. These were analysed by the registered manager and actions taken to address possible emerging issues.

**We recommend that the provider identify a suitable nationally recognised staff tool to review present staffing levels against people's dependencies.**

# Is the service effective?

## Our findings

A professional told us “I have felt the staff to be unenthusiastic about their roles and the positive impact that could have on the people they support”. One staff member said they felt staff at the Bungalow had been neglected and they did not personally feel valued. They said staff at the adjoining home never wanted to work at the Bungalow and there was a feeling of ‘them and us’. “Two other staff were more positive about working there with saying “The staff team here are lovely”.

New staff were expected to complete a period of induction of several weeks and shadowed more experienced staff before being added as a full member of the staff team. Each new staff member was given an orientation to the service including people’s individual care and support needs, routines and operational matters relating to the service. Each staff member was required to complete an induction booklet which ensured that staff understood and were competent in the basic skills they needed to support people appropriately and followed a nationally recognised standard for induction. Induction booklets viewed for three staff showed these to be poorly completed, with only one or two sections completed and signed off in one day; in one case the induction booklet was not completed at all. Probationary reports were not completed so the service could not provide assurance that new staff competency was adequately assessed and monitored.

Staff told us that they had completed all their required training which was on line and called “‘Foundations For Growth’, they said that they were reminded only when this was overdue and were expected to achieve a pass rate of 100% on most courses. Staff in post for some years said that they got bored with the online courses and failed to take the information in as well as facilitated courses. Some people were at risk because staff had not been provided with training to give them an understanding and awareness of their specific health support needs. For example, with diabetes, or epilepsy, staff may not recognise signs of deterioration or important changes they may be happening. A person admitted recently to the service required practical moving and handling support from staff who had not received this training. The person and staff were at risk because staff did not have the right skills and knowledge to help the person mobilise safely. There was a

failure to ensure that staff were provided with the appropriate induction and training needed to support people safely. This is a breach of Regulation 18 (2) (a) of the HSCA 2008 (Regulated Activities) Regulations 2015.

Staff had received training to work with people’s behaviour and were relaxed in dealing with some of the behaviour we saw. However, there was no clear strategy for managing people’s behaviours and monitoring what worked well and what did not. One staff member expressed concern about consistency in the way different staff supported people. Staff support of people whose behaviour could sometimes be challenging was not guided by detailed behavioural support guidance. Risk assessments for behaviour were in place; staff were not however, provided with information about what person specific triggers to behaviour to look for, or what action to take at various stages of a person’s behaviour.

Staff supported people with their routine health appointments for Dentist, GP health checks, Chiropody, Optician and some specific health clinics. People were referred to health care professionals based on individual needs. People were at risk, however, because staff were not proactive in addressing some aspects of health support or ensuring that important information about people’s health needs was kept updated. At inspection we met one person who was required to undertake exercises each day and took responsibility for doing so; staff were unaware what the exercises were, or how long they needed to be done for so that they could check these were being completed. Another person drew our attention to the fact that they did not have their hearing aid and repeatedly requested it, the person told us they had been without it for two weeks and staff confirmed this to be the case, and that the person was not good at using the aid properly. Initially staff said that the hearing aid was out of use because new batteries had to be got from the hospital, but no action to do so had taken place. A supply of batteries was later found by the registered manager in the cupboard. Staff said the hearing aid made a loud noise and was difficult to wear because of this; at the time of our inspection no appointment had been made for this to be rectified. During the inspection staff took the person to the audiology department and managed to get an appointment for the aid to be checked two days later.

A health file for someone admitted recently with a number of health needs including epilepsy, and a need for pain

## Is the service effective?

relief, this had not been completed to inform staff and other professionals in the event of a health emergency, or for staff to ensure they provided a consistent response to pain management for the person concerned. The medicine and health profile of another person in the service failed to mention they had epilepsy although this was well controlled. Condition specific care plans in relation to diabetes, and epilepsy were not in place to inform staff how individual conditions impacted on each person, the medication they took for it, what action to take if there was a deterioration in their health around this condition, or whether rescue medicines were used in some instances and the protocol for using this. The failure to ensure people's health needs are properly documented and supported is a breach of Regulation 12 (2) (a) (b) of the HSCA 2008 (Regulated Activities) Regulations 2015.

Staff received an average of three to four supervisions per year and an annual appraisal of their work performance, those spoken with expressed mixed views about how useful they had found these prior to the new registered manager as to whether they felt listened to or received feedback on issues raised. One staff member said that from previous experience they lacked confidence in the confidentiality of supervision and worried about how this would be dealt with by the new manager, other staff said they valued these and felt supported.

Menus were developed from an understanding of people's likes and dislikes. People and staff told us that they met every week to decide what meals they wanted for the coming week and this informed the shopping list; there were no records of these discussions. Although a weekly

menu was not displayed people seemed quite happy with the meals they received. Observations showed that people ate different things at lunchtime based on their personal preferences, and they were consulted and kept informed about the main meal of the day, even participating sometimes in its preparation.

Staff had received training in the Mental Capacity Act 2005 (MCA), and Deprivation of Liberty Safeguards. This provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. Capacity assessments had been completed for people around personal care and management of medicines, and finance and for access to the community. Staff said people had capacity to make everyday decisions and choices for themselves, and this was reflected in the way staff communicated information and sought consent, from people in a variety of ways that best suited the person's ability to absorb and handle the information presented.

The registered manager was aware of actions to take when more complex decisions needed to be made and where the person lacked capacity to make an informed decision; best interests meetings were held to help with important decisions for example, necessary health interventions. Deprivation of Liberty Safeguards (DoLS) authorisations had been applied for people in the service but not all had been authorised. Two people had active DoLS authorisations in place and one of these people received regular visits from a DoLS advocate to ensure their restrictions were being managed appropriately.

# Is the service caring?

## Our findings

A professional told us “A staff member was so negative I would doubt their ability to work positively with anyone, but when you only see one member of staff it’s difficult to gauge, they may have just been having a bad day”; one person told us they would like to have more day care but said this was too expensive. Another person they were happy they had moved to the service and found the staff kind and helpful.

People had different reading abilities with some able to read text and others who could not. There was a lack of information in suitable formats that informed people about their rights and their daily routines in the service. For example, forthcoming events, how to complain and who to, what the day, or date was, and what the weather was like, who was on duty that day, what activities were planned, what household tasks they might be scheduled to help with, and their individual activity programme for the day/week/month. The failure to provide information in suitable formats denied people the right to make choices and decisions to help people make decisions and choices for themselves is a breach of Regulation 9 (1) (a-c) (3) (b) of the HSCA 2008 (Regulated Activities) Regulations 2015.

We observed that although staff took time to listen and interact with people they lacked motivation or awareness that many of their interactions were task based and finished as soon as the task was completed, this was not always about lack of time; this was particularly evident with one person who was continuously demanding of staff time so that they could have cigarettes. This showed that training, supervision and leadership had not been effective in providing staff with the skills required to support people in a way best suited to their needs.

People were mixed in age and some had experienced several other placements before this one some of which had not worked out well for them. We observed no particular friendships amongst people and noted that they tended to gravitate towards staff for conversation rather than each other. People had opportunities to meet with their keyworker and also attend house meetings but the frequency of these meetings and actions taken to address issues raised were poorly recorded; this showed a lack of commitment from staff towards the importance of this process and ensuring people’s views were listened to and acted upon where necessary.

People’s potential for independence was not identified clearly within their plans of support, or goals set to achieve this. Staff encouraged people to help in the kitchen or undertake some household tasks including laundry, but there was no schedule for this and people could do it if they wanted. One person’s support plan contained guidance for staff in supporting the person to make their own drinks, but otherwise there was no planned expectation of enabling and supporting people towards greater independence. The new registered manager had recognised this and was ensuring that skills development was a key activity for people using the new onsite day centre; a new kitchen area had been developed in the centre where people would come to develop meal planning, preparation and cooking skills as well as management of personal laundry, in addition to other skills like numeracy, understanding money and budgeting skills.

Staff protected people’s dignity and privacy by providing personal care support discreetly. People had their own space and could be private when they wished; they all respected each other’s privacy. The storage of people’s individual medicines in cabinets in their bedrooms had improved privacy and dignity for them when their medicine was administered. People’s bedrooms had been personalised to reflect their individual tastes and preferences and some were full of DVD’s, books, photographs, pictures and important memorabilia. The bedroom of someone who had recently come to live at the service was still in a state of upheaval with boxes and personal possessions everywhere including the floor. They had a safe in their room and a locked drawer but had no keys to secure any of their valuables and the deputy manager agreed to try and find keys for them. The person was sleeping in a chair as the new manager identified the bed that came with the person was unsuitable for their needs and a more appropriate bed had been ordered.

Staff demonstrated an understanding of most people’s care and support needs, people could tell staff about their needs and wishes and staff understood their individual style of communication, body language or behaviour that signalled when they had enough and wanted their own space again.

When at home people moved freely around the service with the exception of other people’s bedrooms. People often popped into the staff office to see what was going on or to engage with staff if they were in there. We observed

## Is the service caring?

that those people who were using the communal areas were comfortable and relaxed in the presence of staff and sometimes sat companionably with them while they completed documentation. They sat and drank tea with staff or were happy to make drinks for others with staff support. People were happy to share information about themselves or to show us things that were important to them.

People were supported to maintain relationships with the people who were important to them, and were supported by staff to make regular contacts or visits home. A relative confirmed that although they had not visited the service more than a few times they thought that staff kept them informed about the important things they needed to know about their relative, and that they always brought their relative to see them.

# Is the service responsive?

## Our findings

Two professionals commented “I have asked them to look at better activities”, “The ones they offer are poor”. “People are just hanging around the living room and not engaged in anything meaningful”.

People did not have enough to do. We were informed that some people occasionally went swimming, there were rides to the beach and walks to the local town, on Mondays there was a disco and on Friday's people went to the pub. Some people preferred to stay at home and participate in games with staff such as Jenga or cards. In the summer months we were told that people liked to go to watch banger racing. One person said because he helped out at the other day centre they used to attend he was able to get into some activities there for free, otherwise the cost of that day centre meant people could not afford to go there anymore.

At inspection people either spent time in their bedrooms or were in the lounge or coming into the office. Since taking up post the new registered manager has established a day centre on site to try to fill the gap people experienced from not attending the nearby day centre that had become too expensive, and there was also a concern at whether people were getting value for money. An activity co-ordinator had been appointed for the day centre but they were not available every day and people were only able to attend at set times, because the day centre could not hold everyone on the site at the same time. People from other services operated by the provider were also able to access the day centre so people were able to retain their friendships and relationships with other people.

The lack of individual activity planners and records of actual activities undertaken made it difficult to establish the range and frequency of activities people participated in each week, and whether these were in keeping with their expressed preferences and interests. We asked one person if they ever went to the cinema and they told us they were waiting for cinema passes, we looked at staff meeting minutes for July 2015 where this stated that cinema passes were on order, but had still not been obtained in December 2015. People's house meetings were infrequent but one in April 2015 had gathered ideas from people about what they wanted to do for activities and outings, the meeting actions were stated as having been lost on the computer, so there was no evidence that any of the wishes raised by people

had been listened to or acted upon. The failure to provide people with adequate stimulation and activity is a breach of Regulation 9 (3) (b) of the HSCA 2008 (Regulated Activities) Regulations 2015.

Before a recent admission took place a pre-admission assessment was undertaken to assess whether the service could meet the new person's needs, this was completed comprehensively and included reports from other professionals and the previous service where they lived. The prospective resident confirmed they were invited for trial visits and stays. These processes enabled information to be gathered about the person to inform the overall assessment. Although the person in question did visit once and was visited twice by the registered manager, unforeseen circumstances required an urgent admission, and staff felt they did not know enough about the person's needs and were not confident of the support they should be offering. A care plan from the previous service provided some guidance but was not reflective of the person the service was now working with and needed an urgent review.

People's everyday care and support was designed around their specific individual assessed needs. This included an understanding of their background history, interests, preferences around day and night routines, communication, personal care, social activities and interaction with others and the important people in their lives. This information provided staff with a fuller understanding of the person as a whole and guided them in delivering support consistent with what the person needed and wanted. Some important information however about people's goals and aspirations and guidance for staff in respect of how specific conditions and behaviour needed to be supported was missing and we have addressed this elsewhere in the report. Care plans were reviewed by key workers and other staff regularly.

The complaints policy held in the staff file had not been reviewed since 2012. No complaints procedure was on display in a format that would enable people to understand how they could raise concerns. A complaints log was maintained and monthly checks were made by the registered manager of any safeguarding alerts, and complaints received. Nothing was recorded for the period October, November, December 2015, although CQC had made the registered manager aware of some minor concerns that had been brought to its attention, this

## Is the service responsive?

concern had not been logged or the response taken by the registered manager. The failure to provide an accessible system for people to use and raise concerns is a breach of Regulation 16 of the HSCA 2008 (Regulated Activities) Regulations 2015.

# Is the service well-led?

## Our findings

A professional told us “Not overly happy with the service XX receives”, also “I have not had the most positive experience of the Bungalow in my time of working with them”, there has been a constant change in management which leads to a lack of consistent support”, “however since the new manager has been in place communication from the service has been better and I appreciate she is trying to make changes within that particular service”. Another professional told us they found the staff member they spoke with very negative. “A staff member said that they felt the staff at the bungalow had been neglected, in favour of making improvements to the adjoining service”.

After a period of inconsistent interim management there was now a new registered manager in post. The new manager had identified a range of improvements that needed to be made and was beginning to prioritise and address some of them but these did not reflect all of our findings from this inspection.

We asked staff where they would find policies to refer to if they needed to, and they guided us to a policy file in the office. This contained all the relevant policies staff would need but every policy had exceeded its review date and was now out of date. The registered manager informed us that all the policies had been updated and were on line, but these had not been transferred to the file in the office for staff to view. There was a risk that people might not receive appropriate support in line with current best practice because staff were not provided with up to date information and guidance. For example, a safeguarding policy was recorded as being under review in 2010 and a further note on the file index said this was ongoing, violence at work policy showed it was due for review in 2010 but a note stated this was under review. No new versions were filed for staff to view.

The new registered manager had implemented and was undertaking out of hours spot checks of the service. We noted two completed for September and October 2015. The one in September highlighted that a member of staff did not have the necessary skills and knowledge and there was a serious risk that required immediate attention, this was in relation to their lack of epilepsy training, the October spot check highlighted the same issue with no indication that actions to prioritise and address this outstanding issue had been taken.

The provider representatives were accessible and visible to people and staff and had regular contact with them through undertaking reviews and monitoring of service quality. The provider had recognised that this service was not delivering a quality service and had spotlighted it for more regular attention from internal quality and compliance staff. Some in house quality assurance audits were in place for medicines, health and safety, and complaints. Monthly visits from the provider’s internal quality and compliance team had been implemented to identify shortfalls; these visits assessed how the service was progressing towards making the improvements needed. A service review was also undertaken in March 2015 by the regional manager; this had also highlighted some areas for action. Our findings indicate, however, that all the quality assurance processes to date were insufficiently robust, and had failed to identify at an early enough stage the developing shortfalls within the service and implement appropriate measures to prevent further decline. Timescales for addressing the improvements identified from the internal processes had not been prioritised and remained outstanding for example, extractor fans in bathrooms. Many of the shortfalls this inspection has identified had not been picked up by the provider’s existing quality assurance processes.

Records maintained by staff of temperatures of medicines, fridges, core temperatures of food, cleaning schedule tasks were not always fully completed and there were a number of gaps in recording which could mean issues arising were not picked up quickly and could place people at risk. There was no means of checking the activities people completed on a daily basis and the frequency and quality of their links with the community. The views of people were sought through individual review meetings with a staff member where they could discuss anything they wanted to and where staff would ask them about their care and support and whether they were happy with the current arrangements. These meetings were poorly documented, with a lack of detail about whether issues raised by people had been acted upon or were reflected on in future meetings, so that they felt informed.

A relative said they thought the staff communicated with them when they needed to and they felt as informed as they needed to be; they did not recall receiving feedback forms from the service. We found no evidence that relatives

## Is the service well-led?

or other stakeholders were asked to complete survey questionnaires or that these were analysed to inform the service how well they were doing or what needed to improve.

The failure to ensure that adequate systems to assess and monitor the quality of the service were in place, seek feedback from people and other stakeholders and undertook actions within reasonable timescales to address issues highlighted is a breach of Regulation 17 of the HSCA 2008 (Regulated Activities) 2014.

There were mixed views from staff as to whether they felt supported and it was clear that some were less enthusiastic than others, but all recognised that the new manager was making efforts to improve things for people and staff. Staff meetings were held but not regularly and yet there had been a significant staff turnover across the site as

a whole; there was a feeling of isolation from the wider team amongst some staff that the increased regularity of team meetings would help alleviate through team building, and promotion of good consistent practice.

The service had 'Investors in People' award but the registered manager was unable to tell us whether this remained current and that the service had been reassessed and met the criteria to retain and display this award.

Daily reports were kept well. Information about individual people was clear, some guidance was in place to direct staff where needed and the language used within records reflected a positive attitude towards the people supported.

**We recommend that the provider reviews best practice guidance in regard to ways of engaging with staff and team building including staff meetings and the suggested frequencies for this to happen.**

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	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>There was a failure to provide people with adequate stimulation and activity. Regulation 9 (3) (b)</p> <p>There was a failure to provide people with information in suitable formats that denied them the right to make active choices and decisions for themselves. Regulation 9 (1) (a-c) (3) (b)</p>

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>There was a failure to ensure people's health needs were properly documented and supported. Regulation 12 (2) (a) (b)</p> <p>There was a failure to ensure that risks from the environment or risks people may experience in their everyday care and support had been appropriately assessed or that measures had been implemented to reduce the level of risks Regulation 12 (2) (a) (b)</p> <p>There was a failure to ensure that systems that protect people in the event of a fire or other emergency event, had been reassessed, implemented and staff provided with relevant drills and guidance. Regulation 12 (2) (a) (b)</p> <p>There was a failure to ensure that medicines were managed and stored safely Regulation 12(g)</p> <p>There was a failure to maintain good infection control both in staff practice and the environment. Regulation 12 (2) (h)</p>

Regulated activity	Regulation
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This section is primarily information for the provider

## Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

**There was a failure to maintain and clean the premises to a good standard. Regulation 15**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

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

**There was a failure to provide an accessible system for people to use and raise concerns. Regulation 16**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**There was a failure to ensure that staff were provided with the appropriate induction and training needed to support people safely. Regulation 18 (2) (a).**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

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

**There was a failure to ensure people were protected from the recruitment of unsuitable staff Regulation 19 (1-3).**

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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The failure to ensure that adequate systems to assess and monitor the quality of the service were in place, seek feedback from people and other stakeholders and undertook actions within reasonable timescales to address issues highlighted is a breach of Regulation 17 (1) (2) (a-d).

### The enforcement action we took:

We have issued a warning notice.