

Jeesal Residential Care Services Limited

Heathers

Inspection report

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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This was an unannounced, comprehensive inspection visit completed on 18 October 2018. This was completed within six months of publication of the last inspection report as the service was previously placed in special measures, with an overall rating of inadequate.

Heathers is a 'care home' providing residential care to people with learning disabilities, autism and mental health conditions. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy. Details regarding non-conformity are detailed in the body of the report.

The service is registered to provide care to a maximum of nine people. There were eight people living at the service at the time of the inspection. Each person lived in a self-contained apartment, receiving care and support from staff within their apartments.

The service's manager had registered with the CQC since the last 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.

At our last inspection on 1 and 2 May 2018 we identified breaches of regulation in relation to safe care and treatment. The condition and cleanliness of the service. Low staffing levels per shift with poor training completion to meet the requirements of their roles. Staff did not consistently source people's consent or adhere to the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards. Governance and managerial oversight was poor. We also identified examples of incidents that had not been notified to CQC.

As an outcome of the last inspection visit, we put conditions on the home's registration to encourage improvement. The provider was responsible for submitting an improvement plan and monthly updates to CQC. This information was reviewed during this follow up inspection.

During this inspection on the 18 October 2018, we identified that there continued to be poor governance procedures in place, particularly in relation to the management of risks. The management team were not fulfilling the requirements of their improvement plan from the last inspection. There continued to be non-compliance in relation to submitting notifications to CQC. Not all care records had not been reviewed and

updated, this was an area of concern identified during the last inspection. Care records did not contain completed mental capacity assessments, or details of people's deprivation of liberty safeguards status where applicable.

We did identify area of improvements since the last inspection. Staff morale had improved, with better working relationships between staff and the management team. There were improvements in the level of staff training completed since the last inspection. The cleanliness of the environment had improved. The service now had up to date fire, electrical and water safety checks in place. The management team had introduced community meetings had been introduced offering people an opportunity to raise concerns or give feedback on the service.

From reviewing the outcomes of the inspection, we made the decision was made for the conditions placed on the home's registration to remain in place. This was to ensure the management team had the maximum amount of time for improvements to be made and embedded within the running of the service.

The overall rating for this service is 'Requires improvement'. However, the service remains in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for the service to remain in special measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was not always safe

Environmental risks had not always been identified or measures put in place to mitigate them.

Risk incidents relating to people and staff were inconsistently recorded, with a lack of evidence of actions taken.

Not all care records had been reviewed and updated to ensure risk assessments were accurate. This was an area of concern identified during the last inspection.

The cleanliness of the environment had improved since the last inspection.

The service had up to date fire, electrical and water safety checks in place, this was an improvement since the last inspection.

The service had made improvements with the management of medicines.

Requires Improvement ●

Is the service effective?

This service was not always effective

Care records did not contain completion of mental capacity assessments, or details of people's deprivation of liberty safeguards status where applicable.

Staff appraisals were not in place to monitor their performance and development goals.

Staff did not always record people's weights. The service did not use a monitoring tool to identify weight gain or loss and when to source specialist input.

There were improvements in the level of staff training completion since the last inspection.

There were improved levels of supervision and support in place for staff, since the last inspection.

Requires Improvement ●

Is the service caring?

This service was not always caring

Risks to people's privacy and dignity within the care environment were not always well managed.

Since the last inspection, staff had accessed signalong training to aid communication with people living at the service.

Since the last inspection, community meetings had been introduced offering people an opportunity to raise concerns or give feedback on the service.

Requires Improvement ●

Is the service responsive?

This service was not always responsive

Staff were not collaborating with people and their relatives when developing care records.

Care records did not contain end of life care plans or evidence this aspect of a person's care had been discussed with people and their relatives.

Staff and people's relatives told us the level of activities and community access had improved since the last inspection.

The management team had improved their approach to handling complaints and concerns from staff, since the last inspection.

Requires Improvement ●

Is the service well-led?

This service was not well-led

There continued to be poor governance procedures in place, particularly in relation to the management of risks.

There continued to be non-compliance in relation to submitting notifications to CQC.

The management team were not fulfilling the requirements of their improvement plan from the last inspection.

Staff morale had improved, with improved working relationships between staff and the management team.

Inadequate ●

Heathers

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 was an unannounced, comprehensive inspection, which took place on 18 October 2018. The inspection team consisted of two CQC inspectors and one CQC medicines inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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 information we held about the service, including previous inspection reports and statutory notifications. A notification is information about important events, which the provider is required to send us by law.

During the inspection we spoke with four people living at the service and observed care and support being provided in communal areas. We spoke with two relatives by telephone after our inspection visit. We spoke with seven members of care staff including the registered manager, the director of residential services, senior and support workers.

We reviewed four people's care records in detail including their daily records, apartment cleaning forms and environmental checks. We checked eight people's medicine administration records (MAR), and reviewed the medicine management procedures in place. We looked at three staff recruitment files as well as training, induction, supervision and appraisal records. We reviewed policies and procedures relating to the running of the service.

Is the service safe?

Our findings

During our last inspection, on 1 and 2 May 2018, we found the service was not safe and we rated this key question as Inadequate. There were breaches of Regulation 12 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to safe care and treatment, premises and equipment.

During this inspection, we found improvements had been made to the overall standard of cleanliness throughout the service. Building and refurbishment works were in progress to improve the condition of apartments. However, we did identify some areas of the service still requiring further improvement. We therefore rated safe as Requires Improvement.

Staff demonstrated a clear understanding of safeguarding practices and procedures, and recognising types of abuse. Gaps in safeguarding training had reduced from the last inspection. However, we identified the registered manager's safeguarding training had expired. As they would be expected to have a lead responsibility within the service for the management of safeguarding concerns this is an area that needed to be addressed.

One relative told us that a change in the people living at the service has improved the overall safety for the remaining people living at Heathers. They told us, "I feel a lot more confident that [Name] is safe with [Name] gone, and staff seem to be getting more training". Another relative said, "I do feel [Name] is safe there".

The manager completed risk assessments and care plans in consultation with staff. At the last inspection, we identified concerns in relation to care records being out of date and containing contradictory information. As an outcome of the last inspection, the service was asked to ensure the content of each person's care records was accurate and contained relevant information for staff to follow. However, on arrival at this inspection, we identified one care record had not been updated at all, and two people's care records had not been fully reviewed or updated. We therefore continued to have concerns around the management of people's risks and support needs.

Staff checked the condition of people's skin when offering support with personal care tasks. None of the people living at the service had assessed pressure care needs. However, we found an example of where staff had identified concerns with the condition of a person's skin. Staff had filled out a body map form. However, the care records did not contain evidence of action taken or any measures put in place to ensure the skin condition had not deteriorated. We discussed the need for more thorough recording of such risks with the registered manager, during the inspection.

Staff were not completing full audits of people's medicines and those checks in place were infrequently completed. Where people had their medicines given to them crushed in food, the service had not consulted with the pharmacist to obtain advice on medicine compatibilities for preparing and giving people their medicines in this way.

Staff did not complete environmental safety audits, including in relation to infection prevention and control, this was an area of concern at the last inspection. Construction works were being completed to apartments on a rolling programme. The management team had not put environmental risk assessments in place to safeguard the needs of people, staff and the construction workers. After the inspection, risk assessments were implemented at our request.

After the last inspection, the provider gave us assurances that furniture such as wardrobes had been fixed to the walls to prevent risk of tipping over and radiator covers would be put in place to prevent risk of burns and scalds. During this inspection, we identified that some furniture and the radiator covers in place remained unsecured. Wardrobes had the brackets and screws in place but had not fixed into the walls. The provider was asked to address this immediately after the inspection.

We noted that some bathrooms had heated towel rails, and these did not have thermostats. We asked the management team to review the suitability and risks associated with this equipment.

Some care records continued to indicate risks of people consuming items such as personal care and cleaning products. Whilst improvements had been made to the safe storage of items such as tins of paint which we had found during the previous inspection, there remained a need for this risk information to be documented clearly in people's care records. This concern was escalated to the registered manager during the inspection.

We identified concerns with the employment records examined as they did not contain character references. The organisation's central HR department had put arrangements in place to source character references retrospectively. These checks should have been undertaken before new staff started work.

Staff demonstrated understanding of accident and incident reporting procedures. However, there was very limited information being recorded on the forms. We reviewed the recording of safeguarding concerns linked to the completion of incident forms. Recording of safeguarding incidents was a relatively new process, introduced from 12 September 2018.

Up to the day of the inspection, four incidents had been recorded. Staff were completing the relevant paperwork, and there was evidence to show that the forms were signed off by the management team. However, there was an incident where medicine had not been given due to 'miscommunication.' The form did not list which staff were involved, what medicines had been missed, what if any medical guidance was sourced, and what action was taken to rectify the situation. We therefore continued to have concerns regarding the management of risk incidents.

The above information meant the provider continued to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where care records had been updated, staff had completed risk assessments which contained guidance and techniques to follow when working with people with physical and behavioural support needs. There were good examples of work completed collaboratively between people and staff to encourage consistent management of their personal hygiene. The use of 'personal care agreements' had been introduced where a person's abilities had changed or willingness to complete personal care regularly had reduced. Care records contained improved levels of monitoring for aspects of personal care such as frequency of toileting to monitor for people experiencing constipation and potentially needing medicine or a review by the GP.

The service had up to date fire and electrical safety checks in place and they completed fire safety drills

regularly during the year. Window restrictors were in place for rooms on the first floor of the farm house building to maintain people's safety while having the windows open. The service needed to give consideration to environmental security risks for windows without restrictors in place.

Heathers was visibly clean throughout with the overall condition of apartments much improved since the last inspection. Staff were completing daily cleaning records to confirm completion of tasks. Staff accessed aprons and gloves to use when completing personal care tasks to reduce risk of cross contamination or spread of infections.

Each person had an evacuation plan in place for use in the event of an incident such as a fire. These contained clear guidance for staff to follow. Plans recognised that people living at the service may not understand or react to noises such as fire.

Staff completed regular legionella water safety temperature checks, flushing of the water system and had a legionella risk assessment in place for the home. The service held a legionella test certificate with tests completed by an external company.

The above information meant the provider was no longer in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were stored securely for the protection of people who used the service. Arrangements had been put in place for secure storage of medicines immediately after delivery. Records showed medicines had been stored at correct temperatures and provision had been made for medicines needing refrigeration. This was an improvement since the last inspection.

Records were in place to show medicines were given to people as prescribed. Supporting information was available for staff to refer to when handling and giving people their medicines. There was personal identification, information about medicine sensitivities (allergies) and personalised care plans for people's medicines to help staff give people their medicines safely and in ways most acceptable to them. When people were prescribed medicines on a when-required basis, there was written information to assist staff to give people these medicines appropriately and consistently.

For people who had limited mental capacity to make decisions about their care or treatment and who would refuse their medicines, assessments of their mental capacity and best interest decisions about giving them their medicines crushed and hidden in food or drink (covertly) had been reviewed.

Records showed that staff involved in handling and giving people, their medicines had received training. However, three members of staff had not recently had their competence assessed to ensure they managed people's medicines safely. Some competency assessments were provided after the inspection. During the inspection we were informed that the medicine policy was being updated.

The provider had introduced use of a dependency tool to determine the level of staffing required on each shift, this was an improvement since the last inspection. We examined staff rotas and found that overall, staffing levels were maintained in accordance with the provider's minimum levels. Staff worked varied shift patterns to allow flexibility across the day, to support people with activities and attending appointments. Night staff could contact the out of hours manager if needing additional support. Staff told us they were getting regular breaks during their shifts.

People living at the service were unable to tell us if staff responded to their needs in a timely manner.

However, from our observations and people's care records, staff checked on people regularly throughout the service.

Details of Disclosure and Barring Service (DBS) checks were held by the organisation's central HR department. (DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups).

Is the service effective?

Our findings

During our last inspection, on 1 and 2 May 2018, we found the service was not effective and we rated this key question as Inadequate. There were breaches of Regulation 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to consent and staffing.

At this inspection, we found improvements had been made in relation to staffing levels on shift and completion of training to meet the requirements of their roles. DoLS application and renewal paperwork had been submitted for each person living at the service. However, there remained concerns in relation to the lack of recording of capacity assessments. Therefore, effective was rated as Requires Improvement.

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

As part of the inspection process, 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 had the appropriate legal authority and were being met.

From care records reviewed, there was inference to people's capacity, but no question, date and time specific capacity assessments documented. Since the last inspection, the registered manager had liaised with the local authority DoLS team to ensure all relevant applications and renewal paperwork had been submitted. All eight people living at the service were subject to DoLS. However, care records did not contain details of people's DoLS status or associated restrictions. We therefore could not source full assurances that the management team were working within the principles of the MCA or ensuring staff were made aware of people's DoLS status. This was an area of concern from the last inspection.

The above information meant the provider continued to be in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff meeting minutes and data held by the service detailed completion of at least one staff supervision session per staff member, between July and October 2018. Supervision offers staff the opportunity to discuss their work, receive feedback on their practice and identify training and development needs. The management team were in the process of implementing a new annual, performance appraisal programme as this was a shortfall previously identified. From the data provided, we were unable to confirm exact dates and timescales for performance appraisals to be in place.

Improvements had been made to the completion rates of the provider's mandatory training through on line and face to face sessions. This included training in safeguarding adults, mental capacity and deprivation of liberty safeguards. Improvements had been made to the completion of restraint and self-protection (NAPPI) training and first aid training linked to the management of risks such as people choking when eating. This was an area of concern at the last inspection. New staff completed the Care Certificate as part of the induction process; the Care Certificate is a set of induction standards that care workers should be working to. Since the last inspection, the registered manager told us completion of training had been prioritised. From our discussions with staff, they demonstrated implementation of training into practice and linked this information to people's individual care and support needs.

We received feedback from relatives on the training being put in place for staff. One relative told us, "They [Staff] have done lots more training. I don't think anyone has previously done signalong but I've been told this training is starting now."

Staff confirmed they were completing more training courses since the last inspection.

The above information meant the provider was no longer in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they recorded people's weights each month or more frequently if needed. Weights were meant to be recorded in a diary held in each person's apartment. However, we found completion of these records to be inconsistent. The service did not use weight monitoring tools to determine if onward referrals to aid weight loss or dietician input were required.

Since the last inspection, we noted overall improvements in the recording of food and fluid intake, for the care records examined. We suggested for the service to add target levels onto the paperwork to ensure that staff could easily identify if a person's intake changed or deteriorated.

Staff gave examples of support offered to people to aid healthy living through food choices and encouraging increased levels of exercise.

The service made onward referrals to speech and language therapists and dieticians in consultation with the GP to source specialist advice and assessments for people when needed. Staff and relatives supported people to access GP and medical appointments as needed with access to service vehicles.

Improvements had been made to the unmade road leading to the home, and signs had been put on the main road to aid finding their location for example in an emergency, however, the service had changed their postcode and had not shared this information with CQC. A notification was submitted following the inspection at our request.

Apartments were not wheelchair accessible, and due to steps and stairs in situ, reliant on people being able to walk in and out of their apartments with minimal staff support. The properties would not be suitable for people with complex physical disabilities. Each person's apartment contained furniture chosen with staff and relatives to meet individual needs.

The manager and deputy manager attended professional and review meetings linked to people's community team involvement. At the last inspection, the management team expressed concerns regarding their working relationship with health and social care services. This was felt to have now improved for the benefit of people living at the service.

One relative told us they would like to have more regular care reviews with the Heathers staff. The said, "We don't seem to get care reviews apart from S117 meetings. I have to initiate meeting when I have concerns."

Is the service caring?

Our findings

During our last inspection, on 1 and 2 May 2018, we found the service was not consistently caring and we rated this key question as Requires Improvement. This was because the condition of the care environment was not conducive to provision of high quality care.

During this inspection, we found there was a programme of works in place to address the condition of the care environment, and cleanliness had improved within the service. However, there remained areas of improvement still required, therefore caring remained rated as Requires Improvement.

The management of risks to people remained an area of concern. Full consideration had not been given to the environmental risks associated with having construction works and unfamiliar people on site, and the impact this could have on the privacy, dignity and safety of people living at the service.

Relatives gave feedback on the improvements to the care environment. One relative told us, "In general they have upped their game. Lots of improvements. The exterior is safer and they are doing up [Name] apartment. It's been a long time coming. A vast improvement. To be fair it has always been clean, it was the state of disrepair that was the problems. However, another relative told us, "I'm frustrated that the apartment hasn't been redecorated yet."

From observations of staff interaction with people, staff treated people with dignity, care and respect and were familiar with each person's support needs and preferences. We observed staff knocking on apartment doors before entering. Staff supported people to make sure they were well presented before leaving their apartments and dressed appropriately for weather conditions when accessing the community.

People were encouraged to access the local community with support from staff or relatives. The management team were clearer of commissioned one to one or higher levels of support funded by the local authority. This was an improvement since the last inspection. Staff told us the level of activities had improved since the last inspection, and they linked this to improvements and stability of staffing levels.

We received variable feedback regarding activity levels from people's relatives. One person told us they had made multiple suggestions to the registered manager regarding the types of activity available in the local area. One relative told us, "the on-site activities room is still not functional... I gave them a lamp projector and a bubble machine but they are still in their boxes, not used". There's "no project manager for activities". Another relative told us about home visits arranged with staff support. They said, "It's lovely to have [Name] on home visits now my [Name] can't drive. Two carers come with [Name] who are very, very good.

We saw staff position themselves to be at eye level with people when speaking with them. Staff called people by their preferred name, and adapted their communication techniques and approaches to accommodate people with communication and sensory difficulties. Since the last inspection, staff told us they had completed signalong training to aid communication. Staff gave reassurance and emotional support to people when they showed signs of distress or feeling unwell. We observed the management of

incidents involving people within the grounds of the service. Staff and the management team were quick to respond and de-escalated situations effectively. Medicines were offered to assist people to when experiencing episodes of distress, but this was as a last resort when de-escalation techniques had been tried.

We observed people using technology to listen to music as a means of aiding relaxation and de-escalation during times of distress. Staff sourced replacement equipment to reduce the risk of people's access to equipment being delayed if damaged or broken.

Staff encouraged people to maintain contact with their relatives and staff told us they spoke regularly with relatives. Regular community meetings had been introduced since the last inspection. These meetings offered people the opportunity to raise concerns or share feedback with support from staff. Staff told us the meetings had improved relationships between people living at the service, as meetings were held in people's apartments. As a result of the meetings, staff gave examples of where people had increased their levels of social contact with each other, choosing to watch films together. Previously, social interaction on site did not really happen.

Both relatives told us they knew how to make complaints, and felt comfortable to raise any concerns as needed. However, we did receive feedback that the relatives did not always find members of the management team very approachable. From our discussions with relatives, dependent on the nature of concern, they would sometimes liaise directly with care staff to ensure issues were addressed. Relatives questioned why family meetings were not offered by the management team. One relative told us, there has been "no invitations to family meetings for 2-3 years."

One relative told us they felt the wider Jeasal provider organisation should have met with families after the last inspection to provide reassurances about the action being taken to address the concerns identified. They told us, "I was shocked that Jeasal did not tell me that they were in special measures. I needed reassurance that they were acting on the inspection findings".

Staff supported people to maintain choice, control and involvement in their care and daily routine. The updated care records did not consistently demonstrate that staff discussed care plans with people and their relatives to ensure incorporation of opinions into the development of the plans. The relatives we spoke with told us they had not been involved in the development or review of care plans.

People had personal effects in their bedrooms and choice over what to watch on television or what music they wished to listen to. We saw a positive example of maintaining a person's choices and preferences. One person had moved into another apartment while construction work was completed on their usual apartment. To maintain personal preference for accessing a bath, the contractors had temporarily moved the bath into the apartment. However, care records did not demonstrate that temporary moves and their associated impact had been assessed by staff or discussed with people and their relatives.

Updated care plans indicated people's individual preferences for showers or baths. Staff placed value on completion of regular personal hygiene tasks to maintain people's comfort and dignity particularly where people experienced difficulties with continence management. Overall recording of daily tasks completed with people had improved since the last inspection. The improvements being made to the service should address the condition of the care environment and once completed, will improve people's overall quality of care.

Is the service responsive?

Our findings

During our last inspection, on 1 and 2 May 2018, we found the service was not consistently responsive and we rated this key question as Requires Improvement. This was because people were not consistently able to access community activities. The service did not source feedback from people or their relatives. The management team had not completed a full review of people's care records.

During this inspection, we found improvements had been made to the level of community activities people were accessing. Further work was needed to encourage feedback from relatives. We therefore continued to rate responsive as Requires Improvement.

Some care records remained out of date since the previous inspection. Concerns therefore remained that aspects of care plans still did not link with risk assessments. From the care records reviewed, these lacked evidence to demonstrate being written collaboratively with people and their relatives. Where people's plans were updated, these demonstrated a much clearer knowledge of people's needs and preferences than when we last inspected. These plans contained up to date profiles, listing people's likes and dislikes, and the skills and attributes they preferred in care staff.

People's care records did not document discussions with relatives or people, where appropriate in relation to end of life care planning. Staff had not received end of life care training and did not appear to have the skills and confidence required to have such conversations. We observed during this visit and at the previous inspection, that one person living at the service regularly spoke about a deceased relative. A suggestion from the last inspection was for staff to be able to access 'provision of end of life training, designed for staff working with people with learning disabilities and autism.' We would ask the management team to give this further consideration.

Community meetings were now in place for people living at the service. However, the service still had not put family meetings in place or developed ways of accessing feedback from relatives. There remained an expectation that relatives needed to approach the service if they wished to raise any concerns rather than being offered alternative opportunities.

Both relatives we spoke with confirmed that they would raise any concerns or issues with the management team as needed. The service had received one recent complaint. This related to concerns raised by a person's relative that the service had not shared the ratings from the last CQC inspection with families. We discussed this matter with the registered manager during the inspection. The complaint had been dealt with in line with the service's policies and procedures, and the registered manager acknowledged lessons learnt and plans for handling similar situations in the future. However, from the evidence reviewed and subsequent contact with this relative, the complaints record did not demonstrate that the concerns had been escalated to the wider Jeasal provider organisation.

Since the last inspection, staff told us they felt more confident to raise concerns and make complaints with the management team without fear of reprisals. This was an area of concern in relation to the culture of the

service during the last inspection. Regular staff meetings were now in place since the last inspection. This offered staff a forum to give feedback.

Staff provided group and one to one activities, and trips into the community such as countryside walks and meals out. Staff told us about people's access to activities during the evenings and at weekends. Improvements in staffing levels and stability was a contributing factor in the level of community access achieved. Staff had plans to develop use of an outbuilding into an activity workshop, and cinema, but this was not in place at the time of the inspection.

Relatives told us the level of activities and time spent in the community had improved since the last inspection, but there was still room for further improvement. Care records contained weekly activity programmes, and some people had pictorial daily planners in their bedrooms so they knew what activities they would be attending each day.

Is the service well-led?

Our findings

During our last inspection, on 1 and 2 May 2018, we found the service was not well-led and we rated this key question as Inadequate. There were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to good governance. There was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 relating to notifications of incidents not being submitted to CQC.

During this inspection, we found ongoing concerns around the running of the service and the quality of governance arrangements in place. We continued to identify examples of incidents that had happened, that the service had not notified to CQC. The service therefore remains rated as Inadequate for well-led.

The management team had provided assurances to CQC each month, through their improvement plan that environmental risks such as unsecured furniture had been addressed. This was not in line with our findings during this inspection.

Whilst it was positive that works were being completed to improve the overall condition of the service, the management team had not ensured environmental risk assessments were in place for each person living at the service. Recording of incidents and accidents remained an area of concern. Forms lacked detail, yet were completed and signed off by members of the management team. The process did not keep a record of next steps and action taken by the management team to address risks and mitigate reoccurrence.

The service had a registered manager who had been in post since December 2017, and had completed their CQC registration since the last inspection. However, we identified that their completion rates for the service's mandatory training in key areas had expired. This included safeguarding, health and safety and infection prevention control, first aid, Mental Capacity Act and Deprivation of Liberty Safeguards and Mental Health Act training.

The management team had not implemented quality audits or regular monthly evaluations of care records, infection control and medicines management. Completion of quality audits was an area of concern from the last inspection. The management team continued not to have mechanisms in place to monitor the quality of care provided to people, to ensure this was to a consistent standard. The management team had started to complete walk rounds and out of hours visits, but these processes were in their infancy at the time of this inspection.

Staff told us there had been improvements to the level of information discussed during shift handover meetings, with a new sheet for staff to fill out. However, some staff told us that communication between staff still needed to be improved. We identified that not all staff had read the care records for those people whose risk assessments and support plans had been updated. There were sign off sheets in each folder and feedback sheets for staff to suggest additional information to be added to plans. Completion of the sign off sheets and daily records by staff was not being audited by the management team.

We noted the documentation relating to people's care and support was recorded in multiple locations. This could impact on ease of completing quality audits. This was a point discussed with the registered manager and director of community services during the inspection.

The provider demonstrated awareness of staff performance management processes and gave examples of procedures being implemented to address concerns in relation to individual staff members performance. However, we did note that some key information was not being shared with the registered manager by the main HR department. We also identified concerns in relation to the HR recruitment processes in place. This did not provide us with assurances that HR processes were consistently followed.

From the data provided, staff continued not to have up to date annual performance appraisals in place. This would offer another means for the management team to monitor and improve staff and service performance.

The management team had provided assurances to CQC each month, through their improvement plan that each person's care plans and risk assessments had been reviewed and updated to ensure accurate and current documentation was in place for staff to follow. We were very concerned to find that not all care records had been reviewed and updated as advised. This did not provide us with the required level of assurance that the management team recognised the risks and accountability linked to this aspect of the service improvement plan.

The above information meant the provider remained in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We identified examples of incidents that were not submitted as notifications to CQC. This was an area of concern identified during the last inspection. The nature of incidents included safeguarding alerts, changes to the running of the service linked to the refurbishment and construction works. The service had not updated us of the change to their postcode. Notifications were submitted retrospectively to CQC at our request.

The above information meant the provider remained in breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

Each person's care records were stored in their apartments, with additional information held securely in the main office which was kept locked. This meant that information was only available to people authorised to see it and protected people's privacy. Relatives gave feedback on improvements to the storage of people's records, and improved condition of the staff office. One relative said, "Paperwork was a hell of a mess, things seem a lot tidier in the office."

Staff told us they worked closely as a team, to offer high and consistent standards of care to the people living at the service and their relatives. Staff morale had improved since the last inspection, and staff spoke positively about their relationship with the management team. Staff told us the managers had an open-door policy and offered hands on support when onsite. Staff told us the culture within the team had changed, and they felt more confident to raise concerns to the management team. Staff told us they felt their workload was distributed fairly, with staff helping each other when needed to ensure people received consistent levels of care.

Staff told us they were getting regular breaks during each shift, and this was being monitored by the management team. Staff raise concerns that there was not a designated staff area with seating. The

management team told us this was being considered.

Staff demonstrated awareness of the service's whistleblowing process to enable them to report concerns or areas of unsafe practice. Staff told us they felt confident to raise any concerns without fear of reprisals, this was an area of improvement since the last inspection. There were no whistleblowing concerns under investigation at the time of the inspection.

The service had good links with other care homes within the wider organisation, and relationships with health and social care professionals was continuing to improve since the last inspection.

The management team had introduced resident meetings since the last inspection as a means of sourcing feedback from people living at the service. This offered the management team opportunities to make improvements to the service. Staff told us the resident meetings offered people opportunities to interact socially as the meetings were held at each other's apartments.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The care provider had not ensured incidents and safeguarding concerns had been notified to CQC.

The enforcement action we took:

Conditions placed on the provider's registration to remain imposed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People were not consistently receiving care and support within the principles of the Mental Capacity Act and in line with Deprivation of Liberty Safeguards.

The enforcement action we took:

Conditions placed on the provider's registration to remain imposed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Environmental risks to people were not well managed. The care provider did not complete medicine audits. The care provider did not have robust HR processes in place.

The enforcement action we took:

Conditions placed on the provider's registration to remain imposed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The care provider did not have good governance processes and procedures in place. They were not completing quality audits in relation to areas of care such as medicines management and completion of care records.

The enforcement action we took:

Conditions placed on the provider's registration to remain imposed.