

Careline Lifestyles (UK) Ltd Wilkinson Park

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 24 and 27 June 2016. The inspection on the 24 June 2016 was unannounced. This meant the provider was not aware we intended to visit the service on this date.

Wilkinson Park is registered to provide accommodation, personal care and support for up to 21 adults with learning difficulties. The home is subdivided into a main house and integral semi-independent living area. There are two cottages attached to the home, where people also lived on a semi-independent basis. At the time of the inspection there were 16 people living at the service.

At the time of the inspection there was no registered manager registered at the location. This was because the previous manager had recently retired. 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 day to day running of the location was carried out by a service manager, who would report to the registered manager.

At the previous inspection in March and April 2015 we found two breaches in regulations. Some windows at the home did not have appropriate window restrictors in place and care plans were not always clear or dated appropriately to show when they had been reviewed. The provider wrote to us and told us these matters would be dealt with by June 2015. At this inspection we saw care plans had been updated with clear information to help staff support people and that reviews took place regularly. We also saw that window restrictors had been fitted throughout the home. A range of checks were also undertaken on other safety equipment and systems, such as fire and water systems.

People and staff told us it would be helpful to have more staff and that sometimes it was difficult to participate in activities because there were not enough experienced staff on duty. The provider had a dependency tool in place to help determine staffing levels. However, this did not always take into account the specific needs of the home's rural location. We have made a recommendation this is reviewed.

The home was clean and tidy and appropriate personal protective equipment was available throughout the building. We found action to support one person using a commode was not in line with national guidance. We have recommended a review of infection control procedures at the home.

Appropriate safeguarding procedures were in place to help protect people from abuse. The provider had in place systems to ensure staff recruited to the service were relevantly experienced. Risks related to supporting people with care and the running of the home were assessed and action taken to minimise them. Medicines at the home were managed effectively.

Staff at the home had access to a range of training and development opportunities. Staff told us they had regular supervision by managers or senior staff. Annual appraisals had not been undertaken, some for as

long as two and a half years.

The acting manager confirmed some people were subject to Deprivation of Liberty orders under the Mental Capacity Act (2005). We saw assessments and applications in relation to DoLS had been undertaken. People who were subject to other legal restrictions also had these matters reviewed. Staff had received training in managing challenging behaviour and had a good understanding of dealing with these situations. People were supported to make choices and assisted to maintain good health and wellbeing.

People told us food at the home was good and they could request particular items if they wished. Some people were supported to go shopping and cook their own meals. Individual rooms were decorated to personal taste, although the decoration in some of the public areas were in need of refreshing.

People told us they were happy with the staff who cared for them and we saw that relationships were positive, supportive and friendly. They told us they were involved in determining and reviewing their care. They also told us staff respected their privacy and helped maintain their dignity during the delivery of care.

A range of activities took place at the home and people also went out into the local community. People said vehicles used at the home regularly broke down and this sometimes caused inconvenience if they wished to go out. The acting manager said this issue was being looked at. The provider had a complaints procedure in place and any concerns were investigated.

People and staff told us they felt well supported by the acting manager and deputy manager. They did not feel there was sufficient support or appreciation from the provider's senior managers who visited the home. The acting manager said there was regular attendance at the home by senior staff and HR staff.

A range of audits were undertaken at the home on both the environment and the delivery of care. The home continued to have links with the local community and engaged in activities in local villages. Records at the home were up to date and maintained effectively.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to Staffing. We have also made two recommendations to the provider.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

The provider had taken action to fit appropriate window restrictors and undertook reviews of safety equipment. The home was clean and tidy, but systems to effectively clean a commode were not in place.

The provider had a dependency tool to determine the required levels of staffing at the home, although staff said they had to work additional shifts to cover current shortfalls. People told us there was not always a consistent number of staff to allow them to participate in outside activities.

People told us they felt safe and safeguarding incidents had been dealt with appropriately. Staff recruitment continued to be undertaken in a safe and effective manner. People's medicines were managed effectively.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff told us they had access to regular learning and received specialist training to deal with potentially challenging behaviour. They said regular supervision took place with managers. There had been no recent annual appraisals of staff and some staff had not been appraised for two years or more.

There was evidence applications had been made to the local authority safeguarding adults team to in relation to the Deprivation of Liberty Safeguards (DoLS). People were assisted to make choices and were supported to maintain their health and wellbeing.

People were complimentary about the range and quality of food and drink available at the home and specialist diets were supported. Some areas of the home had been decorated but public areas were in need of updating.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

People told us they were happy with the care they received. We observed staff supported people in a way that met their individual needs and allowed them to remain as independent as possible.

People told us they were involved in determining and reviewing their care. Documents indicated they had access to advocates and other independent support and advice.

Care was provided whilst maintaining people's dignity and respecting their right to privacy.

Is the service responsive?

Good ●

The service was responsive.

At the previous inspection we found reviews of care records were not always clear. At this inspection we found care records had been updated, contained good detail and were reviewed on a regular basis.

There were a range of activities available for people, taking place both in the home and in the local community. People highlighted a lack of available vehicles did sometimes restrict outside activities.

There were system in place for people to raise concerns and complaints and these were investigated appropriately.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The previous registered manager had recently retired and a new registered manager was not yet in post. People and staff said the acting manager and deputy manager were very supportive and responsive. They felt that senior managers from the provider organisation were not always as responsive.

A range of checks and audits were undertaken to ensure people's care and the environment of the home were effectively monitored. Regular meetings with people living at the home took place. Staff meetings had been less frequent.

Records at the home were up to date and maintained effectively.

Wilkinson Park

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 24 and 27 June 2016. The first day of the inspection took place on an unannounced basis.

The inspection team consisted of an inspector.

As this was a follow up inspection a Provider Information Return (PIR) was not requested prior to the inspection. 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. Following the previous inspection the provider sent us an action plan detailing the action they would be taking to improve the service at the home. We carried out this inspection to check that the actions they had detailed had been put in place and improvements made. We also checked the provider was continuing to meet other aspects of the Health and Social Care Regulations. We reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local Clinical Commissioning Group. We used their comments to support our planning of the inspection.

We spoke with five people who used the service to obtain their views on the care and support they received. We talked with the acting manager/administrator, the deputy manager, three support workers and the cook. Following the inspection we also spoke with a care manager who supported two people who lived at the home.

We reviewed a range of documents and records including; four care records for people who used the service, five medicine administration records and three records of staff employed by the service. Additionally, we examined training records, complaints and compliment records and accidents and incident records. We also looked at records of staff and residents' meetings and a range of other quality audits and management

records.

Is the service safe?

Our findings

At our inspection in March and April 2015 we found a breach of regulations in that windows on the upper floor of the building did not have window restrictors fitted, which posed a potential risk of falling to people who lived at the home. We also noted that previously identified work on fire doors had not been undertaken. At this inspection we found all the windows on the upper floor had restrictors fitted which complied with the Health and Safety Executive national guidance for care homes. We also saw that the work on fire doors, required at the time, had been completed. This meant the provider had carried out work to ensure the previous breach of regulations had been met.

We saw the home's handyman carried out a range of checks on the premises and equipment throughout the building. There were regular checks on fire equipment, water systems and systems for people to call for assistance. We saw where necessary adjustments or changes had been made to fire doors to ensure they fitted appropriately. We saw copies of five year fixed electrical certificates and noted that portable appliance testing (PAT) had been undertaken on small electrical appliances, to show they were working correctly. We noted one fire door where there was a gap at the top, meaning the smoke restricting seal would not work effectively, although the area was well compartmentalised in terms of fire safety, to limit risk. We spoke with the acting manager about this. She said the maintenance man had identified this as an issue, along with a number of other items and a list of required work had been discussed with the provider's estates department. The acting manager subsequently sent us a copy of the listed work discussed with the estates manager and planned for action over the coming months. This meant systems were in place to effectively monitor and repair defects at the home.

The home was clean and tidy, with toilet areas and bathrooms well kept. Washing facilities had soap and disposable towels available. All washing facilities had supplies of personal protective equipment available, such as latex gloves. The home had one cleaner who worked regularly each morning. They told us people who lived at the home were encouraged and supported to keep their own rooms tidy and staff and people would carry out cleaning tasks at weekends or in the evening, when there was no domestic provision. We saw one person had the use of a commode in their room. Staff said this was only used at night and not always. We asked how this item was cleaned and was told by staff this was done in the home's laundry facilities. We looked at the laundry facilities, which did not contain access to appropriate cleaning facilities for commodes. This room also contained several freezers, used to maintain food stores in case of emergency, such as the home being cut off in bad weather, although all were securely locked to prevent immediate access. We spoke to the acting manager about the cleaning of the commode in this area and she said this would be changed to the domestic room. The domestic room was clean and tidy, but did not have the full facilities to follow guidance on the cleaning of commodes. The acting manager told us this issue had been discussed and the provider was looking at installing a sluice or using a disposable commode system. We examined the provider's infection control policy and found there was limited information relating to the cleaning of commodes. This meant that whilst the home was clean and tidy there was a small, but potential, risk of cross infection from the current systems in place.

We recommend the provider carries out a full infection control audit of the premises, and seeks advice from

infection control professionals on effective systems to manage the risk of cross infection.

Some people told us they felt there were limited numbers of staff at times. They told us they felt more staff would be helpful and that staffing numbers occasionally meant they could not go out on trips and visits. One person told us, "Some nights there can be seven staff on and then others there are only four. It feels like staff are really stressed at times." They said having staff who could drive the home's vehicles was often an issue, as younger staff were often not able to drive the minibus. They said the acting manager and deputy worked extremely hard to ensure there were staff available to allow them to visit the community and attend important appointments, but that sometimes in the evening it was not always possible to visit the local pub, if they wished. Staff told us that because of recent vacancies and sickness they had been required to take on additional shifts, but recruitment had taken place. Some staff said the hardest part was working a shift, doing a sleep in shift and then working again the following morning. We examined the staff duty rotas for the home. We saw that for most days there were five care staff rostered for each day, working a combination of full day or early and late shifts. Night shifts were covered by two waking night staff and a sleep in staff member, who had been on duty the previous day. The acting manager told us she did not have access to the dependency tool used to determine staffing but would request this from the provider. We were subsequently sent the dependency tool used at the home to determine staffing levels. We saw this was detailed and looked at people's support needs across a range of areas and included specified one-to-one time for some individuals. We noted however, there was no specific weighting given to staff time required for external activities, which were important given the highly rural location of the home and the distance from shopping, leisure and health facilities.

We recommend the provider reviews the staffing/dependency tool to fully account for the unique access issues due to the rural location of the home.

At the previous inspection we found the provider had an appropriate safeguarding policy in place and followed local safeguarding procedures and processes. At this inspection we saw the home continued to follow correct procedures and dealt with safeguarding matters appropriately. Staff had undertaken safeguarding training and people we spoke with told us they felt safe at the home and when out with staff. Our records showed the home had notified the CQC of any potential safeguarding incidents, as legally required to do so. This meant the provider had in place systems to deal with any potential safeguarding situations.

At the last inspection we saw the provider had employed a robust system to ensure staff were recruited effectively. We examined a number of staff files and saw appropriate systems were still being followed, including references being taken up and Disclosure and Barring Service (DBS) checks being undertaken. DBS checks ensure staff working at the home have not been subject to any actions that would bar them from working with potentially vulnerable people. This meant the provider continued to recruit staff in a safe and effective manner.

At the previous inspection we saw risks were considered and assessed, both in relation to people's personal care and the wider operation of the home. We noted this was still the case and that a range of risk assessments were in place. Risk assessments related to people's personal support and care were detailed and gave clear actions for staff to follow to limit or deal with potential risk situations. Accidents and incidents were recorded, monitored and reviewed. This meant the provider continued to have system to identify and manage risks at the home.

People were effectively supported with their medicines when we previously inspected the home. This was still the case at this inspection. There were good records related to medicines management, including

detailed care plans for "as required" medicines. "As required" medicines are those given only when needed, such as for pain relief. Some people managed their own medicines and care plans and risk assessments for this were in place. People told us they were well supported by staff to take their medicines. This indicated the provider continued to support people to manage their medicines in a safe and effective manner.

Is the service effective?

Our findings

At the last inspection we saw staff had a range of training opportunities and experience. At this inspection people told us that staff had the skills and experience to support the. One person told us, "The staff know what to do." Some people highlighted younger staff did not have the necessary experience or qualifications to drive all the vehicles at the home. The acting manager and deputy manager explained that younger drivers could no longer automatically drive the minibuses on their normal licences. They said additional tests needed to be undertaken for these staff. A care manager told us staff at the home had sufficient skills and training to support people. They commented, "The staff have good skills and are well motivated to help people."

Staff told us they had access to regular training and development. They said that because of the remote location of the service the provider often arranged for training to take place at the home, to limit the need to travel. They said training was a mixture of face to face events and other training. The acting manager showed us the home's training matrix, which recorded when staff had undertaken training and highlighted when refresher training was due. Staff had completed a range of training, including safeguarding, infection control, food hygiene and specialist training to deal with potential aggressive or challenging situations.

Staff told us they received regular supervision from the acting manager, deputy or senior staff. Records confirmed these sessions took place and a range of care and personal issues were discussed. Staff said they had not had an annual appraisal for a considerable time. Records showed some staff had not had an annual appraisal for over 2 years. We asked the acting manager about appraisals. She said she was aware of the situations and that it had only recently come to light. She was working to address it and had completed one appraisal at the current time. This meant there had been no recent formal review of staff performance, to ensure they were delivering care to an appropriate standard and future training needs were fully identified.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

People told us communication within the home was good. A care manager told us staff kept them up to date with any changes in care. They said staff also sought advice, if they were unsure about anything. People told us staff were good at involving them in care decisions and confirmed staff discussed their care needs with them.

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 in care homes and hospitals 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. The acting manager showed us documents confirming that, where appropriate, assessments and applications in relation to DoLS had been made. Some people were subject to other restrictions or orders under the Mental Health Act (2007). We saw where these were in place appropriate reviews were undertaken.

Staff understood about supporting people to make choices. We saw people had been supported to make decisions about their care and issues such as which GP they wished to register with. People had also signed consent forms to say they agreed to having their photograph taken or required support with their medicines. People had also signed their care records to say they agreed with the care plans that had been developed. This meant people were supported to make decisions about their care and asked to provide their consent.

Staff told us they did not physically restrain people living at the home. They told us, and records confirmed they had undertaken specialist training on how to deal with challenging behaviour in a non-confrontational way. They were able to describe to us the action they would take in such a situation. Care plans were detailed in the actions staff should take if a challenging event took place when people were out in the community. Staff confirmed there would be a debriefing session following any such events, but that in the majority of cases the situation could be managed by simply talking to people. One staff member said they did sometimes feel vulnerable at times but had not been involved in any recent concerning incidents. This meant the provider had in place system to deal with any untoward incidents.

People told us they were happy with the food at the home. Some people, who lived in the semi-independent living area, told us they carried out their own shopping and were supported by staff to cook their own meal. One person told us they would prefer to be in the main house because the meals were so good. People were highly complementary about the cook. One person commented, "We get three square meals a day. The cook does a great job." We saw a range of meals were available and people were able to suggest the type of meals they would like. This included people at the home having takeaway meals or meals out on occasions. There was a range of fresh and frozen food available at the home. The cook was aware of people's specific dietary needs and how best to support these. People's weight and dietary intake was monitored, as necessary. People also had access to a kitchen area to make drinks as they wished. This meant people were supported to access sufficient levels of food and fluids.

People were supported to maintain good health and wellbeing, both physically and mentally. There was evidence from care records that people regularly attended GP surgeries for check-ups, opticians and dentists. People were also supported to attend reviews with their care manager or consultant psychiatrist. A care manager we spoke with confirmed staff supported people during these appointments.

People's rooms were decorated in their own personal style and contained furniture and mementoes particular to them. The acting manager and deputy manager confirmed that a number of individual rooms had been redecorated since the last inspection. Some public areas of the home continued to look tired and some furniture required replacing.

Is the service caring?

Our findings

People we spoke with told us they were happy with the support and care they received at the home. Comments included, "It's really good here; the staff are okay"; "I'm very satisfied with the care and support I get here" and "The staff do everything in their power to make things better."

We spent time in various areas of the homes, chatting with people and observing how they interacted with staff. We saw there were good relationships between people and staff. There was a good deal of laughter and joking throughout the day. Staff spent some time just sitting and talking to people. Staff always asked people if they were alright as they passed. One person told us a number of long serving staff had recently retired or left the service. They felt the relationship with the new, younger staff was not quite the same. Another person told us the staff were sensitive to people's needs. They commented, "It's not the sort of care home where you can treat everyone the same." A care manager told us they the people who he supported were happy with the care and had never raised any issues about the staff's approach at the home.

Staff told us that no one at the home had any particular cultural or religious requirements or needs. One person told us a local chaplain called regularly at the home. The acting manager said some people did attend the local church on some Sunday mornings, although this was not as regularly as in the past, which had been their choice.

People told us they were involved in determining their care. We saw evidence in people's care files that they had attended review meetings and had been encouraged to comment. People also told us staff regularly asked them for their views and spoke with them about any changes to their care and support packages. One person told us, "(Staff member) is my key worker. He comes in and says he needs to check with me what I want." Another person told us, "They talk about care. I will get to see new care plans on the day they are made. If I disagree they always write it down and we talk it over."

The acting manager told us some people had access to advocates. Advocates are individuals independent of the provider or other services providing care. They represent the views of people during meetings or in discussions, or support people to express their views themselves. We saw from care records that advocates had been involved with people in meetings and during reviews of care. This meant people were supported to be involved in determining the care that was best for them.

People told us staff respected the confidentiality of information that they told them. One person told us, "If I say, 'Can I have a word in private?' then it goes no further. What we talk about goes no further." People also told us staff respected their privacy. They told us they could spend time in their room when they liked and staff would not disturb them, unless necessary. We also saw in notes from a 'House' meeting it was reiterated that people should respect other's privacy when they were talking on the public telephone. This meant staff respected and supported people's right to privacy and dignity.

People were encouraged and supported to develop and maintain their independence. The acting manager told us that whilst some people had lived at the home for a number of years, other people were looking to

move into more independent living in the community. The home had a range of accommodation, including some units where people undertook the vast majority of daily living tasks for themselves. People were encouraged to plan their own menus, go shopping, undertake their laundry and keep their accommodation tidy. People told us they valued having this freedom. A care manager told us the daily living skills of people he supported, who lived at the home, had improved over time and this had been with the encouragement of staff. This demonstrated people were encouraged and supported to develop and maintain skills to keep them independent.

Is the service responsive?

Our findings

At our previous inspection in March and April 2015 we had found a breach of regulations in that reviews or care records were not always clear. Some dates were missing and we could not be sure which review sheets related to which care records. We also found care records did not always reflect the care that was to be delivered.

At this inspection we found care records had been revised. Care plans were now clearly recorded and a separate sheet identified that reviews had taken place. Whilst some review records were still limited in their detail, others clearly indicated changes in care plans had taken place. For example, one review indicated that a person's care plan had been updated to include a section on them being safe now they had their own mobile phone. We saw the care plan now included a section of how staff should support the person to use their mobile safely. This demonstrated the provider had taken action to ensure the previously identified breach of regulations had been addressed.

People we spoke with told us staff were responsive to their needs and always tried to support them if they required or requested particular help.

At the previous inspection we saw people had individual care plans related to their assessed needs. These covered people's physical, psychological and social needs. Care plans were noted to be individual and person centred, with good detail to allow staff to deliver highly personalised care. At this inspection we saw care plans continued to have good detail on how people could be best supported. There were clear instructions on how staff should respond to potentially challenging situations or who should be contacted if they had any concerns.

People told us they were involved in determining their care needs and the development of care plans. They told us they had a key worker, who they met regularly with to discuss any concerns or any changes in their care. We saw notes from these meetings and noted that a range of issues were discussed. The deputy manager told us staff were currently being trained on the use of the "Life Star" system. This was a new assessment and monitoring tool that was being introduced by the provider to capture people's current views on how they were functioning in various aspects of their lives and could help track their progress and development. She said the system would not be introduced until all staff had received the training. This meant people's care continued to be determined based on people's assessed needs and was regularly reviewed.

People told us there were activities at the home. On the day of the inspection preparations were underway for the home's summer fayre / barbeque, which was pirate themed. Decorations had been placed around the home and people told us some of them were getting dressed up as pirates. On the second day of the inspection people said the event had gone well and they had had a good time.

People told us, and documents confirmed a range of activities were offered, including college activities, where people were supported to participate in educational activities, and work out on the estate, when

people helped maintain the grounds of the house. People were also supported to go out into the community. They told us they continued to participate in local bowling clubs, although it was the closed season, and were about to start fishing during the summer. Other people went out for a hike with a member of the staff. People showed us rabbits and guinea pigs that they kept as pets.

People told us they were frustrated by the on going problems with vehicles at the home. They said they still did get out but it meant that events sometimes had to be rescheduled and if one person was at a hospital appointment this restricted other people's social activities. This meant a range of activities were supported to meet people's individual need, although there were on going concerns about the continued breaking down of vehicles.

The acting manager showed us the home's complaints log. We saw there had been two recent complaints logged. One related to a dispute between two people at the home and the entry detailed the action that had been taken to try and resolve the issues. The second complaint related to access to vehicles. The acting manager told us the complaint was currently on going and she was expecting the operations manager to visit the home soon to discuss the issues with the person and feedback to them. People also told us there were regular 'House' meetings when people met with staff to discuss issues. We saw people raised any general concerns in this meeting, such as people playing music loud late at night, and that these were discussed and solutions sought. This demonstrated the provider dealt with complaints in an appropriate manner.

Is the service well-led?

Our findings

At the time of the inspection there was no a registered manager registered at the home. The previous registered manager had recently retired. The acting manager said the home was currently being managed by herself from a business perspective and the deputy manager was overseeing the care element. She said recruitment of a new registered manager was ongoing.

People told us they felt the acting manager and deputy manager were working hard to ensure the smooth running of the home. They said if they went to either of them with any issues they would help deal with them. Staff also told us the acting manager and the deputy manager were supportive. Both people and staff said they felt less supported by senior management when they visited the home. They said they did not feel senior managers spent sufficient time asking them how things were and staff said they did not always feel appreciated by senior managers, particularly in light of the extra hours being worked to cover temporary staff vacancies. Comments from people included, "The managers here do a lot of listening. Managers higher up probably don't listen as they should" and "Them down there (at the provider's headquarters) don't seem to care about us." The acting manager told us senior managers did visit the home and did walk around and speak with people. She said the provider's Human Resources (Personnel) staff were now visiting the home regularly, providing a drop in facility, to allow staff to raise any concerns.

At the previous inspection we noted the home was subject to a range of reviews and checks. The acting manager showed us the home's audit file and range of periodic reviews of the service. We saw a range of audits and reviews took place including checks on the care and the physical environment of the home. There was a fire safety audit in place, a health and safety audit along with analysis of any health and safety issues, including a review of accidents and incidents occurring at the home. There were also reviews of care plans, to ensure they were up to date, and other daily records, such as charts and daily notes. We had noted at our previous inspection that the driveway required work and a temporary repair had been affected. At this inspection we noted a new driveway had been laid to the home. This meant the provision of care at the home was reviewed and action taken where required.

Everyone we spoke with raised concern about the state of the vehicles at the home and said they were frequently off the road. They told us the only working vehicle at the current time was the minibus, which not all staff could drive. They said the rural location of the home made access to vehicles important. We looked at the maintenance log for the three vehicles and saw one had been off the road for six weeks prior to the inspection. Staff had told us a second vehicle had also recently suffered a mechanical failure. We noted there had been a series of breakdowns or mechanical issues for a number of months with both cars. We spoke with the acting manager about the continuing problems. She told us they were waiting for parts for the first car but all the cars were now aging and where in need of replacing. She said the provider was considering replacement of the current cars but no decision had been made. This meant there were regular checks on vehicles at the home but on going mechanical issues and breakdowns had not resulted in a formal contingency plan.

People told us, and records confirmed there were regular "House" meetings, when people living at the home

got together with staff to discuss any issues. We saw a range of matters were discussed at these meetings including fire drills, people's requests for different foods, the suggestion of there being a takeaway night and the suggestion there should be a barbeque during the summer. We noted people had raised concerns about the lack of transport during these meetings. People had also expressed their appreciation of staff and had stated they were happy with new staff who had started working at the home. This meant there continued to be system for people to express their views and participate in the running of the home.

Staff told us there had been staff meetings but they had not been frequent recently. They said they were not always well attended and felt that this was because attendance was not required. Staff felt there should be more incentive for staff to attend the meetings. We saw notes from a staff meeting in May 2016, which discussed practical issues about the home and also a number of individual care issues. The acting manager said the meeting prior to this had seen no staff attend, but this was not documented. This meant whilst there were some staff events taking place they were not always actively attended.

At the previous inspection we noted people living at the home participated in a range of locally based activities and enjoyed being part of the local community. The acting manager and people living at the home confirmed this was still the case and that there was a positive relationship between the home and the community. For example, we noted that the local bus service had made a specific detour to deliver people to the home when a car they were in had broken down. This meant the home continued to interact with the community and develop relationships with local organisations.

The acting manager told us she was trying to maintain the home and the care to an appropriate level and maintain stability until a full time manager could be appointed. The deputy manager felt she and the acting manager worked well together to provide the necessary interim oversight. We found records at the home were largely up to date and daily records relating to people's care were complete, contained appropriate detail and were in good order.

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 18 HSCA RA Regulations 2014 Staffing Systems were not in place to ensure staff received appropriate support, professional development, supervisions and appraisal to enable them to carry out their duties. Regulation 18(2)(a)