

Optima Care Limited Eastry Villa's

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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 6 and 7 January 2016 and was unannounced.

The service is in the village of Eastry near to the main towns of Sandwich, Dover and Ramsgate. There were nine people living at Eastry Villa's and each person had their own bedroom, all bedrooms, apart from one have en suite facilities. There are communal rooms which are open plan in style with access to the garden at the back of the house. There is a main house, a separate bungalow for one person and a separate flat for one person that all make up Eastry Villa's.

There was a registered manager at the service who supported both days of the inspection. 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.

The registered manager started working at the service recently in August 2015. He had identified lots of areas where improvements were needed and had written an action plan. The registered manager had lots of ideas to improve the service and was working through the action plan, which meant that some of his ideas had not yet been implemented. The registered manager said that there was 'a lot to do' and 'it was a work in progress'.

Staff we spoke with knew about different types of abuse but not all of the staff had attended training in safeguarding people from harm and abuse. Recruitment checks on staff were not as thorough as they should be. Unsatisfactory references had not been questioned and followed up and some staff had no written references on file. Some staff had not declared that they were healthy and fit for the role and provided proof of their qualifications.

Some people needed additional one to one and two to one support hours that had been assessed and funded for. People were not all directly receiving these additional support hours and the use of these hours was not recorded. When people were at home, activities were limited leading to low levels of engagement and participation in everyday activities, including cooking and cleaning, as well as educational and learning activities. Some people, but not all, had an individual activity plan but these activities did not always happen, leaving people at home with not much to do.

Staff attended basic training courses; however, subjects related to peoples' needs were limited. Staff had not had training in person centred planning, learning disability awareness, positive behaviour support and active support. Staff had not had the opportunity for regular one to one meetings and staff meetings were not held regularly. The registered manager said that he planned to hold more regular staff meetings and one to one meetings with staff. The registered manager agreed that the training for staff could be improved and he would talk to the provider about this. Staff respected peoples' privacy and dignity and, on the whole,

were kind and caring.

The registered manager understood the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People were subject to constant supervision by staff and restrictions to their liberty, for example, some external doors were locked and access to the kitchen was restricted. These restrictions must be agreed by the person's local authority who agree a DoLS authorisation. Seven people were currently being restricted unlawfully as their DoLS authorisations expired in October 2015. Restrictions had not been reviewed to ensure that they were the least restrictive option. Following the inspection the provider told us that the applications have been made and are in the process of being authorised by their funding authorities. We will check this at the next inspection.

Each person had a health action plan that gave staff details about the person's health needs. The staff worked closely with health professionals to maintain peoples' health and followed their advice. Medicines were stored safely and managed safely by the staff. The potential for people to take some control of their medicines had not been assessed and regular checks of medicines had not been carried out.

People looked like they enjoyed the food and usually chose to eat together in the dining area. Peoples' involvement in cooking and baking was limited and there were no plans to increase peoples' cooking skills. The house was generally clean and spacious but did not feel homely. It was cold, as the boiler was not working, and did not support communication that would give people some control. For example, there was nothing to show who was on duty that day, what the activity options were, what the meal choices were and what other opportunities were on offer.

Each person had a care plan detailing their needs. Personal goals and aspirations had not been recorded so there were no plans to help people achieve their goals. There were no plans to support people to learn new skills and to develop existing skills like, learning more about money, cooking or how to do laundry. The registered manager was aware of this and wanted to improve this. Some care plans had not been reviewed so it was not clear if the support being given was effective. Risks had been assessed but not always regularly reviewed to check if the risk was still apparent and if the risk was being reduced by staff or not.

The registered manager was planning to create a separate office that he could work from. The ground floor office space, he felt, was limited. There were records and paperwork that was awaiting filing. Not all records were up to date including the training matrix.

There was a complaints procedure but it was not displayed. There were plans for an easy read format of the complaints procedure but this was not yet in place. Staff were unsure where complaints should be recorded but said they would pass any complaints to the registered manager.

There was a lack of records relating to checks and audits. Regular checks of the environment had not been carried out and there were no records of checks of the care plans, staff files, medication records and other records. The provider had organised checks by external auditors but no records of any outcomes of these audits were available. An external audit was being carried out on one of the days of our inspection. Peoples' and stakeholders, including staff, views had not been gathered, analysed and acted on. Incidents and accidents had not been analysed to look for any common patterns and trends to reduce further incidents. The registered manager agreed that this was an area for improvement.

The registered manager had notified the CQC of most events that affected people or affected the smooth running of the service, apart from the boiler break down that affected the heating in some parts of the house. He agreed to do this retrospectively and had several portable electric heaters sited around the

service to heat up the house.

At this inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see details of the breaches and the action we have taken at the back of this 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?

The service was not as safe as it could be.

Staff knew about different types of abuse and who they could report any concerns to.

There were not enough staff deployed to meet everyone's assessed needs. Recruitment checks were not thorough.

General risks were assessed and managed. Some risks needed further assessment to respond to changing needs and to support people's independence safely.

Medicines were stored safely but not regularly checked. There were no plans to increase peoples' control and understanding of their medicines.

Requires Improvement ●

Is the service effective?

The service was not as effective as it could be.

Staff had basic training but there was a lack of training for staff related to peoples' individual needs. Staff supervision and staff meetings were not happening regularly.

People were being unlawfully deprived of their liberty because their Deprivation of Liberty Safeguards authorisations had expired and imposed restrictions had not been reviewed to make sure they were the least restrictive option.

People liked the food and drink but were not fully involved in planning and preparing meals.

People had the support they needed to remain healthy.

Requires Improvement ●

Is the service caring?

Staff were generally kind and caring.

There were no plans in place to increase peoples' independence; people were not supported to fully participate in the running of

Requires Improvement ●

the service.

Peoples' dignity and privacy was respected.

The environment did not support communication.

Is the service responsive?

The service could be more responsive.

Some care plans had not been reviewed so it was unclear if the person was receiving the right support.

There were no plans to support peoples' goals and aspirations.

The complaints procedure was not displayed and was not produced in a format suitable to peoples' needs.

Requires Improvement ●

Is the service well-led?

The service was not yet well led.

The registered manager was experienced and qualified to manage the service. He had plans to improve the service which, he said, would be implemented over the next few months.

Peoples' and stakeholders, including staff, views had not been gathered and used to make improvements to the service.

Records were not always up to date and available.

Audits and checks were not recorded to show any shortfalls and actions that were needed. Some parts of the service, including the environment, were not regularly checked.

Requires Improvement ●

Eastry Villa's

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.

The inspection took place on 6 and 7 January 2016 and was carried out by two inspectors. The inspection was unannounced.

Before the inspection, we looked at the provider's 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 spoke with staff, the registered manager, and most of the people living at Eastry Villas. Some people were unable to tell us about their experiences directly, so we made observations and spoke with relatives, care managers and visiting professionals about people's care and support.

We sampled a variety of records including care plans, medicines records, audits, staff files, training records, risk assessments, accident reports and staff meeting minutes.

We last inspected Eastry Villa's on 19 August 2013 when the service met the standards we checked.

Is the service safe?

Our findings

People appeared safe living at the home; communal rooms were open plan with no obvious hazards so people walked around the home safely. People looked relaxed in the company of each other and the staff.

People were protected against the risks of potential abuse. Although not all staff had attended training about safeguarding people from harm and abuse, the staff we spoke with knew about different types of abuse and how to raise concerns. There was a policy and procedure that staff could refer to and the registered manager planned to simplify this by displaying an easy read flow chart of what to do if you suspected abuse.

Peoples' money was controlled by staff and was stored safely. Peoples' money was regularly checked and receipts were always obtained for any purchases. There were no plans to increase peoples' skills so that they could take more control of their money and finances. The registered manager agreed that this was an area for improvement.

Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. The registered manager sent incident reports to the head office but said he did not analyse the reports to look for patterns and trends that may reduce further incidents. For example, if the incidents were occurring in the same place or at the same time of day. We asked how many incidents there had there been in the past month, the registered manager said "I could not tell you" and agreed that accidents and incidents should be tracked on a regular basis to look for any common themes. This is an area for improvement.

General risks to people's personal safety had been assessed and plans were in place to minimise these risks. Each person had risk assessments to show how potential risks would be minimised. Not all the current risks had been identified, for example, if a person's needs had changed. Some people had plans in place but they needed to be reviewed because the measures in place did not fully minimise the risks or they compromised people's control and independence. Some of the risk assessments we saw had not been checked and signed off by the manager, as being correct, and had not been reviewed for several weeks so it was unclear if the actions staff were taking were effective in reducing the risks. This is an area for improvement.

People were kept safe from the risk of emergencies in the home. There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. Each person had a personal emergency evacuation plan so staff knew how to evacuate people safely. Checks of the fire equipment had been carried out. A fire drill had been held on 5 March 2015 with the next drill to be carried out 'in three months' time'. The next drill was not carried out for six months on 22 September 2015 so not everyone had had the opportunity to take part in a fire drill. People were at risk from hazards around the home as checks of the environment had not been carried out regularly.

There were sufficient staff to meet people's basic care needs. However, staff were not always deployed in a way that meant people received the hours of support that they had been assessed for and paid for. Some

people required one to one support and at times, two staff to one person support. These one to one hours were not allocated on the rota, staff on the rota were rostered for a whole day, 12 hour or 14 hour shifts. The shift plan allocated a staff member to a person but did not show how many hours or what activities would be facilitated in the one to one time. The registered manager said that one to one hours were recorded in peoples' daily logs but when we checked daily logs they did not show who provided the one to one hours and how they were spent.

On the second day of the inspection staff were out supporting people at appointments and activities outside the home which left two staff at the service for five people, two of whom needed one to one staff support. A staff member was allocated to a person who needed 16 hours a day one to one support. The staff member went shopping for a couple of hours during the shift with another person. This left the person needing the one to one hours, with no one to one support and they spent time alone in a sensory room. Another person who was funded and needed one to one support sat in an armchair for over four hours without any one to one support. When we pointed this out to the registered manager on the second day of the inspection, he arranged for two members of staff to come to the home and sit with the people who needed one to one support.

During the inspection a person asked repeatedly if they could go to the shops. Staff said that they could not go to the shop because there were only two staff on duty at the service supporting five people. Staff said "If there were more of us here, he could go to the shops." The person did go to the shops when more staff arrived back from other activities and appointments.

Most staff worked either a 12 hour or 14 hour shift. The registered manager said he had recognised that this was not best practice as staff could get tired. He said he would be consulting with people and staff about a more appropriate shift length. The registered manager said that the service had staff vacancies and he was trying to recruit new members of staff. The registered manager felt that staff vacancies had impacted on staff morale as staff were covering the shortfalls, and he hoped to recruit to all vacant posts very soon.

The provider had not deployed sufficient numbers of staff to meet people's assessed needs. This was a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safe recruitment practices were not being followed; staff were not always checked thoroughly before they started working at the service. Staff files included application forms and records of interview and checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. However, one staff member had no written references on file, a second staff member had a reference that needed to be checked and followed up and a third staff member had an unsatisfactory reference that had not been followed up. There was no development plan for the staff, even though one reference had scored the staff as 'poor' in areas including attitude, learning disability awareness and communication. Staff had not declared that they were fit and well and had not been asked to declare any health issues. Gaps in employment in one application form were not clear and stated 'various' in the date of employment to and from column instead of giving dates. There was no evidence that this had been questioned and checked. Not all of the staff files we checked contained proof of the staff members' qualifications.

The provider did not operate thorough recruitment checks to make sure that staff were of good character, healthy and fit to carry out their roles. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were safe medication administration systems in place and people received their medicines when

required. Medicines were stored in a locked cabinet and administered by trained staff. The cabinet was not overstocked and medicines were stored at the correct temperatures. There were no plans in place to increase peoples' control of and knowledge about their medicines. The manager agreed that this was an area for improvement.

Senior staff said that they checked medicines records and stocks but they did not record these checks so that any actions could be noted and followed up. The last recorded check of medicines was dated September 2014. The registered manager agreed that there were no recorded checks of medicines practice and records and this was an area for improvement. After the inspection the provider told us there had been two audits in December 2015 including one from the pharmacist but there was no record of these at the inspection, so we will check this at the next inspection.

Is the service effective?

Our findings

Staff did not always have the training they needed to meet people's individual needs and ensure their safety. Staff attended basic training including fire awareness, health and safety and food safety. Courses related to people's individual needs were limited. Staff had not been trained in person centred planning, positive behaviour support or learning disability awareness and not all staff had been trained to understand epilepsy. We observed some staff sitting with people or sitting watching people rather than engaging and interacting with them in a meaningful way. Some staff appeared to lack the skills to know how to engage with people with complex needs and other staff were 'doing for' people rather than 'doing with' them. The registered manager said that specific courses including 'active support' which teaches staff how to engage people in meaningful activities were not currently offered to staff but he would speak to the training manager about this.

Supervision or one to one meetings for staff were not held on a regular basis. There was no recorded supervision for two staff members who had been working at the service for some time and only one recorded supervision for a staff member who had been working at the service for over a year. The registered manager said that staff supervision had been 'spasmodic' and planned to arrange more regular supervision in the future for all staff to ensure that staff had the coaching, mentoring and support they needed.

There was no evidence that staff had an appraisal. The registered manager said that he planned to organise appraisals for all staff. The last staff meeting was held in October 2015, the registered manager said he planned to hold more regular staff meetings to give staff the opportunity to talk about their role and about the service.

Staff did not receive appropriate support, training, supervision and appraisals necessary to enable them to carry out their roles. This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

A number of people were subject to constant supervision and/or were being deprived of their liberty or were subject to imposed restrictions. The imposed restrictions, including a locked gate preventing people from entering the kitchen had not been reviewed to ensure it remained the least restrictive option. People who were being deprived of their liberty or subject to constant supervision should have this authorised by their funding authority under DoLS. These authorisations, for some people, had expired in October 2015 and not been reapplied for so some people were being deprived of their liberty unlawfully.

People were deprived of their liberty without lawful authority. This was a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager understood his responsibilities under the Mental Capacity Act 2005. He knew that capacity must be assumed unless a capacity assessment had been carried out which established a person lacked capacity. He knew only to make decisions for people in their best interest. He had organised 'best interest meetings' when people needed support to make decisions and invited people's friends and family.

The staff were not all aware of people's dietary needs and preferences even though people's preferences were recorded in their care plans. Staff said that one person had eaten their meal 'apart from the beans' which they left. The person's care plan noted that they did not like beans. When we asked what dinner was that night, the staff member said 'spaghetti'. The person's care plan stated that they did not like spaghetti.

Some people had support to make their breakfast and they did this in the kitchen. At other times, the gate to the kitchen was locked and staff prepared the lunch and said they prepared the evening meal. We asked staff why people did not help with the evening meal and one said 'because of the cooker'. There were no plans to increase peoples' skills in the kitchen and to support them to be more independent with making their own meals and snacks.

People were referred appropriately to the dietician and speech and language therapists if staff had concerns about their wellbeing. People were supported to eat a special diet if they needed to. Most people's weight was monitored to make sure it remained healthy although one person's health action plan stated 'I need to be weighed regularly'. This person's weight chart was blank; they had not been weighed for several weeks.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and had support to attend appointments when required. People had a health action plan which described the support they needed to stay healthy.

People's care records showed relevant health and social care professionals were involved with people's care. People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.

Is the service caring?

Our findings

People were generally treated with kindness and compassion by the staff. There were two occasions when we heard a staff member reprimanding people telling one person to "Leave the fish tank alone" and when the person touched the glass tank again the staff member said "I've told you to leave it alone." No other activity was offered to the person who continued to wander around the room. Another person asked if they could go out to the shop, they were told by staff, "Sit down and chill out. It's not your day today to go out, is it?"

Staff knew the people they were supporting. One staff member told us some really detailed information about one person. They said that they always work with new staff to relay this detailed information. Information about people's backgrounds and about their families was recorded in their care plans. The registered manager said he, or the person's key worker kept in touch with peoples' loved ones and informed them of any changes or concerns, if appropriate to do so.

Some people used alternative ways to communicate, other than words. Some people had systems to support their communication, for example, the use of pictures, photographs or sign language. We did not see staff using the picture system for one person on either day of the inspection, we asked staff about this and they said the folder was kept in the kitchen, which was not accessible to people for much of the day, due to the locked gate. The person could not get to the folder meaning that staff would need to instigate its use. Without the use of individual communication systems there was a risk that people's views and opinions would not be heard and acted on.

The environment did not support communication. There was nothing to show people who was on duty that day, what the meal choices were and what activities were on offer. Information was not always provided to people in an accessible way that was meaningful to them. This was an area for improvement.

The home was spacious and allowed people to spend time on their own if they wished. People's bedrooms were personalised and decorated to their taste. People displayed family photographs and their treasured possessions in their bedrooms. Bedrooms were suitable for people's needs. Each person's individual dress styles and preferences were respected and supported by staff.

People were not all encouraged to be as independent as possible. Some people were able to be more independent and do more for themselves but others with more profound needs were not supported to develop and increase their independent skills. Some people sat for long periods of time on the lounge or in the sensory room with little interaction from staff. Staff were in the kitchen and made drinks for people and lunch for people rather than with each person. There were no plans to support people to learn new skills. The registered manager said he had recognised this shortfall and planned to address it.

People were supported to keep in touch with their families and friends. Staff supported people to make visits to their loved ones. People could have visitors when they wanted at, at reasonable times.

Is the service responsive?

Our findings

People and their relatives were involved in developing their care and support plans. Care plans were personalised and detailed daily routines specific to each person. Speaking with staff they were generally able to explain about people's daily routines and how they liked to be supported. Some staff were clear about how people wanted to be supported and responded well individually but there did not seem to be a way for good practice to be incorporated across the team.

We read some care plans and made observations of people's care and support. Some people were funded to have one to one staff support for a variety of hours each day. This one to one support was not always provided. Care plans detailed what people liked doing but people did not always have the staff support to do these things. One person had no activity plan to show what activities they would be offered each day, even though they should have several hours a day one to one support. Another person had an activity plan covering the week but was not offered the activities shown on the plan. One staff member told us "The activity plans are not always followed."

Some people attended a day centre in the building next door which was run by the provider. Other people stayed at home during the day. We observed no activities being offered to people who were at home for the day. There were low levels of engagement and participation in everyday activities for some people. We pointed this out to the registered manager on the second day of our inspection and during that afternoon he arranged for two extra members of staff to come to the home and sit with the two people funded to receive one to one support. Both staff sat next to the people they were supporting and did not engage the people in a variety of meaningful activities.

One person's care plan stated that 'it is essential for me to participate in community activities as this contributes to my emotional well-being.' There was no plan in place for this person detailing when and with whom they would access community activities. We observed this person at the service on both days of the inspection. They did not access community activities on either day. Their care plan also stated a goal of 'to develop my independent skills'. There was no plan in place to increase the person's skills.

The provider had failed to provide care and treatment that was appropriate to each person and met their needs and preferences. This was a breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care and support plans were personalised and had information relevant to each person. There were some photographs and symbols making the care plans more accessible. Some of the care plans we looked at had not been reviewed. There had been no evaluation to check if the support from staff continued to be the right support and to check if the person remained happy with the support.

Care plans had information about people's needs, for example, how people liked to have a bath or a shower and what support people needed to remain healthy. There were no personal goal plans, aspirations had not been identified and recorded so people were not supported to achieve their personal goals. People needed

more support to manage their independence and have more control over their lifestyle. Some people expressed what they wanted and staff told us the same things but, in one example, even though staff were explaining how a person wanted to be supported they had not actually done anything to put this in place. The registered manager agreed that this was an area for improvement.

Review meetings had been held with people and their representatives and notes had been made. Handover meetings between staff at the start and end of each shift ensured that important information was shared and acted on where necessary.

Complaints and concerns were taken seriously and were recorded, investigated and responded to. The complaints procedure was not produced or displayed in an accessible format that was meaningful to people. The registered manager said he had plans to address this. Some staff were unclear of the complaints procedure, one staff member told us "I don't know if we have a complaints file. I would just record a complaint and get the person to sign it, if they were able". Some complaints had been recorded. For one complaint, there was no record that a resolution had been found and agreed.

The registered manager had given his personal contact details to some relatives so they could raise any concerns directly to him.

Is the service well-led?

Our findings

The registered manager had been managing the service for less than six months. The registered manager also managed a smaller separate service next door. They had not previously worked for the provider but had many years' experience in working with adults with learning disabilities and in managing services. The registered manager had lots of ideas to improve the service but said that he had prioritised the service next door, so had not implemented many changes or improvements yet at Eastry Villa's. The registered manager described the service as a 'work in progress' and recognised that there were areas that needed to be improved. The registered manager said "There is lot that is not in place that should be."

The registered manager was supported by a deputy manager and senior staff. The deputy manager had started work at the service very recently and had experience in working in learning disability services.

The culture of the service, that was observed over the two days of the inspection, was one that staff 'did for' people rather than with them. There was opportunity to increase people's control of their lives by supporting them to do more for themselves and by supporting people to be more involved. The registered manager agreed that this was an area that needed to be improved. The culture and values of the staff team were not regularly assessed. Observations of staff practice were not included as part of the supervision process and supervision was not held regularly for all staff. The registered manager had not yet developed the staff team to consistently display appropriate values and behaviours towards people

The registered manager had notified CQC about most significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. People and staff had confidence that the registered manager would listen to their concerns and would deal with them appropriately. The registered manager was aware of their legal responsibilities and changes to legislation that had an impact on the service.

Opportunities were limited for people and staff to be involved in improving the service. Staff meetings and one to one meetings were not held regularly to give staff an opportunity to air their views. People did not have the opportunity to meet as a group or have one to one meetings to give their views. We asked if surveys about the quality of the service were sent out to people and the registered manager said 'not yet.' The registered manager said he did not know if surveys had been sent out previously to people, their representatives and staff. After the inspection the provider told us that surveys had been sent out to relatives and carers in July 2015 and to staff in October 2015 and that feedback had been given to all services. The registered manager said he planned to ask people and their representatives about their views of the service and act on them to improve.

Some quality assurance systems were in place to monitor the quality of the service being delivered and the running of the service. However, most of the checks were not recorded. The registered manager said checks of medicines records were not recorded, nor were there any records of regular checks of the environment. An external person carried out some checks but the registered manager said that there were no in-house monthly or more regular checks carried out. Shortfalls had not been identified and recorded so there were

no action plans to improve the service based on this. After the inspection the provider told us that audits had been carried out by an independent auditor arranged by the provider, covering the environment, care plans, staff files, medication and other records. The records for these were not available at the inspection and the registered manager had not been able to use them to drive improvements at that time.

People benefited from staff who understood and were confident about using the whistleblowing procedure. Staff knew who to report any concerns to and were confident that the registered manager would take the necessary action.

Most records were up to date and held securely to protect people's confidentiality. Some records were not up to date, including the training matrix. Some records took a while to be found and some records were awaiting filing, so were in piles in the office. The registered manager said that he was 'a little behind with his filing.' The registered manager said that he wanted staff to complete report writing training as he had noted that this was an area for improvement.

The provider had not ensured that the service provided was assessed, monitored and improved. The provider had not sought and acted on people's and stakeholders views to improve the service. The provider had not maintained accurate, up to date records in respect of persons employed and the management of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where 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 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	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to provide care and treatment that was appropriate to each person and met their needs and preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were deprived of their liberty without lawful authority.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that the service provided was assessed, monitored and improved. The provider had not sought and acted on people's and stakeholders views to improve the service. The provider had not maintained accurate, up to date records in respect of persons employed and the management of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not operate thorough

recruitment checks to make sure that staff were of good character, healthy and fit to carry out their roles.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had not deployed sufficient numbers of staff to meet people's assessed needs.

Staff did not receive appropriate support, training, supervision and appraisals necessary to enable them to carry out their roles.