L&Q Living Limited

Chant Square (15 & 17)

Inspection report

15-17 Chant Square
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 6 November 2017 and was announced. 15 & 17 Chant Square is a care home for adults with learning disabilities. It is divided into a ground floor flat for up to seven people and a first floor flat for one person who is able to live more independently. At the time of our inspection six people were living in the home.

15 & 17 Chant Square is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during the inspection.

The home did not have a registered manager. The service manager had applied to register and the home had been without a registered manager since July 2017. 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 home was last inspected in October 2016 when we identified breaches of regulations regarding person centred care, dignity and respect, safe care and treatment and good governance. We asked the provider to take action to make improvements. Although the provider had addressed specific concerns around choking, the mealtime experience and moving and handling equipment, breaches of regulations were found on this inspection.

We found care plans lacked detail regarding the specific nature of the support people needed and people's preferences were not always clearly captured. Risks people faced had been identified, but the measures in place to mitigate them were not clear. Information for staff about how to support people to take their medicines was insufficient to ensure medicines were managed in a safe way. The manager had not responded to allegations of abuse in an effective or timely way. Staff had not received the training and support they needed to perform their roles. The governance and audit arrangements had failed to identify or address the range of concerns found during the inspection. Notifications were not being submitted as required.

We identified breaches of six regulations. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Staff had been recruited in a way that ensured they were suitable to work in a care setting. There were enough staff on duty to ensure people's needs were met.

The home was clean and there were systems in place to ensure the prevention and control of infection.

Staff took appropriate action in response to incidents. However, it was not clear that the service took the opportunity to learn lessons following incidents.

People's needs were assessed and care plans had goals in place. The home operated a keyworker system where a named member of staff took the lead on supporting an individual. Keyworkers met with people on a monthly basis to monitor their progress towards their goals.

The service had taken action to address our concerns about the mealtime experience and people were now involved in choosing their meals. We saw people were supported to eat in a safe way by staff who demonstrated a patient and kind attitude.

The home had recently been redecorated and was fully accessible to people who lived there. The bathrooms had equipment in them to ensure people were able to access them.

People were supported to attend healthcare appointments and staff recorded details of the advice given by healthcare professionals. However, the information about people's healthcare needs was not always clear and consistent.

The service was working within the principles of the Mental Capacity Act 2005 and had made appropriate applications to deprive people of their liberty.

Staff had developed positive, caring relationship with people living in the home. We saw compassionate care and support being delivered by staff.

The provider had ensured the complaints policy was available in a format that was accessible to people living in the home. There had been no complaints about the service since our last inspection.

The provider had supported people and staff through a recent bereavement. However, people and their relatives had not been supported to consider their own end of life wishes.

There were house and staff meetings where people and staff were given the opportunity to be engaged with the development of the service.

The provider had a clear values structure which focussed on supporting people to be as independent as possible.

The overall rating for the service is Requires Improvement. This is the second consecutive time the service has been rated Requires Improvement.

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. Information for staff on how to mitigate risks faced by people was not always clear.

Information about how to support people to take their medicines was inconsistent and not always clear.

People were not always protected from abuse and avoidable harm as action was not always taken when concerns were raised.

Staff had been recruited in a safe way that ensured they were suitable to work in a care setting.

Staff responded to incidents in an appropriate manner, but it was not clear that the service learned lessons and developed practice following incidents.

Is the service effective?

Requires Improvement

The service was not always effective. Staff had not received the training and support they needed to perform their roles.

People were supported to access healthcare services. However, information about people's health conditions and the support they needed to maintain their health was not always clear.

People's needs were assessed and care planned with a focus on achieving personal goals.

The service worked within the principles of the Mental Capacity Act 2005.

The building had recently been redecorated and was suitable for people's needs.

Is the service caring?

Good

The service was caring. We saw kind and compassionate interactions between staff and people who lived in the home.

Care plans considered people's religious beliefs and cultural background.

People were supported to maintain their relationships with people outside the home.

People were supported to maintain their dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive. Care plans lacked details about the exact nature of support required to meet people's needs and preferences.

Information about how to make complaints was available in formats that were accessible to people who used the service.

People were supported with a range of activities both in their home and the local community.

Staff maintained records of care and had a handover system that ensured information was shared across the staff team appropriately.

Is the service well-led?

Requires Improvement

The service was not always well led. Issues with the quality and safety of the service had not always been identified and addressed.

Statutory notification had not been made as required.

People and staff were engaged with the service through house and staff meetings.

The service responded to feedback from outside agencies.

Chant Square (15 & 17)

Detailed findings

Background to this inspection

This inspection took place on 6 November 2017 and was announced. The provider was given 24 hours' notice as they are a small service for adults with learning disabilities and we needed to be sure people would be home during our inspection.

Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve all the key questions. The provider had made some progress, but areas of the service had not yet improved to a good level and breaches of our regulations were still found during this inspection.

15 & 17 Chant Square accommodates up to eight people, seven of whom live in a downstairs fully adapted flat, one of whom lives a more independent lifestyle in the upstairs flat. 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 inspection was completed by one inspector.

Before the inspection we reviewed the action plan the provider had submitted in response to the last inspection. We sought feedback from the local authority the home is based in. We reviewed information the provider had submitted to us in the form of notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we made observations of care delivered to people as we were not able to communicate with them directly due to the complexity of their communication needs. We spoke with one relative who was visiting the home. We reviewed three people's care files including care plans, risk assessments and records of care delivered. We looked at seven staff files including recruitment records of three staff recruited since our last inspection, supervision and training records. We spoke with the regional manager, the home manager, the team leader and two support workers. We also looked at various policies and procedures, audits, records and meeting minutes relevant to the management of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection of the service in October 2016 we found the service had been in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not done all that was reasonably practical to mitigate risks faced by people receiving care and had not ensured that staff had the qualifications, competency and skills to provide support safely. This related specifically to choking risks faced by people and the equipment used to support people with moving and handling needs. The service had taken action to ensure the risk of choking was effectively mitigated and equipment was maintained. However, other risks faced by people had not been effectively mitigated.

People living in the home had a range of mobility needs and required support from staff and equipment in order to move their position and complete transfers. The provider had taken action since the last inspection to ensure equipment was well maintained and individualised. However, the guidance in place and risk assessments in people's care files was insufficient to ensure staff had the information they needed to support people to move in a safe way. For example, one person received their personal care in bed. Although there were photographs to show staff how to position them for sleeping, the manager told us the person was unable to move themselves to assist with their personal care and staff used moving and handling techniques to roll them. There was no information within the care plan to tell staff how to move this person in a safe way.

The risk assessment for one person stated risks were managed by, "mandatory training and assessment of staff (manual moving and handling) and regular equipment checks". This did not tell staff how to move the person in a safe way. In addition, this person was identified as being at high risk of falls but there was no falls risk assessment in their file. The manager told us this falls risk assessment was inaccurate. They said, "The score of 3 does not reflect current condition. She doesn't get out of her chair. She doesn't stand, so I don't think it needs a risk assessment, I think it's a no [to risk of falls] on balance risk – so score of 2 is what it should say." This meant the risks associated with people's mobility had not been appropriately mitigated against as the information for staff lacked detail and was not up to date.

After the inspection the provider submitted detailed step by step guidance on how to support people using moving and handling equipment. The guidance included photographs of people being supported in the equipment at each stage and included details of how to ensure people's dignity was maintained while being supported with moving and handling equipment. For example, staff were reminded to cross the leg loops of the sling to ensure people's legs were together while moving. The provider took prompt action to ensure risks to people were mitigated after we had identified pre-existing measures had not been sufficient.

Other risks remained which had not been appropriately mitigated. For example, due to their continence and mobility needs people living in the home were at risk of developing pressure wounds. Although this risk was identified the measures in place were not clear or consistent. For example, although one person slept on a pressure relieving mattress and had a pressure relieving cushion for their wheelchair their records showed they also sat in an armchair. There was no pressure relieving equipment in place for the armchair. Likewise, staff were told to support people to change their position "regularly" but were provided with no detail about

how often this should be.

People living in the home needed staff to support them to take their medicines. People's medicines were stored securely in their bedrooms. Records showed people's medicines were administered as prescribed. However, the information available to staff to ensure people took their medicines was limited. Although people's medicines were listed in the medicines administration records (MAR), their health plans and their support plans, these were not always consistent with each other. For example, one person was prescribed various topical creams which were not included in the medicines lists in their care files. Another person's list of medicines in their health records was different from both the list on their care plan and the MAR chart.

The information about how people liked to be supported was not clear. For example, one person's plan stated, "[Person] does not have any specific requirements to take her medication, however, she needs to be given time to swallow as sometimes she may experience some issues to do it. [Person] takes her tablets with water, with no swallow issues." This is unclear and does not describe how staff should support this person to take their medicines. A second care file contained no instructions for how the person should be supported to take their medicines.

People were prescribed medicines on an 'as needed' basis. Where people are prescribed medicines on an 'as needed' basis there should be clear information for staff about how to identify when to offer and administer this medicine. The information was insufficient. For example, one person had been prescribed a topical cream for a skin condition but the guidance stated, "Please apply just on the affects areas apply a thin layer max 2 times a day" There was a body map which indicated the affected areas could occur all over the person's body. There was a further instruction, "Apply sparingly to the affected area – twice a day for flare ups." There was no information within the care file to inform care staff how to identify the affected areas or what to do if the treatment was not effective. This meant there was insufficient information to ensure people were supported to take their medicines as prescribed and there was a risk people did not receive their medicines appropriately.

Records showed staff signed daily to show they had counted the medicines in stock within the home. However, staff did not record the actual amount of medicines so it was not clear that the provider had ensured sufficient stocks and no stock errors had occurred. The manager told us they only recorded the number of medicines when they were supplied in original boxes rather than blister packs prepared by the pharmacy. They told us this was because the number of medicines was obvious from the blister packs and staff would identify missed medicines easily as they would still be in the blister. This meant it was not clear that the correct stocks of medicines were in the home at all times.

The above issues with risk assessments and medicines management are a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People living in the home were at risk of choking due to conditions which affected their ability to chew and swallow their food. Staff had referred people to speech and language therapy services to have their swallowing ability assessed and the professional guidance from the speech and language therapists was included in people's care plans. To ensure all staff were aware of the guidelines the service had printed the guidance on large pieces of paper which had been laminated and were used as people's individual place settings for meals. This ensured the information about people's support needs to reduce the risk of choking were available for all staff working in the service. We saw people being supported to eat by staff in line with these guidelines in a patient and sensitive way.

We saw the local safeguarding contact details were displayed on the wall in the office. Care files identified

where people were vulnerable to different types of abuse, particularly where their communication needs meant they would not be able to raise concerns without the sensitive support of others. Staff told us they received annual training in safeguarding adults from harm and were confident in the action they would take to raise concerns. One support worker said, "If I noticed something I would tell the responsible person, or the manager. They report it on to the safeguarding team at the local authority and would do an investigation." Training records showed out of 20 staff, six staff, including the manager, had not completed training in safeguarding adults and two staff were overdue their refresher training.

A support worker had raised in supervision they had concerns another support worker had physically abused a person who lived in the home. They had made this allegation in September 2017. There was no record any action had been taken when we inspected in November 2017. The manager told us they had asked the support worker to make a statement but had not received it yet. This meant the manager had not taken any action to safeguard the person who was alleged to have been abused. We discussed this with the manager and the provider. The provider took immediate action to raise the safeguarding concern with the local authority and protect the person from further risk of harm. However, they had not identified or taken action on this allegation until it was identified by the inspection. This meant the person had not been properly protected from the risk of abuse.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us staffing levels were based on people's assessed need and funding agreed by placing authorities. This resulted in staffing levels of three staff on duty throughout the day with one waking night and one sleeping member of staff overnight. This reflected that all the people living in the home required two staff to support them with moving and handling needs during the day, but did not require two staff at night. The rota and staff on duty records confirmed staff on duty were at this level.

Records showed staff had been recruited in a way that ensured they were suitable to work in a care setting. Applicants were interviewed by at least two representatives of the provider who asked competency and values based questions. Applicants' responses were recorded and assessed by the provider who had minimum criteria in place to inform recruitment decisions. Applicants completed questionnaires to inform the provider about their values and approach to work which resulted in a pre-employment assessment shared with line managers. The provider completed checks on people's characters by checking their employment references and completing criminal records checks. The provider ensured all staff had the right to work in the UK. This meant the provider ensured staff were suitable to work in a care setting.

We saw the home had plenty of supplies of personal protective equipment available for staff to help ensure people were protected by the prevention and control of infection. We saw staff wore gloves and aprons when supporting people as appropriate. Observations around the service showed it was clean and there were no malodours. The home had a separate laundry with facilities to launder soiled clothing at appropriate temperatures to control infection. An infection control and hand hygiene audit was completed each month to check the service had maintained appropriate measures to reduce risks of infection.

Incident and accident forms were reviewed. These showed staff took appropriate action in response to incidents to ensure people's safety and wellbeing. However, the section of incident forms for the manager to complete regarding lessons learnt and further actions to be completed was blank in all eight incident forms reviewed. The manager told us they maintained a separate log of the actions taken and they would send this to us. They did not submit this to us. The provider's quality audits stated that actions following incidents had been identified and addressed but they were not able to show us this was the case. This meant the home

had not followed the provider's practice to ensure the actions taken following incidents were clearly recorded to ensure lessons were learnt and mistakes not repeated.

Requires Improvement

Is the service effective?

Our findings

In October 2016 we made a recommendation about staff training and supervision as staff had not completed their training and had not received supervision in line with the provider's policy. The home had not followed this recommendation.

The provider submitted their training matrix for the 20 staff who worked at the home. This showed that four staff, including the registered manager, had no completed training recorded. In addition, despite the fact that people living in the home had been diagnosed with dementia, seven staff had never received training in this area. Only six staff had completed training in diabetes although staff supported people to manage their diabetes. Seven staff had not received training in dysphagia despite people having known difficulties swallowing. Six staff had not completed learning disability, fire safety or food hygiene training and eight had not completed recording and reporting, first aid and basic and life support training or health and safety awareness. Seven staff had not completed infection prevention and control. Seven staff had not completed medication management and administration and one staff member was overdue their refresher.

Despite people in the home having high moving and handling needs six staff had not completed training in moving and handling and a further six were overdue refresher training in this area. Only two staff had completed training in person centred care. Twelve staff had not received training in positive behaviour support and non-restrictive practice despite people living in the home presenting with behaviours which could put them and others at risk of harm. Ten staff had not completed training in risk assessment. This meant staff had not completed the training required to ensure they had the skills needed to meet people's needs.

The provider's policy stated that staff should receive supervision a minimum of four times per year. Staff files viewed showed staff were not receiving supervision in line with the provider's policy. One member of staff had received supervisions in February and April 2017 and had attended a group supervision in November 2016. This staff member had raised concerns about how they were treated by other staff in their supervision and there was no record that any action had been taken to address their concerns.

Another staff member had last had supervision in February 2017. The registered manager told us it was difficult to arrange supervisions with this staff member as they worked nights. Staff who work nights should receive the same level of support and supervision as staff who work days. A third staff member had received regular supervisions until May 2017, but had had no contact since then. A fourth staff member had requested a supervision in September 2017. They had raised concerns about the conduct of a colleague with the registered manager but no action had been taken. This meant staff were not receiving regular supervision to support them in their roles.

The above issues with training and supervision of staff are a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest 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.

At the last inspection in October 2016 we made a recommendation about staff understanding of the DoLS. Five staff had not yet completed training in DoLS although records showed other staff had completed this training shortly after our last inspection. Records showed the home sought appropriate assessments of people's capacity and followed best interests' principles where people were found to lack capacity to make specific decisions about their care and treatment. People required levels of support that amount to a restriction of their liberty, the home had made appropriate applications to have their support authorised as a DoLS.

Care plans contained information about how people made and expressed their choices. Although one care file described a specific gesture that one person made and its meaning, the information about how to support people to make choices was generic. Each care plan viewed stated that people's communication and decision making would be supported by using "pictorals" and observing people's body language. This meant staff had to rely on their individual knowledge built up over time working with people to understand how people made and expressed their choices. Staff told us they offered people choices and developed an understanding of how people expressed their choices over time. One member of staff said, "It can be difficult to figure out the communications. You try different things until you get it right. When you know the residents better it's easier to understand them."

Care files contained individual goals for people based on their abilities and preferences. For example, one person had a goal to attend and be involved with events relating to their cultural background. Another person had goals relating to activities and holidays. The home operated a keyworker system where each person had a named member of staff who led on supporting them to achieve their goals. Records showed progress towards achieving goals was monitored in monthly keyworker sessions, with goals being adapted where this was appropriate. For example, the goal to go on holiday had to be amended to increased day trips as the person's favoured destination was no longer accessible to them following a change in their mobility needs.

At the last inspection in October 2016 we were concerned that not all people were offered choices at meal times, and menu choices were dominated by people who could use speech to communicate. The service had taken action to address this concern. The chef maintained a folder with photographs of a wide variety of meals which was used to support people to choose meals. Individual pictorial menus were displayed at a height that people could see from their wheelchairs. The chef told us they checked people were still happy with the menu choices before they prepared meals and people were able to change their minds if they wished. Observations showed people were supported to eat in a sensitive manner. Where people preferred a quieter environment they were supported to eat their meals in the kitchen rather than the dining area. We saw staff maintained conversation with people and checked whether they were ready to proceed with their meals throughout.

The home maintained health folders for people, including health action plans and hospital passports. These

are considered good practice in supporting people with learning disabilities with their healthcare needs as they ensure that all the information about people's healthcare needs are in one place and accessible to all relevant healthcare professionals. Health documentation was of varied quality. Information about people's healthcare appointments was not always recorded in the corresponding section of their health action plan. For example, an appointment record showed one person had been assessed as not requiring a screening test to be completed, but this was not recorded in the related section of their health action plan. Another person's care file included that they were prone to chest infections but the section of their health action plan relating to chest and breathing said "Generally well."

One person also had guidelines in their health file regarding physiotherapy exercises. However, these were not included in their care plan and it was not clear from records of care whether they were supported to complete the exercises. Where staff completed monitoring of people's health conditions, for example blood sugar monitoring of people with diabetes, there were clear instructions for staff to follow about how to complete the task. However, there was no information to inform staff what the measurements taken meant and what they should do if results were unusually high or low. This meant there was a risk that people did not always receive the support they needed to have their healthcare needs met, as records regarding their healthcare needs were not clear.

Despite this, a relative told us the home supported their relative well with their healthcare needs. During the inspection we saw staff liaised with the GP and raised concerns about people's health. Staff we spoke with were knowledgeable about people's usual presentation and were confident to escalate concerns to appropriate healthcare professionals. Staff maintained clear records of healthcare appointments and key information to be handed over to other staff was recorded both in daily logs and handover books to ensure staff were aware.

Since our last inspection in October 2016 the provider had completed redecoration of the service. People's bedrooms had been redecorated. The bedrooms were large enough for the equipment people needed and their possessions without being cramped. There were separate shower and bathroom facilities. We noted that the bath was out of service as there was a fault with the equipment that people needed to use to get in and out of the bath. Staff told us people were supported to have showers while they were waiting for the bathroom to be fixed. The home completed routine checks to ensure the safety and maintenance of the premises.

Good

Is the service caring?

Our findings

We saw positive, kind interactions between staff and people during our inspection. It was one person's birthday and staff made a particular effort to ensure they had a good day, wearing their favourite clothes and shopping for their favourite things before having a small party with lots of cake.

We saw staff were attentive to people's needs and alert to their communication, responding to how people expressed themselves in a prompt and timely manner. We saw people were supported to take care of their appearance.

Care plans contained information about people's key relationships and the support they needed to maintain them. This included supporting people to remember loved ones who had died but remained important to them. Records showed people were supported to stay in touch with their relatives and a relative told us they always felt welcome when they visited the home.

People's religious faith, and the support they needed to practice it was captured in care plans. There were details in care plans informing staff of significant religious and cultural events that people liked to be involved with. For example, care plans stated where people had demonstrated an interest in specific cultural events and how they should be supported to celebrate them.

People's care plans contained detailed profiles about them, including their life story where this was known. The home had created profiles of what a good day and a bad day looked like for each person. The care plans recognised that there were occasions where people would have to do things, such as attend healthcare appointments, which they did not like to do. There were details for staff to follow to enable people to be able to do these things. For example, one person was supported to go shopping or for a meal out before attending health appointments.

Care plans reminded staff to ensure that people's privacy and dignity were maintained. Some people living in the home liked to spend time alone in their bedrooms and this was supported by staff. Staff described how they ensured people felt respected by them. One care worker said, "I hope they [people I support] realise I respect them. I try to show it by listening to them and responding to their communication. I always make sure the obvious things are done, like shutting the curtains and doors."

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in October 2016 we made a recommendation about following best practice guidance in managing complaints. The provider had since ensured an easy to read version of the complaints process was available to people who used the service and their relatives. This included information about who to make complaints to and the expected timescales for response. There was information about how to escalate concerns if people were not happy with the initial resolution. Records showed no complaints had been made about the service since our last inspection. However, staff had supported people to make complaints about other services where they felt people had not been treated appropriately. This showed staff understood the purpose of complaints and people's right to expect good services.

In October 2016 we noted that out of date information had not been removed from care files. Although the files had been updated, and some material had been archived, there was still information within care files which related to settings other than the person's home and was no longer current. For example, one care file contained detailed guidance about supporting one person to transfer onto beanbags used at the day services. This was not support that staff from the home delivered, and there were no bean bags or equivalent support provided in the home.

Although some parts of the care files contained detailed information about how to support and respond to people, other sections lacked detail. People's preferences for how they liked to receive their personal care were limited to stating whether they preferred to have a shower or a bath. Care plans explained that some people liked to have a wash in bed before having their breakfast, but did not explain to staff how people liked to receive this support. For example, one person's care plan stated, "I will be given the opportunity to choose what type of personal care I want (shower / bath etc) use of pictoral tools to put information across if necessary. Staff to support me to get my toiletries ready and give me the options to choose what to wear, considering the weather. Staff to get the equipment needed ready to support me i.e. hoist, my own sling and shower chair, routine safety check is done. Ensure there is enough room to manoeuvre the equipment." This did not inform staff of the person's personal care preferences or the exact nature of the support to be provided.

Another person's care plan was not clear about what people's needs were. For example, it was not clear from the documentation what support this person needed regarding their continence care. The guidance for supporting this person with personal care made no reference to continence aids used. This meant there was a risk they were not support to have their needs met, as they had not been clearly captured in the care plan. There was a risk that new staff, or staff who were less familiar with people's needs, would not be able to deliver support that reflected people's needs and preferences.

The manager and team leader told us that staff knew people's preferences and delivered care in line with them. This was reflected in our observations of how support workers worked with people, as they were able to respond to people's communication appropriately. A support worker told us, "The care plans get you about 85% of the way there. They tell you the basics of the support required, what people like and dislike. New staff still need to spend time with people and shadow experienced staff to know exactly what to do."

The above issues with the lack of detail in care plans are a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some of the people living in the home were approaching the last stages of their lives as they aged and their health deteriorated. One person who had previously lived at the home had died since our last inspection. Staff told us they felt they had been well supported while supporting this person, and their fellow housemates through this process. One support worker told us, "Management offered us counselling and we had a residents meeting before the funeral and tried to explain it as best we could. People were able to participate in the ceremony, they were part of everything."

Records showed people were being supported to access healthcare services, however, the possibility that people were approaching the last stages of their life had not been explored with people or their relatives. Records showed that one person had had repeated admissions to hospital, and a medical letter showed they had a 'do not attempt cardio pulmonary resuscitation' on their medical records. However, this was not captured in the care records held by the home. This meant the home had not explored people's preferences for the end of their life and there was a risk they would not follow people's wishes, or the agreed approach established through best interests decision making.

People's care plans contained information about activities people liked to be involved with. During the inspection we saw a musician visited the home and facilitated a music session for people. We saw people were engaged with this activity and joined in. Records showed people were supported to access their local community and regularly visited local cafes and shops as well as attending day centres. This meant people were supported with a range of activities that met their social needs.

Records showed staff reviewed people's care plans and progress to their goals on a monthly basis. Staff recorded if people had engaged in their activities as scheduled and planned new activities as part of these meetings. At the last inspection we identified records of care delivered were not complete and did not capture how people had presented during the day. The issues with the quality of records of care had been addressed and staff now maintained an accurate, comprehensive records of how people had been during each day.

The provider had established a robust handover process. Printed, bound books were provided to the home in which shift responsibilities were allocated to designated staff and key checks on the home were recorded. We saw these had been fully completed and staff were using the book to record key information that needed to be shared across the staff team.

Requires Improvement

Is the service well-led?

Our findings

In October 2017 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because quality assurance and audit mechanisms had not identified or addressed issues with the quality and safety of the service. Although some progress had been made in terms of ensuring the accuracy and completeness of daily records of care, other issues remained and the breach had not been fully addressed.

The previous manager had registered with us, but had since left the service. The service manager had started the process of applying to register with us. The provider had also undergone a re-structure and the regional manager had changed, with the current post holder only being involved with the service for two weeks prior to the inspection taking place. In addition, the provider had gone through an organisational merger. Relatives and staff told us these changes had had a minimal impact on their experience of the service. A relative told us the only difference they had noticed was that the home had been redecorated.

The provider had a system of quality checks and audits in place. Managers completed both monthly and quarterly audits. These considered care plan documentation, medicines, record keeping, health and safety checks and the environment of the home. Although these audits identified some issues, such as the failure of staff to sign to indicate they had read and understood care plans, they had not identified issues found during the inspection. For example, they had not identified that care plans were not personalised with details of how to meet people's needs, or that health records were inconsistent and out of date. Nor had the provider identified that actions in relation to incidents had not been completed by the manager.

The most recent full audit of the service had taken place in September 2017 and had found all training and supervision had been completed in line with the provider's policy. This does not reflect the findings from the inspection and meant the audit had not been effective. This audit had identified issues with the detail in risk assessments, however, actions had not been completed to address them. In addition, this audit stated care plans, "Were easy to read, detailed and person-centred, giving the reader a well-rounded understanding of the people supported." This does not reflect the care plans reviewed during the inspection. This meant the audit had not been effective in identifying issues with the quality of the service.

After our last inspection, the provider had created a detailed action plan to address the concerns we found. Records showed this had been closely monitored, and the issues regarding choking and equipment had been addressed. However, information regarding staff training was marked as complete despite our inspection finding that training records did not show staff had completed the training they needed. The action plan stated that, "Most staff have completed PBS [positive behaviour support, a recognised approach to supporting people who may behave in a way that puts themselves or others at risk of harm]." Records showed 12 out of 20 staff had not completed this training. This showed the action plan had not been maintained as a live document to continuously monitor and improve the quality of the service.

The above issues are a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Providers are required to notify CQC of various types of event. This includes when DoLS are authorised. Records showed that people living in the home were subject to DoLS authorisations but notifications had not been submitted to us.

This is a breach of Regulation 18 of the CQC (Registration) Regulations 2009.

The provider had a clear set of values which emphasised focussing on individuals and promoting their independence and skills in life. These were available to staff and included in the induction provided to new staff. Staff demonstrated a commitment to the people they supported. One support worker said, "I enjoy working here. The people are lovely to work with, the colleagues are good. The organisation supports us."

Staff told us, and records confirmed, staff meetings took place. Although they had taken place in August and September 2017, the previous meeting to that was in January 2017. The manager told us meetings had taken place between January and August but was unable to locate any records of these meetings. The records available showed the staff team discuss staff roles and responsibilities, updates on people and their needs, planning holidays and ensuring a smooth service was provided.

People were supported to be involved and give their views on the service through house meetings. Records showed these were held approximately every two months. People were supported to explore their preferences for activities and the redecoration of the service. In addition, themed meetings had been held around disability awareness, safeguarding and abuse, dignity and respect and complaints. This meant the provider took action to ensure people were able to be as involved as possible in the development of the service.

Records showed the manager of the home liaised with the local authority contracts and commissioning team as well as the local learning disability social services department. The feedback from the local authority to the service showed the home responded constructively to the feedback given and addressed issues as they were brought to their attention. This was also the case during the inspection, where the provider took action to address concerns as they were identified to 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 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 Care plans did not include details of people's needs and preferences and how they should be met. Regulation 9(3)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Measures in place to mitigate risks faced by people were insufficient to mitigate risk. Information about people's medicines was not clear. Regulation 12(1)(2)(a)(b)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems had not operated effectively to investigate and respond to allegations of abuse and not all staff had received training on safeguarding adults. Regulation 13(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes had not operated effectively to identify and address issues with the quality and safety of the service. Regulation 17(1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received the training or support they needed to perform their roles. Regulation 18(2)(a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Notifications had not been submitted as required. Regulation 18(4)

The enforcement action we took:

We issued a fixed penalty notice.