

CAS Learning Disabilities Midlands Limited

Birches

Inspection report

Eton Avenue
Newark
Nottinghamshire
NG24 4JD

Tel: 01636550576
Website: www.cambiangroup.com

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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?

Inadequate 

Summary of findings

Overall summary

The service was last inspected in November 2016 and was rated 'Good' overall. This inspection was brought forward due to some concerns we had received about how risks were managed.

This unannounced inspection was carried out on 25 July 2017. The Birches is registered to provide accommodation and personal care for up to eight people with a learning disability and autism. On the day of our inspection visit there were four people who were using the service.

The service had a registered manager in place at the time of our inspection. 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.

People may be left at risk of harm or abuse because the procedures designed to protect them were not followed. People may be left at risk because staff were unsure of practices to follow.

There were not always enough staff available to provide people with the support they needed to have an active and full life. People's medicines were managed safely although they may not be given these in a timely way when they were needed.

Staff did not have all of the training they needed for their role and they did not feel they had the support they required. People's rights may be overlooked as the Mental Capacity Act (2005) was not always followed. People had their freedom lawfully restricted when this was needed for their own safety.

People were able to follow a healthy diet but did not always choose to do so. Staff understood people's healthcare needs and their role in supporting them with these.

People were supported by staff who cared for them and treated them with dignity and respect. People who used the service and their relatives could have more involvement in planning and reviewing their care.

People's care and support was not carefully planned to ensure they received this in the way they needed it and have opportunities to work towards individual goals and aspirations. People were supported by an advocate who would speak up on their behalf and raise any concerns or complaints.

People used a service that did not have a cohesive staff team which did not work together to provide the best support possible. The leadership did not inspire and develop staff. Quality monitoring systems had not identified and driven improvements in the service.

During this inspection we found concerns two breaches of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People had been at risk of harm on some occasions and although the procedures to protect them were usually followed they may not have been on some occasions.

Practices were followed to provide people with a safe environment although staff were not fully knowledgeable about these.

People's opportunities and daily routines were sometimes restricted due to the number of staff available to support them.

People medicines were stored safely and securely but they may not always have these as promptly as possible.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People were cared for by staff who were not always trained or supported appropriately to meet their needs.

People may not be protected by the Mental Capacity Act (2005) because the procedures designed to do so were not always followed. DoLS had been applied for when required.

People were encouraged to eat healthy but this support was not always followed by them. Improvements were needed to the temporary catering arrangements.

People were provided with the help and support they needed with their healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were cared for and supported by staff who respected them as individuals.

People and their relatives could have a greater involvement in planning and reviewing their care.

Staff had positive relationships with people and respected their privacy and dignity.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People were not provided with their care and support in a planned and structured way to promote their safety and security. People did not always have opportunities to follow their interests and hobbies.

People who used the service were not able to access the complaints procedure so they were supported by an advocate to speak up on their behalf.

Is the service well-led?

Inadequate ●

The service was not well led.

The management of the service did not develop and improve the way people received their care and support.

Staff did not feel they had the management and leadership needed to address problems and resolve difficulties.

Quality monitoring systems were ineffective and did not identify the improvements needed and improve the service people received.

Birches

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 25 July 2017 and was unannounced. The inspection was carried out by two inspectors and a specialist advisor who specialised in developing services for people with learning disabilities and autism.

Prior to our inspection visit we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted some other professionals who have contact with the service and asked them for their views.

During the inspection we spoke with two relatives. We were unable to speak with any people who used the service and only had limited opportunities for safety reasons to undertake observations to help us understand the experience of people who could not talk with us. We also spoke with two senior support workers and three support workers, the deputy manager and the registered manager. A service manager also attended the feedback session at the end of our visit. Following our inspection visit we contacted an advocate who visited the service and asked them for their views.

We considered information contained in some of the records held at the service. This included the care records for four people, staff training records, three staff recruitment files, policies and procedures and other records kept by the registered manager as part of their management and auditing of the service.

Is the service safe?

Our findings

Most of the time people were provided with support to keep themselves and others safe. We observed some people experienced periods of anxiety that affected their mood and behaviour putting themselves or others at risk. On the whole staff responded and managed this well.

Staff believed people who used the service were protected from the risk of abuse. They told us they had completed training on protecting people from abuse and harm and how to use safeguarding procedures if they had any concerns. The registered manager told us all staff had completed face to face and on line training about safeguarding and the deputy manager had been on an additional course run by the local authority. Staff told us that if they suspected a person they supported was at any risk of harm or abuse, they would inform their line manager and make records of what they had been told or witnessed. There was information about how to report a safeguarding concern displayed in various areas around the service.

Staff referred to some past incidents when they felt some people who used the service were at risk of harm during times when staff were managing challenging behaviour with some others. A staff member told us that as a result some people had been locked in their room for safety. The staff member said that they were aware of the safeguarding and whistleblowing policy and procedures and acknowledged that whilst they did not follow these, on reflection they should have. We asked the provider's service manager to investigate this.

The registered manager told us they had reported incidents that had taken place. They said that staff were good at highlighting any incidents that occurred and would report these to them or used the on call system outside of office hours. The registered manager spoke of working with other professionals to review safeguarding incidents that had taken place and looking for ways to prevent these from reoccurring. The registered manager said they had worked well with other agencies in the past but recognised there had been some difficulties experienced recently during a current safeguarding investigation.

Staff were clear about any risks associated with people's needs and felt confident they had the required information to manage and reduce risks. When one person had been identified to be at an increased risk action had been taken to address this by reviewing their medicines. We saw risk assessments had been completed for identified risks and had been kept under review.

Risk assessments were completed for activities and transport arrangements which included identifying the number of staff needed to support each person who used the service with these. The registered manager said that night staff would work a day shift when a new person came to the service so they could get to know each other. This would mean if a person needed any support during the night they knew the staff who would provide this. The registered manager told us staff were the key to reducing risks people faced and keeping them safe.

The registered manager told us they briefed any visitors to the service to inform them of any risks they may face during their visit, and we were briefed about these. All staff and any visitors to the service were given

personal alarms so they could call for assistance if needed. Staff were unaware of any protocol to follow regarding the use of a personal alarm which would have provided guidance. When an alarm was activated accidentally during our visit staff responded promptly and went to the area this had been activated from.

The registered manager said they ensured all the routine health and safety checks were undertaken and they had reviewed their fire safety practices in light of recent events in the country. This had included holding additional fire tests which had identified all staff would benefit from having a key to the fire panel, and this had been actioned. The registered manager told us they ensured that the environment was kept safe and any repairs needed were carried out promptly. All external doors were kept locked and windows restricted. In addition certain rooms were not accessible to people who used the service for safety reasons. This included the kitchen and clinic room.

There were sufficient staff on duty to keep people safe but people's routines and interests were not always supported as required. We observed that people who used the service required regular and frequent support from staff. One person had periods of high anxiety which required two staff to support them throughout the day of our inspection visit. Another person was visually impaired and required close supervision at all times for safety. Two other people had high levels of anxiety that could quickly change and required staff to be able to respond to their needs promptly.

The registered manager described the staffing levels as "tight". Staff described them as being "safe" for the number and needs of people who currently used the service. However they added that these were not sufficient to undertake the amount of planned activities that would be of benefit to people. One staff member said, "Staffing levels don't cause a concern regarding safety but they do impact on opportunities for people to participate in activities." Another staff member said, "There are not enough staff some days."

The rota showed that there were the number of staff on duty each day identified by the provider's staffing structure. However this provided a minimum staffing level and did not allow a little flexibility with regard daily plans or other situations. For example one person had recently moved to the service and needed a high level of staff support. We saw that this involved two staff supporting the person throughout the day with additional staff also being involved at other times. At one point the registered manager was also involved in supporting that person for a period of over half an hour. This limited the amount of time staff had to support the other people who used the service.

It was also possible there would be times when people would not receive the support planned for them to have. This could arise if one or more people were to go out of the service accompanied by the number of staff needed to support them. The registered manager said they had put forward a suggestion that the activities coordinator was not included in the rota so they had more freedom to arrange activities for people, which was currently being considered by the senior management team.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicant's suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Recruitment files showed the necessary recruitment checks had been carried out.

There were systems in place to safely manage people's medicines but people may not always be provided with the support they needed promptly. One person required some pain relief and a member of staff was asked to fetch this for them. We saw the staff member sat having a discussion with another member of staff

following this. The registered manager commented it had taken longer than they would have expected for the person to have been brought their pain relief.

Some people had been prescribed medicines to be administered as required (known as PRN) and there were protocols in place for when and how these should be administered. We did identify that on occasions a pain relief medicine had been administered against the direction contained in the protocol. The registered manager said they would address this immediately with the staff team.

We were unable to observe people being administered their medicines. Staff who supported people to take their medicines had received training for this and been observed doing this to ensure they were able to provide this support in a competent manner. There were occasions when there were not any staff on duty at night time who had been trained to administer medicines. On those occasions other arrangements were in place if a person needed any medicines administering during the night. These included contacting an off duty member of staff who had completed this training or an out of hours doctor to come to administer this.

Good practices were followed with the ordering, storage and return of medicines and suitable records were made of when and how medicines were administered. We checked some of the stock held and found this to be correct. Records confirmed staff had the required information to support them to safely administer people's prescribed medicines. This included a photograph of the person, details about their prescribed medicines and their preference of how they took their medicines. Medicine administration records (MARs) were correctly completed.

The deputy manager told us about the systems and audits in place to monitor medicines and we found these to be up to date. An external pharmacist had undertaken a medicines audit in January 2017 and some minor recommendations were made which we found had been addressed. The deputy manager told us of action that had been taken in response to a medicines error where a staff member gave the medicine but did not complete the MAR. This included the staff member undergoing refresher training, undergoing a competency assessment and a having discussion in a supervision meeting.

Is the service effective?

Our findings

Staff did not feel they had the supervision and support they needed. The registered manager said that all staff were up to date with their supervision. However we found that staff did not value this and did not feel it provided them with the support they needed. One staff member said, "The communication is rubbish here, we get mixed messages and instructions from the management team." Another staff member said, "We don't get proper supervision meetings where we can discuss any concerns or learning needs." A recently employed staff member told us that they had not had a probationary or supervision meeting during this time. The registered manager said they had not felt their initial induction into this role had fully prepared them and felt additional support should have been included.

There had been occasions where staff had not had the expertise and skills to meet certain needs of some people who had used the service. All staff were trained in an accredited physical intervention (Management of Actual or Potential Aggression, known as MAPA) and received annual updates in this. However we identified that staff had not been equipped or suitably trained to support some of the people who had used the service over the last year due to their behavioural needs. This had led to frequent episodes of restrictive restraints being used on a daily basis, which had left staff physically and mentally exhausted which affected their ability to provide people with effective support and demonstrated a lack of support for staff.

Several staff told us there had been occasions when they had been unsure how to manage people who had displayed certain behaviours they had found to be significant and challenging. Staff were unable to demonstrate a clear understanding of the guidance that was contained in people's support plans. They also did not describe to us how they were able to understand the circumstances or reasons behind people's behaviour.

Concerns had been documented about the use of restrictive physical interventions. Opportunities to correct or improve practice were not taken when physical intervention was needed. We reviewed the forms completed following any physical intervention. We found that the debrief section which would have enabled staff to reflect on what had led up to the incident and whether any other strategies could have been used were not always completed. The deputy manager agreed debriefs following incidents could be more consistent.

Some staff could not confidently and competently explain to us what the physical restraint options were that could be used. One staff member told us they did not use any physical interventions and had not seen less restrictive interventions, such as 'hold and stabilise', as a physical intervention. Staff did not see that the use of 'blocking' and 'striking' as a form of physical intervention. However, all staff were very clear and consistently said that in managing any type of behaviour least restrictive practice was used. Comments included, "We always use the least restrictive way to support people like giving them choices using diversional techniques, we don't really have to use physical restraint with people." We also found that terminology used by staff was inconsistent which increased the risk of misunderstanding about restrictions that were used.

Not providing staff with appropriate support, training professional development and supervision is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who were currently using the service were supported by staff who had been trained on how to do so and meet their needs. One recently employed staff member told us they had completed an induction and said, "I learnt a lot." Another recently employed staff member had not completed their induction but had started to complete some on-line training. This staff member said their induction was planned for August 2017. This staff member was currently working in the kitchen until they had completed their induction.

Staff told us that they felt the training opportunities were sufficient and appropriate for the people they were currently supporting. The registered manager said most staff were up to date with their training, but there were some who still had some training to complete. They said they had increased the amount of face to face training opportunities for staff as well as the on line training that was provided. Staff were required to complete the Care Certificate if they had not previously done so in another employment. The Care Certificate is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support.

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. We checked whether the service was working within the principles of the MCA. Some of the assessments of people's capacity did not follow the intended process. These included information that was not needed in order to assess the person's capacity and then did not follow the process to make a decision in the person's best interest. We also found that some decisions had been made where a mental capacity assessment had not been completed.

Staff were knowledgeable about the principles of the MCA. One staff member said, "It's about if people have the ability to understand and give consent to particular decisions. If they don't we have to help them, best interest decisions have to be made with the involvement of others, relatives and professionals." The registered manager said they sought people's consent where they were able to provide this and also sought the views of family members.

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 are called the Deprivation of Liberty Safeguards (DoLS).

Measures were in place to ensure that people were only deprived of any liberty when this was needed and this was done lawfully. Two people had active authorisations in place, one had been reapplied for and an application had been made for the newest person living at the service. There were details of the authorisations and any conditions in people's care plans. The registered manager had a chart to show which people had a DoLS in place, when these needed to be renewed and if there were any conditions associated with these.

A relative told us they were not happy with a number of aspects of the service. They thought their relation's health had "plummeted" and they ate too much junk food. The registered manager said people were provided with meals they enjoyed. They said they did try to encourage people to eat healthily but they did not always respond to this positively. The registered manager said they had managed to expand some people's diet and they had looked to provide one person with a culturally appropriate diet, but they had not

been keen on this. Care records confirmed that people's food preferences had been assessed and recorded and consideration had been given to people's religious and cultural dietary needs. Staff told us that people were offered a choice from two meals and there was a good stock of food including fresh vegetables and fruit available for people. Food was appropriately stored to maintain its freshness and nutritional benefit.

People's weights and food intake was monitored so action could be taken if changes occurred. An example was given of a person where concerns had been identified about an increase in their weight. A referral had been made to a dietician who had provided guidance about healthy eating options. This information was available to staff who we found knew how to support this person appropriately.

The registered manager said they were currently recruiting a new cook and hoped to make an appointment shortly. They had made some temporary catering arrangements which were limited in what people were given to eat. We were concerned that meals were not being planned in advance and there was a lack of oversight to ensure people received healthy eating meal choices. We discussed this with the registered manager who agreed to discuss this with the staff concerned.

There were two recording systems in place to manage people's healthcare. These records confirmed people were supported to access primary and specialist healthcare services when required. However this meant there was a risk that staff would not have the latest or complete information about a person's healthcare if an entry was made in one file but not in the other. Also to ensure both systems were maintained properly meant staff would have to spend time duplicating information.

People's physical and mental health needs were considered by a multi-disciplinary team from within the organisation. The registered manager said they were working on how people's health needs could affect their behaviours and the way they expressed themselves. The registered manager said people underwent annual health checks and arrangements were made for people to have routine health checks in the most suitable way for them. Each person had a 'hospital passport' document used to inform hospital staff of their healthcare and support needs.

Is the service caring?

Our findings

Relatives had differing opinions about the support their relations received. One relative told us they felt their relation was now "more outgoing" but another relative was critical of how their relation was supported. We had limited opportunities to observe how staff interacted with people who used the service, but when we did, we saw some positive interactions, but we also saw some indifferent ones. We saw one person sitting outside with two members of staff who had a magazine. Staff were seen to interact for short periods with the person, smiling together and one staff member hugging and showing some interest in the magazine the person was looking at. However these interactions were limited and at times staff were seen to be chatting between themselves.

We observed how staff provided comfort and support to a person whose anxiety level's fluctuated throughout the day. At times of heightened anxiety staff were seen to be calm in their approach and gave reassurance. We noted in a person's care records that to lessen their anxiety they got comfort from holding hands with staff which helped to calm them. We saw that staff used this approach with the person and it had the desired effect.

Staff told us about people's preferred communication methods and preferences. We saw how people were supported with these by the use of signs, symbols and pictures to support their communication needs. People had daily actively plans that informed them of the planned activities for the day. Structure was very important for some people and these plans supported them to know and anticipate what activities were happening. Staff said that whilst activities were planned in advance, people still had a choice and were offered alternatives if they declined the planned activity. We noted that a person spent their time walking around the service and had access to a choice of communal rooms as well as the garden.

Staff spoke positively about the people they were supporting at the service and felt they worked well as a team. Comments included, "I love my job and making people happy", "putting a smile on their face", "everyone is different and individual" and "I very much like working here." Staff showed they had a good understanding of people's needs, routines and what was important to them. The registered manager said that staff were very caring and genuinely cared about people's welfare.

Whilst staff spoke positively about part of their job, they also told us they had been through a long period of difficulty at the service. One staff member told us "morale has been horrendous" and another staff member said "we have hit rock bottom". The registered manager said events associated with people's behaviour management had caused a detrimental effect on staff. This included the way staff responded to certain situations. The registered manager said this had contributed to staff portraying the service in a negative light to others through recounting their experiences. The registered manager said whilst certain events had happened they had been managed correctly at the time, but these had a detrimental effect on staff.

A relative told us staff kept in touch with them and updated about their relation and that they "go every year for the review." The registered manager told us people who used the service would be involved in reviewing their care if they were able to however none of the current people who used the service did. They said that

relatives were involved in planning and reviewing their relation's care and support. This included attending an annual review. The registered manager told us they had identified how people who used the service and their relatives were involved in discussions and decisions about the care and support provided were an area they identified needed developing.

An advocate from an advocacy service visited people at the service regularly. However staff were unaware of the advocate's role and if action was taken in response to anything they raised with the management team. The advocate told us staff did bring issues to them for discussion about issues that effected people who used the service. We saw in an investigation report into an incident that the person had been regularly visited by an advocate.

We observed staff treated people with dignity and respect, this included using people's preferred names when communicating and offering choices of activities, drinks and meals and acting upon these. For example, we spoke with a staff member outside a person's room. They told us that the person's morning routine was important to them and to respect this and their privacy they were waiting outside their bedroom for them. The registered manager said that all staff had attended training on promoting people's dignity and treating people with respect.

People's independence was promoted as fully as possible. Included in people's daily activities was time planned with staff supporting staff them with domestic tasks such as them taking their laundry to be washed and helping clean their rooms and communal areas.

Is the service responsive?

Our findings

There was a lack of planning and preparation for new people to move into the service. There had been three placements over the past year that had broken down during the transition period and a further one had been cancelled due to concerns about the service. Staff raised concerns about the pre-assessment and transition plan for people moving to the service. They felt these were often rushed, with no consideration given to the compatibility of people. Staff also told us the information provided to staff about people's needs was very limited. Comments included, "We're not given sufficient details about new people's needs, we have to work out what to do." The registered manager described how the most recent admission to the service had not followed their intended plan which had contributed to some problems and difficulties.

Support plans did not provide clear guidance and lacked direction for staff to follow in order to meet people's needs. For example one person's support plan for domestic tasks said a person would 'attempt to eat a bit of the (washing) powder so staff need to maintain visual at all times'. The registered manager said that in fact staff needed to put the washing powder into the machine otherwise the person would attempt to eat this. In addition there were some important activities that did not have a support plan in place. This included one person who occasionally visited a relative and when they did so they had a specific routine they needed to follow. There was no mention of these visits or the routine in the person's support plan. The person had a preferred name they wished to be known by and using other names could have a negative effect on them. The importance of using this name was mentioned in their support plan and we heard staff using the name the person wished. However the person's support plan was written using the name that could have a negative effect on the person. The registered manager agreed with our observations regarding people's support plans and said they needed more work on and they were currently rewriting one person's plans.

Each person had a behaviour support plan to guide staff in how to support them with their behaviour. These did not contain some important information on how people could and should be supported, such as PRN (medicines when required) protocols. Additionally there was no reference when to use a personal alarm and what support could be expected if doing so. We also found that the plans were not always clear and lacked order. They also lacked detail about different types of intervention, including physical intervention) that could be used. An example of this was one strategy stated the person should lie on their back, but there was no detail about when or how this should be done. Additionally some staff told us they did not think this would be an appropriate strategy to use on the person concerned.

The above information was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Each person's care and needs were reviewed in monthly meetings with the multi-disciplinary team (MDT) but these did not include people's relatives or any advocate acting on their behalf. A staff member said people's support plans were sent to relatives to read but there was no confirmation that relatives had received and reviewed these documents. Staff raised concerns that whilst they had the support from the provider's psychologists they usually visited the service when people were occupied. Staff told us this

impacted on them really being able to fully understand people's behavioural needs and to provide guidance and support to staff. Staff said they felt it would be more helpful if psychologists visited at times when they needed help and support to understand how people were reacting to daily situations.

A relative said staff took their relation out quite a lot and that they "seemed to be doing well". The registered manager told us how a plan had been put into place for staff to accompany one person to see a band whose music they were very fond of. However people's support plans did not identify people's dreams, aspirations and goals so these could be planned for and worked towards.

Each person had an individual activities programme they were meant to follow, however staff told us there were occasions when these were cancelled or rearranged due to not having enough staff available. Activity coordinators told us they were responsible for reviewing activity planners every six months but it was not clear how people were involved in this. The registered manager described to us some of the activities one person liked and how this had a positive effect on their wellbeing. However there was no mention of these in the person's support plan for social inclusion. Social stories were used to support people's understanding with new events and activities. Staff said that people were supported with an annual holiday and examples were given of a stay at a seaside holiday camp and a stay in London going on the London Eye.

There was a complaints system in place, however people who used the service did not have the capacity to access this independently and would require support to do so. The registered manager told us that an advocate came in each week to see people who used the service and if they had any complaints or concerns. We spoke with the advocate who told us that things they had raised had been actioned promptly by management when they had the authority to do so, however some issues that needed higher approval had 'dragged on' such as developing the sensory room.

Is the service well-led?

Our findings

Relatives described having different experiences when contacting and visiting the service. One relative told us, "The Birches feels more like an institution, it is not welcoming or friendly." Another relative told us, "I have good communication with The Birches."

People who used the service had been through an unsettling time due to a number of unsuccessful placements at the service. These had caused a high level of disruption to people's lives and had occupied a considerable amount of staff time, which had also affected staff morale. All staff said their morale had been very low and that they were unhappy, stressed and tired. Some staff did feel that there had been some improvements in morale recently. They spoke of having to work long shifts and there not always being enough staff on duty to enable them to take their breaks. Staff said they did not feel valued or involved in the development of the service. Staff said staff meetings and supervision meetings were infrequent. Staff also said that after behavioural incidents there were no de-brief meetings to offer support and discuss what had occurred or if the situation could have been managed differently.

The registered manager told us that one of these unsuccessful placements was being analysed, but this had been ongoing for some months and they had not received any feedback about this. There was a 'lessons learnt' folder at the service, but there was no reference in this to these unsuccessful placements and any lessons that had been learnt as a result of them. Additionally the most recent placement had not followed a transition plan.

People's behaviour could not be properly analysed so that learning and understanding about this could take place. This was because the systems in place were not being used in a way that enabled this to be done. For example ABC charts (ABC stands for antecedent, behaviour and consequences) were completed as part of the incident reporting procedure. These were not being used consistently and did not include all of the details needed to undertake an analysis of specific incidents.

We were told that the psychologists who supported the service undertook 'functional assessments'. These are a specific tool that would help staff have an understanding of people's behaviours and what may instigate these. We observed during our visit, and records showed, one person displayed certain behaviours which staff did not have a clear understanding about. Staff would therefore benefit from the findings of a functional assessment, but this was not being done. Staff lacked knowledge about policy documents relating to restraint or the reduction of restrictive practice. Some of the terminology used in documentation, such as 'ward round', was more appropriate to a hospital setting than a care home.

There was a lack of trust between management and staff within the service. Whilst there were systems in place to provide staff with managerial support staff did not feel well supported. It was evident that there was a lack of trust between staff and management. The registered manager was aware of staff feelings and told us staff morale had not lifted after a succession of events within the service. They said they had provided staff with contact details of a confidential and independent counselling service. The registered manager had attempted some initiatives to provide staff with additional support but these had not been well received

and were unsuccessful. For example they organised a debrief day following a particularly stressful period and was disappointed when no staff attended this.

Staff spoke of their being negativity within the service and hearing negative based rumours circulating within the staff group. Staff did not feel their views were listened to about key issues within the service or how these decisions were reached. This included some people who had been placed at the service who staff did not feel were appropriate for this service. Staff reported communication within the service from the management team was poor and they did not feel senior management within the organisation had shown an interest in the problems within the service. They said they had only recently had a service manager asking them questions and having discussions with them. An advocate who visited the services told us staff did keep them updated with issues and "did not hold back" from keeping them informed. However they said they had on occasions needed to direct staff to raise certain issues following the relevant policies and procedures.

When problems were identified these were not being rectified despite attempts to do so. In the minutes of a staff meeting in May 2007 there was a reference to gaps being left in people's daily records and staff should ensure these were completed. We saw there were a number of gaps in people's daily records for the current month, despite entries made by team leaders that these needed to be completed. In addition the registered manager had highlighted that these gaps in people's records needed to be completed.

There was a system where the registered manager signed off people's support plans, however we found that these had been signed off even though the plans did not contain all the information needed to support staff. The registered manager agreed they had not been as thorough in checking these as they should have been. People's support plans had been signed by staff to confirm they had read these within the last week despite these having been written some months before.

The registered manager spoke fondly about their role and told us how much they loved their job. They said they knew some staff were frustrated with them due to the disruption in the service that had occurred following some attempted placements. Staff did not feel the registered manager had provided the leadership and support that had been needed in the service.

The registered manager showed us the auditing system. This included a monthly audit of the service. They also said they were able seek advice and support from the organisation's quality team. The audit file did not have an audit undertaken for the last two months. Those that had been completed previously had few areas for improvements identified. When it had been recognised that some improvement was needed this had not been made. This included not completing forms following any incident of restraint and people who used the service and relatives contribution to the support plans.

The failure to operate systems or processes effectively in respect of assessing, monitoring and mitigating the risks relating to the health, safety and welfare of people who used the service and others who may be at risk which arise from the carrying on of the regulated activity is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events in the service the provider was required to notify us about. Providers are legally required to display the rating we give them in the service and on their website if they have one. The rating from the previous inspection was displayed as required.

The registered manager said there were monthly management meetings held and that the team leaders met on a regular basis to discuss how the different teams were working. They said this provided an opportunity for them to promote consistency between the way the teams worked. The registered manager told us they had recently increased the frequency of staff meetings and these were now being held monthly.

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 The care and support people received was not appropriate, met their needs or reflect their preferences. Regulation 9 (3) (a) (b) (c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive appropriate support, training professional development and supervision Regulation 18 (2)(a)