Aspire In The Community Ltd

199 Burton Road

Inspection report

199 Burton Road
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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 6 January 2017. The inspection was unannounced. An unannounced inspection is where we visit the service without telling anyone we are visiting.

199 Burton Road is a residential care home registered to provide personal care for up to four people who have a diagnosis of a learning disability and/or mental health. The home was full at the time of the inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. Staff told us they felt the service was well-led.

At the last inspection on 8 and 14 May 2015 the service was rated good, but there was a breach of regulation in regard to consent to care and treatment. On this inspection we checked and found sufficient improvements had been made to comply with the breach of regulation identified at the last inspection, but another breach of regulation was identified. You can see what action we told the provider to take at the back of the full version of the report.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff received induction and training relevant to their role and responsibilities, but some staff training required updating to ensure staff had up to date knowledge of current good practice. Staff received regular supervision and felt supported, but not received an annual appraisal, which meant there was no system in place both to assess staff performance in the last twelve months and focus on future objectives, opportunities and resources needed.

The registered provider had a system in place to assess and monitor the quality of the service provided. We found this had been ineffective to ensure the service was compliant with regulations and ensure action was taken within specified timescales.

Recruitment procedures were in place, but all information and documents of the required checks had not always been obtained before staff started work.

Assessments, support plans and risk assessments were in place and reviewed, but these did not always include up to date information. We saw information in people's care files that health professionals were contacted in relation to people's health care needs, which included involvement from doctors.

We saw the service promoted people's wellbeing by taking account of their needs including daytime

activities, but the range of activities could be improved. The home encouraged and supported people to maintain contact with family and friends.

Systems and processes were in place to protect people from harm. Staff told us they were aware of how to raise any safeguarding issues and were confident the senior staff in the service would listen to them and respond.

Systems were in place to manage risks to individuals and the service, for example, individual risk assessments and maintenance of the building.

A flexible system was in place to identify the required numbers of staff on duty and staff spoken with felt there were sufficient numbers of staff to meet people's needs.

The home had effective systems in place to manage medicines in a safe way and to ensure there were sufficient quantities of medicines available to meet people's needs.

People had choice and control over what and when they ate and people were supported to eat and drink enough. The service encouraged people to eat a healthy diet.

Conversations with staff and our observations showed staff to be caring, person centred and knowledgeable about the needs of people who used the service.

There was a system in place to ensure people could raise concerns or make complaints if necessary.

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.

The number of staff on duty was flexible to take account of people's needs, but recruitment information and documents required to assure the registered provider the staff member was safe to work with vulnerable people was not always in place before they commenced employment.

There were systems in place to make sure people were protected from abuse and avoidable harm.

There were systems in place to assess and manage risks to keep people safe and prevent avoidable harm.

Appropriate arrangements were in place for the safe administration of medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

There was a system in place for staff to receive induction, training and supervision. A system was not in place for staff to receive appriasal to assess their performance in the last twelve months and focus on future objectives, opportunities and resources needed.

People were supported to make decisions and their human rights were protected in line with relevant legislation and guidance.

People were supported to eat and drink enough and to maintain a varied and balanced diet.

Health professionals were contacted in relation to people's health care needs to promote and maintain their physical health and emotional wellbeing.

Is the service caring?

Good

The service was caring.

We saw staff were kind and caring and treated people with dignity and respect. They were friendly and approachable with people and it was clear positive caring relationships had developed between people and staff.

Staff told us they enjoyed working at the service and knew the people they supported well.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and personalised care plans put in place to support staff to provide responsive care.

Staff understood people's needs and used this information to provide responsive and person centred care and support.

There was a system in place to manage and respond to complaints where necessary.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were some checks in place to monitor the quality of care and support provided, but the governance process had not been effective in ensuring regulations were met and actions from audits completed within a specified timescale.

Staff felt the home and organisation were well led and both the registered manager and provider approachable and supportive. They felt there was a good staff team working at the service.

We observed there was a positive atmosphere within the home and care and support was planned and provided in a person centred way.

199 Burton Road

Detailed findings

Background to this inspection

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

This inspection took place on 6 January 2017 and was unannounced. An unannounced inspection is where we visit the service without telling anyone.

The inspection was carried out by an adult social care inspector.

Prior to our inspection visit we reviewed the service's inspection history, current registration status and other notifications the registered person is required to tell us about. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service.

We contacted commissioners of the service, safeguarding and Healthwatch to ascertain whether they held any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

This information was used to assist with the planning of our inspection and inform our judgements about the service.

During the inspection we used a number of different methods to help us understand the experiences of people who lived in the home as we were not able to communicate verbally with them. We spent time observing interactions between people and staff during the day, including the care and support being delivered. We spoke with the registered manager and four members of staff. We also telephoned two relatives of people who used the service and were able to speak with one of them. We looked round different areas of the home, including, communal areas and two people's rooms. We looked at a range of records including two people's care records, a person's medicines administration records and two staff files. We also looked at other records relevant to the management of the home including audit documents, training and supervision matrixes and service documents.

Requires Improvement

Is the service safe?

Our findings

We checked and found that sufficient numbers of suitable staff were available to keep people safe and meet their needs.

At the last inspection the registered manager explained the numbers of staff required to meet people's individual needs was identified through initial and ongoing assessment of the amount of care hours each person needed and this was identified within their contract with the service. We continued to see evidence of this within people's care files.

Discussions with staff identified there were sufficient staff to meet people's needs and the rota was flexible to accommodate this.

We observed that care and support was provided in a relaxed and unrushed manner and staff were consistently available and responsive to people's needs.

We checked staff had been recruited in a safe way and that all the information and documents as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were in place.

We examined two staff files. We found Disclosure and Barring Service (DBS) checks had been completed before staff started work. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands and help employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups. We found for one member of staff the DBS had identified potential risks regarding the staff member. The registered manager had not completed a risk assessment to assure themselves the risk they currently presented and any mitigating action they had taken to minimise the risk. Information about staff member's physical or mental health conditions had been completed after they had commenced work. This meant there was a risk health conditions that may affect the staff members fitness for work may not be known until the staff member has commenced employment.

We checked and found systems were in place to protect people from harm and abuse.

We were not able to communicate verbally with people who used the service, but were able to observe their interactions with staff during the inspection. Throughout our inspection we observed people were relaxed and acted in a way that showed they were at ease and at home in their surroundings. People were confident and outgoing, keen to approach and interact with staff and reacting positively towards them. This showed us people felt safe living at the home.

Notifications received from the service showed that where safeguarding concerns had been identified, appropriate action was taken and reported to the appropriate authorities. This showed us there were effective systems in place to identify and respond to safeguarding concerns to keep people using the service safe. However, we found there was no centralised system to evidence the audit trail. This meant there was a risk of the safeguarding system being ineffective in practice as we observed that not all information was kept

together to entail effective auditing.

It was clear from discussions with staff that they were fully aware of how to raise any safeguarding issues and they were confident the registered manager would take any concerns seriously and report them to the relevant bodies.

We checked and found systems were in place for managing risks to individuals and the service to ensure people and others were safe.

Checks were in place with regard to the maintenance of gas, electric and legionella. Appropriate insurance cover was in place. This showed us that there were systems in place to help ensure the safety of the home environment for people who used the service.

We found that since the last inspection the registered manager had responded to risks relating to fire safety as individual person emergency evacuation plans (PEEPS) had been implemented in how to assist people in the event of a fire.

We reviewed two people's care plans and saw their needs were assessed, risks identified and risk assessments put in place to guide staff on how to manage those risks to keep people safe. We saw risk assessments relating to a wide range of activities of daily living including meal times, accessing the community and swimming. Risk assessments were individualised and proportionate to people's needs and the level of risk. We were able to observe some strategies put in place to minimise the risk identified for two people, one in regard to eating their meal and accessing the community, the other for absconding and found in all but one action this was in accordance with the risk assessment.

Where people might display behaviours that challenged and therefore need to be supported in a specific way to ensure their safety, this information was recorded in their care plan. All staff completed 'Maybo', conflict management training, to equip them with the skills needed to effectively respond if people were anxious or distressed and displayed behaviour that challenged others. Care plans contained 'safeguarding and conflict management risk assessments' that identified for staff the level of action they must take when assisting a person who may be distressed or anxious and displayed behaviour that challenged others. These provided very detailed and specific person centred information about triggers or situations which might cause people to become agitated or distressed, information about how people might react if they felt this way and guidance on how to de-escalate situations. This included instructions on the use of appropriate language, words or phrases to avoid and information about distraction techniques that had previously been successful. Staff we spoke with showed a good understanding of people's needs, the associated risks and how they were expected to respond to keep people safe.

Where accidents or incidents did occur, these were recorded in each person's monthly log, which meant any patterns or trends could be identified and proactive steps taken to minimise future risks.

We checked and found people's medicines were managed so that they received them safely.

The service had policies, procedures and systems for managing medicines and copies of these were available for staff to follow.

Staff were responsible for people's medicines, only after they had received training and had their competency to deal with medicines assessed. Having well trained staff reduces the risk of making mistakes with medicines.

We observed a member of staff give a person their morning medicines. We saw the procedure staff used and that this was safe. For example, medicines were securely stored in a locked cabinet in each person's room. A daily record was kept of the temperature inside the cabinet and these records showed that medications were stored within safe limits. We saw most medicines were supplied in blister packs along with printed Medication Administration Records (MARs). Blister packs are a monitored dosage system containing a 28 day supply of that person's medicines. MARs are used to document medication given to people who used the service. The MAR we checked was filled in correctly. There were no gaps in recording. We saw the staff member administering medicines check the medication administration record (MAR) against the actual medicine to verify the prescription, give the person their medicine and then sign to say when the person had taken their medicine. We saw that medicine had been dated when opened, so that staff could monitor and dispose of these where necessary. We saw staff checked the level of medicines in stock against records as a means of identifying if there had been any errors in the previous administration of medicines. We saw the staff member was patient and caring when administering medicines, explaining to the person what they were doing.

We found people had a medicines plan that identified how they liked to take their medicines and any allergies they had. The plans included guidance for staff for when to administer medicines to people who were prescribed medicines to take 'as and when required'.

Requires Improvement

Is the service effective?

Our findings

We checked and found the registered provider had made progress in regard to the breach of regulation, consent to care and treatment following our inspection on 8 and 14 May 2015.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the time of our inspection everyone who used the service were subject to DoLS.

Staff we spoke with had a basic understanding of the MCA and their role in supporting people to make decisions. Staff gave us examples of how they used picture cards and accessible information to explain options and interpret non-verbal forms of communication to understand people's wishes and views. Where there were concerns about people's ability to make decisions, we saw that mental capacity assessments had been completed and best interest decisions made. For example, we saw mental capacity assessments and best interest decisions had been undertaken for one person when accessing the community and using a wheelchair to attend appointments. Best interest decisions are decisions made on a person's behalf where they have been assessed as lacking capacity.

When we spoke with a relative they commented, "[Relative] has more freedom at Burton Road, because staff are about managing the risks presented and upholding their rights".

We checked that staff had the knowledge and skills to carry out their roles and responsibilities and were supported to attend updated training, supervision and appraisal.

We examined the registered provider's induction and training programme. New staff completed the registered providers induction, covering policies and procedures and the visions and values of the service, and an induction with the registered manager to meet people who used the service, staff and to familiarise themselves with the home. Alongside this, new staff had to complete training the registered provider considered to be mandatory before starting any care work. This included training on food safety, fire safety, moving and handling, health and safety, first aid, infection prevention and control, safeguarding vulnerable adults and MCA and DoLS. New staff then shadowed more experienced staff to equip them with the skills and knowledge needed to carry out their roles effectively. Following this, staff we spoke with said they did

not provide immediate assistance with medicines or personal care and explained that they had to get to know people and earn their trust first. One member of staff commented, "I shadowed for ages. They did a lot of training about reporting abuse if we had any suspicions. They said it's their reputation and business and it won't be tolerated". This showed us that the service had a system in place to support new staff gain confidence and experience in their roles.

Following induction staff told us they completed refresher training. We examined the registered manager's training matrix, which they used to identify when training needed to be updated. This showed us that staff received on-going training throughout the year to update their knowledge and skills, but the computerised training matrix was not an effective system as we found some training that required updating so that staff were up to date with current good practice.

Discussions with staff told us the registered provider was committed to supporting staff to gain the skills needed to provide effective care and support.

Staff we spoke with said they had supervision with the registered manager approximately every three months to discuss any concerns they might have, talk about training and personal development, their roles and responsibilities and any support needs. The registered manager showed us a record of how they monitored supervisions completed throughout the year and when supervisions were due. We could see from this that supervisions were carried out throughout the year and staff received regular supervisions. Staff we spoke with also consistently told us that the registered manager was approachable and they could speak with them. Comments included, "I feel fully supported by everyone – it's a great bunch" and "They're really supportive". This showed us that there were effective systems in place to support staff in their roles.

Discussion with the registered manager highlighted staff did not receive an annual appraisal. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. Subsequent to the inspection the registered provider assured us this would be implemented.

We checked and found people were supported to have sufficient to eat, drink and maintain a balanced diet.

Care plans contained information detailing the level of support people needed to ensure they ate and drank enough. This included information about food likes and dislikes.

Staff we spoke with showed us people's weekly menus. We saw there was a range of meals provided. We saw people were provided meals in accordance with preferences recorded within their care files.

Monthly care logs contained food and fluid charts so that staff could record what people ate and drank. We saw records showed staff had prepared a variety of meals in the week before our visit to cater for people's specific needs and preferences. Mainly these were completed but we identified some gaps to the registered manager. We saw the registered manager had improved the records of the amounts of fluid drank following an inspection at another service. Records we examined showed people had sufficient to drink to maintain their health.

Staff we spoke with understood people's specific nutritional needs and we saw they used adapted cutlery that was identified within people's care plan, so that people were supported to maintain as much independence as possible.

When we spoke with a relative they commented, "I find they eat healthy meals which is good".

We checked and found people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

In people's records we found evidence of involvement from health professionals such as psychiatrists and doctors.

Care plans documented information about people's medical history, current health needs, prescribed medicines and contact details of healthcare professionals involved in supporting them. We saw visits to healthcare professionals were recorded, which showed people were referred to healthcare professionals where required. For these visits information was recorded about the reason for the appointment, the outcome and details of any follow-up action needed including changes to that person's care plans.

Good

Is the service caring?

Our findings

We checked and found that people were respected and the service supported people to express their views.

In our discussions with staff they told us they enjoyed caring for people who used the service. Staff were able to describe people's individual needs, likes and dislikes and the name people preferred to be called.

There was a small staff team working at the home, which ensured there was consistency of care and support from staff enabling both staff and people who used the service to get to know each other. Staff had time to spend talking or going out with people. As a result, we saw people being cared for by staff that understood their needs, recognised what was important to them and cared about their wellbeing.

We saw that when staff provided care and support to people they were respectful and treated people in a caring and supportive way. We saw staff adapted their communication style to meet the skills, abilities and preferences of the person they were supporting. Staff had a relaxed approach with people and interactions were patient and caring in tone and language. We saw staff acknowledged people, made eye-contact and engaged with them as they moved around the home. Relationships between people and staff were open and friendly.

We saw people could choose where to spend their time and people moved around the home as they wished.

Staff we spoke with understood the importance of maintaining people's privacy and dignity and gave examples of how they would implement this. This included practice such as ensuring personal care was provided discreetly and maintaining confidentiality. They also described how they struggled to put this into practice for one person, because of their preferences of how their care was delivered and the environment and as a consequence had placed screening at windows to protect their privacy and dignity when care was being delivered.

Staff were also able to describe the communication styles of people and how they used this to support people to express their views and be involved in decision making. For example, a picture exchange communication system, a system used for people with autism to convey their thoughts and needs.

Staff also described how they used their familiarity with the people they were supporting to understand non-verbal communications. We saw staff enabling people to do what they wanted to and could see that the people who used the service expressed their views and were listened to.

When we spoke with staff they told us they felt it was a good staff team and everyone cared about the people who lived at 199 Burton Road. They were passionate about the people they cared for. Comments included, "I know now I'm in the right profession, because I think about [people] when I'm not at work and what more I can do to help them. My thoughts are, if I'm happy, I'm likely to do my job better" and "At this

company it's a much softer approach with people".

People who used the service had regular contact with their families and formal advocacy services were not used. Advocacy is a process of supporting and enabling people to express their views and concerns, access information and services, defend and promote their rights and responsibilities and explore choices and options.

Good

Is the service responsive?

Our findings

We checked and found people received personalised care that was responsive to their needs.

When we spoke with a relative they commented, "I still get upset about [relative] living there, but whilst [relative's] excited to come home, they're equally excited to go back. As a family we question things because it's our [relative] they're looking after and we have to know they're ok.
The environment is better for [relative]. The house is bigger than at home, there's more outdoor space and [relative] likes being outdoors and going for walks. They have so much energy. Staff are accommodating and involve us. I have a book at home where I record everything and they're good with his money. I can't fault anything really. In the beginning there were teething problems, but we spoke about it and built bridges and trust. We work as a team".

We examined two people's care plans and saw detailed assessments were completed, which formed the basis of people's care plans. Assessments gathered information about people's medical history, current health needs, medicines, family involvement, support needs, communication needs and detailed person centred information about people's likes, dislikes and personal preferences. This information was used to create detailed care plans providing guidance to staff on how best to meet people' needs. There was evidence that information from relevant health and social care professionals was sought and advice and guidance incorporated into people's care plans and risk assessments.

We also examined the daily logs of the two people whose care plans we had examined. For one person the behaviour and sleep record told us that one of the people had been settled and happy during the month and for the other person the record showed incidents on eight days showing there were times in the day when the person was not settled and happy. The service had taken action to respond to those incidents.

The registered manager told us they aimed to update the care plans and risk assessments every three months or more often if needed. One of the care files we examined had not been reviewed within that timescale and contained out of date information, which meant there was not an accurate record of the current care needs of the person. This had been identified as an area requiring improvement within the registered providers last audit in September 2016.

We examined the systems in place to ensure staff had up-to-date information about people's changing needs. We saw daily records were maintained of the care and support provided to each person who used the service. When we spoke with staff they told us handovers were provided between shifts and what that had included on the day of the inspection. We were not able to verify the information passed from shift to shift as handovers were not recorded. This means there is a risk that important information may be missed.

Our observations and conversations with staff showed they had an understanding of people's needs and what was important to them and used this information to provide responsive person centred care to that individual. We saw staff treated people as individuals and supported and validated people's individual preferences and choices.

We saw staff offer people choices such as what to eat and drink and when to get washed and ready.

Care plans contained an activities schedule which recorded planned activities throughout the week. We found people had not taken part in activities that were part of their planned activity schedule. In the month prior to the inspection activities had included walks, attending a Christmas party, Christmas shopping, a meal out and home visits. We discussed with the registered manager and staff that activities had become limited and people were not now attending activities as recorded in their care files. They told us this had been identified and was to be discussed at the next staff meeting, which was confirmed on the agenda displayed in the office. We also saw this had been discussed at previous staff meetings.

People were encouraged and supported to stay in touch with family and friends. We saw staff supporting people to visit home to maintain important family relationships.

We found that when people moved into the service, the move was planned, with an awareness of the potential difficulties that might be faced and strategies in place to manage them and maintain continuity of care both for the person, their family and other people who used the service.

We checked and found the service listened and learnt from people's experiences, concerns and complaints.

There was a complaints policy and procedure in place. The registered manager told us no complaints had been received by the service, but assured us they would be taken seriously and investigated and responded to as necessary.

Requires Improvement

Is the service well-led?

Our findings

We checked that the service demonstrated good management and leadership, and delivered high quality care, by promoting a positive culture that was person-centred, open, inclusive and empowering.

The service was last inspected on 8 and 14 May 2015 where a breach of regulation was identified. We checked and found improvements had been made. On this inspection we have identified two further breaches of regulation and some areas requiring improvement.

The registered provider is required to have a registered manager as a condition of their registration. There was a registered manager in post on the day of our inspection and therefore this condition of registration was met. The previous registered manager needed to submit an application to de-register, so that only the appropriate manager was registered. We saw the manager's certificate was displayed in the office, but the registered provider certificate was not. We told the registered manager this also required displaying to show people what the registered provider was registered to provide, as this is not on the registered manager certificate.

The registered manager was supported by a team leader, senior care staff and care staff. The team leader had some supernumerary time to assist the registered manager, as the registered manager, managed two homes.

We saw there was a positive atmosphere within the home. We saw interactions between people that used the service, staff and the registered manager were relaxed and informal. Care and support was provided in a co-ordinated, unrushed and attentive manner throughout our inspection.

Staff we spoke with told us they felt that the home was well-led and we received consistently positive comments about the management of the service and that staff felt supported by both the registered manager and provider and that they led by example. One staff member commented, "It's a great company to work for. We're encouraged to provide ideas if we think anything can work better. It's unbelievably good. Gaffers unbelievable".

We spent time observing the culture and openness of staff. We saw staff were inclusive with people who used the service. They interacted with each other in a friendly manner. The atmosphere was friendly and welcoming and there was transparency amongst staff when dealing with people, each other and ourselves.

The registered manager showed us the home's 'statement of purpose'. This contained clear information about the visions and values of the service, which was communicated to new staff through their induction. The 'statement of purpose' required amending to include all the required information and reviewing to confirm the types of person the service provided a service to.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen at the service. The registered manager of the service had informed

the CQC of the required events. This meant we could monitor that appropriate action had been taken.

We found staff meetings were held, which meant staff were provided with an opportunity to share their views about the care provided. Discussions with staff told us there was a collaborative approach in discussing aspects of the service and how improvements might be made and they were comfortable in voicing their opinions about the service. Staff told us a senior care meeting was held prior to the full staff meeting so that there was an opportunity to identify aspects of the service that required taking forward to the full staff meeting.

The registered manager told us no complaints had been received but we saw where concerns had been raised that raised concerns about a person's safety, safeguarding procedures were followed and the service investigated the incident to identify the cause, and actions to be taken so that a similar event did not occur again.

When we spoke with staff they understood their role and what was expected of them. They were happy in their work, motivated and had confidence in the way the service was managed. The discussions identified managers were available for guidance and support. Staff described how the ethos of the service was person-centred.

The registered provider told us surveys had been sent to relatives who used the service, but none had been returned.

We found there was a process of assessing and monitoring quality, but this did not follow a plan where actions identified were followed up and recorded as completed to show the auditing had been effective. For example, the monthly maintenance audit identified maintenance required to be carried out, but there was no record it had been completed. A record of improvements made were kept by the registered manager on the computer. They told us they removed repairs when they had been completed. This was despite a date completed column on the record. There was no timescale recorded for when the action had to be completed and some maintenance repairs had been outstanding for four months. This meant the system was not effective in monitoring maintenance and the environment.

Similarly, the registered provider's audit was not available at the service. This was submitted subsequent to the inspection. Discussions with the registered provider and manager confirmed discussions had taken place of the required improvements after the audit, but these had not been followed up and we found areas where the required improvements had not been made, for example, ensuring the system for reviewing and making changes to people's care plans was addressed so that they were up to date.

We also found the governance system had not identified appraisal was not being carried out with staff as required by the regulation.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

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 17 HSCA RA Regulations 2014 Good governance Established systems and processes were not operating effectively to ensure compliance with regulations.