

Parkcare Homes (No.2) Limited

The Bungalow

Inspection report

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was carried out on 3 and 4 November 2016 and was unannounced. The Bungalow is a service for up to five people with learning disabilities and /or autistic spectrum disorder who may also have behaviours that can be challenging. The accommodation is provided in a single storey accessible building located in a quiet area outside the town of Lydd. Off street parking is available in a car park attached to an adjacent service. The premises provide single bedroom accommodation for an all-male household and at the time of inspection was full.

At our previous inspection of this service in December 2015 we found the service was not meeting the required standards in respect of providing an effective system for the monitoring of service quality. We took enforcement action to require the provider to address this shortfall quickly, there were also additional breaches in a number of regulations and we asked the provider to tell us how they were going to address these. This inspection was to assess whether the improvements they had told us about had been embedded and were now everyday practice.

There was a registered manager in post. A registered manager is a person who is 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. The registered manager has oversight of two services at this location but spent the majority of her time in the larger service. A deputy manager has been appointed and they were located at the bungalow and had helped with the progress made to date.

People said they liked living at the service, they were supported to develop independence skills and some would now like to move on to more independent living. Relatives told us that they were satisfied with the delivery of care to their relatives and felt they were kept informed as and when needed. We contacted health and social professionals and feedback showed that some had reservations about service quality but felt the registered manager was working hard to raise standards and the arrival of the deputy manager and her presence on a regular basis at the bungalow had helped to bring about gradual improvement. Staff also spoke positively about the presence of the deputy manager on influencing change in the service.

Our inspection highlighted that the provider had taken action to address a number of the previous breaches of regulation and also some of the good practice recommendations we had made; the number of continued breaches however was disappointing where some breaches had not been fully addressed and improvement embedded into everyday practice so quality monitoring procedures although improving were still not fully effective.

Some of the people we met showed a much improved personal appearance and also their willingness to engage with staff and others. There was good evidence that people were supported to access healthcare when they needed to and received appropriate support for all their health needs, however some important records on pain management, frequencies of seizures and risks related to nutrition were not well completed

consequently they were unable to provide a complete understanding of people's needs in these areas.

There was good progress in regard to: the content of staff recruitment files - to evidence that all necessary checks on the suitability of new staff were being made, the management of medicines, and improvements to fire arrangements and staffing levels. Some minor shortfalls were still evident in these areas for example, one recruitment file had one gap in the employment history that had not been accounted for and we have asked the registered manager to complete this with the person concerned. The communication book showed us that staff had been left to undertake medicines ordering without having received the appropriate training to do so, this could lead to mistakes and errors being made. We were concerned that not all staff had received fire drill training particularly those undertaking night duties and this could place people at risk in the event of a fire. People were provided with opportunities to share their views but there was evidence that complaints were not being recorded or acted upon by staff. Although there was evident progress towards meeting previous shortfalls there were some continued breaches.

Good progress had been made in respect of providing a range of easy read information for people. The provision of improved activities and stimulation had meant people had access to the onsite day centre if they chose and the improved staffing levels Monday to Friday had ensured people had more opportunity to go out from the service. The premises had been refurbished in bathrooms and the communal lounge and some bedrooms, these improvements provided a more homely and clean environment to people. There was however, a need to ensure through effective quality monitoring repairs and improvements undertaken in the premises were to a good standard and that cleanliness and good infection control practices were sustained.

The atmosphere in the home was welcoming, staff were open and easy to talk with and felt that things had improved for both the people in the service and for them as staff. Staff showed that they understood people's needs and wishes and were guided by detailed support plans. The provision of activities and stimulation for people when at home had improved for some but this was an area for further improvement. Staff said they said they now felt better supported. People and their relatives were consulted about people's everyday care and end of life wishes and were provided with opportunities to comment about the service. People were supported to maintain links with the important people in their lives.

We have made two recommendations:

We recommend that a competent person assesses the suitability for people with sensory hearing loss in the service to use specialised equipment to alert them to potential fire alerts.

We recommend the provider using a nationally recognised staffing tool reviews weekend staffing levels in the light of increasing dependency for some people and the need to ensure staff availability to meet the needs of other people living in the house.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. 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.

There was a continued breach in respect of staff fire drills. The premises has been refurbished and provided a more homelike environment. Infection control arrangements had improved.

We have made recommendations to address minor improvements required to medicines management and staff recruitment records.

Incidents and accidents were managed and risks people may experience had been reviewed. Staff understood how to protect people from harm. There were enough staff to provide people with support but this was under further review.

Is the service effective?

Requires Improvement ●

The service was not always effective

Systems and processes for the induction and training of staff were not always completed. The health and wellbeing of people was well supported but some records for monitoring this were not completed.

Staff received supervision regularly and annual appraisal of their performance. Staff worked to the principles of the Mental Capacity Act, strategies were in place to support people with behaviour that could challenge.

People were consulted about the meals they ate and their dietary preferences taken into consideration.

Is the service caring?

Good ●

The service was caring

People were happier and the atmosphere was relaxed and more settled. People had been provided with more information in easy to read formats.

Staff had more time to spend with people. People's choices and

decisions were respected, staff were mindful of privacy and dignity issues.

People who needed it were provided with advocacy support. People's end of life wishes were discussed with them if they were happy to do so.

Is the service responsive?

The service was not always responsive

People's complaints were not always recorded and addressed.

People considering the service received an assessment and opportunities to visit. Care plans reflected people's needs and wishes and any risks they may be subject to.

People had more opportunities for trips out and undertaking activities that interested them.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led

This was an improving service but progress was slower than expected and quality monitoring systems had not been effective in identifying further shortfalls or the lack of completion of some improvements. Without the on-going oversight of the management team there was a risk of further lapses.

There had been investment in the service. The provider had provided team building support for staff. Staff meetings were happening, staff felt better supported and that team dynamics were better.

Relatives felt well informed.

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 3 & 4 November 2016 and was unannounced. This is a small service for five people, and was conducted by one inspector.

Prior to the inspection we had not requested the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also 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 four care staff. After the inspection we received feedback from two relatives and two social care professionals. We also received feedback from the local commissioning and safeguarding teams, who still had some reservations about the service.

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. We viewed 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 were relaxed and comfortable in the presence of staff who knew their needs well. Relatives told us they were very happy with the service their own relatives received describing the service as "very good" and that "Staff seem to be all right". Relatives spoke of people being happy to return back to the service and this gave them confidence that everything was ok.

A care professional told us that until recently this had been a "shocking service", but with the input of the registered manager and especially the deputy manager allocated to work at the service it was an improving picture, although there was "still room for improvement around cleanliness", and "security is still an issue with the front door left unlocked".

At the last inspection we had highlighted that staff fire drills were held but records had not made clear which staff had participated to ensure all staff understood and were able to support people should there be a need for an evacuation. Since then records of fire drill practice made clear all the staff attending and all but one staff member had attended a minimum of two drills each. On checking the names of staff who had attended against the staff on the rota we found that the one staff member who had attended no fire drills was also the same staff member who undertook most of the night time shifts and worked on their own. People could be placed at risk because the staff member on duty did not have the necessary knowledge, confidence or awareness of the actions to take in the event of an evacuation. People with sensory hearing loss were not provided with equipment in their rooms such as a flashing light or a vibrating alarm linked to the fire alarm that would help alert them to a fire during the day or night if they were in their bedroom and it is recommended that their suitability for this equipment is discussed with relevant professionals. The failure to ensure all staff have received fire drill training is a continued breach of regulation 12 (2) (a) of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) (RA) Regulations 2014.

We recommend that a competent person assesses the suitability for people with sensory hearing loss in the service to use specialised equipment to alert them to potential fire alerts.

When we last inspected this service we raised concerns that medicines were not being managed safely. At this inspection we found that there had been a recent visit from the pharmacist who had highlighted some more areas for improvement and the service had implemented changes to address some of these issues. We checked arrangements for ordering, receiving, storage, administration and disposal of medicines. Usually one person is responsible for the ordering of medicines but we noted in a staff communication book and later clarified with staff that on occasion other staff might be asked to take this task over, to date other staff had not received training and support to do so under supervision and were not currently confident in doing so without this training. Whilst no person had been affected to date by prescriptions not being ordered or medicines arriving on time, there is a risk of this happening if untrained staff are requested to undertake this role.

Only trained staff administered medicines and their competency was assessed following training but when we asked to see the frequency of competency assessment we found this was variable so it was unclear how

the registered manager or deputy assured themselves that staff remained competent unless an error occurred. Previously we had identified that boxed and bottled medicines outside of the pre-packaged medicine dosage system (MDS) were not dated upon opening, this had improved with some of those viewed dated but others not. Whilst there had been improvement in some areas of medicine management including completion of records and recording of storage temperatures these shortfalls demonstrated that there were still inconsistencies in practice and risks attached to medicine management in the service, this is a continued breach of Regulation 12(g) of the HSCA 2008 (Regulated Activities) Regulations 2014.

There continued to be a low level of accidents and incidents mostly linked to incidents between people or linked to behaviour, although appropriately recorded and responded to some were not also reported through the incident /accident reporting system. For example a message book referred to an incident on 23 October 2016 of a person trying to abscond; staff dealt with the incident appropriately but this was not recorded in the incident log. There was a risk that the monitoring for trends and patterns by the registered manager may be compromised if staff fail to log incidents or accidents they have dealt with. The failure to record all events relating to people supported in the service is a breach of Regulation 17 (2) (3) of the HSCA 2008 (RA) Regulations 2014.

Weekly visual checks of the fire alarm, firefighting equipment and monthly checks of emergency lighting were undertaken and recorded as taking place. Out of hours emergency contact numbers were available to staff and contingency plans for events that may impact on the running of the service had been developed and this guidance was available to staff. Door guards had been fitted to those bedroom doors where people wished to have their doors open at all times. A fire risk assessment was in place and this was kept under review by the registered manager and was due for renewal after five years. Personal evacuation plans were in place for everyone to inform staff of the support they would need in the event of an evacuation.

We had previously highlighted a breach in the recruitment procedure which could not evidence that all the required documentation regarding new staff suitability had been checked and was in place. At this inspection we reviewed staff files for three new staff. The content of the files demonstrated that the provider was operating a safe recruitment procedure and that staff recruitment records included proof of identity check, satisfactory written references; a Disclosure and Barring Service (DBS) criminal record check, health declarations and full employment histories were in place in all but one file where minor gap in an employment history had not been recorded; we asked the registered manager to discuss this with the person concerned and update the record accordingly as an area for improvement.

At the previous inspection we had recommended that the provider review staff levels using a recognised dependency tool to calculate the number of staff needed to meet peoples assessed needs. Staffing levels had been reviewed and there were now three staff on day shifts Monday to Friday to support people with personal care and with appointments and outings. This was boosted by the presence of the deputy manager Monday to Friday if she was not required to provide cover at the service next door. The benefits of the increased staffing availability for people was compromised somewhat by the heavy personal care needs of one person in the service that were steadily increasing; we observed at the inspection support for this one person required staff input on and off over most of the day through the need to provide prompting, encouragement and physical support to help the person complete their personal care routine. Staff felt strongly that this did impact on other people in the house who might want staff support also. This was particularly a problem at weekends when staffing dropped to two staff on the Saturday and Sunday daytime shifts. Staff said that if one person was going home at the weekend this usually required the support of one staff member, even if they took another person along for the ride which was often the case, this left one staff member with three people, one of whom needed a high level of staff support to complete personal care. This meant other people in the house lost out on staff input. The provider recognised the increasing

demands on staff time from providing personal care support for one person and was requesting the involvement of the relevant funding authority to help resolve this. In the meantime we would recommend a further review of weekend staffing arrangements to ensure people are not prevented from undertaking planned activities.

We recommend the provider using a nationally recognised staffing tool reviews weekend staffing levels in the light of increasing dependency for some people and the need to ensure staff availability to meet the needs of other people living in the house.

At the previous inspection we had raised a number of concerns about the physical condition and appearance of the premises and also the overall standard of cleanliness which at that time was very poor. At this inspection we checked that all necessary servicing of the boiler and electrical installations and items had taken place including the fire alarm and fire equipment. We observed that communal and bathroom areas of the premises had been refurbished including bedrooms. The upgrade to the main lounge and dining area provided a more homelike environment, bath and shower room windows had been replaced and extractor fans fitted to remove the steam and moisture. We were concerned that the window surrounds had not been upgraded, ceilings had not been painted and the overall finish was not good bearing in mind this was a refurbishment. For example, we had previously expressed concern about the water not running away sufficiently in the shower room so that this flooded out into the hall and left others walking in other people's shower water. Despite recent works to rectify the problem including laying a new floor this had not resolved the problem and water still came out into the hall. We discussed the quality and standard of repairs undertaken and the registered manager agreed these were still not satisfactory and as they were still to be signed off she would ask for the works to be reviewed.

At the previous inspection we were concerned at poor infection control practices, not only through a poor standard of cleanliness throughout the house but poor laundry facilities and also some furnishings that were in a poor state. The refurbishment meant the laundry previously in an outside building was now onsite and this was well equipped and staff understood how to ensure soiled laundry was managed appropriately. People were encouraged to help with their laundry bringing it down for washing and taking clean clothes back to their rooms. Cleaning tasks had been broken down for staff to complete each day, week and month, some staff used personal protective clothing e.g. disposable gloves. Paper towels, toilet roll and soap dispensers were in place to encourage and support people to maintain good hygiene. Observations showed that whilst there was a big improvement in overall cleanliness we were not assured that good practice was fully embedded yet within the staff team to ensure that lapses did not recur without the constant oversight by the deputy manager or registered manager. We noted a few signs here and there where cleaning could have been better for example, some tiles in bathrooms had developed mould in the grouting already, a floor in the office was in need of sweeping and this is an ongoing area for improvement.

Staff were able to tell us about the signs of abuse, and how they would report their concerns and to whom; including those agencies outside of the organisation, such as the local authority safeguarding team. The staff received regular training in protecting people from abuse so their knowledge of how to keep people safe was up to date. Staff felt confident of raising any issues they might have about other staff practice with the deputy manager whom they trusted to handle this information appropriately and confidentially.

Risk assessments were completed for each person; these were individualised and took account of each person's specific needs and their personal awareness and understanding of danger and risk. Measures were implemented to reduce the level of risk so that people were protected from harm when undertaking activities outside and inside of the service, from risks within their environment, or from or to other people. Risk assessments were kept updated and reviewed on a regular basis.

Is the service effective?

Our findings

We observed that people were relaxed about using the kitchen to make drinks for themselves or with staff support, but had little to say about the food they ate. Some people confirmed visits from health professionals or attendance at hospital or GP appointments. Relatives said they felt they were kept informed about the health needs of their relative. One care professional told us that they did not think the service always handled the behaviour of one person they represented appropriately; they thought staff should be firmer in the actions they took.

Staff said they felt better supported and now received regular opportunities to discuss issues with the deputy manager.

At the previous inspection we had raised concerns that despite the provider having an induction programme for staff that followed a nationally recognised model of induction for staff, staff induction and assessment of their competency during the probationary period had been poorly evidenced. All staff had also not received specialist training to support the needs of people in the service who had epilepsy and/or diabetes. At this inspection we looked at the induction process for the three staff files viewed, one person was starting employment the week of the inspection and were still on their induction. A second staff member had worked elsewhere in the company before transferring to this service so their induction was completed more than five years previously. The third staff member, who had commenced work at the service within the last 12 months, their induction booklet had not been completed beyond the initial orientation to the service signed off as completed on one day.

All staff were required to complete training modules in all mandatory and some specialist areas through the Foundations For Growth (FFG) online training, but the completion of this or progress towards completion was not documented in their induction booklet. As previously there was no probationary reports completed to provide assurance that staff competency was being adequately assessed and monitored, throughout their probationary period. There was no evidence that as a result of the previous breach improved practice around staff induction had been embedded.

Staff training was an improving picture with staff confirming the organisation of training for epilepsy and diabetes had already happened but was being re-run due to staff turnover, there were also plans to provide staff with training in other areas such as dementia. Staff were required to achieve a level of 100% compliance on all on line courses completed for FFG programme. The training compliance schedule provided to us however was only able to show training percentages for the site as a whole including the service next door, this did not enable us to determine whether the staff presently in the Bungalow had in fact completed all their training, the need to evidence clearly the levels of compliance on each site is an area for improvement. The failure to ensure staff were provided with the appropriate induction and training required to support people safely and that their competencies to do so are appropriately assessed is a continued breach of Regulation 18 (2) (a) of the HSCA 2008 (Regulated Activities) Regulations 2014.

From staff files viewed we saw that staff were receiving regular supervision with one staff member having

received seven supervisions since December 2015 and another having received three since June 2016. A staff appraisal system was in place and staff who qualified for appraisal had received them for the current year.

At the previous inspection we had raised concerns that people's health needs were not properly documented or supported. At this inspection we saw that people were supported by staff to maintain their health and wellbeing. Routine health checks with doctors, dentist and opticians were arranged, and where necessary referrals were made to other health professionals, people told us about some of the health professionals they met and their records confirmed this. Plans of care were now in place for those people with epilepsy or diabetes to inform staff of the actions to take should the person's condition deteriorate.

For some people who had seizures, experienced falls or required regular pain relief, monitoring charts had been put in place at the request of health professionals to keep track of the frequencies of seizures, falls and pain the people concerned experienced. Although daily records and incident records showed that staff were responding appropriately to these events when they happened, the monitoring charts for these events were not being completed which would inform health professionals and how they subsequently treated the person concerned, for example the day before our inspection one person had a fall, but this had not been logged on their falls record. We discussed the reasons why staff may be omitting to fill in this documentation and the registered manager agreed that locating the documentation into the same file as daily reports completed by staff may prompt more accurate completion of these records and this was undertaken at inspection. Omissions in accurately recording falls, seizures, and pain levels is a breach of regulation 17 (2) (c) of the HSCA 2008 (RA) Regulations 2014.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. One person at the service was currently subject to a DoLS, we found that the registered manager understood when an application should be made and how to submit one. Staff supported people when making everyday decisions about what they wore, where they ate, what they wanted to do. Where people lacked the capacity to make some more important decisions for themselves around their care and treatment this was assessed and the service was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests, and by people who knew them well.

People could on occasion express behaviour that could be challenging to staff or other people; physical restraint was not used although staff were trained in the management of aggression through PROACT SCIP (Positive Range of Options to Avoid Crisis and use Therapy, Strategies for Crisis Intervention and Prevention) training. For those people who demonstrated behaviour that challenged, a behaviour strategy was in place that used a traffic light system of potential triggers and behaviour and staff responses in line with escalating behaviour. Since the last inspection there had been a proactive approach to removing potential triggers for one person including the move to an all-male staffed service. Staff said they had seen little in the way of violent outbursts from one person in particular and any behaviours were low level. They felt confident in working with all the people and there had been very positive outcomes for one person in particular who was now engaging more with people around him and staff, was more actively aware and involved in his surroundings and what was going on in the house. The person was much happier in themselves and in response to a question as to how things had improved for them this year they said "I am talking".

A menu was not displayed but 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 knew and understood people's individual dietary preferences and people were asked on a daily basis about what they wanted for breakfast or lunch if they were unable to make these meals for

themselves. The main meal of the day was usually chosen by a different person everyday apart from Sundays when a roast dinner was provided. Staff checked that everyone was happy with the main meal option chosen for the day, if someone was not, an alternative would be provided for them. Staff said people ate well and had few dislikes. Some people made their own breakfast and lunch and made drinks for themselves. Where there had been concerns about a person's weight we saw that they had been referred appropriately to health professionals. A concern had been that staff were not routinely weighing people so could not provide assurance that people were not losing weight, this had recently been rectified and staff now weighed people monthly unless they refused.

Is the service caring?

Our findings

One person told us "I absolutely love it here in comparison to anywhere else I have ever been". Care professionals and relatives told us they thought staff attitudes towards people were good, comments included 'staff show people respect', 'staff are conscious it's people's home'.

There was a relaxed atmosphere in the service and we observed many examples of good humoured exchanges and supportive interactions between staff and the people they were supporting. Staff showed that they understood people's individual styles of communication well enough to know their preferences and wishes. Staff and people were welcoming of other people dropping by from the service next door, and we observed one person being offered refreshment and given free rein in the kitchen to make themselves something to eat, they obviously felt at ease with people and staff and sat down at the dining table to eat and chatted with staff present.

At the previous inspection we had raised concerns at the lack of accessible information provided to people. People had different reading abilities and it was important that everyone had information they could understand or that could be easily explained to them. Good efforts had been made to provide a range of information to people in easy read formats on two notice boards one in the entrance hall and one in the lounge area. The information covered areas such as an easy read summary of the previous inspection, activities information, a copy of a recent 'your Voice' meeting attended by representatives from the service, complaints information and also information about safeguarding people from harm and how they could make staff or other people aware of concerns.

Since the increase in staffing levels staff were observed to have more time to spend sitting at table with people having something to eat with them or having a cup of tea, sitting companionably sometimes talking. The atmosphere of the home was more relaxed and comfortable, staff were at ease and people had responded well to changes in the staff team. Two people we met previously who were demanding of staff time and prone to incidents of behaviour had made very positive improvements not only in their appearance and behaviour but also in the fact that they appeared happier and had longer periods of settled moods. We noted one person in particular was making an effort to greet other people they got on with, but there were no clear friendships within the group. One or two people made a point of speaking to each other if out in communal areas together, there was a tolerance of each other which could sometimes be strained between certain people and had led to safeguarding incidents in the past. However staff were aware of the need to keep some people apart and did this discreetly.

Staff recognised that one person missed having a mixed staff group and enjoyed the company of female staff, they were able to move freely between this service and the one next door to have opportunities to spend time with female staff for friendly supportive chats.

Staff supported people to make choices and decisions for themselves in their everyday lives about how they spent their time, when they went to bed, what they wore, or did, where they ate and what they ate. The service ensured that people without support from extended family and friends were provided with

appropriate advocacy support.

Staff protected people's dignity and privacy by providing personal care support discreetly, respecting confidentiality and speaking about people's needs with other staff in privacy.

When at home people were able to choose where they spent their time, for example, in their bedroom or the communal areas. Bedrooms had been personalised not only with personal possessions and family photos but décor had been chosen carefully to reflect people's specific preferences and interests.

People were supported to maintain relationships with the people who were important to them, and were supported to make regular contacts or visits. Some activities people participated in were inter-linked with other services to enable people to enhance their social circle and make relationships with people outside of the service. Relatives were welcome to visit but most lived some distance and access to the service was difficult, but staff supported some people to make regular visits to their relatives.

People had potential to do more for themselves and we had previously expressed concerns that this was not clearly documented in their care plans. Records we looked at contained a small number of goals and aspirations that each person concerned could achieve at a pace to suit themselves. Staff supported and encouraged people to undertake some domestic tasks for themselves including making drinks, having input into cooking some meals and snacks, room cleaning and involvement in undertaking some if not all of their laundry needs. People were also learning numeracy, money management and literacy skills at the day centre, and the activities co-ordinator spent some time undertaking cooking skills with one person at the service.

Although a difficult subject to raise care plans viewed showed that discussions had taken place with the people concerned about their end of life wishes and these were documented clearly.

Is the service responsive?

Our findings

People we spoke with told us about some of the things they liked to do, one person said they liked to stay in their room and build things from Lego which they then used as ornaments. Another person said they liked to do cooking with the activities person and liked to socialise with other people in the service next door and also at the activity centre.

At the previous inspection we had expressed concerns that arrangements for receiving and handling complaints were unsatisfactory because staff were only accessing paper copies of an out of date policy, there was no compliant information in an accessible format for people so they understood how to complain, nor was there evidence that the minor concerns and day to day irritations people experienced with each other were given due credence as complaints. No complaints were logged unless someone said they wished to make a formal complaint, which was, for most people, unlikely to happen. At this inspection we found that easy read information about making complaints had been posted on the information board but no complaints had been recorded as received. We observed during the inspection one person informing the registered manager about an incident involving another person that they were clearly unhappy about, this had happened some days previously but staff had not shown that they had recorded or acted upon this complaint although the person themselves still felt angry about the event.

Most people in the service may not or could not make formal complaints; it is therefore the responsibility of staff to act on their behalf if they felt that an issue would result in a complaint from anyone else. At present their remained a risk that people's concerns were viewed alongside the everyday irritations people experienced from living as part of a group and were not given any weight or credence as potential complaints. The failure to recognise record and act on concerns and complaints from people in the service is a continued breach of regulation 16 of the HSCA 2008 (RA) Regulations 2014.

Before admission to the service a pre-admission assessment was undertaken to assess whether the service could meet the person's needs. Usually initial meetings with the providers, registered manager, relatives, representatives and previous care providers enabled reports to be gathered and an assessment of needs was conducted at a pace to suit the person. No one new had been admitted to the service since the previous inspection at which time we were satisfied that appropriate assessments with opportunities for visits had been undertaken satisfactorily for the last person admitted.

Following initial assessment 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 daily routines, communication, personal care, social activities and interaction, night time support including continence management, and a recognition of the people who were important in their lives. This information provided staff with a holistic picture of each person and guided them in delivering support consistent with what the person needed and wanted. There was also recognition of what people could do for themselves and achievable goals were set to help them to develop and enhance their skills, at a pace in keeping with their abilities. Care plans viewed showed that these were kept under review and amended in those areas where changes were occurring. Relatives told us they were invited to reviews if

they wanted to come but were kept informed of anything that was a significant change and that they needed to be made aware of.

Staff understood the needs and personalities of each person they supported and were able to respond to any questions asked about them. They showed that they were able to respond appropriately to people's needs that was consistent with their plan of care. Changes in people's care and treatment was discussed at staff handover and staff meetings to ensure staff worked in the same way to provide consistent responses and support.

Previously we had expressed concern that there was a lack of stimulation and opportunities for activity for people. With the increase in staffing there were more opportunities for staff to support people outside of the service for example, one person enjoyed a bike ride and was supported in good weather to ride out with a staff member. Other people enjoyed walks and visiting the shops and rides in the car. Some people were able to move freely between this and the service next door and used this to socialise with other people and staff. Cinema passes had been obtained so people were able to go to the cinema. Joint events had been held in the grounds of the service with the location next door to invite people and staff from other homes operated by the provider and this had proved very successful. Coffee mornings were held at the day centre to enable people from other services to meet up with friends living in this service.

The onsite activities centre and what it could offer people had increased opportunities for those people who did not want traditional day care to learn new skills to aid the development of their independence. Other people used the centre for social chats and interaction. Other people enjoyed the art and crafts aspect of the day centre. Sometimes the activities organiser was able to offer some one to one support. People had activity planners in place; these were discussed with them so they could decide what they wanted to do with their time. During our visit we observed one person supported to a health appointment but other people spent most of their time at home, whilst there was some encouragement of one person to use their Lego bricks or colouring book, and another person to spend time in the lounge watching television rather than their bedroom, others preferred to stay in their rooms for the majority of the time. There had been improvements in the amount of stimulation and activity some people had when at home but this remains an area for improvement.

Is the service well-led?

Our findings

Care professionals said that they felt the service was heading in the right direction but there was still improvements to be made. Comments included praise for the registered manager and deputy manager who were seen as "effective and professional and that they were working hard to raise standards at The Bungalow". Another comment was "I have been really impressed with the new deputy manager-she has the right ethos, is motivated and on the ball, this can't be said for some staff who are not on the ball or proactive". Another said "There has been a lot of investment in the service recently by the provider".

The Provider Information Return (PIR), the registered manager and senior management staff told us that there were an extensive range of audits in place that should provide a good picture of service quality and how well this was being delivered by staff. The provider had taken steps to improve their auditing responsibilities.

Internally the staff undertook a medicines audit, infection control audit, quarterly health and safety audits, a kitchen audit, a walk around audit, environmental audits, and out of hours spot checks were also conducted by the registered manager and by the regional manager. External financial audits by finance staff from head office, quality visits by staff from the provider's compliance team were also undertaken. A visit from the head of quality was also undertaken in June 2016.

Previously, due to the number of breaches we had highlighted at inspection, we had taken enforcement action as we considered the provider was not doing enough to adequately monitor service quality or address issues highlighted within reasonable timescales. Whilst this inspection had shown that the registered manager and deputy manager were working hard to raise standards and improve outcomes for people, progress had been hampered somewhat by staff turnover, and the need to build the skills of the new team and improve the culture within the service. Some previous breaches had been addressed whilst improvements to address other breaches had not been fully embedded into everyday practice and the breaches remained outstanding.

Whilst the move to an all-male team had proven positive overall, our inspection highlighted that some of the shortfalls identified had occurred recently and through a period of intermittent presence of the deputy and registered manager as a result of annual leave. It was important therefore, that oversight of the service by the registered manager or the deputy was on-going to ensure no further lapses in standards occurred and to curb some of the tendencies towards an all male culture..

We considered that the provider had done enough to demonstrate that the previous enforcement notice had been met but improvements were on-going in a number of areas and some breaches were therefore still outstanding for example medicine management improvements were not sustained, there was a lack of evidence to demonstrate that the induction of new staff was undertaken and their competencies assessed, the registered manager could not evidence clearly that individual staff within this service had completed all their required training.

The quality monitoring systems have not been fully effective in highlighting shortfalls in service quality or ensuring that breaches have been adequately addressed in full. This is a continued breach of Regulation 17 of HSCA 2008 (RA) Regulations 2014.

The registered manager had been with the company for some years. She managed this and an adjoining service. Staff recognised that the registered manager had a big job to do and her time was taken up with issues within the larger service next door. This did not worry them as long as they had the input of the deputy manager. Staff said that they felt well supported since the deputy manager was located in the service; they felt she gave them a sense of structure to their day, gave them tasks to do and generally kept a firm control on what happened in the service which they preferred, but also felt that she involved them in decision making. All the staff spoken with had nothing but praise for the deputy manager whom they saw more of, they described her as a "dynamo, always on the go and looking to improve things", they were aware that staff at the other location now looked enviously at the bungalow as a good place to work which they were proud of.

Staff meetings were held regularly with four recorded as happening in the last 12 months; staff said they felt confident about raising issues openly not only with each other staff outside of meetings but within the team meeting itself. Previous concerns about the isolation of staff, feeling undervalued and unsupported, and an absence of a sense of team had been addressed through changes to the makeup of the team and through the provision of opportunities for staff to express their views openly to an external representative appointed by the provider, a staff survey was also undertaken to gain feedback from staff about how they were feeling.

We expressed concern previously that policy and procedure files kept in the office had not been kept updated and staff would not be viewing the most up to date versions, although policies were on line staff had indicated the policy folder as their first reference point if management staff were not available. Since then all paper copies of policy and procedure information had been replaced for updated versions that incorporated any changes in guidance or legislation. The registered manager advised these are kept under review by staff at head office and new versions sent through when changes occurred, updated policies were brought to the attention of staff who were required to read and sign they had read new policies. This reduced the risk of staff not providing support that was in line with company policy and current best practice.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There was a failure to ensure all staff had received fire drill training. A continued breach of regulation 12 (2) (a)</p> <p>Inconsistencies in practice posed a risk to safe medicine management and are a continued breach of Regulation 12(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>There was a failure to recognise record and act on concerns and complaints from people in the service and is a continued breach of regulation 16.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The quality monitoring systems had been ineffective in highlighting shortfalls in service quality or ensuring that previous breaches had been adequately addressed in full. This is a continued breach of Regulation 17 (1) (2) (a)</p> <p>The service failed to maintain an accurate record of peoples care and treatment needs and there were omissions in accurately recording falls, seizures, and pain levels is a breach of regulation 17 (2) (c)</p>

There was a failure to maintain an accurate record of all events relating to people supported in the service is a breach of Regulation 17 (2) (3)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

There was an ongoing failure to ensure staff were provided with the appropriate induction and training required to support people safely, or that their competencies to do so were appropriately assessed. This is a continued breach of Regulation 18 (2) (a)