

Care Network Solutions Limited

Avon Lodge and Avon Lodge Annex

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

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

We had not inspected this service since being taken over by a new provider in May 2015, and subsequently having had a change in legal entity of the provider in October 2015.

Avon Lodge and Avon Lodge Annex are two Victorian houses, with one side (no 24) providing residential accommodation to up to 13 people. No 25, the Annex side provides supported living accommodation for people who have their own tenancies and receive support from staff at contracted times during the day as well as assistance if needed in an emergency. The service is registered to support people with a learning disability, autistic spectrum disorder, mental health needs, older people and younger adults. It does not provide nursing care. It provided personal care or accommodation to a total of 16 adults and older people at the time of this inspection.

The service had a registered manager who had been in post since the service had registered in October 2015. 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.

Some staff had been trained to recognise and respond to any safeguarding issues but there were some gaps in training for other staff. Staff knowledge and understanding of safeguarding was good. The service acted appropriately in reporting such issues to the local safeguarding adults unit. People told us they felt safe when their care workers were providing them with support.

Risks to people were assessed, but risk assessments did not give sufficient information to ensure that people could be supported safely by staff. Accidents were recorded but had not been analysed, to see if any lessons could be learned. Plans were in place to keep people safe in the event of an emergency.

There were sufficient staff hours available to meet people's needs safely and effectively during the week although this required further monitoring at the weekend to ensure staffing levels remained appropriate at all times. Staff recruitment was professional and robust, and ensured unsuitable applicants were not employed.

Medicine administration was managed and carried out appropriately although not all staff had received recent training. Medicine storage was safe and appropriate.

Staff received some training to enable them to meet people's needs but this needed reviewing and updating as there were gaps in various areas. Staff were given support by means of 'mentoring' sessions around individual subjects but had not been given regular supervision or annual appraisal. People told us they felt

staff had the skills they needed.

People were asked to give their consent to their care. Where people were not able to give informed consent, their rights under the Mental Capacity Act 2005 were monitored.

People were supported with their nutritional needs and with their general health needs.

People and their families gave us mixed feedback about their care workers. Some felt they treated them with respect most of the time and were usually caring, but this was not always consistently supported by feedback we received. They said their privacy and dignity were protected although we observed this was not always the case.

Updated care plans were clear and detailed, and reflected people's preferences. Not all care plans had yet been updated to the new format introduced by the organisation.

The service had undergone some major refurbishment which was still underway at the time of our inspection. There were some improvements needed in the cleanliness and general maintenance of the service.

The new provider had not fully documented its plans or aims and objectives and had not yet communicated with people using the service and families in order to fully consult with them on any changes or improvements.

The management team was open, responsive, approachable and keen to improve the quality of the service in all areas. There were systems in place to monitor the performance of the service, but these had not yet been implemented fully in order to be effective or result in improvements across all areas of the service provided. People told us they felt they were usually listened to, but were not clear that they were able to influence how their service should be delivered.

We found breaches of the Health and Social Care Act (Regulated Activities) Regulations 2010 in relation to person centred care, safe care and treatment, premises, staffing and good governance. You can see what action we told the provider to take at the back of the full version 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.

Staff were not always trained to recognise and respond to any suspicion of abuse. Safeguarding procedures had been followed and staff showed a good understanding of safeguarding principles and processes.

Risks to people receiving a service were not always sufficiently assessed to ensure steps were taken to keep people safe from harm.

People received appropriate support to take their medicines safely.

Is the service effective?

Requires Improvement ●

The service was not fully effective.

Staff had not been given the training they needed to meet people's needs effectively.

Staff were not given support to carry out their duties by means of regular supervision and appraisal.

People's rights under the Mental Capacity Act 2005 were respected.

People's health needs were assessed and met.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People told us their care workers were mostly kind and caring, and treated them with respect. Some feedback and our observations were less positive.

People's privacy was respected but dignity was not always protected.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People were involved in assessing their needs and in deciding how they wanted those needs to be met where new care plans had been put in place. This was not consistently the case for those with older care plans.

People's care was not always person-centred and this had been identified as an area for improvement.

Is the service well-led?

The service was not always well led.

The management team had improved the focus on individualised care, but further improvements were needed

Systems were in place to capture the views of people, their relatives and staff, but these were not yet being used to direct improvement of the service.

There were systems to monitor the quality of the service but these were not yet being used effectively.

Requires Improvement 

Avon Lodge and Avon Lodge Annex

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 6 January 2016. The inspection was unannounced. This meant the provider did not know we were coming.

The inspection team was made up of one adult social care inspector.

We reviewed the information we held about the service prior to our inspection. This included the notifications we had received from the provider about significant issues such as safeguarding, deaths and serious injuries. The provider is legally obliged to send these to us within required timescale.

We contacted other agencies such as local authorities to gain their experiences of the service. We received some information of minor concern from these agencies.

We spoke with the registered manager, the regional operations manager and two care workers. We spoke with six people who used the service and with one relative. We reviewed a sample of three people's care records; three staff personnel files; and other records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe with their care workers. One person told us, "I feel safe when staff support me". Another person told us "I feel safe here. They look after me. Staff took me to hospital in time when I cut my head".

We looked at how the service protected people who used its service from harm or abuse. There was a safeguarding policy in place. The registered manager and staff we spoke with had a good understanding of what constituted abuse and the actions they should take. All the staff we spoke with were aware of the local safeguarding procedures and ways they could escalate any concerns they had. For example either internally within the provider company or externally such as through the local authority or Care Quality Commission (CQC). We examined the safeguarding records held. These demonstrated the service acted promptly in recognising and reporting safeguarding issues to the local authority adult safeguarding team. Where requested to carry out internal investigations on behalf of the safeguarding team, these were seen to be thorough. Actions were taken to address any issues, including disciplinary processes, where necessary. Current safeguarding investigations were under way and the registered manager was actively engaging with the process to ensure the investigations were thorough and accurate. Improvements had already been made to some systems as a result.

Safeguarding awareness was included as part of the induction for new staff. However, many staff had worked at the service for many years. Not all of these staff had been subject to recent safeguarding training. We saw for those that had not yet completed the training, or had not completed it recently, training was already organised for the month following the inspection.

We did not see a separate 'whistle blowing' policy, requiring staff to report any bad practice but when we discussed this with staff they were fully aware of their responsibilities and all said they would report to the registered manager or operations manager if they had any concerns. They felt confident that the manager would take the appropriate action.

General risks to people such as road safety, personal care, medication and aggressive behaviour were recorded within their care plan files. However, the majority of these risk assessments were not thorough or detailed and did not give staff information about the possible triggers or processes to follow to de-escalate or reduce risk in some cases. It was not clear in some of the files we looked at how people were being supported in relation to risk. As part of the improvements the registered manager and provider were fully reviewing all care plan files. As part of this, risk assessments were being reviewed and rewritten. We looked at one file where this work had been completed and we found these risk assessments to be very detailed. They included clear guidance for staff on triggers and ways to support the person effectively to minimise the risk. This work had not yet been completed for most people in the service and so at the time of our visit risk assessments were not effective for the majority of people using the service. The registered manager and operations manager estimated that it would take a further month for all risk assessments to be reviewed for everyone using the service.

A recent contract monitoring visit from the local authority had also identified inadequate risk assessments and the provider had been asked to produce an action plan to show how this was going to be addressed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Act 2014.

There was a 'fire file' in place in the service. This included fire drill instructions and a record of the fire drills carried out on a monthly basis. These checks were up to date. There were also checks of fire exit routes, firefighting equipment and extinguishers, automatic door releases, fire alarms and emergency lighting. All these checks were reasonably up to date except fire extinguishers which had not been checked since June 2015. The registered manager assured us that this check would be carried out following the inspection. The file also included a generic environmental risk assessment relating to fire safety and emergency exits. Personal Emergency Evacuation Plans (PEEPs) were in place for everyone using the service. One person told us, "I know where the fire exits are and I know where we meet if we have to leave when the alarm goes off".

There were records of accidents and incidents that had occurred in the service. All the accident forms we looked at were completed with a good amount of detail and included actions taken, any contact with professionals and any treatment given. Any accidents or incidents that had occurred had been dealt with in a timely manner and effectively to ensure people received the care or treatment they required. There were also 'de-brief' forms and sections on the accident forms for information relating to prevention of further incidents. However, in the documentation we looked at these had not been completed. We discussed this with the registered manager and operations manager who agreed that this level of analysis of incidents and debriefing with staff was not currently happening. We did not see any discussion of incidents that had occurred as part of staff meetings. However, some issues that had arisen had been discussed with staff on a one-to-one basis during mentoring sessions.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Act 2014.

The registered manager told us that staffing levels were decided according to the needs of people using the service. Those people who lived on the residential side were supported 24 hours per day. People living on the supported living side were provided with support at set times according to their contract with the local authority and were also provided with emergency support if needed between 8am and 10pm. The registered manager and deputy manager were usually supernumerary to care staff. There was a small but consistent staff team including bank staff.

We looked at rotas for the two weeks following the inspection and the eight weeks before the inspection. We found that there were between four and six staff working during the week. However, we also found that this reduced to as little as two for some periods during the weekend. We discussed this with the registered manager who explained that they had been monitoring this closely and that some staff attendance had not been recorded on the rota. They agreed that they would continue to monitor this. They also explained that the new staff that had been recruited but not yet started would also be picking up some of the weekend shifts which would increase the overall number of staff on duty. One staff member told us, "Staffing levels are okay but could be improved".

The service had robust systems in place to make sure only suitable applicants were employed to work with vulnerable people. These included checks of identity, any criminal convictions and work permits, taking up references from recent employers and asking for a full employment history. Interviews were recorded in good detail.

We checked the management of medicines. People received their medicines in a safe way. All medicines

were appropriately stored and secured. Medicines records were accurate and supported the safe administration of medicines. Staff we spoke with were trained in handling medicines although training records were not in place for all staff. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines.

Medicines were given as prescribed and at the correct time. A staff member told us medicines were given on an individual basis at the times required rather than as part of a medicines round to ensure that medicines administration met people's individual needs. We looked at people's medicines files and found that they all contained detailed information about each medicine for staff to use as a reference if needed. They also included information about the person including their GP, any allergies and clear administration instructions to ensure staff supported people appropriately and in the way they preferred. We observed two people being supported with their medicines and this was done in a respectful and caring way. One person told us, "Staff help me with my medicines".

During the inspection we looked round all communal areas of the service and with permission, some people's bedrooms/flats. Several areas had undergone refurbishment and were well appointed and where appropriate personalised. One person told us "I am waiting to have my flat done and I am going to choose the décor". Those areas that had not yet been refurbished were in need of some improvement. This included communal areas, particularly hallways and several of the bedrooms. Carpets were worn and stained, walls were marked and dirty. We also noted that the temperature throughout the two sides of the service was inconsistent with some areas being very cold and others being extremely warm. One relative told us "My relative's room is always so hot and there is no way of controlling or altering the temperature".

Several communal areas required domestic cleaning, as did several toilets and bathrooms. The registered manager explained that the cleaning was the responsibility of care staff and that there was no clear rota or list of jobs to complete but that staff were expected to clean things as they discovered it was required. Some people who used the service were able to contribute to this with support but the registered manager felt this didn't always happen as much as it could. There were several areas that were permeated with malodour and some attempts had been made to address this. However, these areas remained extremely unpleasant in odour.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Act 2014.

Is the service effective?

Our findings

We spoke with people who used the service and they told us that there was a consistent staff team and that people knew them well. One person told us, "Staff help me with the things I need like washing, shopping, cooking and the doctors. They know me well". Another said, "Yes they are good, they know what I need and they try". One person commented, "Some staff listen and I think some staff are well trained but others just stand there like lemons".

One member of staff we spoke with told us about all the training they had completed although some of this training had been provided through alternative employment. We asked the registered manager for a copy of the training matrix for staff. The registered manager was able to provide us with a limited list of training completed by staff but felt that this did not fully document everything that had been completed as this was an area currently being audited by the new provider. There were also separate training records for each member of staff but these had not yet been cross referenced to the training matrix. We saw in individual training records that staff had completed a range of training including infection control, fire safety, health and safety, diabetes, safeguarding, food hygiene, mental capacity and diabetes. The training matrix indicated that less than half the existing staff team had completed safeguarding, mental capacity, fire safety, health and safety and equal opportunities and there was no record of any staff having completed medication training. It was unclear if this was because staff had not completed the training or that it was not recorded on the training matrix. The registered manager was unsure as the audit had not been completed at the time of our visit. The registered manager assured us that the training matrix would be fully updated immediately and any outstanding training would be arranged.

We saw that when staff began work at the service they completed an induction. This induction covered the philosophy and values of the organisation, standards, goals and expectations, administrative information (such as working hours), the environment, clients, maintaining safety, health and safety, infection control, food hygiene, policies and procedures, understanding care principles including equal opportunities, safeguarding, confidentiality and effectiveness of the service. All the staff files we looked at included an induction record that was completed and signed off by the staff member and the registered manager. Staff we spoke with told us that some shadowing was also included in the induction process. This ensured that staff had the basic knowledge needed to begin work.

The registered manager had introduced 'mentoring' sessions with each member of staff. These were one-to-one sessions with staff to discuss and explore a specific subject. Some of these were issues that had arisen during incidents or feedback, and others were related to more general care topics. The records showed that the topic was discussed, and the staff member was given an opportunity to ask questions and give feedback about the topic. The staff we spoke with told us these helped them to understand specific topics in more detail.

The provider had a policy in place regarding supervision and appraisal of staff which included the principles and process for supervision as well as timescales for this. However, there were no recorded, formal discussions between the staff and the registered manager to discuss wider training needs, any issues or

concerns and any monitoring of personal performance. This deficit had been highlighted in an audit undertaken by the operations manager and the registered manager was in the process of putting a plan together to address the overdue supervision sessions at the time of our visit. When we spoke with staff they told us that although the mentoring sessions had been useful, more general discussions around their roles were not being done and that they felt this had potentially hindered their ability to get to know the new registered manager and for the registered manager to get to know them and their needs in terms of training and support.

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

Staff we spoke with told us they felt communication was effective. A staff member commented, "We use a communication book to make sure that anything important is passed on to all staff". The registered manager explained that they were considering a task allocation process to be put in place for staff but this had not yet been implemented. Staff we spoke felt that everyone knew what they needed to do on each shift. Other staff members' comments included, "We read up about anything that has happened in the communication book and if there is anything important we all take responsibility for making sure all staff know". We looked at the communication book which was used effectively to ensure that all staff were kept up to date. For each note included, each staff member signed to say when they had read it. This meant that it was clear that staff were up to date with people's current needs, any appointments or tasks that needed to be completed and any incidents or concerns that other staff had.

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 registered manager confirmed that there was no-one currently in the service subject to a DoLS. There were people who were subject to a power of attorney and the registered manager was very clear about this. This was clearly recorded in their files.

There was a detailed policy in place which included details of recent changes to MCA legislation, responsibilities and decision making. This also included an easy read version. The registered manager and staff we spoke with had an extensive understanding of the principles of the MCA and human rights and equality. All those we spoke with were able to tell us about mental capacity, the processes that should be followed if there was any concern about someone's ability to make a decision, best interests processes that might need to be followed and how this all influenced the ways they supported people in the service. Best interest decision making is required to ensure people's human rights are protected when they do not have mental capacity to make their own decisions or indicate their wishes.

We checked how the service met people's nutritional needs and found that people had food and drink to meet their needs. People required different levels of support. People we spoke with said they were supported to be involved in meal preparation. They were helped by staff to plan the weekly menu and shop for the food. People made independent choices in relation to what they wished to eat for lunch and staff assisted where required. The lunchtime meal choices included sandwiches, beans on toast, cheese on toast

and soup. The evening meal was steak pie with mashed potatoes, vegetables and gravy. It looked appetising and was well-presented.

The kitchen was a communal area and we observed that people were able to help themselves throughout the day to drinks and snacks, and where they were able, they were encouraged to prepare their own meals or assist staff to prepare the food. On the supported living side of the service, people had their own kitchens and several people were provided with support during mealtimes to prepare food. Others were able to prepare their food independently. There was no-one currently in the service identified as being at risk of malnutrition. Where appropriate, people's weight was monitored and recorded in their care plan files.

When we spoke with people about the food comments included "Its good food here, it always tastes nice", "I like the dinners and I make my own breakfast and lunch", "I always get to choose what I eat" and "The main courses are pretty good although we used to get pudding but we don't anymore". When we asked, everyone we spoke with felt they had enough to eat and drink.

One relative expressed some concerns that their relative had been left without food on several occasions as they would be embarrassed to accept help with preparing food from staff and would initially refuse this support. The relative felt that staff were not always proactive in encouraging their relative to eat regularly or to leave food for them to eat at a later time if they refused it at the set time support was provided. The relative explained that it was part of their relatives condition to say 'no' even if they were hungry and that staff did not always seem to understand that. We discussed this with the registered manager who told us they would ensure all staff fully understood the process that should be followed with the individual to ensure they had enough to eat at all times.

Records showed the health needs of people were well recorded. Information was available in their records to show the contact details of any other professionals who may also be involved in their care. Care records showed that people had access to a General Practitioner (GP), dentist, chiropodist, speech and language therapist and other health professionals. The relevant people were involved to provide specialist support and guidance to help ensure the care and treatment needs of people were met.

Is the service caring?

Our findings

We spoke with three people and a relative from the supported living side of the service who all communicated concern about the lack of motivation and encouragement that staff displayed in relation to them receiving their contracted one-to-one hours. Most people who lived in the supported living side were allocated specific hours of support on a daily or weekly basis. Some of these hours were for specific tasks such as meal preparation. It was clear from the feedback that we received that if people initially said 'no' to the support, were not home when the support was allocated, or did not have any specific tasks to complete then the support would not usually be provided. We discussed this with the registered manager who told us they had already identified this as an issue and were looking at ways to address the problems. One person commented "I get a few hours of 1-1 support. We used to go out regularly but it just doesn't seem to happen now and it can be really boring staying at home. They still help me with bills, my post and money but not much else when it comes to going out and doing things". A relative commented "My relative is allocated hours to go out with staff. They will say 'no' and the staff do nothing to encourage them. They don't come up with any ideas or make any suggestions. They just go away again". A staff member told us "One-to-one time is not always delivered because people have preferences for particular staff to support them or do not know staff as well so will refuse". People who lived on the supported living side had many independent living skills, but these were not currently being developed through staff support.

Social skills, communication skills, personal relationships, choice and self-image, spiritual and cultural needs and use of leisure time were all subject to separate care plans in the new care plan structure that was being implemented in the service. For those who had their new care plans in place, these were detailed and included objectives, assessment of strengths and needs, the care and support needed and any links to other services or professionals. However, at the time of our inspection only a small amount of people had these more detailed plans in place and staff were not yet working in the ways documented in people's plans in these specific areas.

These were breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Act 2014.

People who used the service and relatives gave us mixed feedback about the staff who provided their support. One person told us, "Some staff are really kind, but others seem more interested in playing games on their phone". Another told us, "Staff look after people right. They listen to me". A third told us "I feel staff listen to me but there have been times when they didn't support me in the way I wanted them too". A relative we spoke with said "In the past we have had issues with staff not really being proactive but I feel this has improved a little and staff seem to be listening more". One person commented "Some staff are kind but others have shouted at me and some can be rude".

We spent time during the inspection observing interactions between people and staff. We found that most interactions were positive and it was clear that staff knew people well. There was some jovial interactions and people clearly enjoyed the company of some staff. Some staff took time to chat with people and responded to requests for support in a reasonably timely manner although others did appear more task

orientated. We observed that several staff interacted with one person in a slightly dismissive way and did not make an attempt to fully address the person's frequent distress. Although the person could be easily distracted from their distress, staff did not always take the time to do this.

All the people who used the service were able to verbally communicate although some were not able to understand the written word. We did not see any signage that was accessible and a relative pointed out that their relative's weekly timetable had only been provided in writing meaning they could not read it and therefore did not know what they were doing that week.

We observed throughout the inspection that people were coming and going and staff went to take people and pick people up from organised activities such as day services. However, there were no organised activities on offer and we did not see staff instigate any activities during our inspection. Staff did not take opportunities to engage people in tasks or activities and we saw that a lot of people in the care home either wandered around or watched television for most of the day. The registered manager told us that there was no activity timetable and no activity co-ordinator. The registered manager explained that although this had been identified as an area for improvement it had not been a priority so no action had yet been taken.

We saw that trips out, upcoming holiday activities and trips away overnight had all been discussed at tenants meetings in December, October and September 2015 but the registered manager confirmed that there had not been any recently organised activities done with people. They had recognised that part of the issue was related to the limited amount of staff that were able to drive the service's transport. This had been considered in the recruitment of new staff as part of the work to address social activities.

People who lived on the supported living side could usually come and go as they pleased although some required support in the community to carry out specific tasks. We witnessed one person waiting with their coat on for over an hour for the staff member to accompany them to the bank. They told the person they were going to be able to go 'in a minute' but then continued to carry out other tasks for some time, leaving the person waiting around for them.

Daily notes were kept for each person which recorded details about the persons day, what they had done, their frame of mind and if they had been provided with any support. The language used in these was mostly respectful and factual although some which were a little 'institutional' that were picked up during the inspection had already been picked up by the registered manager and addressed through mentoring and discussion with all staff.

We observed and people confirmed to us that staff respected their privacy and provided people with support and personal care in the privacy of their own room. We saw staff knocked on a person's door and waited for permission before they went into their room. One person said "Staff knock and wait until I open my door". We observed that staff were not always proactive in supporting people with continence issues which resulted in strong odours in several areas of the service and the potential for undignified situations for people using the service and others. We discussed some further liaison with the continence nurse with the registered manager to ensure that people were receiving the most effective support available to maintain their dignity at all times.

Staff we spoke with showed a good understanding of the importance of privacy and confidentiality when caring for people. Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager any issues or concerns.

Is the service responsive?

Our findings

People told us that staff supported them with a variety of tasks. One person told us "I get a few hours of support every day and they help me with things like my dinner. The staff help me with making appointments and then going along to them. Sometimes I wait for support". Another person told us "I clean my room with help from staff. They remind me not to shout too much. We go out to places but not enough". A relative told us "I feel the support is only okay, not really progressive".

We observed during the inspection that staff were responsive to most people although some people waited a long time to be supported to go out. We did not see staff pro-actively engaging people in activities or general conversation but when people required assistance, such as with personal care, this was delivered within a reasonable time frame.

We looked at care plans for three people who used the service. The registered manager explained that care plans were in the process of being re-written using a new format and we saw in files that some had been completed and others were yet to be finished. The new care plan structure included 14 individual plans covering a range of topics including communication, mobility, health, personal care, daily living skills and challenging behaviour. One of the files had the new versions of the care plans completed although there were three different versions within the file. The version towards the back of the file was signed by the person and contained the most detail. We discussed this with the registered manager as it may have been confusing for staff to know which version of the care plan they should be referring too.

Of those files that had the new versions of the care plan completed, these were detailed and included objectives, an assessment of strengths and needs in that area, and the care and support that would be required. It also noted if there were links to other care plans, other documentation eg assessments from external professionals or a social care assessment or review. This ensured that staff were fully aware of the relevant documentation needed to guide the support offered to the person. The guidance for staff about how to support the person was person centred and gave clear information about their wishes, routines and needs. A staff member told us "The care planning training we have had included meaningful recording and understanding people's choices". There was evidence that the person themselves had been involved. For those that had not yet been updated it was not clear what involvement the person had in writing these. One person commented "They haven't talked to me about my new care plans yet so I haven't been involved".

We saw that before a person came into the service an assessment of needs was carried out. This assessment covered all the appropriate areas and was completed in a good level of detail. This ensured that the service were clear on the needs of the person and how they would be able to meet them prior to the person moving into the service. This was done for people looking to move into either side of the service and the supported living assessment was as detailed as the residential ones.

All the care plan files we looked at also included the most recent assessment of needs or review from the local authority where appropriate. This gave further clarification to staff about people's needs and information from these had been included in the care plans.

We asked the registered manager for a copy of any complaints they had received. The registered manager explained that none had been received since the service had been taken over by the current provider. They were able to show us a copy of the complaints form that would be used but we noted that this was out of date and included information about organisations that no longer existed. The registered manager had rectified this by the end of the inspection to ensure that the complaints forms that were available to people were up to date. They included who the complaint had been reported to, the details of the complaint and the action taken. We saw that there was a poster regarding complaints in the entrance hall of one side of the service although this was out of date. There was also some information produced by CQC about how to complain about a service. The registered manager told us this would be addressed immediately.

When we spoke with people, relatives and staff about complaints, all those we spoke with told us they felt able to raise concerns and were confident that action would be taken. Comments made to us included "I would go to staff, they would help me and if they didn't I would go to social services", "If I wanted to complain I would write it on a piece of paper and give it to staff. They would do something", "If I was worried I would go to staff or the manager. I know them and they would sort it out" and "I think action would be taken although it hasn't always been in the past". Staff were able to tell us how they would support people to raise concerns or complain and were also aware of how they would be able to support people to escalate things if they were unhappy with the response. The registered manager told us that any complaints received would be reported to senior management, fully investigated and recorded, and a response would be sent in writing to the complainant. The learning would then be taken from the complaint to improve the service.

We recommend that the registered manager ensures that all care plans are updated to the new format to ensure that people are supported in the way they want to be supported and all their needs are met.

Is the service well-led?

Our findings

A registered manager was in place who had been registered with the Care Quality Commission in 2015.

There were quality assurance processes in place, although these had not been utilised consistently since the provider had taken over the service. There were detailed audits for health and safety and infection control which were scheduled to be carried out monthly. However, these had initially been completed when the provider had taken over the service some months ago and had not been repeated since. Both of these included action plans that showed large amounts of work required and improvements needed but it was not recorded anywhere which areas had already been addressed. A tour of the building during the inspection evidenced that some areas had been addressed but this was not recorded anywhere. A more recent audit of these areas had not been completed.

A quality assurance visit had been carried out by the operations manager in November 2015. This included an inspection of the premises, checks of records including accidents and incidents, complaints, audits carried out by the registered manager, staff training and care plans. Although it was a detailed audit, not all sections had been completed. Some actions were recorded including care plans to be completed, risk assessments to be reviewed, documentation review needed and manager quality assurance checks to be completed. However, there was no structured action plan and no record of whether these actions had been addressed. The audit noted that a medication audit had been carried out in September 2015 but this could not be located during the inspection.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Act 2014.

Comments made by people who used the service about the registered manager included "I know exactly who the manager is and I would talk to him if I wanted to, about anything", "Yes I know who the manager is. He is an alright bloke" and "I have met him I think". A relative commented "I have not yet met the registered manager but another relative has spoken about him and had mentioned to me that they felt the manager was trying to make improvements".

We spoke with staff about the registered manager. One comment included "He is trying hard". Another said "The manager is an improvement although it's difficult when making so many changes. He wants to do things differently and I don't always agree".

The registered manager was working enthusiastically and in a dedicated way to improve the quality of the service. There had been extensive work carried out by the new provider on refurbishing the properties and improving the living environment for people using the service. However there was still a large amount of improvements left to make. The registered manager had been working through the paperwork, documentation and systems used in the home to improve these and ensure that they were effective and supported a high quality service. At the time of the inspection most systems had only just been implemented and were not yet being used effectively. However, the improvements being made were clear and the registered manager and operations manager were very explicit about the impact this would have on

people using the service over the coming months. The registered manager confirmed that his initial focus had been on improving the environment, improving staff knowledge of infection control and person centred care, records and documentation and establishing a staff culture that embraced change and improvement.

During the inspection the manager showed good knowledge of people using the service and their needs. They were extremely enthusiastic and ambitious about what could be achieved for each individual. The registered manager was able to provide us with the documentation we required and was keen to work with us in an open and transparent way. The operations manager and the registered manager were open and knowledgeable about the improvements that were still needed as well as the work that had already been completed.

We found that environmental checks were carried out and were up to date including Legionella, gas safety, electrical installation, emergency lighting, hot water temperatures, first aid kit, call system, outside areas, door locks, window restrictors and electrical equipment.

Staff told us staff meetings took place on a regular basis. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Minutes showed these were held on a reasonably regular basis and staff had discussed topics including visitors, daily notes, key workers, service user issues, mobile phones, incident form and care plans. Staff told us meeting minutes were made available for staff who were unable to attend meetings. One staff member told us "I feel able to speak my mind in meetings".

We saw records of, and people who used the service confirmed to us that regular tenant and service user meetings were held. On the residential side of the service, service user meetings had been held fairly regularly with the last one being in October 2015. Discussions had included Christmas, trips out, redecoration and menus. On the supported living side, tenants meetings had also been held with the most recent one being in December 2015. Tenants were given the opportunity to raise any issues or points for discussion that they wished and these were then considered. Where actions were required, the registered manager had committed to taking these. Comments made to us by people who used the service included "I go to tenants meetings and I could raise things. Action would probably be taken", "I told the staff at a meeting which things could be improved, like more diesel for the van and better cereal" and "I go to tenants meetings and I feel able to speak up".

The registered manager explained that they were also going to be using information collected from surveys to monitor the quality of the service provision and they showed us the questionnaire that had been designed for this purpose. An alternative version had been used prior to the change in legal entity of the provider but after taking over from the last provider in 2015, only three of these had been completed. The newer version was in an easy read format and covered areas such as staff support, quality of life, control, personal care, food, the environment, safety, social life, activities and healthcare. The registered manager told us how this information would be used to lead improvements in the future.

There was no overview of the improvements being made, or any business development plans in place and some people we spoke with were unclear on what the overall service would look like in the future. Some people commented that they would like to be part of planning the future service. We discussed this with the registered manager and operations manager who agreed that they would think about having a structured overview of the improvements being made and would look at ways of consulting with people who used the service and relatives to ensure this was done in a way that worked for them.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Personal care	The care and treatment of service users did not meet their needs or reflect their preferences. Regulation 9 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Personal care	The registered person had not assessed the risks to the health and safety of service users, or done all that was reasonably practicable to mitigate any such risks. Regulation 12 (2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Personal care	The premises used by the service provider were not clean or properly maintained. The registered person had not maintained standards of hygiene appropriate for the purposes for which they were being used. Regulation 15 (1)(a)(e)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 17 HSCA RA Regulations 2014 Good

personal care

Personal care

governance

The registered person had not assessed or monitored the quality and safety of the services provided in carrying out the regulated activity or mitigated risks relating to the health, safety and welfare of service users. The registered person had not evaluated and improved their practice in respect of the information referred to above.

Regulation 17 (2)(a)(b)(f)

Regulated activity

Accommodation for persons who require nursing or personal care

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Persons employed by the service provider in the provision of the regulated activities had not received appropriate support, training, professional development, supervision and appraisal as was necessary for them to carry out the duties they were employed to perform.

Regulation 18 (2)(a)