Fynvola Foundation

Lady Dane Farmhouse

Inspection report

Lady Dane Farmhouse
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 21 August 2018, it was unannounced.

At the last inspection on 04 July 2017 we rated the service Requires Improvement overall. The provider had failed to adequately assess and mitigate risks to people and staff and follow the principles of the Mental Capacity Act 2005. We also made a recommendation that the provider followed good practice guidance in relation to managing medicines in care homes. The provider submitted an action plan on 12 September 2017. This showed they planned to meet the Regulations by the end of October 2017.

At this inspection, we found the provider had met some of their actions. However, there continued to be a breach of Regulation 12 and we identified two new breaches. The service has been rated Requires Improvement overall. This is the fourth consecutive time the service has been rated Requires Improvement.

Lady Dane Farmhouse is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. People were not in receipt of nursing care. The provider had applied to remove nursing care from their registration.

Lady Dane Farmhouse accommodates up to 15 people in one adapted building. The service is a two storey building with a passenger lift to rooms on the first floor. There is a separate building in the grounds used as an activities centre and sensory room by the people who live at the service. The service is designed to meet people's needs who have a learning disability or autistic spectrum disorder, dementia and physical disability. The service had started to provide respite care to people providing short stays. There were eight people living at the service when we inspected, one of whom moved to the service on the day of the inspection. Some people received their care and support in bed. Nobody was staying for respite care when we inspected.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had left in March 2018. A manager had been appointed to run the service and they were in the process of registering to become the registered manager.

Fynvola Foundation is the registered provider of Lady Dane Farmhouse. Fynvola Foundation was in the

process of merging with another local charity. Some of the staff including the manager were employed by the other charity and were seconded to work at Lady Dane Farmhouse to ensure a smooth transition.

Risks to people's safety continued to be poorly managed. People who were at high risk of developing pressure areas had pressure relieving equipment such as air flow mattresses in place. The provider did not have an adequate system to check and ensure the equipment was working satisfactorily. There was no guidance and information contained in people's care records to show which setting the pressure relieving equipment should be set at. When people had been weighed, settings had not been checked to see if they needed to be amended. Fire risks had not been mitigated in a timely manner.

Medicines were not always managed safely. Medicines that had been dispensed from the packaging that had been refused by people had not been disposed of in a safe manner. Stocks of thickening powder for two people had run out and staff were using other people's thickener to thicken their drinks.

The systems and processes to monitor and improve the service had not been effective in highlighting the issues we found at this inspection.

The complaints procedure required updating. We made a recommendation about this.

Staff had been recruited safely. The provider had obtained a full employment history for new staff. Other pre-employment checks had been carried out. Staff were appropriately supervised. There were sufficient numbers of staff to meet people's needs and keep people safe.

People's needs were appropriately assessed. People had care plans which were up to date and accurately reflected their needs.

There continued to be systems in place to keep people safe and to protect people from potential abuse. Staff had undertaken training in safeguarding and understood how to identify and report concerns. Staff were confident that any reported concerns would be dealt with appropriately.

Staff had the skills, training and knowledge they needed to support people safely and effectively. There were opportunities for staff to undertake training and development to enhance their skills.

People were supported to eat, drink healthily and maintain or achieve a balanced diet. People were supported to manage and monitor their health. They had appropriate access to healthcare services when they needed it.

People were treated with respect, kindness and compassion. People were supported by a staff team that knew them well and understood how to meet their needs. Staff knew how to support people to communicate and express their views.

People were supported to maintain their independence. People and their relatives were involved in decisions about their support as appropriate.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The environment was secure and well maintained to meet people's needs.

The provider had a clear vision and values for the service and staff understood and acted in accordance with this.

When things went wrong lessons were learnt and improvements were made. Lessons learnt were shared with staff. Staff understood their responsibilities to raise concerns and incidents were recorded, investigated and acted upon.

People were kept safe against the risk of infection. Infection control training had been completed by all staff. Staff used protective equipment such as gloves and aprons to minimise cross infection.

Activities took place during the inspection. Activities included arts and crafts, reading and use of the sensory room. Activities staff shared how they had reviewed and developed the activities to meet people's needs and helping people to celebrate their different cultures. People were supported and enabled to access their local community.

Relatives had opportunities to provide feedback about the service their family member received. The manager planned to introduce meetings to enable people to feedback about their experiences.

Staff were positive about the support they received from the management team. They felt they could raise concerns and they would be listened to.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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 consistently safe.

Risks had not always been appropriately assessed and mitigated to ensure people were safe.

Medicines had not always been managed appropriately. Medicines that had been refused by people had not been disposed of in a safe manner.

There were enough staff deployed to meet people's needs. The provider had followed safe recruitment practices.

Staff knew what they should do to identify and raise safeguarding concerns.

Staff used personal protective equipment to safeguard themselves and people.

Accidents and incidents that occurred had been appropriately dealt with.

Is the service effective?

Good

The service was effective.

Staff had completed training to help them meet people's assessed needs. Staff received regular supervision and support.

Staff had a good understanding of the Mental Capacity Act 2005 and how to support people to make decisions. People's choices and decisions were respected.

People received medical assistance from healthcare professionals when they needed it.

People had appropriate support when required to ensure their nutrition and hydration needs were met.

Is the service caring?

Good

The service was caring.

Staff were caring, kind and friendly.

Staff were careful to protect people's privacy and dignity and treated people with respect.

There was a relaxed and homely atmosphere. People had free movement around the service and could choose where to sit and spend their recreational time.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Complaints procedures on display required updating and amending to ensure people and their relatives knew how to raise concerns and complaints.

Care plans were in place, these were person centred and clearly detailed what care and support staff needed to provide. People were supported to undertake activities to meet their needs.

People's end of life wishes and preferences had been discussed with relatives when it was appropriate.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems to monitor the quality of the service were not robust. Records relating to people's care were not always securely stored to maintain confidentiality. Some records had not been completed fully.

The provider had failed to display their rating on their website.

Relatives had been asked for feedback about their family members care. However, the results of these surveys had been lost.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

Staff felt the manager was approachable and would listen to any concerns. Staff felt well supported.

Lady Dane Farmhouse

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 21 August 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information about the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed previous inspection reports. We looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information of concern that we had received.

People were not able to provide verbal feedback about their experiences of living at the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interactions with people and observed care and support in communal areas.

We contacted health and social care professionals including the local authority commissioners and safeguarding coordinators and Healthwatch to obtain feedback about their experience of the service. There is a local Healthwatch in every area of England. They are independent organisations who listen to people's views and share them with those with the power to make local services better.

We spoke with five staff; including the cook, care staff, senior care staff and the manager.

We looked at four people's personal records, care plans and medicines records, risk assessments, staff rotas, staff schedules, two staff recruitment records, meeting minutes, policies and procedures.

We asked the manager to send us additional information after the inspection. We asked for copies of maintenance records, certificates from approved contractors and training records. These were received in a timely manner.

Requires Improvement

Is the service safe?

Our findings

At the last inspection on 04 July 2017, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to adequately assess and mitigate risks to people and staff. We also made a recommendation that the provider followed good practice guidance in relation to managing medicines in care homes.

At this inspection, there were further concerns relating to assessing and mitigating risks to people and staff. People who were at high risk of developing pressure areas had pressure relieving equipment such as air flow mattresses in place. The air flow mattresses in place were mattresses that should be altered and set depending on people's weight. The provider did not have an adequate system to check and ensure the equipment was working satisfactorily. This put people at risk of developing pressure areas. When people had been weighed settings had not been checked to see if they needed to be amended. People's weights had changed slightly but not significantly. No one had a pressure area. We spoke with the manager and they searched the records to find information. They were unable to find the guidance about how to set the equipment to meet people's needs. Therefore, they made contact with the equipment suppliers to gain support and guidance. They told us they would also gain support from community nurses to get professional guidance to check that the mattresses were set correctly for each person's weight.

Risks to people's individual health and wellbeing had been assessed. Each person's care plan contained individual risk assessments including assessments of people's mental health care needs, physical health needs, falls, dehydration/malnutrition, personal care, epilepsy and use of bed rails. One person's skin integrity risk assessment detailed that they should be repositioned every three to four hours when they were in their chair and every four hours when they were in bed. We checked the person's repositioning charts to check that this had been happening. The person had not been repositioned as frequently as they had been assessed as needing. The records detailed that they were repositioned at 01:00 onto the right side and then again at 06:00 on to their back. We observed that during the inspection, they spent time in their bed in communal areas being support by staff. The person spent all day on their back. This put the person at increased risk of skin damage.

The provider had assessed that window restrictors were required. Window restrictors were in place in most rooms. Some windows with restrictors fitted had been opened fully and the restrictors bypassed. We tested these window restrictors and found that they could be easily disabled to enable the window to open fully. This increased the risk of people becoming injured from falling or leaving the building unescorted.

Fire risks had not been mitigated in a timely manner. The fire service inspected the service on 27 June 2017 to check the service was meeting The Regulatory Reform (Fire Safety) Order 2005. They produced a written report which was sent to the provider on 03 July 2017; which included a list of 15 deficiencies. Whilst most of these actions had been completed, some were still outstanding. Fire doors had not been installed between the dining area and ground floor bedrooms and an automatic door closure device had not been fitted to the cellar door in the kitchen. We found that the kitchen door was wedged opened despite it being assessed as needing to be kept closed at all times. The manager advised us they would discuss the outstanding work

with the provider to ensure the service meets the fire regulations.

The failure to manage risks effectively was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Each person's care plan folder contained an individual Personal Emergency Evacuation Plan (PEEP). A PEEP is for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency.

Medicines had not always been managed appropriately. People had complex needs and required staff to manage their medicines. Medicines that had been dispensed from the packaging that had been refused by people had not been disposed of in a safe manner. We asked staff how medicines were disposed of. A staff member detailed that medicines were tipped down the sink. This did not follow the provider's medicines policy or National Institute of health and Care Excellence (NICE) good practice guidance for managing medicines in care homes.

Most people required prescribed thickening powder added to drinks to enable them to swallow them safely. Stocks of thickening powder for two people had run out and staff were using other people's thickener to thicken their drinks. This did not follow the provider's medicines policy or National Institute of health and Care Excellence (NICE) good practice guidance for managing medicines in care homes. We spoke with the management team about this and they raised an order for prescribed thickener for those that had run out.

Hand written entries on medicines administration records (MAR) had not always been checked by a second staff member to ensure they have been added to the MAR correctly according the persons prescription. One person's MAR had Amlodipine 5mg tablets added by one staff member. The failure to check handwritten entries on MAR charts increased the risks of medicines errors, which could put people at risk of harm. Most liquid medicines and creams had been dated when they had been opened so staff could check that the medicines had been used in line with the manufacturers guidance. One person's Levetiracetam Oral Solution 100mg/ml had not been dated when it had been opened which meant that staff could not accurately determine when the medicine needed to be used by. This increased the risk of this medicine being used beyond its shelf life of seven months from opening.

Appropriate action had not always been taken when medicines errors had occurred. A medicines error had occurred on 20 July 2018 where a person had only received one Bumetanide tablet instead of two. The action taken had not been clearly documented so we checked with the manager. They advised us that the person's GP had not been informed and no advice was taken. They told us, "Medicines errors of this nature should go through the GP for advice."

The failure to manage medicines safely was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines records evidenced that people had received all other medicines as prescribed. One person had been regularly refusing to take their medicines. The service had been liaising with the person's GP and other healthcare professionals to explore other options such as having medicines covertly. Medicines were kept securely in a temperature controlled environment. Staff administering medicines had received training and they had been assessed as competent to administer medicines. We observed staff prompting people to take their medicines and explaining what each medicine was.

People continued to be protected from abuse or harm. Staff had received training in safeguarding adults.

Posters and information about how to keep safe were available to people in accessible formats through the service. Staff were aware of the company's policies and procedures and felt that they would be supported to follow them. All staff we spoke with told us they would report safeguarding concerns to the management team immediately.

The provider continued to maintain recruitment procedures that enabled them to check the suitability and fitness of staff to support people. There were enough staff to support people. Staffing rotas evidenced a stable and consistent staff team.

The service was clean and tidy and smelt fresh. We observed housekeeping staff carrying out cleaning duties during the inspection. People were being kept safe against the risk of infection by the prevention and control of infection hazards. Infection control training had been undertaken by staff. Staff had access to personal protective equipment (PPE) such as gloves and aprons to enable them to work safely with people. Staff confirmed there was always plenty of PPE in stock.

All staff had completed fire safety training. Visual checks and servicing were regularly undertaken of fire-fighting equipment to ensure it was fit for purpose. Fire tests and drills had been carried out to ensure people and staff knew what to do in the event of a fire. Fire drills hadn't always recorded essential information such as the time of the drill, the length of time the evacuation took to enable the service to review and improve practice. Checks had been completed by qualified professionals in relation to electrical appliances and supply, lifts and moving and handling equipment and gas appliances to ensure equipment and fittings were working as they should be.

Accidents and incidents that had taken place were appropriately reviewed by management team and relevant actions taken. The management team monitored accident and incident records to review trends and themes when they happened. Any lessons learnt from accidents and incidents were discussed during handover meetings and staff meetings.

Good

Is the service effective?

Our findings

At the last inspection on 04 July 2017, we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to follow the principles of the Mental Capacity Act 2005.

At this inspection, there had been improvements, the provider was following the Mental Capacity Act 2005. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. People's consent and ability to make specific decisions had been assessed and recorded in their records. For example, one person's care file showed they were able to make day to day decisions about their life but were unable to make complex decisions. The care plan stated that complex decisions would require a best interest meeting with the person, their relatives and health professionals. Staff had received training in MCA 2005 and DoLS and they understood their responsibilities under the Act.

We observed that people were supported to have as much choice and control over their lives as they wished. People's decisions and choices were respected by staff. Staff supported people to make choices through a variety of methods, such as showing people items to choose and talking with them. The manager had effective systems in place to monitor and track applications and authorisations.

Training records showed that staff had attended training to meet people's needs. New staff completed an induction which included reading the service's policies and shadowing an experienced staff member to gain more understanding and knowledge about their role. Staff were supported to gain qualifications and carry out training to help them develop.

Staff told us they had received regular supervision. Records evidenced that this had not been as regular as it should have been. The management team had identified this and were providing supervisions and appraisals to staff. Staff said they felt supported in their roles, that there was day to day informal supervision and always someone to ask if they were unsure.

People referred to the service had their needs assessed prior to coming to live there. The management team conducted a face to face assessment with the person and involved their relatives and others involved in their care; including professionals. Assessment records evidenced that people's religious and cultural needs had been assessed as well as the wider care and support needs.

People continued to be offered choices of meals to meet their needs and preferences. Menu boards provided clear choices of food both in writing and through pictures. We observed people choosing what they wanted to eat. Where people were refusing to eat, staff offered encouragement and prompts as well as different foods. One person was not eating their breakfast, so staff tried the person with different cereals, toast, fruit and yoghurts. The cook had a good understanding of meeting people's nutritional needs, there was a clear list of people's likes, dislikes and preferences in the kitchen. Food was provided at the right consistency and texture to meet people's assessed needs. We observed staff assisting people to eat at meal times; they gave people plenty of time to finish each mouthful and helped people understand what each mouthful was. Food that had been pureed had been pureed in individual elements to ensure it looked appetising.

People continued to be assisted to access healthcare services to maintain their health and well-being. Staff told us about the support they gave to people to help them attend appointments such as visiting the GP, hospital, epilepsy specialist, chiropodist, dentist and optician. People were supported to attend appointments with their mental health specialists and consultants. Timely action had been taken when people were unwell. Staff recognised one person was not acting in their usual manner during the inspection, they carried out checks and reported the results of these to the GP to ensure that the person could gain a course of antibiotics. People moving in to the service were registered with a GP in a timely manner. People requiring any nursing care received this from visiting community nurses.

The design and layout of the service met people's needs. People were supported to make signs for their bedroom doors so they knew where their rooms were. Most people needed support to manage their mobility. They were supported to find communal areas such as the activities centre, dining room, lounge, bathrooms and toilets. Accessible signs were available to help people who were mobile to locate the bathroom and toilet. The gardens were secure and well maintained.

Good

Is the service caring?

Our findings

Some people were unable to verbally tell us about their experiences of living in the home. We observed that people were relaxed with staff. Staff communicated with people in a way they understood. Staff knew people very well. People were at ease and comfortable in each staff member's presence. Staff were kind, considerate and respectful. Staff made time to chat with people about their day and helped them enjoy their day. One person told us they liked a particular member of staff as they liked to joke with them.

The management team ensured people's individual records provided up to date information for staff on how to meet people's care and support needs. This helped staff understand what people wanted or needed in terms of their care and support.

We observed positive interactions between people and staff. The staff were respectful and approached people by their chosen name. Staff took time to explain what they wanted to do, such as take someone to the dining room for a meal. Staff gave people time to make choices. All staff took time to reassure people when they became agitated for any reason. One person needed lots of encouragement and reassurance as they had just moved to Lady Dane Farmhouse. The person's care records evidenced that staff were slowly encouraging the person to try new things and explore the service. Their daily records evidenced that they had grown in confidence and were already doing more on a daily basis.

Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with their care. Staff knocked on doors and checked with people to make sure they could go in. Staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care. A regular visitor to the service told us, 'The needs of the residents are always paramount and in my experience they are treated with dignity and respect by all staff.' Staff were mindful of people's privacy. Conversations of a sensitive nature were held in private.

There was a relaxed and homely atmosphere. People had free movement around the service and could choose where to sit and spend their recreational time. People were able to spend time the way they wanted. Some people chose to spend time in the communal lounge, their bedroom and some people chose to spend the activity centre. People's bedrooms were furnished and decorated to meet their own likes and wishes. One person had a football themed bedroom which celebrated their love for their team. Another person had a 'Doctor Who' themed bedroom.

People were supported and encouraged to be as independent as possible. Staff helped people maintain their routines and understand what was going to happen next. The manager detailed how staff worked with one person, their relative and their previous home to ensure they were involved in decisions relating to where they lived. The staff from the person's previous home visited and set up the bedroom how the person liked it with items they enjoyed. They took photographs and showed the person the room at the service. Staff from Lady Dane Farmhouse went to the person's previous home to meet the person and work with them so the person got to know them and the staff got to know and understand their care and support

needs.

Advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. One person had an advocate; the manager detailed that the advocate had been involved in discussions about receiving medicines in different ways to ensure the person's health needs were met.

Requires Improvement

Is the service responsive?

Our findings

Complaints information was displayed in the hallway of the service. The complaints procedure gave information about who to contact if a person was not happy with the complaint from the provider, which included the local authority and Local Government Ombudsman (LGO) and detailed the timescales for acknowledgement and investigation. However, the complaints information contained details which were out of date. They listed the previous registered manager's name and contact details. There was no easy to read guide about how to complain to enable people to understand. The manager told us they were in the process of developing accessible information for people which will be implemented when the merger of the two charities takes place. There had been no complaints about the service from people or their relatives since the last inspection.

We recommend that registered persons consider current guidance about accessible information and take action to update their practice accordingly.

People were unable to verbally tell us about their experiences so we carried out observations. People were encouraged to participate in activities to keep them active and stimulated, this included people who received their care in bed. People were enabled to undertake activities in communal areas of the service from their beds. This encouraged interaction and prevented social isolation. People were smiling.

The activity staff detailed how they regularly supported people to access their local community. They detailed that they had been out with someone into the local community for coffee the week before. Plans had been made to help people attend the town's hop festival, the activity staff had arranged parking to enable people to get a close up view of the procession. Activity staff told us they aimed to get people out and about in the community at least three times a week.

Each person had a detailed activity plan, although these had been personalised to each person. Activities that took place during the inspection included arts and crafts, reading, one person enjoyed spending time in the sensory room. The activities staff shared how they had reviewed and developed the activities to meet people's needs and helping people to celebrate their different cultures. They shared how they were getting to know new people who had moved in to the service.

Care plans continued to provide detailed information about how staff should meet people's care needs. Staff had recorded essential information about how each person communicated. Care plans clearly detailed people's preferences and choices. Care was provided in a person centred way. Staff responded to people's emotional and physical needs well. There was a calm and relaxed atmosphere in the service. Staff knew people's likes and dislikes and care needs. Care plans were reviewed regularly.

Care plans had sections for end of life care. These had been completed with information obtained from relatives, as people were unable to verbally confirm their wishes and preferences. Information included whether people had pre-paid funeral plans in place. One person's relative had been very involved in making arrangements to ensure the person was well cared for at the end of their life. No one living at the service was

receiving end of life care.

Requires Improvement

Is the service well-led?

Our findings

People were unable to verbally tell us about their experiences. We observed that people smiled and interacted with the staff and manager during the inspection.

Audit systems were in place to monitor and improve the service. The audits covered a variety of areas, such as; general housekeeping, general safety, care plans, training, documentation, catering, accidents and incidents and fire audits. Any issues identified were added to action plans and completed in a timely manner. However, audit systems were not robust; the audits and checks had not identified the issues and concerns we found in this inspection regarding the management of risks to keep people safe and management of medicines.

Records relating to the service required improving. Incident forms did not always have the date. One person's seizure monitoring charts did not always record the length of the person's seizure. People's daily charts and records were kept in an unlocked cupboard in the dining room. We spoke with the management team who then made the staff aware of the importance to maintain confidentiality and security of information.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures had been updated by the management team. The code of practice on the prevention and control of infections had not been followed. This code of practice had been produced by the Department of Health. It helps providers plan and implement how they will prevent and control infections. The service did not have an infection control lead person and had not carried out infection control audits. The manager planned to implement these to ensure that infection control risks to people and staff were well monitored and managed.

The maintenance staff member carried out frequent health and safety checks of the service in relation to equipment, fittings and the general environment. Action plans were created and worked through to make sure any work was completed in a timely manner. Window restrictors for six rooms had been identified as missing in one health and safety check and this work had yet to be carried out.

The failure to operate effective quality monitoring systems to monitor and improve the service and failure to securely maintain records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception area. However, the rating had not been displayed on the website.

The failure to display a rating on the website was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Registered persons are required to notify CQC about events and incidents. The provider had notified CQC about important events such as, Deprivation of Liberty Safeguards (DoLS) authorisations, deaths and issues that affected the location such as the lift breaking down that had occurred since the last inspection.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff told us that they had great confidence in the manager taking appropriate action such as informing the local authority and CQC. Effective procedures were in place to keep people safe from abuse and mistreatment.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A manager had been appointed to run the service and they were in the process of registering to become the registered manager.

The management team gained information about health and social care through links with organisations, CQC newsletter, policy updates from their policy provider, through forums and through utilising the internet for research. This kept the management team well informed. The manager also attended regular senior management team meetings with other registered managers and directors of the merging charity to ensure they were kept well informed and up to date.

Staff told us that communication between staff within the provider was good and they were made aware of significant events. Staff told us they were well supported by the management team. The manager worked with staff and people to build a rapport and get to know people's needs. There were various meetings arranged for staff. These included daily shift hand over meetings. The staff meetings were recorded and shared. Staff also confirmed that they attended team meetings and handover meetings. Staff felt that they could speak up at meetings and that the management team listened to them. Staff told us they felt well informed about the merger of the two charities. One staff member said, "I feel well informed by management, we have had consultation meetings and have had staff meetings. It is better, more organised, we get more feedback." Another staff member said, "[Manager] is very good. It [merger] is going to be really good."

People had not been given the opportunity to provide feedback about the service they received. The manager told us that 'residents meetings' had not taken place but they were planning to introduce them. Relatives had been sent quality assurance surveys to ask for feedback about the service. However, the results from the surveys could not be located by the management team.

The manager explained that the trustees visited the service on a weekly basis. Trustees had carried out some audits and checks of the service which included checks of the buildings, grounds, staff, people, finances, leisure and choices. The last trustee audit had taken place 27 June 2018.

The service was in a period of transition from one charity to another. Some staff were employed by the provider and some staff were working for the service from the merging charity. We observed good practice from the staff providing care and support and saw that staff worked hard to ensure people were valued as individuals and people were assisted to participate in planning their own care needs and activities as detailed in the Fynvola Foundation's aims.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider has failed to manage risks effectively and failed to manage medicines safely. Regulation 12 (1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider has failed to operate effective quality monitoring systems to monitor and improve the service and failed to securely maintain records. Regulation 17 (1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider had failed to display their performance rating on their website. Regulation 20A (1)(2)