Lothlorien Community Limited

Seabourne House

Inspection report

61 Seabourne Way
Dymchurch
Romney Marsh
Kent
TN29 0PX

Tel: 01303875154
Website: www.craegmoor.co.uk

Date of inspection visit:
21 June 2016
22 June 2016

Date of publication:
28 July 2016

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 the 21 and 22 June 2016 and was unannounced. Seabourne House provides accommodation and support for up to five people who may have a learning disability, autistic spectrum disorder or physical disabilities. At the time of the inspection five people were living at the service. All people had access to a communal lounge/dining area, kitchen, a shared bathroom and well maintained garden. Two people had bedrooms on the ground floor; three people had bedrooms on the first floor.

The service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had left the service in January 2016 and was in the process of de-registering with The Commission. The provider had appointed a manager to manage the service. They had submitted an application to register with the Care Quality Commission (CQC) at the time of our inspection. The new manager was present throughout the inspection.

Staffing was insufficient to meet peoples need. There had been numerous occasions when insufficient numbers of staff had been allocated to shifts to ensure people's assessed needs were met.

Although risk assessments had been completed to support people to remain safe, documentation lacked enough guidance for staff to put safe processes into action.

Recording and auditing of accidents and incidents were not managed well. Reoccurring patterns were not identified and learning from previous events was limited.

People were not supported well to manage their healthcare and referrals had not been made in a prompt or timely way to outside health professionals.

Mental Capacity assessments and best interest decisions had not been completed for less complex decisions to meet the requirements of the Act. One person's authorisation to deprive them of their liberty had lapsed and an application to renew this had not been submitted which meant they were being restricted in an unlawful way.

Some of the language used in people's records were not dignified or respectful.

Care plans and other documentation lacked important information and were conflicting. Although staff demonstrated they understood and knew people well, new staff would be unable to support people in the correct way if they relied on the care plans to inform their practice.

The service lacked oversight. The new manager could not demonstrate a good understanding of the needs

of the people at the service.

There were safe processes for storing, administering and returning medicines. People had individual assessments around how they liked their medicines to be administered. Some improvements to documentation were required when people required prescribed creams and occasional use medicines.

Appropriate checks were made to keep people safe. Safety checks had been made regularly on equipment and the environment.

Recruitment processes were in place to protect people. People were protected from abuse and staff understood the processes for raising concerns about people's safety.

People had choice around their food and drink and were encouraged to help staff prepare and cook meals. People could choose alternative meal options when they wished.

Staff demonstrated they understood people well and supported them with their interests. Staff were responsive to people's requests to communicate with them.

People were helped to complain and staff would support people who were unable to use the easy read complaints policy by understanding what their body language meant if they were unhappy.

The new manager was aware of the key challenges of the service and had made some improvement to the service. People were encouraged to express their views and provide feedback so the service could continuously improve.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end 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?

Requires Improvement

The service was not always safe.

There were not enough staff to support people with their individual needs.

Risk assessments had been implemented but lacked detail to guide staff to support people well. Accidents and incidents were not managed well.

There were safe processes for storing, administering and returning medicines. Some improvements to documentation were required when people required prescribed creams and occasional use medicines.

Recruitment processes were in place to protect people.

People were protected from abuse and staff understood the processes for raising concerns about people's safety.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not supported well to manage their healthcare and referrals had not been made in a prompt or timely way.

Capacity assessments had not been made when people had restrictions placed on them. People were restricted in an unlawful way.

Staff received sufficient training to ensure they could competently support people.

People had choice around their food and drink.

Is the service caring?

Requires Improvement

The service was not always caring.

Some of the language used in people's records was not dignified or respectful.

Staff demonstrated they understood people well and supported them with their interests.

Staff were interested in what people said and took the time to engage with people at a pace that suited them.

People's bedrooms were decorated in a personal way.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans and other documentation lacked important information. Some information conflicted with what happened in practice.

There was a complaints procedure available for people should they be unhappy with any aspect of their care or treatment.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service lacked oversight.

Systems for accountability had not been established which meant people's immediate needs had not always been responded to.

Records did not reflect the current needs of people. Some paperwork was missing, conflicting and out of date.

Staff felt they could go to the manager for guidance and support and were positive about the future of the service.

Seabourne 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 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 the 21 and 22 June 2016 and was unannounced. The inspection was conducted by one inspector and one inspection manager. Before our inspection we reviewed information we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law. The provider had not received a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We gathered this information during the inspection.

During the inspection we spoke with three people, four staff, and the new manager. Not all people were able to express their views clearly due to their limited verbal communication so we observed interactions between staff and people. We looked at a variety of documents including people's support plans, risk assessments, daily records of care and support, four staff recruitment files, training records, medicine administration records, and quality assurance information.

Requires Improvement

Is the service safe?

Our findings

A staff member said, "If there's only two staff on shift only one person is able to go out. One person needs to use a wheelchair when they go out". Another staff commented, "We are getting people out as much as possible. One person doesn't leave the service, it puts a strain on staffing and outings".

Staffing was insufficient to meet people's need. One person was allocated a staff member for eight hours every day to allow them the opportunity to pursue outside interests and social engagement. The new manager said two additional staff were required to be on shift from 730am to 930pm to support the other people in the service and one sleep-in staff was allocated during the night. There had been numerous days where only two staff in total had been on shift and on several occasions one staff had been left to lone work. This impacted on people's ability to leave the service, pursue outside activities and receive their allocated one to one hours. Some people could display behaviours which could challenge others; staff would have to support people to manage these behaviours as well as providing support to other people. Staff were also responsible for cleaning, cooking meals and doing the weekly shopping which restricted their time with people further.

One person's behaviour had changed over the last few months and they chose to no longer come downstairs from their bedroom or leave the service. This meant that one member of staff had to remain in the service to support this person at all times. Additional staff had not been added to shifts which had an impact on other people's freedom to leave the service.

The provider had not ensured there were sufficient numbers of suitably qualified, competent, skilled and experienced staff to fully meet people's needs. This is a breach of Regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although risk assessments had been completed to support people to remain safe, documentation lacked enough guidance for staff to put safe processes into action. For example, people had individual personal emergency evacuation plans (PEEPs). The plans did not fully describe in enough detail what assistance people would need in the event of an emergency for instance, a fire. One person's plan stated 'May need assistance due to mobility' there were no further details to describe what this meant or how staff should assist this person. Another person's plans said 'May need staff to intervene using CPI transport techniques as per Craegmoor guidelines' again, there was no further explanation of what this meant and how staff should put it into practice. The plans had not been reviewed since July 2015 and were reliant on staff having a good knowledge of the person and their individual needs.

The new manager was unaware about the process the service used for logging accidents and incidents. They said, "I need to work with the key workers to get reporting of incidents monitored. At present they (staff) just write daily records and don't have separate incident records". We were later shown by a staff member a folder where accident and incidents were being recorded. The new manager had not been auditing this which meant there could be limited learning from incidents and reoccurring incidents were not identified or prevented. Each person had their own section in the incidents file that staff could use to record

any incidents which had occurred. Accidents and incidents could be logged on the provider's internal computer system which allowed for reoccurring patterns and trends to be monitored and explored further. Systems were not robust to ensure this happened in practice. Some of the entries in the daily records which would warrant an incident report being completed had been missed.

Emergency evacuation plans were insufficient in guiding staff to support people in emergency situations. The provider's management of accidents and incidents was insufficient and the provider had not ensure they had done all that was reasonably practicable to mitigate risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were safe processes for storing, administering and returning medicines. People had individual assessments around how they liked their medicines to be administered. Some people were prescribed creams. Although this was recorded on the medicine administration record (MAR), there were no body maps or other documentation to instruct staff where people required their prescribed creams to be applied, and people were unable to communicate this to staff. This left people at risk of receiving their prescribed creams incorrectly. Some people were prescribed occasional use medicine (PRN). Although staff could demonstrate a good understanding of when people should receive their PRN, documented guidance was unclear meaning new staff would struggle to recognise the appropriate time to administer. This is an area that requires improvement.

Safety checks had been made regularly on equipment and the environment. This included checks of fire alarm system, fire extinguishers, emergency lighting, portable appliances, gas safety and wheelchair checks. The provider could be assured by making these checks that the premises and equipment were in good working order and safe for purpose.

Recruitment processes were in place to protect people. Gaps in employment history had been fully explored and Disclosure and Barring Service checks made. These checks identified if prospective staff had a criminal record or were barred from working with adults. Other checks made prior to new staff beginning work included references, health and appropriate identification checks to ensure staff were suitable and of good character.

People were protected from abuse and staff understood the processes for raising concerns about people's safety. One staff member said, "I have completed safeguarding training. I would report concerns to the manager or tell the area manager or local authority safeguarding team. I feel confident if I had to whistle blow or report". A safeguarding policy was available for staff to refer to as well as a safeguarding flow chart which gave details of contacts and numbers to report concerns to.

Requires Improvement

Is the service effective?

Our findings

People were not supported well to monitor their healthcare. Appointments to see outside health professionals were not made in a timely or responsive way. We observed that one person had a sore looking eye. We asked the new manager and staff if an appointment had been made for them to have this looked at. A staff member said, "Key workers usually make referrals, we can look in to it". The new manager said they would do it later. This did not demonstrate a responsive approach to people's medical needs and had it not been for the ongoing inspection, this person may have been left without a referral to a healthcare professional. One person's care plan said they should receive regular weekly check-ups at the doctors as there had been concerns over weight loss. This had not been happening as the person no longer left the service. The person's weight was monitored in the service; however, this was completed monthly as opposed to weekly. Although records confirmed the person had not lost weight they were at risk of not receiving prompt medical intervention if their weight should be of a concern again. This person should have received a specific medical check in February 2016 but had missed this due to them not leaving the service. Plans to support this person to receive their medical check had not been made leaving the persons health at risk. The new manager said this should have been reported to them by the key worker and this is an area they needed to improve with staff.

One person had epilepsy and had regular seizures. The person's care plan and staff confirmed that most seizures happened throughout the night. Protocols were in place should the use of rescue medicine be necessary. The protocol said that if a seizure should last longer than five minutes rescue medicine should be administered. During the night, sleep-in staff used an audio monitor to identify if the person was having a seizure. A staff member said, "I slept in once and was drifting off to sleep and heard (person) having a seizure. I think everyone (staff) here are quite light sleepers. We would know the next day if (person) had a seizure as they would be lethargic". Accurate timed recordings of the person's seizures were not possible as the provider could not guarantee staff would be able to attend to the person immediately if they were asleep. This meant the person would be at risk of not receiving their rescue medicine as advised in their epilepsy protocol.

People were being placed at risk as health needs were not being consistently responded to effectively. This is a breach of Regulation 9 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Capacity assessments and best interest decisions for less complex decisions were missing from people's files which meant decisions to place restrictions on people were made without consideration of compliance with the Act. The new manager said this was an area they were improving. All people required continuous supervision and support outside of the service due to their complex needs. All people had been restricted from leaving the service freely but only two people were currently subject to a DoLS authorisation. One person's DoLS had lapsed and an application to renew this had not been submitted which meant they were being restricted in an unlawful way. A best interest meeting had not been conducted when one person had medical treatment they were unable to consent to which was not complying with the Act. During the inspection the keypad for restricting access in and out of the front door was removed as the new manager said it was no longer necessary.

The provider had failed to comply with the requirements of the Mental Capacity Act 2005. This is a breach of Regulation 11 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

All staff completed mandatory training in the form of face to face or e-learning. A staff member said, "We do eLearning and get some face to face training. Most training on line is okay as a refresher, I prefer to go out and do training". Mandatory training included; fire awareness, medicines, infection control, health and safety and safeguarding people. Additional training was offered to staff in specialised areas such as epilepsy, managing challenging behaviour, handling complaints, Autism spectrum disorder and suicide/self-harm prevention. Staff demonstrated the appropriate skills and knowledge to support people with their needs.

A staff member said, "For the induction new staff will do eLearning then shadow staff. They will do training outside and will go through the files and other areas with myself or the manager". New staff did not lone work until their competence was confirmed by the new manager or team leader. New staff completed the Care Certificate to supplement the providers own induction. The Care Certificate was introduced in April 2015 and are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. Although regular formal supervision had not yet been embedded staff said they felt well supported by the new manager and able to go to them at any time for support.

One person said, "I'm happy, I've got sausage and mash later which I like". People were asked as a group to choose the weekly menus and were encouraged to help make meals with staff, some people enjoyed making cakes. Each person was allocated their own space in the kitchen cupboard to store particular treats and snacks they had chosen. To help people make choices they were shown pictures of different meals and could choose alternatives when they wished to go off menu. One person had a specialised dietary requirement which staff were aware of and catered for. Staff recorded the food people had consumed to track if their tastes had changed which was particularly useful if a person found this difficult to verbalise.

Requires Improvement

Is the service caring?

Our findings

One person said, "I like it here; I like the staff and people". Another person said, "Nothing to worry about here". A staff member said, "I think the people here are looked after. We promote independence and choice. They all seem happy there's a nice atmosphere".

Some of the language used in people's records was not dignified or respectful. In one person's daily notes staff had recorded the person had 'Behaved well' when at a hospital appointment. Another report described how a person had become unsettled at night and was making 'Weird noises'. There were several recordings of people sitting or eating 'Nicely'. This showed that people were sometimes treated like children rather than adults. This is an area which requires improvement.

There were some positive and engaging interactions between people and staff, although at other times this was limited. For example, three staff sat together on one side of the lounge while people sat on the opposite side. There was limited conversation or engagement between people and staff at this time although staff chatted with one another or watched television. The design and decoration of the service did not promote peoples choices. One person's bedroom floor was uncarpeted and unhomely and two people's sheets for their beds were ill-fitting. This is an area that requires improvement.

At other times staff communicated with people in a person specific manner which demonstrated people were actively being involved and included. One person said, "I'm going to day centre today, I'm going to do a picture". They then spoke to the new manager about what they would be doing later in the week. The new manager spoke to the person in an interested and respectful way at a pace that suited them.

Staff demonstrated they understood people, supported them with their interests and knew their personal histories. This was demonstrated when staff explained to us about a person's behaviour which had improved vastly over the past few years. One person had stuffed toys and objects of interest near them in the lounge which they could touch and feel. They were engaging in an activity of putting beads onto a thread. Another person was looking though a magazine while they watched television. Staff encouraged people to be independent and one staff member was supporting a person to make hot drinks for them self and others. When people retuned from their outings staff were interested in how their day had been and what future plans they had made.

People's bedrooms were decorated in a personal way and they had many objects such as stuffed toys and photographs to make their rooms feel homely and comfortable. People appeared relaxed and happy and were able to freely move around all areas of the service. Staff respected people's privacy and asked for permission before entering their personal space.

People were encouraged to express their views and make their own decisions. A staff member said, "One person will take themselves off to bed, when they feel like it, another person will ask for their meds then go to bed. Other people will go to bed between 9pm or 10pm. Whatever time they like, it's their choice". A person had recently purchased a new armchair. Staff had taken the person to the shop so they were able to

try various armchairs before making a decision on the style and colour. People were encouraged to maintain contact with their relatives. If people were unable to make choices due to their communication or capacity their relatives were informed and asked to give feedback on their behalf. One person's family had been asked for input into the decoration of their bedroom. The persons care plan stated; 'Persons family will advocate for them if they have any concerns' and 'Any decisions that require a best interest meeting should be communicate through next of kin'.

Staff were responsive to people's requests to communicate with them. One person spent most of their time in their room, staff frequently checked on this person to make sure they were well. Staff demonstrated they cared about people and had their best interests in mind. A staff commented, "We want to make an improvement to people's lives, they matter most".

Requires Improvement

Is the service responsive?

Our findings

A staff member said, "I don't think there's enough information in the care files to inform new staff of how to provide support to people". The new manager said they were in the process of updating all of the care plans to continuously improve the quality. Some documents lacked important information or gave conflicting information, for example, staff informed us that a person never used a duvet and slept under a dressing gown which had been part of their routine for a long time. The person's care plan contained no guidance about their sleeping arrangements although it was a significant part of their individual personal preference. Another person's behaviour support plan stated they required two staff to support them 27 hours per week when they left the service to attend outside activities. However, the new manager said this was no longer the case as the person's behaviour had improved significantly.

The care plan of the person who would no longer come down the stairs or leave the service stated, 'They seemed happy in their bedroom and liked spending time there' and 'They tend to like their own company and spend a lot of time in their room'. This conflicted with what staff told us. They said this person was very sociable and was frightened to walk down the stairs. A document in the person's care file called 'Info about consent and capacity behavioural support guidelines' stated the person had been refusing to come downstairs during the month and chose to remain in their room. They came down once during the month but appeared to struggle with the stairs. New staff would rely on existing staff to tell them how to support people in the right way which could place people at risk of receiving inappropriate care and support. People had not always been able to leave the service to pursue outside activities or interests as there had not always been enough staff on shift to facilitate this.

The provider had not designed care and treatment with a view to achieving people's preferences and ensuring their needs were met. This is a breach of Regulation 9 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was some good guidance in people's plans to describe how they liked to be supported in a personal and specific way. People's care plans included a personal profile, communication guidance, personal care information, health and medication information and behavioural support guidance. Although some parts of the care plans needed to be updated to reflect people's current needs, existing staff had a good understanding of how to support people in their preferred way.

The manager said up until two months a go there had only been two staff available who could drive the company vehicle. This had put further stain on being able to get people out to do activities. A staff member said, "We're getting people out more now. We can do more outings we have drivers on now". During both days of the inspection people went out to do activities. Some people went to a day centre and others went out for a drive, swimming and out for lunch. One person attended a day centre Monday to Friday from 9.45am to 4.15pm; another person would go twice a week. One person told us they enjoyed to go trampolining and went weekly to this. Some people liked to go to animal parks and one person had a trike they would ride.

People had access to an easy read complaints policy in their care files. The easy read complaints policy gave people information about who to contact outside of the service if they were unhappy with the response given or action taken by the provider. Some people would find it difficult to understand how to complain following the formal process. They would rely on staff to recognise if they were unhappy about the service they were receiving by understanding their body language and other means of communicating. One person's care plan stated; (Person) has very limited verbal communication due to this they are unable to voice concerns and complain. Their body language will tell you if they have concerns or complaints'. There was a complaints policy located in the office although this was not displayed. The policy gave information about who people could talk to, how their complaint would be handled and the timescales that complaints would take to process and be completed. The policy needed to be updated as the name of the previous registered manager was included. There was a section which stated a person could directly complain to an inspector with the Commission but where contact details should have been recorded it had been left blank. This is an area that requires improvement. The service did not have any unresolved complaints and had received one compliment.

Requires Improvement

Is the service well-led?

Our findings

A staff member said, "The new manager has had a lot on their plate. They are approachable it's getting better here". The new manager had oversight of two other services which had impacted on the improvements they had been able to make at Seabourne House. They said, "There will be problems here as I have been focusing on the other two services. This inspection will be a good benchmark of the work we need to do here to improve".

The service lacked oversight. The new manager could not demonstrate a good understanding of the needs of the people at the service. For example when we asked why a person was missing a duvet from their bed they said it was in the wash. Other staff told us this person never used a duvet and this was a well-established part of their individual preferences. The new manager was unable to tell us clearly about the behaviours which people could display which could challenge others. They initially said that nobody at the service would display any behaviour that could challenge others. However, care plans and staff identified that at least three people could display physical and verbal behaviours. The new manager had not established robust systems for monitoring incidents and staff did not benefit from clear guidance in this area. The new manager said one person had epilepsy; we later found out that two people had epilepsy. Lack of management insight of a service can have a detrimental effect on the quality of the care people receive and the support staff are given to conduct their roles effectively.

Systems for accountability had not been established which meant people's immediate needs had not been responded to. When people required medical attention from outside healthcare professionals, appointments and referrals had not been made in a timely manner. Staff were unclear about the process for making referrals and what their professional responsibilities were in relation to this. This impacted on people's health and welfare.

A staff member said, "Paperwork could improve, care plans in particular". Some recordings in documentation were basic and gave little description to be able to understand the needs of the person. For example in people's night time records several entries were one sentence long stating the person had a 'Good' night sleep' or had 'Slept okay'. This description was too generalised to understand what this meant as a 'Good' night or 'Slept okay' might mean something different to each individual. This meant that any observed behavioural changes would not be identified or acted upon effectively. The care plan for the person who no longer left their bedroom had not been updated to reflect their current situation. Their plan said, '(Person) goes to day care four days a week where they socialise with others'. They had not been to day care for several months. This had not been identified when the care plan had been reviewed.

The provider had failed to assess, monitor and improve the quality of the service provided. Records were incomplete, conflicting and had not been kept up to date. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

A staff member said, "I do like my job, it's a happy place to work. I think one of the biggest challenges can be the staffing". The new manager had planned to make improvements in the service by giving better direction

and structure to the staff team. For example, they had spoken to the team leader and had agreed they would be given specific office hours to complete administrative duties such as inputting data about staffing hours on to the computer system and money auditing.

The new manager said, "I haven't had much time to look at staff performance in depth, I've been focusing on improving processes for looking after people's money and finances. I've have a lot on my plate with the other services I look after. I need to sort out the paperwork here". The new manager was aware of the key challenges of the service. They said staff had not always been given enough support and this had affected their confidence. Staff enthusiasm for their work had dwindled because structure and clear aims of the service were missing. A staff member said, "The team is good now, we've not always had support but the new manager has an open door policy and they listen to us. We didn't know what we needed to do before, now there's guidance in place to help us".

Quarterly internal audits were conducted by the regional manager to identify areas which were in need of improvement. The last internal audit was completed in March 2016 which had identified various areas including; staff files, support plans, supervisions and DoLS. The new manager had improved staff files following this audit, other parts identified were still in need of improvement. The new manager did not have any of their own monitoring or auditing tools in place and said this was an area they were working on. The new manager had been making competency checks on staff to observe their knowledge and how they ran shifts.

There were some good processes for staff handing over information to one another when shifts changed. A handover sheet was used to ensure petty cash was correct and any appointments scheduled had been attended. The planner also outlined which staff member would be responsible for specific tasks throughout the shift to encourage accountability and to ensure people's needs had been met.

People were encouraged to express their views and provide feedback so the service could continuously improve. People had 'My meetings' with their key workers to discuss future dreams and goals, one person was planning a holiday with their key worker. The person's relative had been involved in making decisions about an appropriate destination and there had been regular contact with the relative to involve them in other aspects of the person's care and treatment. Quality assurance questionnaires were sent to relatives to obtain their feedback. One relative had been unhappy with the communication they received from the staff. The new manager said staff now phoned this relative regularly to ensure good communication was kept. Other relatives had requested a person was given a pictorial board to help them communicate their wishes. This had yet to be implemented and the new manager said this request had been made prior to them taking up post, they said they had started to use more pictures to help this person with their communication.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People were being placed at risk as health needs were not being consistently responded to effectively. The provider had not designed care and treatment with a view to achieving people's preferences and ensuring their needs were met. Regulation 9(1)(3)(a)(b)(c).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to comply with the requirements of the Mental Capacity Act 2005. Regulation 11(1)(3).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Emergency evacuation plans were insufficient in guiding staff to support people in emergency situations. The provider's management of accidents and incidents was insufficient and the provider had not ensure they had done all that was reasonably practicable to mitigate risks. Regulation 12(1)(2)(a)(b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

	The provider had failed to assess, monitor and improve the quality of the service provided. Records were incomplete, conflicting and had not been kept up to date. Regulation 17(1)(2)(a)(b)(c).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured there were sufficient numbers of suitably qualified, competent, skilled and experienced staff to fully meet people's needs. Regulation 18(1)(2)(a).