Community Integrated Care

West View Short Term Break Service

Inspection report

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Date of inspection visit:
06 February 2017

Date of publication:
12 July 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

West View Short Term Break Service is a short stay respite care home without nursing for up to three people with learning disabilities. 12 people used the service and they were all funded by the local authority. The 12 people had planned short breaks through the year. Some of the people who use the service have complex learning and physical disabilities. They may also have different ways of communicating or making their needs known.

There was a registered manager at the service who was the regional manager for the provider. This was a temporary arrangement until the new service manager applied to be registered. The service manager was responsible for the overall management of this and one other care home and two supported living services in the locality. 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.

At the last inspection in June 2016 the service was not meeting the requirements of the regulations and CQC took enforcement action. The service received an overall rating of Inadequate and the provider was placed into special measures by CQC.

This inspection was unannounced on 6 February 2017. There was one person staying at the service at the time of the inspection.

Whilst there had been significant improvements found at this inspection we also identified shortfalls. There was one ongoing breach, two new breaches of the regulations, and some areas for improvement. You can see some of the action we have asked the provider to take at the end of this report.

The governance systems in place were not yet fully effective, as they did not fully assess and monitor the quality and safety of the service, and did not fully assess or mitigate the risks to people. Some records were not accurately maintained. This was an ongoing breach of the regulations.

The agency staff on duty and some other agency staff that had been used were not suitably qualified and did not have the experience, skills and knowledge to support people using the service. Recruitment and training information was not available for three agency staff that had worked at the service over the last month. This was a breach of the regulations.

The service had not notified CQC of incidents as required by the regulations. This was a breach of the regulations.

There were overall improvements in the safety of the service. The management, administration and storage of the medicines was safe. However, improvements were needed in people's PRN 'as needed' medicines

plans and the dating of when creams were opened. In addition there were some further areas of improvement needed in the safety and maintenance of the environment.

One concern had not been recorded in line with the complaints and concerns policy. This was an area for improvement.

Improvements had been made and people were supported to make decisions and their rights were protected when they lacked mental capacity to make a specific decision.

People's needs were reassessed and care plans had been updated and included all the information staff needed to be able to care for people. Easy to access information about people was not available for agency staff. This was an area for improvement.

Staff were caring and treated people with dignity and respect. People and staff had good relationships. Relatives told us staff had the right skills and knowledge to meet their family member's needs. All the relatives spoke highly of the staff team and said staff were caring and compassionate. Staff kept relatives informed and made sure that people remained in contact with their families and cares during their stays at the service.

Staff received an induction, core training and some specialist training so they had the skills and knowledge to meet people's needs. Staff employed by the provider were recruited safely.

The culture within the service was personalised and relatives and staff felt comfortable raising any issues and or concerns. Staff told us they now felt supported and invested in. This was a significant improvement because they felt they had not been supported by the management team and provider prior to the last inspection.

Actions had been taken in response to most of the shortfalls and serious concerns identified at the last inspection. Feedback from professionals and commissioner was positive.

As part of our enforcement action and regulatory response to the repeated breach of regulation 17 Good governance, we have imposed a condition on the provider's registration.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. This was because improvements were needed in 'as needed' medicines plans, the safety of the environment and the use of agency staff with the right skills and knowledge.

Risks to people were managed to make sure they received the correct care they needed.

Staff were recruited safely and there were enough staff to meet people's needs.

Staff knew how to report any allegations of abuse.

Is the service effective?

Good

The service was effective. The management team and staff had made improvements since the last inspection.

Staff received the training and support they needed.

Staff had an understanding of The Mental Capacity Act 2005. There was a plan in place to ensure decisions were in people's best interests.

People were offered a variety of choice of food and drink. People who had specialist dietary needs had these met.

People accessed the services of healthcare professionals as appropriate.

Is the service caring?

Good

The service was caring.

Care and support was provided with kindness by staff, who treated people with respect and dignity.

Staff understood how to provide care in a dignified manner and respected people's right to privacy.

Is the service responsive?

Good

The service was responsive. The management team and staff had made improvements since the last inspection.

People's needs were kept under review and care plans based on people's individual needs were kept up to date.

Information about complaints was displayed.

Is the service well-led?

Requires Improvement

Improvements and progress had been made on meeting some of the shortfalls identified at previous inspections. However, the service was not yet well-led.

The systems in place to monitor the quality of the service and drive forward improvements were not yet fully effective.

Relatives and staff felt listened to and supported.

West View Short Term Break Service

Detailed findings

Background to this inspection

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

This inspection took place on 6 February 2017 and was unannounced. The inspection was conducted by one inspector and one inspection manager.

We met and spoke with the person staying at the service. The person chose only to have limited interaction with us during the visit. We observed staff supporting the person. We also spoke with the service manager, the senior support worker, and an agency worker.

Following the inspection we telephoned five people's relatives and two support workers.

We looked at three people's care and support records and records about how the service was managed. This included three staffing recruitment records, agency staff profiles, medicine records, audits, meeting minutes and quality assurance records.

Before the inspection, the provider completed a Provider Information Return (PIR) in October 2016. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at incidents that they had notified us about. We also contacted commissioners and health and social care professionals who work with people using the service to obtain their views.

Following the inspection, the service manager sent us information about their improvement plan, the staff training overview, agency staff profiles, internal quality assurance reports, surveys, staff meeting minutes

and the training plan.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in June 2016 we took enforcement action and served a warning notice. This was because we identified serious shortfalls in people's medicines management and this placed people at risk of not receiving their medicines as prescribed. Risks to people's safety were not consistently assessed and managed to minimise the risks to them. People particularly at risk were those people with complex needs. In addition, some people were placed at risk of infection because of the lack of infection control systems in place for sterilising specialist feeding equipment. The provider was required to be compliant with the warning notice by 14 July 2016.

At this inspection we looked at the medicines management and storage systems in place. There were improvements in the overall recording and management of people's medicines and medicines cabinets had been secured to the walls. There were daily counts and check of people's medicines and there were weekly medicine audits by the senior support worker. In addition the service or regional manager who was the registered manager undertook monthly audits.

Relatives told us they were given clear information on how to send in their family members medicines. They said they were confident their family members received their medicines as prescribed.

We looked at the medicines records and plans for the person staying. PRN 'as needed' medicine plans had been written and put in place. However, these 'as needed' medicines plans had not been updated as the person's needs had changed. For example, they had an emollient cream prescribed 'as needed' as a moisturiser and soap substitute. The 'as needed' care plan included that it should be applied twice a day. However, the senior support worker told us that the person now only needed this cream periodically. The person's 'as needed' care plan for medicines for constipation did not include that the person would tell staff when they needed this medicine. In addition, one of the person's creams had not been dated when it was opened.

These shortfalls in people's PRN 'as needed' plans and the dating of when creams were opened was an area for improvement.

At this inspection the risk management had improved. Risks to people were now fully assessed and management plans were in place for areas of risk identified. For example, there was now a positive behaviour management plan in place for one person who could sometimes become upset and frustrated. In addition, this person sometimes needed to hold onto staff's arm to walk longer distances and they were unsteady when walking up the stairs. There was now a risk management plan in relation to the person walking and using the stairs. An additional stair rail had also been fitted to the stairs.

There was system in place to review accidents and incidents. Accidents and incidents were recorded and reviewed by the service manager, registered manager and the provider. If action was appropriate to prevent further occurrences this was recorded and acted on. For example, action had been taken following an incident involving one person getting their legs caught in the bedrails. We saw bed rail bumper covers were

available in the bedroom that the person used. Two people's risk management plans had been updated to include that bedrail bumpers must be fitted when the bed rails were used.

Since the last inspection the flooring in the shower rooms of the two of the bedrooms had been replaced. The house was clean and there was a new cleaning and daily checklist in place. However, there remained some areas for improvement. This was because there was a malodour in one of the bedrooms, a loose tile in one of the shower rooms, the bins were not pedal operated, the new stair handrail needed painting and the paper towels were not in a wall dispenser.

At our last inspection we identified a bottle of alcohol gel was in one person's unlocked bathroom cabinet. At this inspection we again found a bottle of alcohol gel in an unlocked bathroom cabinet. There was a risk that this alcohol could be ingested by someone as it was not securely stored. The service manager took immediate action and removed the alcohol gel. The day to day practices at the home had not identified this risk to people and there were not systems in place to regularly check the contents of unlocked bathroom cabinets.

At this inspection people's percutaneous endoscopic gastrostomy (PEG) tubes and syringes were stored securely and in suitable air tight boxes. They were clearly labelled for each person and the storage cupboard was clean. A PEG allows nutrition, fluids and/or medications to be put directly into the stomach via a tube. We looked at the records and plans for the person who the PEG equipment belonged to and who had frequent short stays at the home. There was now guidance and risk management plans about how to sterilise this equipment prior to staff using the syringes and tubes to administer the person's medicines through their PEG.

There was a small stable staff team of five support workers at the home. Four staff had worked at the service for many years and knew the people who used the service well. Agency staff were used to support some people during the day and more recently had worked at the service alone overnight.

On our arrival at the service there was an agency member of staff on duty. They were scheduled to be working alone with the person until the following morning. On our arrival, they contacted the service manager and senior support worker who were on a training course. They both came to the service to assist with the inspection.

The agency staff on duty had not been trained to administer medicines. The agency staff member said the senior support worker was coming in to the home at 7pm to administer the person's medicines. They told us that they could not administer any medicines. However, there were not any arrangements in place to administer any PRN 'as needed' pain relief the person was prescribed. In addition, the person had epilepsy and the agency member of staff had not been trained in epilepsy. Of the six agency staff profiles seen at the inspection visit only one of agency staff had received epilepsy training.

The agency staff was not able to tell us any important information about the person they were supporting. We asked the senior support worker and service manager to take immediate action to ensure the person was supported for the remainder of the evening and overnight by staff who had both medication and epilepsy training. The senior support worker agreed to stay and support the person until the following morning when other staff employed at the service were coming on duty.

We reviewed the staff rotas for the last month and they showed that agency staff had been used. We found there were not any agency staff profiles for three of the agency staff who had worked at the service during this period. When agency staff are used, services are required to obtain information about the agency staff.

This includes details of their training, criminal records checks and recruitment to ensure they are suitable to work with people who may be vulnerable. Following the inspection the service manager sent us the agency staff profiles for the agency staff that had worked at the service.

These shortfalls in making sure there were suitably qualified, competent, skilled and experienced staff to work with people was a breach in Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked relatives if their family members were safe whilst staying at the service. They all said they felt they were safe. One relative said, "Yes 100% safe and protected" and another, "Yes no questions".

There were posters displayed on the notice boards in the bedrooms and in the office about how people and staff could report any allegations of abuse. These were supported by pictures to make the information easier to understand. Since the last inspection staff had received refresher training in keeping adults safe. Staff knew how to recognise and report any suspected allegations of abuse.

We were told there had not been any safeguarding alerts made since the last inspection. However, we found one alert was made to the local authority. The concern was initially raised by the senior support worker to the previous interim service manager, who made an alert in October 2016. This alert had been made to the neighbouring local authority rather than the local authority responsible for the service. In addition, CQC had not been notified of the allegation of abuse as required by the regulations. Following discussion with the senior support worker we established the person was safe and the concerns had been addressed. Both the senior support worker and service manager knew the correct local authority to report any safeguarding concerns to. However, there had not been any follow up of the alert by the management team at the service. This was an area for improvement.

We reviewed two staff recruitment records. Recruitment procedures had been followed and all the required checks had been carried out. Records contained a photograph of the staff member concerned, proof of their identity, references and a health declaration. There was an employment history for people although this only covered the years of their work history rather than the month and year as required. A check had also been made with the Disclosure and Barring Service to make sure staff were suitable to work with people in a care setting.

There were systems in place for the maintenance and monitoring of the building and equipment. This included the servicing of boilers, hoists, equipment and a legionella risk management plan. However, there were some items that could pose a risk to people in the garden. This included an unsecured flag pole, a rusty frame and an old cooker. We identified these risks to the service manager who agreed to arrange for the items to be removed or secured.

Good

Is the service effective?

Our findings

At the last inspection in June 2016 we found there were no mental capacity assessments or any subsequent best interest decisions recorded for any of the four people whose records we reviewed. In addition, we also found no applications had been made to deprive people of their liberty whilst staying at the home. This meant people were being deprived of their liberty without lawful authority. We gave requirement notices for these breaches of regulations 11 and 13. The regional manager wrote to us in August 2016 and told us they would take actions to be compliant with these regulations by 30 November 2016.

At this inspection we checked whether the service was working within the principles of the MCA. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Some people who stayed at the home because of their learning disabilities may not have had the mental capacity to make specific decisions. At this inspection there were mental capacity assessments and subsequent best interest decisions recorded for the three people whose records we reviewed. For example, two people used bedrails during their stays at the service. There were mental capacity assessments and best interests decisions in place for these decisions.

Staff sought consent from the person staying before any support was provided. Staff respected the person's decisions. For example, they asked if the person wanted to assist with preparing their evening meal and they declined. They respected the person's choice not to be involved.

People can only be deprived of their liberty (DoLS) to receive care and treatment when this is in their best interests and legally authorised under the MCA. This applies to short stay services as well. Applications had been made to the local authorising body to deprive people of their liberty whilst staying at the service.

Relatives told us staff had the right skills and knowledge to meet their family member's needs. One parent said, "Yes I am sure they (staff) do, I've known them (staff) for many years and seem very knowledgeable" and another said, "Exactly the right knowledge no complaints at all."

Following the last inspection staff had received training in food safety, fire safety and infection control, first aid, epilepsy, autism and safeguarding training. Staff had also received specialist training on PEG feeds, specific invasive medicines and epilepsy rescue medication was specific to the people they supported at the service. One staff member had said this had been really beneficial and provided reassurance for those people's relatives that they had the right skills and knowledge to effectively care for their family member.

There was a supervision schedule in place but not all of the staff had received their planned one to one supervision sessions in November 2016 and January 2017. Staff had a group supervision session in October

2016. However, one staff member, whose records we did not look at, told us they had a one to one supervision session with the senior support worker the weekend before the inspection. Staff said they were a small staff team and could freely speak with the senior support worker and service manager and they felt very well supported. They said this was a significant improvement since the new senior support worker and service manager had been in post.

People's food preferences were recorded in their care plans. Relatives told us that the staff had sought information about what their family members liked to eat. One relative said, "He's on a strict low fat diet. He can choose what he likes".

At the last inspection the guidelines for people on specialist diets were displayed on the kitchen notice board so staff had easy access to the information. These guidelines were supported by pictures to make them easier to understand. However, this meant that all of the people who used the kitchen could also see this personal information about others. We saw that at this inspection these guidelines were included in people's care plans.

People remained registered with their own GP's during their stay. Staff contacted people's GP's or 111 service if there were any concerns during people's stays. One person who was having an extended stay at the service had been taken to their own GP for their annual health check. They had also seen the chiropodist during their stay.

Good

Is the service caring?

Our findings

The person staying at the service was relaxed and comfortable in the service. They moved freely about the house. They chose where to spend their time. They talked with and smiled with senior support worker and service manager. Staff were kind and caring in their interactions with the person.

At the last inspection some staff did use some terminology when they we speaking with one person that did not respect that they were an adult. People's care plans now included their preferred terms of address and the reasons for this. For example, one person liked to be praised in the same way and using the same terminology their parents used.

At this inspection staff were respectful in the way they spoke with the person staying at the service. They maintained the person's privacy and dignity. They asked the person's permission before entering their bedroom when they were sat in the lounge.

All the relatives told us staff were caring and compassionate. One relative said, "They're brilliant" another said, "She comes away happy and goes away happy to go back." A third relative said, "Well they seem to be very caring towards (person). They (staff) seem to look forward to him going in they seem to do everything right and look after him." A fourth relative said, "I think they are just a caring bunch down there. The way (person) puts it is, it's his home from home." They told us their family member stayed in the same bedroom every time they went so they were familiar with everything.

A relative told us they phoned every evening their family member was staying. They said staff always handed the phone to the person when they were staying so they could speak with their relative.

Relatives said staff kept them informed about important matters whilst their family member stayed at the service. One relative said, "They always ring me… (Named staff) and (named staff) especially."

One person who was having an extended stay at the service had an advocate who visited them on a regular basis. The person was supported to visit and maintain contact with their family whilst they were staying at the service.

Good

Is the service responsive?

Our findings

At the last inspection in June 2016 we found people's needs were not reassessed when their circumstances changed and care plans were not updated or did not include all the information staff needed to be able to care for people. Staff did not always follow care plans that were in place for some people. We gave a requirement notice for this breach of regulation. The regional manager wrote to us in August 2016 and told us they would take action to be compliant with this regulation by 30 October 2016.

At this inspection people's care plans had been rewritten and were up to date. Staff had worked with people and their relatives or carers to make sure the care plans reflected people's needs. The plans were personalised and detailed. There was detailed information about people's specific health conditions and how staff needed to support them.

People's care plans and risk management plans were reviewed prior to and during their stays. For the person who was having an extended stay their care plan had been reviewed in January 2017.

Care plans included a brief summary of people's life history. One person's life history was supported by photographs of them growing up. Care plans now included how people liked to spend their time and what activities they enjoyed when they were not at planned day services. For example, one person liked specific songs being sung to them and having hand and face massages. Another person liked to copy writing, write in their notepad , go for walks, watch quizzes and helping with sellotaping papers in the office with staff.

Occupational therapists had also undertaken moving and position assessments for people and written plans for when they stayed at the service. Staff told us the care plans were easy to follow. They said all the information they had gained about people over the years the staff had supported them was now recorded in the plans.

Some people were being supported by lone working agency staff. The care plans in place were detailed and included lots of important information about the person. However, some important information such as whether a person had epilepsy, had any specialist diet or specialist needs was not easy to find. It is recommended that a summary of people's needs including important medical information and the support they need be available for agency staff working at the service.

Following the last inspection new assessment and admission procedures were put in place. These included staff contacting people and their relatives before each stay at the service. This was so the person's care plans could be updated with any changes. Relatives we spoke with confirmed that this was now happening.

The provider had a written and pictorial complaints procedure displayed in each bedroom. We reviewed the complaints file and there were not any recorded complaints or comments since the last inspection. However, the service manager team told us there were not any complaints but there had been a concern raised about one person's laundry. This concern was not recorded as directed by the provider's documentation, policy and procedures. This was an area for improvement so that any actions could be

taken in response to the concern and any learning be shared.

Relatives told us they knew how to complain and that their views were listened to and acted on.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in June 2016 we took enforcement action and served a warning notice. This was because the shortfalls we found had not been identified and acted on by the provider. The improvement plan that was in place was not effective and did not mitigate the risks to people's safety and well-being. There were multiple shortfalls in the records kept about people and this meant we could not be sure about the safety and quality of the care and support being provided. The provider was required to be compliant with the warning notice by 2 September 2016.

At this inspection although we found some improvements, we found continued shortfalls in the governance at the service and the warning notice was not fully met.

There was a registered manager at the service who was the regional manager for the provider. This was a temporary arrangement until the new service manager applied to be registered. The registered manager was not present during the inspection. The service manager started working for the provider in October 2016. The service manager was responsible for the overall management of this and one other care home and two supported living services in the locality. They told us they had been visiting the service daily since they had completed their induction in November 2016. There was also a deputy manager who also offered management support to this and three other services. A senior support worker who was employed fulltime was responsible for the day to day running of the service. They had been in post since August 2016.

There were some improvements and there were more robust systems for auditing and checking the quality and safety of the service. For example, the staff completed daily checks of the fridge, food dates, the menu, shower and bath water temperatures, and food and fridge temperatures. The senior support worker or deputy manager also completed weekly checks of the fire systems, medication, infection control, health and safety and hoists. Where there were shortfalls, actions were identified and signed off when they were completed the following week. However, as previously identified in the safe section of the report the medicines audits had not found the shortfalls in people's 'as needed' medicines and the dating of a topical cream.

The registered manager also completed a full audit of the service quarterly. The report for the February 2017 audit was not available at the inspection as it had only been completed a few days before the inspection. The audit from November 2016 included a follow up on the actions identified at the previous audit and any new actions and the timescales for completion.

Overall, the communication systems had improved and a new daily handover had been implemented. This was to be completed three times a day and the template included specific checks for staff to complete and to share information about the people coming in for stays or people who were going home. However, on the day of the inspection an agency member of staff was working alone at the service. There was not any staff available to handover to the agency staff so a hand written note had been left for them. This handwritten note did not give the agency member of staff sufficient information to be left with sole responsibility of the service. The note stated that someone would be in at 7pm to administer the person's medications.

The systems in place to assess, manage and mitigate the risks to people were not yet fully effective. This was because the management team had not identified that they did not have information about agency staff and or that the agency staff did not have the skills to be able to safely care for and support people staying at the service. In addition, there were not suitable arrangements in place to make sure people could have their 'as needed' medicines whilst agency staff were on duty.

We were given some contradictory information during the inspection about accidents, incidents, complaints, concerns and safeguarding. This related to a lack of clarity by the senior support worker and service manager as what constituted an accident, incident, complaint, concern or safeguarding alert.

Overall the record keeping had improved since the last inspection. However, there remained some shortfalls. For example, staff had recorded personal information about one person and an incident in the staff communication book. The person's positive behaviour support plan detailed that incidents needed to be recorded on a specific monitoring record. This was so any reasons for the person's behaviours that needed positive support could be reviewed. Accurate record keeping remained an area for improvement.

Because we found some continued shortfalls in the governance and safety of the service and two new breaches of the regulations, the provider should carefully consider whether the current management arrangements of a service manager and or registered manager being responsible for four services in the locality are adequate.

The shortfalls in governance and safety of the service were an on-going breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We had not been notified as required by the regulations about a safeguarding allegation and a serious incident where a person sustained an injury. This was a breach of Regulation 18 of the Health and Social Care Act 2008 Care Quality Commission (Registration) Regulations 2009.

We received positive feedback from people's relatives about the service and what they do well. Comments included: "They are doing a bloody good job, a blooming marvellous job", "Well yes they do exactly what it says on the tin, she seems happy enough. (Person) is pleased to go down there. If she wasn't it would be an indication that something wasn't right" and "I'd give it 10 out of 10".

Surveys had been sent to people and their relatives following the last inspection. The two surveys identified some areas for improvement. Action had been taken in response to the comments relatives had given. For example, person specific training had been provided to all staff. This was so the person's relatives did not have to be called into the service to complete procedures that staff were not trained in.

We received positive feedback about the improvements made at the service from both the local authority contract monitoring team and learning disability team. The local authority contract monitoring team told us the service had worked well with them and they had completed all the improvements needed following their last visit. The local learning disability team identified the length of time of completing new people's assessments as an area for improvement.

The service manager and senior support worker told us they had been undertaking assessments for new people to start using the service. However, they had not progressed further with any new admissions of people into the service. This was because they wanted to make sure the service was safe and that they made the improvements required before any new people started to use the service. The management team had also identified that the staff team were likely to need additional training to be able to meet the new people's

needs.

Staff spoke highly of the new management team. They said there had been significant improvements in the communication, support and guidance they had received. One staff member said, "Its' a totally different ball game. Everyone has worked so hard to improve things and we know there is still a way to go." There had been bi-monthly staff meetings. The minutes had standard agenda items and included important information both about the management of the service and people who used the service.

Staff knew how to whistleblow and the provider had systems in place to support staff to do this.

The service manager told us there were still areas for improvement and this included cross referencing records and ensuring that the audits in place were effective. They said they were very proud of the work that had been completed by the whole staff team to make the improvements since the last inspection, particularly the care and support plans that had been produced. They also commented on the commitment of the staff team and that they believed the staff were better supported by the management team.

The service's overall 'inadequate' rating from the last inspection was displayed in the upstairs office rather than in a public area of the service. Following the inspection the service manager confirmed they had taken action and displayed the rating as required in the main hallway of the service. The provider's website did not make reference to or have links to individual registered services so was not required to display the service's rating on the website.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Notifications had not been made to CQC as required.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were shortfalls in making sure there were suitably qualified, competent, skilled and experienced staff to work with people.

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 17 HSCA RA Regulations 2014 Good governance There were ongoing shortfalls in governance, record keeping and the safety of the service

The enforcement action we took:

We imposed conditions on the provider's registration.