

Mr A & Mrs CT Zindoga

Beach House

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



Overall summary

The inspection was carried out on 29 and 30 July 2015. The first day of the inspection was unannounced.

Beach House is a large terraced house situated on the outskirts of Burnley. The property is in keeping with the neighbourhood and is homely and domestic in style. There is a lounge, a lounge/dining room, house bathroom, kitchen and laundry room. The home can accommodate up to six people with a learning disability in four single and one double bedroom. Some of the bedrooms have en-suite facilities. There is a small garden

forecourt to the front of the property. On street parking is available nearby. At the time of the inspection there were three people accommodated at the service, however one person was in hospital.

The service was managed by a registered manager. 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager at Beach House is also registered as a provider of the service in a partnership arrangement.

At the previous inspection on 8 May 2014 we found the service provider was meeting the legal requirements.

During this inspection we found there were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found there were not enough staff available at the service to make sure people received safe and effective care. Staff recruitment practices had not been properly carried out for the well-being and safety of people who used the service. People's medicines were not always managed appropriately, which meant there were risks they may not receive safe support. We found proper attention had not been given to supporting people to develop independence skills and making plans to work towards their goals.

The MCA 2005 (Mental Capacity Act 2005) and the DoLS (Deprivation of Liberty Safeguards) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. We found appropriate action had not been taken to apply for DoLS and authorisation by local authorities, in accordance with the MCA code of practice and people's best interests.

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

We have made a recommendation about arranging appropriate staff training on the MCA code of practice and DoLS.

We found improvements were needed with the management and leadership arrangements at Beach House. The registered manager was not spending enough time at the service, to provide effective leadership and direction.

Staff spoken with expressed an understanding of safeguarding and protection matters. They knew what to do if they had any concerns. They had received some training on safeguarding vulnerable adults. However we found further progress was needed with safeguarding procedures. At the time of the inspection the local authority safeguarding team were investigating alerts which had been raised with them.

There were some processes in place to maintain a safe, clean environment for people who used the service, staff and visitors. We noted some improvements had been made, including the redecoration of the lounge and the provision of some new furnishings. We found some matters were in need of further attention however, the registered manager was introducing improvements.

Processes were in place to support people with their healthcare needs, by monitoring their wellbeing and keeping appointments with GPs, dentists and opticians.

People made positive comments about the choice of meals provided at the service. However, we found some improvements were needed. Therefore we have made a recommendation about effectively supporting people with their nutritional needs.

We looked at how the service trained and supported their staff. Records and discussion showed a programme of on-line training had recently commenced. Arrangements were in place for new staff to complete initial 'in house' induction training. Staff had regular one to one supervision meetings with the registered manager.

People who used the service told us they liked the staff team, they said, "The staff are alright" and "They are good staff." We saw staff interacting with people in a kind and supportive way. We found people had privacy in their rooms. However we were made aware of a situation which had resulted in a lack of dignity. We have therefore made a recommendation about promoting confidentiality, dignity and respect.

People spoken with had an awareness of the complaints procedure and processes. They were confident that their complaints would be listened to and dealt with. However we had been made aware of some concerns being raised which we found had not been properly investigated, recorded and managed using the complaints procedures.

We found positive relationships were encouraged and supported. People told us of the contact they had with families and friends. They also had some opportunities to take part in some activities.

There were some systems in place for monitoring and checking the quality of the service. It was apparent they were lacking in effectiveness, however, we found further processes were being introduced.

Summary of findings

Following the inspection the service provider made the decision to close the home and an application to de-register was submitted to the Commission.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Although people did not express any concerns about their safety and wellbeing, we found there were not enough staff available at the service to make sure people received safe and effective care.

We found robust recruitment procedures for new staff had not always been followed.

We found some medicine management practices needed to improve.

Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures.

Requires improvement



Is the service effective?

The service was not consistently effective.

The service was not meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People told us they enjoyed the meals served at the service. However we found improvements were needed with responding to nutritional needs and promoting healthy eating.

People were being supported with their healthcare needs.

Processes were in place to train and support staff in carrying out their roles and responsibilities.

Requires improvement



Is the service caring?

The service was not consistently caring.

People made positive comments about the caring attitude and approaches of support workers. We observed some positive and respectful interactions between people using the service and staff.

People's dignity and confidentiality was not always upheld and respected.

Requires improvement



Is the service responsive?

The service was not consistently responsive.

Processes were in place to find out about people's needs, abilities and preferences. People had individual care plans.

However the service was lacking in providing a person centred care response to people's needs and aspirations. People had limited opportunities to develop their skills and abilities.

Requires improvement



Summary of findings

Although people were confident complaints would be appropriately dealt with, we found concerns and complaints were not properly managed.

People were supported to keep in contact with families and friends.

Is the service well-led?

The service was not well-led.

Improvements were needed with the management and leadership arrangements at Beach House. The registered manager was not spending enough time at the service to provide effective leadership and direction.

There was a lack of effective systems in place to assess, monitor and improve the quality of the service. However we found new systems were being introduced.

Requires improvement



Beach House

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 checked 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 was carried out on 29 and 30 July 2015. The first day of the inspection was unannounced. The inspection was carried out by two

Before the inspection, the provider completed 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 information we held about the

service, including statutory notifications received from the service and previous inspection reports. We contacted the local authority's contract monitoring and safeguarding teams, three social workers and a GP practice.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection visit we spent time in the company of the people who used the service. We observed how people were cared for and supported. We spoke with two people who used the service. We talked with three support workers and the registered manager.

We looked round the premises. We looked at a sample of records, including two care plans and other related documentation, staff recruitment records, medicines records and audits. We also looked at a range of policies, procedures, information about the service and the accommodation provided.

Is the service safe?

Our findings

People spoken with did not express any concerns about their safety and wellbeing at the service. Their comments included, “I feel safe here” and “There’s no shouting, no bullying, or bossing us about.”

We looked at how the service managed staffing levels and deployment of staff. People using the service and support workers, indicated there were not always enough staff available at Beach House. Staff had had combined duties for providing support, shopping, cooking and some cleaning and domestic work. On the first day of the inspection, we found there were two people at the service with one senior support worker. The registered manager arrived mid-morning. We were told one person needed the support of staff when going out into the community. We looked at the staff rotas which confirmed there was just one support worker on duty during the day and evening, with one sleep-in/on call each night from 10: pm. The staff rota indicated the registered manager was on site three days per week. However, we found the registered manager was not consistently in attendance at the service and arrangements had not been made to provide any additional cover. People using the service and staff said they had been unsure if the registered manager would attend for duty, therefore the staffing arrangements could not be relied upon for planning meaningful activities and regular support within the community. This meant people’s freedom, rights and choices could be inhibited by a lack of sufficient staff. One support worker commented, “We have to compromise on choices for people going to different places.” There was also a rule at the service that people had to be in their rooms by 10: pm, as staff were no longer on waking duty.

Following the inspection, we were made aware of a safeguarding alert which had been raised with the local authority around allegations of a lack of staff at the service. These matters were currently under investigation.

There was no structured process in place to demonstrate how staffing levels were monitored and assessed, to ensure there were sufficient suitable staff to meet people’s individual needs and to keep them safe.

The provider had not deployed sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet all the needs of people living at the home. This was a breach of Regulation 18(1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We looked at the recruitment records of three members of staff and found they were lacking in some of the required information. Such as, there were no written references available for one person and no proof of identification for another. The recruitment process included candidates attending a face to face interview; we found only brief records had been kept of this assessment. We found DBS (Disclosure and Barring Service) checks had not always been carried out during the recruitment process. Previously issued DBS certificates had been accepted, which may not include up to date and valid information. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

This meant the registered providers had not operated robust recruitment procedures to ensure applicants were of good character and had the necessary skills and qualifications. This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the way the service supported people with their medicines. People at the service had their medicines administered by staff. One person told us, “Staff deal with my medicines, but I am fully aware of them and I know what they are for.” We noted this person had a ‘medication profile’ and they had signed a medicines agreement record, outlining their individual needs and preferences. However, there were no such records for another person. A process was available to assess, record and plan for people choosing to self-administer their medicines.

We looked at the arrangements for the safe storage of medicines. Although there were no controlled drugs at the service, we discussed with the registered manager the need to comply with current legislation around safe storage of such items. The temperature of the medicine cupboard was not recorded and monitored, to ensure appropriate storage conditions were maintained. Recording systems

Is the service safe?

were in place for items returned to the pharmacy. However we found there were some items which had been retained at the service more than two months. These items were not stored in a tamper-proof container.

We checked the procedures and records for ordering, receipt, administration and disposal of medicines. We found the ordering of medicines from the GP had been delegated to the supplying pharmacy, which is contrary to current recognised guidance.

There was a MDS (monitored dosage system) for medicines. This is a storage device designed to simplify the administration of medicines by placing them in separate compartments according to the time of day. All the records seen of medicines administered were complete and up to date. However we noted there were hand written entries on MARs (medicine administration records) which had not been verified as correct by another staff member. One printed medicine label had the incorrect first name of the person. There was also a lack of specific instructions for the use of skin cream, which meant it was not clear where it was to be applied.

There were separate protocols for the administration of medicines prescribed 'when required'. These were important to ensure staff were aware of the individual circumstances this type of medicine needed to be administered or offered. However, we found one protocol for pain relief had not been updated to reflect a change in medicine and specific details were not recorded about the variable dose. We observed the registered manager completing the MAR after administering a 'when required' medicine. However, the specific time the medicine was administered was not recorded without our prompting. This meant the timescale may be unclear as to when another dose could be safely administered.

Staff had access to recently introduced medicine management policies and procedures which were available for reference. Staff responsible for administering and providing people with support with medicines had completed medication management training. However, this had not included a practical assessment to ensure they were competent at this task.

There were some systems in place to check aspects of medicine management on an ongoing basis. However this inspection showed comprehensive audits had not been carried out to identify and minimise risks of error and promote safe medicine management.

The provider did not have suitable arrangements in place for the proper and safe management of medicines. This was a breach of Regulation 12(2)(g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how risks to people's safety were assessed and managed. We found individual risk management strategies had been drawn up to guide staff on how to manage and minimise risks to people's wellbeing and safety. The strategies were written in a person centred way and sensitively reflected people's specific needs, behaviours and preferences. We noted one person using the service had been fully involved with this process and had signed in agreement with the risk assessments. However, another person had not been involved in the process. Some of the risk assessments had not been dated and there were no records to show others had been formally reviewed and updated in the last two years.

At the time of the inspection a safeguarding alert had been raised with the local authority, around allegations of financial irregularities and potential misconduct. We spoke with social service personnel who indicated these matters were currently under investigation.

Support workers spoken with expressed an understanding of basic safeguarding and protection matters. They were had an awareness of the various signs and indicators of abuse. They explained what action they would take if they witnessed or suspected any abusive practice. They said they had received training on safeguarding vulnerable adults and there were records to confirm this. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. However, we noted the reporting procedure did not include the regional safeguarding alert telephone number. There were no information leaflets from the local authority on safeguarding and protection, which would help increase everyone's awareness on keeping people safe.

Records showed arrangements were in place to check, maintain and service fittings and equipment, including gas and electrical safety, fire extinguishers and water quality.

Is the service safe?

We found fire safety risk assessments were in place. However, we found the fire alarm system was not being tested weekly, water temperatures had not being routinely monitored and records seen indicated the call system had not been tested since 2013. We were also made aware of some general maintenance matters, which we would have expected to have been resolved in a more timely way. However, the registered manager showed us a range of recently obtained health and safety monitoring audit tools, which were in the process of being introduced.

On arrival at the service we looked around the premises and found some areas were unclean, including three en-suite facilities. We noted some furniture and other areas, such as paintwork were not thoroughly clean. There were no paper towels in the dispenser in the bathroom and

no towels in the kitchen. We found satisfactory arrangements had not been made for the appropriate disposal of hygiene products. There was a strong musty smell of dampness in the staff office/sleep in room. We noted a support worker had been allocated designated cleaning duties one evening per week and records had been kept of tasks completed. Specific schedules to direct cleaning tasks were not available, the registered manager told us these were with the support worker with lead responsibility for infection prevention and control.

Information included within the PIR (Provider Information Return) outlined some of the processes in place to promote and maintain safety at the service. We noted a review of infection prevention and control was a plan for improvement within the next 12 months.

Is the service effective?

Our findings

The people we spoke with indicated some satisfaction with the care and support. They said, “Things are okay” and “On a scale of one to ten, I would give Beach House a nine.”

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. We found people’s capacity to make their own choices and decisions was not routinely screened, monitored and reviewed. We were concerned, that one person’s liberty to go out into the community independently was restricted. There were risk assessments around this situation and a social worker indicated a mental capacity assessment was underway. We were also made aware of another person, not currently resident, who had similar restrictions in place. However, there was no information to show appropriate action had been taken to apply for DoLS and authorisation by local authorities in accordance with the MCA code of practice and the services’ policies.

The provider did not have suitable arrangements in place for assessing and lawfully managing risks, where people may be restricted of their liberty. This was a breach of Regulation 13 (5) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Support workers spoken with had no awareness of DoLS or the MCA 2005 and arrangements had not been made for staff to access training on these topics. However, the service did have policies and procedures to underpin an appropriate response to the MCA 2005 and DoLS.

We looked at the way the service provided people with support with their healthcare needs. People spoken with indicated they were having ongoing health checks, including appointments with GPs, dentists and opticians. Health care was considered within the care planning process. There were ‘health care action plans’, referring to

matters such as, physical and psychological health, eye care and chiropody and ‘hospital passports’ had been completed. Staff spoken with confirmed the processes in place for monitoring and responding to people’s healthcare needs. The registered manager said the health centre liaison nurse was working more closely with the service.

We looked at how the service supported people with their nutritional needs. People made some positive comments about the meals provided at the service. They told us, “The meals are okay,” “We have a choice, we are asked each day what we want” and “We are getting enough to drink.” People could make drinks and snacks for themselves and others throughout the day. They also had opportunity to help out with shopping, preparing and cooking meals. There was a flexible approach to providing meals, with the choices being offered and discussed with people each day. We found there was a lack of consideration given to providing a nutritionally balanced diet. There were no structured menus, which meant processes were lacking in planning and guiding the provision of meals. The record of the main meals served, showed a repetition of similar foods, including burgers, pies, sausage and chips. There was no record kept of meals served at breakfast and lunch. We were told fresh vegetables were no longer used. Support workers said there was no guidance at the service around healthy eating. We noted some basic food items were low in quantity. However the registered manager told us the shopping was due and further items could be purchased at any time. Although people’s food likes and dislikes and dietary needs were noted in their care records, there were no specific nutritional screening assessments and people’s weight was not consistently monitored.

We looked around the premises and found some areas of the environment were in need of upgrading and refurbishment. However we noted some improvements had been made, including the redecoration of the lounge with some new furnishings. One person told us, “We have new pictures and a new carpet on the stairs.” We looked at refurbishment plan which identified areas for improvement within a timescale. We found people had been encouraged and supported to personalise their rooms with their own belongings. This had helped to create a sense of ‘home’ and ownership. One person commented, “I like my bedroom.”

We looked at how the service trained and supported their staff. Support workers told us of the training they had

Is the service effective?

received. All four permanent support workers had a Level 2 or above NVQ (National Vocational Qualification). Records and discussion showed a programme of on-line training had recently commenced. This had included topics such as, infection control, fire safety and first aid awareness. Arrangements were in place for new staff to complete initial 'in house' induction training. However the registered manager was unfamiliar with the Care Certificate Framework induction programme.

There were no staff appraisals being carried out. However, arrangements were in place for staff to receive regular one to one supervision with the registered manager. Support workers confirmed they had recently attended supervision sessions and we saw there were brief records of these meetings. This had provided staff with the opportunity to discuss their responsibilities and the care and support of

people who used the service. The service had recently introduced an employee handbook; this provided an introduction to the service and source of reference on policies, responsibilities and expectations.

Information included within the PIR (Provider Information Return) outlined some of the processes in place to provide an effective service, such as supporting chosen lifestyles and involving people. Updating staff training was identified as a plan for improvement within the next 12 months.

We recommend that the provider arranges appropriate training for management and staff, on the current best practice in relation to the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

We recommend that the provider seeks advice and guidance from reputable sources, about effectively supporting people with their nutritional needs.

Is the service caring?

Our findings

People who used the service made some positive comments about the support workers at Beach House, they said, “The staff are alright, I’m a lot happier with the staff,” “I like all the staff” and “They are good staff.” We observed some positive and respectful interactions between people using the service and staff. Staff were kind and courteous when they were supporting and talking with people. One person told us, “They are always nice.”

However prior to the inspection were made aware of a specific situation where one person was inappropriately enabled to attend a confidential review meeting. We were also told a derogatory comment had also been made about the person. This had resulted in a compromise of confidentiality of information and a lack of dignity and respect. We discussed our concerns with the registered manager who indicated these matters were being pursued.

We observed people spending time in the privacy of their own rooms and in different areas of the home. One person said, “I can choose when to get up” and “I can go to my room whenever I want.” Bedrooms were fitted with suitable locks and people had their own keys. People spoken with confirmed staff knocked on bedroom doors and waited for a response before entering. This meant they could maintain their privacy within their own room. We saw that staff knocked on doors before entering peoples’ rooms.

There was a ‘keyworker’ system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their support. One person told us, “I get on well with my keyworker.” People had individual care plans, they had had been involved with this process and records showed they had signed in

agreement with the content. Although support workers told us how they promoted independence and we observed people doing things for themselves, we found the delivery of care and support was lacking in constructively supporting and motivating people in developing their independence skills.

We observed people being routinely consulted with on day to day matters. Residents meetings were being held and we noted people had been able to voice their opinions and make suggestions. The record of the last meeting held showed further outings had been requested. Issues had also been raised around general maintenance and the replacing of bedding, although this demonstrated peoples’ involvement we would expect such matters to have been previously addressed.

The service had policies and procedures to underpin a caring ethos, including around the promotion of dignity, privacy and individuality. There was a guide to Beach House which had been produced in an ‘easy read’ format. However we noted some of the information was out of date and incorrect. Information about advocacy services was available at the service. This service could be used when people wanted support and advice from someone other than staff, friends or family members.

Information included within the PIR (Provider Information Return) outlined some of the processes in place to provide a caring service, including supporting relationships with families and friends.

We recommend that the provider seeks advice and guidance from reputable sources, about upholding people’s confidentiality, dignity and respect.

Is the service responsive?

Our findings

We looked at how the service provided personalised support and care. People using the service expressed an awareness of their care plans. One person told us, “The manager did the care plan with me recently.” We noted care plans included picture references to help make them easier for people to understand.

We found some aspects of support delivery was lacking in appropriately motivating people to work towards self-reliance, aspirations and other goals. One person told us, “Sometimes I feel bored” another told us, “We don’t discuss future plans.” Individual strengths and needs were not being properly identified and responded to. Including educational and recreational needs, confidence building, and developing social skills. One social worker told us, “There’s not much happening, they have been slow with this.” We found there were no structured arrangements in place for one person to regularly access and experience, the resources available in the local community. A support worker said, “There is nothing in place for activities. We should be doing more.”

The care planning process was lacking in consistently supporting and directing an appropriate person centred approach. Although we found care records included some useful information, one in particular was not detailed enough to provide clear guidance for staff on responding to the person’s individual needs, behaviours and preferences. We were told one person’s care plan had recently been reviewed, but there was no dated record of this having been carried out. Records showed the last full care review had been carried out between May and June 2013. Another support plan had not been reviewed since it was completed three months previously and a planned review date had not been identified.

The provider did not have suitable arrangements in place for planning people’s care and support, in a way that meets their individual needs, preferences and goals. This was a breach of Regulation 9 (3) (b) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager described the process of assessing people’s needs and abilities before they used the service. We noted an assessment of a person’s needs had been carried out before they had moved into Beach House. We

looked at a completed assessment and found it covered the basic aspects of the person’s needs and preferences. Consideration had been given to matters such as, personal history, family support, risk management, faith needs and likes and dislikes. Information had also been obtained from social care professionals. We noted people had agreed contracts of residence, to provide an assurance that their needs would to be met at the service. However we found proper arrangements and plans had not been put in place to respond to all needs in a person centred way. The assessment process had not ensured attention was given to people’s capacity to make safe decisions and the appropriate management of restrictions in their best interest.

We looked at the way the service managed and responded to complaints. People spoken with had an awareness of the complaints procedure and processes. We found a complaints procedure was available for people at the service. One person told us, “I have not had any recent complaints, but I know what to do. I would tell whoever was on duty, they would write it down and do something about it.” Prior to the inspection, we were made aware of a particular concern being raised with the registered manager. We found this had not been responded to and dealt as a complaint. We discussed this matter with the registered manager. Some action had been taken to pursue the concerns and we were assured appropriate action would be taken to properly investigate and respond to the issues raised. Following the inspection we received information from the registered manager to indicate the complaints process had been instigated. However, we would have expected this matter to have been appropriately acted on and responded to without our intervention.

We found positive relationships were encouraged and supported. People told us of the contact they had with families and friends. We spoke briefly with one visitor who indicated they had been made welcome at the service. People had some opportunities to participate in activities in the home, including: reading, puzzles, TV and electronic games.

Information included within the PIR (Provider Information Return) outlined some of the processes in place to provide a responsive service, such as involving people in reviewing and planning their care.

Is the service well-led?

Our findings

Beach House was led by a manager who was registered with the Care Quality Commission. The manager was also registered as a provider of the service, in a partnership arrangement. We asked people for their views on the management and leadership arrangements at Beach House. One person told us, “There are two senior staff who are really great.” We were told the registered manager was not consistently in day to day management of the service and “Staff are running the place.” We looked at the staff rota, which showed the times the manager was to be on duty. This was on a part time basis, over three days per week for around 14 hours. We also found the registered manager was not always working the times specified on the rota. People using the service and staff indicated the registered manager’s attendance at the service could not be relied upon. One social worker told us it had been difficult to make contact with the registered manager.

This inspection showed there was a lack of effective leadership and direction at the service, which had resulted in breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were insufficient numbers of suitable staff available, to provide people with support to meet their needs. Processes were not in place to monitor staffing arrangements and make sure there were always enough staff available. Staff recruitment practices did not ensure the proper checks were carried out before they worked at the service. The management of medicines was lacking in ensuring people were safely and effectively supported.

We found some improvements were needed in maintaining a safe and clean environment. Appropriate arrangements had not been made to manage risks where people’s liberty may be restricted in their best interests. People were not effectively supported to maintain a healthy diet. Confidentiality of information had been compromised. People were not actively supported to develop their skills and abilities. We found concerns and complaints were not always recognised, investigated and dealt with.

Staff spoken with indicated teamwork at the service was good. One told us “Things are working well.” They described aspects of the service where improvements had been made. They were also open and honest about matters which they felt were in need of attention. We found staff meetings had been held on a monthly basis, one was held on the second day of the inspection. Staff said they were aware of the service’s ‘whistle blowing’ (reporting poor practice) policy and expressed confidence in reporting any concerns. However, the registered manager was not on site consistently, to provide ongoing direction, supervision and support.

Staff expressed some concerns about the lack of consistent leadership at the service. They told us of the difficulties they had experienced in contacting the registered manager. This indicated the management and leadership arrangements had not been effective in directing and inspiring the staff team to deliver a good quality service. Information included within the PIR (Provider Information Return) outlined some of the processes in place to provide a well-led service. Including sharing innovative ideas and community involvement. Sharing the service’s visions and values with residents and staff was identified as plan for improvement within the next 12 months.

The registered manager had carried out some checks/ audits on systems and practices. This inspection showed quality assurance and auditing processes were lacking in effectiveness. However, we noted a quality assurance monitoring system with auditing tools and checklists had been obtained, although this was yet to be fully introduced.

There had been a recent consultation survey with staff; they had been given the opportunity to complete a questionnaire on their views on various aspects of the service, their responses were yet to be analysed and responded to. However, there had not been a survey with people using the service for over 12 months, this meant their views and opinions had not been sought using this method of consultation.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

People were not protected from the risk of insufficient numbers of suitably qualified, competent, skilled and experienced staff, deployed in order to effectively and safely meet their needs. (Regulation 18(1))

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

The registered person had not operated an effective recruitment procedure to ensure all information specified in Schedule 3 of the Regulations was available in respect of all staff employed in the home. (Regulation 19 (2) (3) (a))

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

People were not protected from the risks of improper and unsafe management of medicines, because safe procedures had not been followed. (Regulation 12(2)(g))

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

People were not lawfully protected from being deprived of their liberty. (Regulation 13 (5))

Regulated activity

Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

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

People were not protected from a lack of personalised care, because the provider did not have effective plans designed to meet their individual needs and preferences. Regulation 9 (3) (b)