Care Management Group Limited

Care Management Group - 1 Charmandean

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The inspection was unannounced and took place on 08 and 09 June 2015.

Care Management Group - 1 Charmandean is an eight bed residential care home that provides support to adults with physical and learning disabilities, sensory impairments and complex health needs including epilepsy. People have different communication needs; some people were able to hold conversations independently and others needed support from staff to express their views, thoughts and feelings. The home is located in Worthing, close to shops and a short distance from the seafront. At the time of this inspection, there were eight people living at the home.

The home 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

Summary of findings

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. When we arrived at the home we were informed that the manager who was in the process of registering with us had stopped working at the home on the Friday before our inspection. A manager from another of the provider's homes was called and came to the home to assist with the inspection process. We were informed that a new person had been recruited to manage the home and that they would be submitting an application to register with us in due course.

People said that the lack of a consistent manager was impacting on the service provided and our evidence supports this view. For example, one external professional wrote and informed us, 'There have been a variety of managers in the service and this has led to inconsistencies of approach to and responsiveness to concerns, implementation of programmes etc'. Due to staff vacancies and sickness the deputy manager had not been able to use specific hours separate from the care staff to undertake management duties. In addition to this, the vacant manager's hours were not all being used. A manager from another of the provider's homes was at the home two days a week to provide support. However, it was apparent that the current situation regarding the lack of use of management hours was affecting the smooth running of the home.

Quality assurance processes were in place but these were not always being completed at the frequency stated by the provider. As a result events were not always identified and prompt action was not always taken to address areas of shortfall. Staff said that they prioritised the needs of the people that lived at the home and as a result, other aspects were not always being addressed.

At the last inspection on 18 and 26 September 2014 we asked the provider to take action to make improvements to safeguarding processes, notifications and record keeping and this action has been completed. The provider sent us an action plan that detailed steps that would be taken to achieve compliance. At this inspection we found that the provider had improved systems and processes to keep people safe. People told us they felt safe. Staff were aware of their responsibilities in relation to safeguarding. They were clear about when to report concerns and the processes to be followed in order to keep people safe.

People were able to make choices, to take control of their lives and be supported to develop their living skills. Risk assessments and support plans were in place that considered potential risks to people. Strategies to minimise these risks were recorded and acted upon. People were safely supported to manage their medicines. People were supported to access healthcare services and to maintain good health.

Appropriate recruitment checks were completed to ensure staff were safe to support people. Staff were sufficiently skilled and experienced to effectively care and support people to have a good quality of life. People told us that they were happy with the support they received from staff. Staff received training that supported them to undertake their roles and to meet the needs of people. Action was being taken to ensure they received regular formal supervision.

The Care Management Group - 1 Charmandean met the requirements of the Deprivation of Liberty Safeguards (DoLS) and people confirmed that they had consented to the care they received. Staff were kind and caring and people were treated with respect. Staff were attentive to people and we saw high levels of engagement with them. Staff knew what people could do for themselves and areas where support was needed.

People were supported to express their views and to be actively involved in making decisions about their care and support. Everyone had a key worker who was knowledgeable about the person they supported. Staff knew in detail each person's individual needs, traits and personalities. People were supported to access and maintain links with their local community. Support plans were in place that provided detailed information for staff on how to deliver people's care.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were supported by a dedicated and committed workforce and care staff levels met people's assessed needs.

Potential risks were identified and managed that allowed people to make choices and to take control of their lives.

Staff knew how to recognise and report abuse correctly. People received their medicines safely.

Good

Is the service effective?
The service was effective.

Staff were sufficiently skilled and experienced to care and support people to have a good quality of life.

People consented to the care they received. Care Management Group - 1 Charmandean was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People were supported to eat balanced diets that promoted good health. People's healthcare needs were met.

Good

Is the service caring?
The service was caring.

People were treated with kindness and compassion by dedicated and committed staff.

People were supported to express their views and to be involved in making decisions about their care and support.

Good

Is the service responsive?
The service was responsive.

People received individualised care that was tailored to their needs. They were supported to access and maintain links with their local community.

Staff supported people to develop and maintain relationships that mattered to them and to increase their daily living skills.

Comments, compliments and complaints were acted upon and people felt that they were listened to.

Good

Is the service well-led?
The service was not well led.

Requires improvement

Summary of findings

The lack of a consistent registered manager affected the running of the home. Despite this staff were motivated and committed to providing a quality service to people.

Quality assurance systems were in place but these were not always effective at identifying areas for improvement and prompt action was not always taken.

People were encouraged to be actively involved in developing the service.

Care Management Group - 1 Charmandean

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 08 and 09 June 2015 and was unannounced. The inspection team consisted of one inspector who had experience of supporting people with physical and learning disabilities.

Before the inspection we checked the information that we held about the home and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the home. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information that we received from West Sussex County Council Adult Services.

We spoke with four people who lived at Care Management Group - 1 Charmandean. We also spoke with four members of staff, the deputy manager, the temporary manager and a regional manager. In addition to this, we spoke with a visiting therapist and a family member. We also obtained the views of a speech and language therapist, a community learning disability nurse and a physiotherapist, all of whom had involvement with the home. All of these people consented to their views being used in this report.

We observed support being provided in the lounge and dining area. With peoples consent, we also looked at two people's bedrooms.

We reviewed a range of records about people's care and how the care home was managed. These included care records for four people, four medicine administration record (MAR) sheets and other records relating to the management of the home. These included staff training, support and employment records, quality assurance audits, minutes of meetings with people and staff, findings from questionnaires that the provider had sent to people, menus and incident reports.

Care Management Group - 1 Charmandean was last inspected on 18 and 26 September 2014 where we found that the registered person did not have robust processes in place to safeguard people when incidents occurred at the home. We had not received statutory notifications when required and records were not always up to date. These were breaches of regulations 10, 11 and 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulations 17 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Good

Is the service safe?

Our findings

People told us they felt safe from harm and abuse. One person said, “It feels safe here. Especially with certain staff on duty”.

When we inspected the home in September 2014 a compliance action was set due to the management of incidents and staffs understanding of safeguarding. This was a breach of regulation 11of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that steps had been taken by the provider and the compliance action was met. At this inspection we found that staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. The majority of staff had received safeguarding training. A member of staff who had not yet received this training told us that they had been given guidance about safeguarding by the manager who had recently left the home and was also able to explain their responsibilities in this area. They expressed the view, “It’s better to report nothing rather than not to report something”.

Since our last inspection the provider had involved a psychologist and community learning disability nurse to support staff to understand and help them meet the needs of a person that lived at the home. During our inspection we did not observe any incidents that were not appropriately managed by staff. We saw that information about reporting incidents and safeguarding concerns was available for staff in the office.

People told us there were enough staff on duty to support them and meet their needs which was confirmed by our observations. Staff were available for people when they needed support both in the home and in the community. Two people had allocated one to one staff. One from 7am until 10pm each day and the other from 7am until 3pm and records confirmed they received this. Separate hours were allocated for the position of manager. At the time of our inspection the home did not have its own manager. A manager from another of the provider’s locations spent two days a week at the home to offer managerial support and to undertake managerial tasks. They were also available via telephone and email outside of the two days.

Separate kitchen and domestic staff were not employed at the home, with these duties undertaken by care staff. At the time of our inspection we also found that the home did not have a gardener with staff at the home having to undertake this duty. The temporary manager told us that he would make arrangements for a gardener to visit the home in order to carry out maintenance of the grounds.

We looked at the staff rotas for the four weeks previous to our inspection. These demonstrated that staffing levels had been maintained to the assessed levels required for each person apart from one weekend when staffing levels had been seriously reduced. As a result of this incident, the procedure for staff to take leave had been reviewed in an attempt to reduce this occurring again.

Robust recruitment checks were in place to ensure staff were safe to support people. Three staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of ID.

People made choices and took control of their lives. Risks were identified and managed that supported this process. Risk assessments and support plans were in place that considered any potential risks and strategies to minimise these. One person who suffered from epilepsy had a sensor alarm on their bed in order that staff were alerted if they had a seizure. This equipment also reduced the need for staff to enter people’s personal space unnecessarily. An occupational therapist had completed an assessment for another person due to the wrong size sling being used that placed them at high risk of slipping when being transferred. As a result, the sling was discarded and a new one purchased.

Servicing of equipment and facilities had been undertaken to ensure people and staff were safe. These included servicing of gas appliance, water for Legionella and fire alarm systems.

People were supported to manage their medicines using a monitored dosage system (MDS). People had assessments completed with regard to their levels of capacity and if they were able to administer their medicines independently or needed support. Five people’s bedrooms included secure storage facilities for their medicines. We were informed storage facilities were on order for the remaining three people who lived at the home however staff said they had been waiting for these for a long time. Staff were knowledgeable about the individual needs of people with

Good

Is the service safe?

regard to how they preferred to take their medicines. One member of staff explained, "We show X a glass of water and a yogurt. She looks and smiles in the direction of which she wants to have with her medicines".

There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been safely stored and administered, audited, and reviewed appropriately. A member of staff was able to describe how they ordered peoples medicines and how unwanted or out of date medicines were disposed of and records confirmed this. Records showed that staff had been trained in the administration of medicines and that their competency was assessed, and staff we spoke with confirmed this.

Some prescription medicines are controlled under the Misuse of Drugs Act 1971 these medicines are called controlled drugs or medicines. Controlled medicines were stored safely in accordance with relevant guidelines and separate records were maintained. The stock of controlled medicines reflected the amount recorded in the controlled drugs book.

Good

Is the service effective?

Our findings

People told us that they were happy with the support they received from staff. A relative said, "I can tell, sense she is happy. I am happy with the care and support given". Throughout our inspection staff demonstrated knowledge and understanding of people's individual needs. Staff were sufficiently skilled and experienced to effectively care and support people to have a good quality of life.

All new staff completed an induction programme at the start of their employment that followed nationally recognised standards. The induction process included shadowing other staff and spending time with people before working independently. Training was then provided on an ongoing basis. Staff were trained in areas that included health and safety, fire safety, food hygiene, infection control, equality and diversity and moving and handling.

Staff told us that the training provided equipped them with the knowledge required to support people effectively. Training consisted of both e-learning courses and face to face events. One member of staff explained, "We have regular epilepsy training. It includes the different types of seizures, medications, side effects. When to call the emergency services. This is really important as one person who lives here has complex epilepsy". Another member of staff told us about 'Social Stories' training that they had recently completed. They explained how this training taught them to use symbols and picture's to communicate effectively with people who may not be able to understand verbal information. Other training that some of the staff had attended included oral health awareness, positive behaviour and mental health for people with learning disabilities.

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal but this had not been consistent due to the changes in management at the home. Supervision consisted of individual one to one sessions and group staff meetings. The temporary manager was in the process of introducing a supervision planner that would help ensure formal support was consistent.

Care Management Group - 1 Charmandean was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). One person was subject to a DoLS authorisation and applications had been submitted for three other people. Some people who lived at the home had the capacity to make their own decisions and others did not have the capacity to make certain decisions. Mental capacity assessments were completed for people and capacity had been assumed by staff unless there was an assessment to show otherwise. This was in line with the Mental Capacity Act (2005).

People confirmed that they had consented to the care they received. They told us that staff checked with them that they were happy with support being provided on a regular basis. During our inspection we observed staff seeking people's agreement before supporting them and then waiting for a response before acting on their wishes. Staff maximised people's decision making capacity by seeking reassurance that people had understood questions asked of them. They repeated questions if necessary in order to be satisfied that the person understood the options available. Where people declined assistance or choices offered, staff respected these decisions.

Staff were able to explain their responsibilities in relation to consent and the actions they should take if a person was unable to consent to their care and treatment. One member of staff explained, "We had to hold best interest meetings for one person who needed blood tests and was not able to consent to this. The GP and family were involved".

People played an active role in planning their meals and had enough to eat and drink throughout the day. People were happy with the support they received and had a balanced diet that promoted healthy eating. One person said, "Food alright here". They then told us how they had recently joined a slimming club and "We talk about food". Another person said, "Meals, I help decide".

Pictorial aids were available to assist people to make healthy eating options however these were not on display during our inspection. We were informed that this was due to the recent redecoration of the dining area. People told us that as they were usually out in the day, the main hot meal was usually of an evening. This was seen as a social event when everyone got together to discuss their day. Dietary needs were catered for. These included a gluten free diet for one person at the home.

People were supported to access healthcare services and to maintain good health. A visiting therapist said, "Some

Good

Is the service effective?

people are on medication and have epilepsy. The home is good at checking with the GP for any contraindications. If there are any medication changes the staff let me know. They are good at keeping me informed of changes". An external professional wrote and told us, 'Staff have supported clients to attend appointments with wheelchair services, have brought clients to posture clinics and to hydrotherapy sessions. These have had positive outcomes for clients with upgrades to wheelchairs, changes to standing programmes and positive achievements in the pool. Where a referral was made for mobility and back pain the staff member was able to follow instructions and there was a positive outcome. However sometimes problems with wheelchairs are not reported in a timely way, and equipment has not always been cared for very well in the past'.

People had hospital passports which provided hospital staff with important information about their health if they were admitted to hospital. People told us that they were happy with the support they received to maintain good health. People told us that staff supported them to visit their GP, dentists and opticians. The district nurse visited the home daily to support one person with their diabetes and insulin. Staff at the home monitored the person's blood sugar levels and were able to explain actions they should take if this was not within a safe range.

The home had suitable equipment and other adaptations to the premises had been made, which helped to meet people's needs and promote their independence. This included bathrooms and bedrooms with overhead hoist tracking, a reclining bath, wide doorways and a ramped exist from the dining room that led to the enclosed garden area. Sensory objects and lights were located in bedrooms and hallways that offered stimulation to people who lived at the home. An adapted mini bus was available to transport people in their wheelchairs when drivers were available to facilitate this.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and compassion in their day to day care. One person said, "Staff alright, kind". Another person said, "The carers are very good. They have a very good attitude". An external professional wrote and informed us, 'I generally find the staff to have a very caring attitude to the clients. They have known them for some time and know their likes and dislikes'.

Positive, caring relationships had been developed with people. Staff were attentive to people and we saw frequent, positive engagement with them. They patiently informed people of the support they offered and waited for their response before carrying out any planned interventions. The atmosphere was very relaxed with lots of laughter and banter heard between staff and people. We observed people smiling and choosing to spend time with staff who always gave people time and attention. Staff knew what people could do for themselves and areas where support was needed. One member of staff said, "We develop friendships with service users. We don't wear uniforms as these can be seen as a barrier but we still understand boundaries. It's a friendly home. Even though we work here, it's their home".

We did observe one instance when a member of staff did not show consideration for people. A member of staff was sitting in the lounge with four people. A DVD was on but was not working properly and was constantly playing the same scene for 20 minutes. None of the people who were in the lounge were able to use the remote to the DVD due to their physical and learning disabilities. The member of staff did not call for assistance until we intervened. Although this was not acceptable it was not a reflection of the positive actions we witnessed throughout the other times of our visit.

People wore clothing appropriate for the time of year and were dressed in a way that maintained their dignity. Good attention had been given to people's appearance and their personal hygiene needs had been supported. Staff assisted one person who lived at the home to apply specific oil based products to their hair and co-co butter cream to their skin which met their specific cultural needs. Staff promoted people's privacy and dignity. We observed staff knocking on bedroom doors before entering and ensuring sufficient toiletries and towels were taken into bathrooms before they started to assist people with personal care.

Staff on duty appeared dedicated and committed. They knew, in detail, each person's individual needs, traits and personalities. They were able to talk about these without referring to the records that were in place that contained this information. For example, one member of staff said, "X is really independent. Profoundly deaf so he relies on vibrations. Loves bad weather and sensory stimulation. So it's important to put the sensory lights on in his room. He loves the fish tank too". A visiting therapist said, "I love coming here. It's such a nice atmosphere. The service users are listened to. The staff know what each person wants, needs and likes. They really know each person well". A relative said, "They are very passionate".

People were supported to express their views and to be actively involved in making decisions about their care and support. One member of staff explained, "Person centred support is important. It's to hear the service user voice. It's the most important thing. To enable them to do as much as they can do in everyday life". Another member of staff said of one person who lived at the home, "It can take a while for them to express their views so we give plenty of time. They make a certain noise which sounds similar but is different when they are feeling a certain way. It's important to know this and combine with body language".

Everyone had a key worker who completed reports on events and activities that people had participated in. we noted that for some people, these had not been completed on a monthly basis in line with the provider policy. We also noted that none of the records that we viewed included evidence that the person concerned had been involved.

The minutes of residents meetings had started to be produced in an easy to read format to aid communication for people. These were on display in the home for people to read at their leisure. The minutes showed that people were asked how they got on with staff and if they were happy. For example, it was recorded in the minutes of the May 2015 meeting 'Everyone said they were happy and had no complaints'.

Good

Is the service responsive?

Our findings

People were supported to develop and maintain relationships and faith that mattered to them. A relative said, "Staff are absolutely brilliant. They always keep us informed. Having a keyworker and communication books help as my daughter cannot speak. If she is unwell we get a call or email". One person who lived at the home told us that their faith was very important to them and staff understood this. They put a sign on the person's door informing people to not disturb them when praying. They said, "I'm a catholic, my spiritual needs are fulfilled. I attend church every Sunday and sometimes in the week". Another person whose family originated from Jamaica had been to Nottingham Hill carnival with their family.

One person told us how they had a Kindle but no internet or Wi-Fi access at the home. We asked what they would do if they did have access and they said, "Email my dad, sister and brother". They said that they had raised this with a manager "ages ago" but it had not been resolved and they did not know why. We fed this back to the temporary manager who agreed to look into this as a matter of priority.

People received personalised care that was responsive to their needs. Two external professionals who shared their views of the service with us stated, 'Those staff that have engaged with us have been responsive and appeared person centred and motivated to improve the individuals care'. They also stated, 'Recommendations have been implemented, whether they will be maintained is unclear'. A third external professional stated, 'Responses have been varied over the years. Colleagues have said it has been difficult at times to contact a manager. Just as a new one starts they are on leave again, or moved to another home. It is usually better to talk to the deputy manager or one of the older staff team who are more knowledgeable about the day to day situation at home'.

A member of staff explained that one person got distressed when they needed to visit health professionals. As a result, staff had been taking the person for walks in the community past health centres "To try and reduce her fears. She still gets anxious at the moment so we arrange home visits where possible". During our inspection we observed that the person received a visit from a GP as a result of staff being concerned that they had a cough. The person appeared upset when the GP approached them but three members of staff were able to calm the person. As a result the GP was able to assess the person and prescribe antibiotics to help with their cough.

One person invited us to their room and showed us rosettes that they had been awarded for riding. They also told us of other activities they enjoyed and a holiday they were going on saying, "Movies. Going on holiday to Jersey, got to get up at four to get Ferry".

A massage and aroma therapist visited the home on a weekly basis and provided individual sessions to people. On the first day of our inspection six people were having one to one sessions with the therapist. We observed that people really appeared to benefit from these. One person was seen relaxing on a sofa afterwards with a big smile on their face. A member of staff explained, "The sessions help with suppleness and to relax the muscles if immobile. They guys really benefit".

Some people also received postural management from staff at the home based on advice from Worthing Hospital. Others had received hydrotherapy sessions and had been supported to go swimming.

People were supported to access and maintain links with their local community. One person told us, "Go disco in hall in Worthing". One person with sensory impairments who lived at the home was supported to go for walks near to roads as staff had identified that they loved the sensation of the wind rushing over their face as traffic went past. Another person visited barbers in the town centre to get their hair cut and visited a local pub to socialise.

People were supported to feel valued and to increase their independence. One person told us how they helped staff with health and safety checks around the home and with the testing of fire alarms. A member of staff told us how they supported one person to put their hands around a cup and lift to their mouth so that they could drink independently. Another person was supported to switch the kettle on when making a drink.

Support plans were in place that provided detailed information for staff on how to deliver people's care. Care records were person-centred, meaning the needs and preferences of people were central to care and support

Good

Is the service responsive?

plans. Records included information about people's social backgrounds and relationships important to them. They also included people's individual characteristics, likes and dislikes and places and activities they valued.

People told us, and records confirmed that residents meetings took place where people talked about anything relevant to the smooth running of the home and communal living. Where people raised points or made requests, these were acted upon.

People were routinely listened to and their comments acted upon. Staff were seen spending time with people on an informal, relaxed basis and not just when they were supporting people with tasks. Staff understood the importance of supporting people to raise concerns who could not verbalise their concerns. As one explained, "When hoisting X they looked uncomfortable and unhappy. So we rang up and got her reassessed. Now she has a new sling and smiles and is happy when we hoist". A relative said, "They were short staffed one weekend and we raised this as a concern. They were very apologetic".

Two complaints were recorded in the homes complaints file. Records confirmed that when issues were raised, actions were taken to address these. When looking at other records at the home we noted that a relative has raised a concern about a missing item from their family member's room. This was not recorded in the complaints records. After our inspection we received written confirmation from the temporary manager that the missing item had been replaced by the provider.

A pictorial guide of what to do in the event of needing to make a complaint was in the process of being updated when we visited the home. We were informed that a copy of this would be put in every person's bedroom in order that they had access to this information. One person told us if they were unhappy they would, "Speak to manager, if about staff, in the office".

Requires improvement

Is the service well-led?

Our findings

When we inspected the home in September 2014 compliance actions were in relation to records of incidents and statutory notifications. This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that steps had been taken by the provider and the compliance actions were met. However, new areas of concern were evident and the lack of a consistent registered manager impacted on the running of the service.

A quality assurance system was in place that included audits and checks of all aspects of the service. These were not always taking place at the frequency stated in the provider's procedures, they did not always identify shortfalls in service provision and at times when they did, timely action was not always taken to improve services. For example, in-house checks of hoists were supposed to take place weekly. Records detailed that checks had taken place monthly.

Fire drills had taken place every six months as per the provider's procedures. However, records confirmed that of the 26 staff employed at the home only four of the nine staff who participated in these still worked at the home. No night staff were included in these. There was an emergency file in the office that was to be used in the event of emergencies including a fire. This did not include the personal emergency evacuation plans for people who lived at the home. It took staff half an hour to locate these. They agreed this was a concern as the information would need to be easily accessible in the event of a fire. The member of staff immediately put this information in the homes emergency file. These issues had not been identified in any of the audits that we were shown.

A lack of a gardener had been identified in an action plan dated March 2015. At the time of our inspection the home still did not have a gardener with care staff having to undertake this duty. Staff said that completing the smaller gardening duties did not cause any difficulties but that the larger duties such as cutting trees back was not possible. One said, "We already do so much".

Medicines audits for November 2014 to May 2015 were viewed. Three of the four actions originally identified in November 2014; new medicines cabinets, a new medicines fridge along with spare keys had not been addressed with all still outstanding at the time of our inspection.

Accidents and incidents had been recorded and outcomes clearly defined, to prevent or minimise re-occurrence. However, other events that had the potential to affect the wellbeing of people had not been reviewed and audited. For example, a report dated 11 November 2014 stated that a person who lived at the home was given 25 food items that were on an avoidance list due to their dietary needs. Another record said that when a person fell a member of staff could not call for assistance due to the emergency call bell being out of action. When we asked if this had been rectified we were informed that it had not. One member of staff said, "I think it's been broke for as long as I've been here, so over six months". The provider had an electronic monitoring system in place where all incidents should be logged in order that those with responsibility within the organisation could monitor appropriate action had been taken. No one that we spoke with during the inspection, including the regional director was able to confirm if these incidents had been looked into and included in the providers monitoring systems.

There was not an adequate process for assessing and monitoring the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection we were sent documentary evidence that confirmed the manager who left the home prior to our inspection had been made aware of the faulty emergency call system and that arrangements were in hand for it to be repaired.

A member of staff said, "We have had six managers in five years. We do need a consistent manager as each one does things differently. We don't let it affect the guys (referring to people who lived at the home). It's just confusing for staff". A relative said, "Over the years the only problem has been there have been so many managers, ten that I can remember. I don't know why they leave. We have spoken about this with senior management at the relatives meetings. That's our forum for airing issues". Three external professionals who shared their views of the service also expressed the view that the lack of a consistent manager affected the running of the service. One stated, 'There has

Requires improvement

Is the service well-led?

been recent change of management. The most recent manager left after three months in post. The one before that managed across two houses (a few roads apart), which after about 18 months did not appear manageable. The service has lacked consistency in management over time. Also there have been changes at a regional management level'.

On arrival at the home we were informed that the manager had left with their last working day being the Friday before our visit. A manager from another of the provider's locations came to the home and informed us that they were overseeing its management until the newly recruited manager took up their position. We were informed that the new manager was due to start working at the home in July 2015. The temporary manager was based at the home two days a week and available by phone and email at other times.

Two deputy managers were included in the staff numbers at the home. The deputy informed us that they were allocated separate hours to undertake managerial responsibilities but that they had not been able to use these recently due to staff vacancies and sickness. Throughout our inspection we observed the deputy attempting to complete both managerial and care tasks. Although they appeared professional and motivated they appeared very busy and at times rushed. They were observed answering the telephone, writing reports, offering guidance to staff, shopping, assisting to move people from one part of the home to another, liaising with external professionals and attempting to cover shifts. We were informed that the vacant manager's hours were not being allocated to the deputy who was managing the home when the temporary manager was not present.

The provider had a clear set of vision and values that staff were aware of. As one member of staff explained, "They are recorded in our communication book. For example, sustainability. I take that to mean keeping people independent". Another said, "They are included in the policies and procedures. They are about how the company wants people to work, act and treat people. They make it a better company".

One member of staff said, "They are good to work for. They helped me get some qualifications. They do staff awards where service users nominate people". One person explained that they had requested further training as part of their career development and that although the nominated individual, on behalf of the provider had made a phone call to chase this up in December 2014 they still had not heard anything back. The temporary manager said that he would follow this up. Information was on display in the office that informed people of the 'Employee of the month' scheme that had been re-launched in May 2015. Winners of this received vouchers for £100 that could be spent on-line.

The provider had systems in place to involve people in monitoring the quality of service provided. National conferences were held for people who received a service. Information was displayed in the home that informed people that the next conference was due to take place in July 2015. One person who lived at the home told us, "I've been asked recently to be on panel for employee of the month". One person who lived at the home proudly told us about how they were employed by the provider as a quality checker. They explained that they visited different services to speak to people and to check everything is ok.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not ensured systems or processes assessed, monitored and improved the quality and safety of services and mitigated the risks that related to the health, safety and welfare of service users and others. 17(1)(2)(a)(b).