

# Blue Opal Limited

# The Meadows

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on the 10 and 17 January 2019. The first day was unannounced and the second day was agreed with the registered manager. This service was last inspected in August 2017 and found to be rated good in all five key questions.

We brought forward this comprehensive inspection because we had received a number of concerns from anonymous sources which indicated that there were not always sufficient staff with the right skills; that new staff had been recruited without their full checks and references being in place; people were not always getting the service they had been assessed as needed, and specifically that some people were not being supported to go out into the community. During our inspection we identified some of these concerns were founded.

The Meadows provides care for up to 14 people with a learning disability and associated conditions such as autism and mental health conditions. On the day of our inspection there were 12 people living at the service.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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.

We checked the service was working in line with 'Registering the Right Support', which makes sure services for people with a learning disability and/or autism receive services are developed in line with national policy - including the national plan, building the right support - and best practice. For example, how the service ensured care was personalised, how people's discharge if needed, was managed and people's independence and links with their community.

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. This was compromised when staffing levels fell due to staff leaving or staff sickness. This was because people were not always able to go out into the local community as they had been assessed as needed one to one support or two to one support to keep them safe. However the registered manager had tried hard to ensure that people did get to go out for their activity days.

We received information of concern which said there were not always enough staff with the right skills. We

also received information from two healthcare professionals who said they were not assured staff always had the right training to keep themselves and people safe. This included breakaway training (safe techniques used when someone presents with challenging behaviours which places themselves and or others at risk). We found there had not always been staff in sufficient numbers and with the right skills. The service was currently dependent on agency staff to fill some gaps. Of three agency staff we spoke with on the second day, none said they had received training in breakaway techniques. We saw a new person had been admitted with high support needs. The staffing rota had not been changed since their arrival despite them being assessed as needing a significant portion of each day in a one to one staff ratio.

Some staff had not been trained in administering rescue medication for people with epilepsy. One staff member confirmed they had not been trained but did take the person out into the community without other trained staff. This placed the person at risk. We gave immediate feedback about this and the registered manager said they would ensure training was sourced as soon as possible.

We received information of concern about new staff starting work before all their references and checks had been received. We found that recruitment practices were not robust and did not fully protect people.

Staff understood about abuse and who they should report any concern to. The registered manager understood their responsibilities to work with commissioners and safeguarding teams to keep people safe.

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.

People's healthcare was monitored and actioned when needed. Their nutritional and hydration needs were met to ensure they had a balanced diet.

The service was clean and adapted to suit people's needs. Some improvements were needed to ensure the environment was refurbished and this was work in progress.

The management approach was open and inclusive. There were and a range of ways used to gain the views of people, relatives and staff.

Audits and checks were established for quality monitoring of the records, the environment and care and support being delivered. However, they failed to identify the areas for improvement that we found during this inspection

We have issued four requirements on health and safety, safe recruitment, good governance and staffing levels. We have also made two recommendations about restraint practices and people being involved in activities of daily living.

Further information is in the detailed findings below.

## 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.

There were not always sufficient staff with the right skills to ensure people's safety and comfort at all times.

One medicine needed in an emergency was out of date. Directions on when this medicine should be used were unclear.

Some improvements were needed in the way in which risks were documented. This was being addressed.

People were not protected because recruitment was not robust.

Staff understood about abuse and who they should report any concerns to.

### Is the service effective?

**Good** ●

The service was effective.

The provider was committed to maintaining a homely environment. This was work in progress and some improvements were needed for some communal areas and the gardens.

Staff training was being planned to ensure all key areas of health and safety were covered for all staff.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made to the DoLS team and best interest decisions were being made where people lacked capacity.

People were supported to maintain their health and wellbeing and their nutritional needs were well met.

### Is the service caring?

**Good** ●

The service was caring.

People and professionals said staff were caring.

Individualised care for people was promoted and embedded into everyday practice.

Staff relationships with people were strong, caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

### Is the service responsive?

**Good** ●

The service was responsive.

Care plans contained information to help staff support people in a person-centred way and care was delivered in a way that best suited the individual. These were being developed further to make them easy read and more person centred.

People's social needs were met and they were encouraged to follow their interests.

There were regular opportunities for people and those that mattered to them, to raise issues, concerns and compliments.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well led.

The governance systems had failed to identify the safety issues we found. Swift actions were taken to mitigate risk, but these should have been identified by the providers own systems and checks.

People's views were sought in reviewing the quality of care and support being delivered.

# The Meadows

## 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.

The inspection was completed on 10 and 17 January 2019 and was unannounced on the first day. We brought forward this comprehensive inspection in light of receiving a number of concerns. It was completed by one adult social care inspector, a pharmacist inspector, a specialist advisor who was a nurse in learning disabilities and an expert by experience. An expert by experience is someone who has had direct experience or their relative had used registered services such as care homes. On the second day one adult social care inspector returned to review records and speak with staff.

Prior to our inspection, we looked at all the information available to us. These included statutory notifications sent by the service, any safeguarding alerts and information sent to us from other sources such as healthcare professionals. A statutory notification is information about specific notifiable events which the service is required to tell us about by law.

We also reviewed the service's Provider Information Return (PIR). This is a form that is completed at least annually. It asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with eight people. However, some other people were not able to comment specifically about their care experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who cannot always communicate their needs and wishes. We spoke in depth to the registered manager, regional manager, team leader, six care staff and the maintenance person, we received feedback from three healthcare professionals.

We looked at four care files including risk assessments, care plans and daily records. We reviewed 12 medicines records, three recruitment records and a variety of records relating to the auditing of the

environment and quality of care.

# Is the service safe?

## Our findings

Not all aspects of the service were safe.

People gave a mixed response when asked if they felt safe living at The Meadows. One person said that they did not feel safe there, due to the nature of other people's challenging needs. One person said they felt safe some of the time but did not feel confident in making any concerns known. One person said that they felt safe and said they have "A fire bell and fire doors here, which makes me feel safe."

We received two concerns via our have your say webpage detailing that new staff had not always had their full checks and references back before they started work at The Meadows. We reviewed the recruitment files of the three newest recruited staff. We found recruitment processes had not been robust. One person had been employed before their Disclosure and Barring (DBS) checks and references were back. A DBS check helps employers to make safer recruitment decisions. People barred from working with certain groups of people, such as vulnerable adults, are identified during these checks.

Two other staff only had one or no references back and they were working as part of the staff team. This meant the service could not be assured they had fully explored the reasons staff had left previous employment where they worked with vulnerable people, as detailed in schedule 3 of the Health and Social Care Act. The regional manager said this was not in line with company policy, but that since our first day of inspection the registered manager had obtained the missing references. The regional manager said they were alerted to the fact one person worked without their DBS check back. She asked the registered manager to remove this staff member from the rota until all their checks were back. This placed people using the service at potential risk as the provider had not ensured people were fully protected from the exposure of being supported by unsuitable staff.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection, we looked at the systems in place for managing medicines. We spoke to staff involved in the governance and administration of medicines, observed medicine administration, looked at Medicines Administration Records (MARs) and care plans for seven people. Staff managed medicines in a way that did not always keep people safe.

We observed that the temperature of the room used to store medicines was above 25° Celsius. Records of temperature monitoring were not regularly completed and staff could not provide assurance that all medicines were safe when stored at this temperature.

People living at The Meadows were encouraged to take their own medicines where a risk assessment showed it was safe for them to do so. However, one person administered all their own medicines. There was no evidence of a self-administration risk assessment or support plan for this person. Staff supplied enough medicine for one week. This process of secondary dispensing was not risk assessed to make sure it was safe



and that the person had the correct administration instructions.

One person living at The Meadows, was prescribed an emergency medicine to be used during prolonged seizures. There was a protocol for using this medicine in the person's care plan that had been written by the epilepsy specialist team at the mental health trust, this differed to the information on the MAR. Not all staff were trained to administer this medicine, including those who accompanied this person when away from the service. The medicine itself was out of date. This meant that administration of this medicine may be delayed and may not have been effective. This increased the risk of harm to this person from prolonged seizures.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following feedback on the first day, the registered manager said they had organised for staff to have training on administering emergency medicines.

We saw that one person was refusing to take their medicines on the day of inspection. One staff member told us "If she doesn't take her medicines, she doesn't go out". There was guidance dated from 2017 to help staff administer medicines later. But this did not indicate which medicines were the most important to take or actions that could be taken to support this person to take their medicines, for example approach by a different member of staff.

Medicines were ordered, stored and disposed of safely. Staff supported people to take their medicines as they preferred. Some people liked to have their medicines given in the medicines room, whilst others preferred to take their medicines in their bedrooms. Staff signed MARs when people had medicines administered or recorded a code if a medicine was not given. Guidance was available to help staff decide when it might be appropriate to administer a when required medicine. Medicines used to help a person's behaviour, were included as an option in people's behaviour management plans.

Outcomes from the monitoring of certain medicines was recorded in people's care plans and people were supported to have reviews of their medicines. Easy read information about people's medicines was available.

Medicines errors were recorded and reported to the registered manager. Staff told us of an example where interruptions while staff were preparing medicines led to an administration error. This led to a notice being developed for the medicines rooms door to let people know that medicines were being prepared and staff may not be able to respond immediately.

We received concerns about the service not having sufficient staff on duty and this impacting on people's wishes to go out into the community. We also heard from two healthcare professionals that they did not feel assured that all staff had the right training and skills to work with people with complex needs and behaviours which challenge.

Three of the agency staff working on the second day we inspected, said they had not received training in breakaway techniques (safe techniques used when someone presents with challenging behaviours which places themselves and or others at risk). Some of the newer staff employed by the provider had also not had this training. This exposed staff at the service at risk of providing unsafe support and people using the service at risk of receiving support that may be unsafe or escalate their challenging behaviour.

We saw a new person had been admitted to the service with high support needs. The staffing rota had not been changed since their arrival despite them being assessed as needing a significant portion of each day in a one to one staff ratio. The regional manager explained that the person's core fee allowed for a one to four staffing ratio. However, there were most people who had been assessed as needing between four to 14 hours per day of additional one to one support. The rotas showed there had been five or six care staff and one team leader. There were two floating staff who worked a shorter day on some but not all of the days. Some shifts had fallen short of this amount when there had been sickness and agency were unable to cover. This evidenced there were insufficient staff on these days to meet people's assessed needs. Following feedback the provider said the registered manager and deputy could and do help when core staffing levels were below the assessed levels.

Two people told us there were not enough staff to meet their needs. One said they were "Getting really fed up with the number of agency staff, because they were not drivers." They said this impacted on some activities and the time they could be out. They said, "Yesterday I felt very rushed on my trip home because the agency staff member needed to be back."

Staff said there had been days when they did not feel they had sufficient staff for the number and needs of people. They said they tried their utmost to make sure people had their planned activities out and about in the community. However, for those remaining at the home, we observed low and poor levels of interaction with staff. We were made aware that care staff were also responsible for cooking and cleaning, but were assured by the provider that this was not a reason they did not have time to interact with people. Some people needed to remain in sight of line of staff, but found staff constant presence invasive. This meant some staff were allocated to oversee people and ensure their safety so they could not leave the lounge or other communal areas whilst doing this.

We concluded there were not always enough staff on shift per day with the right skills to meet people's needs safely.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following feedback, the regional manager said the registered manager did not have to wait for the company to increase staffing levels if a new person had been admitted with additional support needs. They reviewed the rota and included one additional staff member for each shift. They also sourced breakaway training, epilepsy training and training in administering emergency medicines for the near future.

Risk assessments identified key risks, but there was not always documentation or evidence to show how these had been reviewed. Risk assessments included risk to accessing the local community, falls and moving and handling. The provider was introducing new documentation around risk assessments. This was robust in nature and gave a clear analysis of likelihood and severity of risk together with the frequency and classification of risks to be managed. This risk assessment did include the 'process'. The format of risk assessment proposed and sought to support individuals together with maintaining the safety of the individual & others when it is required positively intervening. This allowed for a team approach and opens up discussion about the person's risk. It was seen as both enabling and empowering to people allowing for 'positive risks' to be taken safely.

Staff understood what abuse was and who and when they may need to report any concerns. Staff confirmed they had completed on line training in understanding abuse and that there were policies and procedures

they could access if needed. The registered manager understood their role in the safeguarding process. There had been safeguarding alerts raised by CQC. On each occasion the information had been shared with the registered manager and a response given. The issues identified within these alerts were similar to those we have identified as needing improvement in this inspection, staffing levels and staff training.

Emergencies were planned for. For example, people had individual evacuation plans in the event of a fire. Regular fire safety checks were being done, including testing of alarm bells. Fire equipment such as extinguishers had been serviced and maintained on an annual basis. The maintenance person explained that prior to them taking over some three months ago, some of these checks were not being done, but following advice from Devon Fire and Rescue Services and an independent fire risk assessment, they now had the right information about which checks were needed and the frequency of these.

Accidents and incidents were being monitored for any trends. For example, where behaviours had escalated for a person the registered manager had talked with their local learning disability specialist team about how best to support the person through a difficult mental health period.

The service was clean and mostly free from odour. There was some low-level odour of urine in the lounge area. Staff said that as care staff, it was part of their role to keep the home clean and free from the risk of infection. Much of the cleaning was completed during the night. Staff confirmed they had a supply of gloves and aprons when needed for the protection of any cross infection. Staff received training in infection control, although some newer staff were yet to have this training. The registered manager said they were looking at training for this year and would ensure that all key health and safety training was up to date for all staff.

## Is the service effective?

### Our findings

People did not comment on whether they believed the service was effective in meeting their needs. However, some people did comment that they were supported to visit their GP and other healthcare appointments. Two people said that staff made relevant appointments for them to see their GP, health professionals or dentist and one person said, "Staff sort it out'." Another person said they saw the chiropodist out of the home when they needed to and that the other people saw the chiropodist in the home on a regular basis. It was clear from the care files and daily records people's health care needs were being closely monitored and reviewed. People had Health Action Plans, and Hospital Passports which were completed and in date. The Health Action Plan had a running diary of appointments and the GP was consulted on a regular basis with a firm outcome from the persons visit/ appointment. There was also evidence of participating in national health screening facilitated i.e. cervical cytology, mammograms. There was evidence of attending health appointments at the hospital and people were known to the Liaison teams. Opticians dental and podiatry appointments were documented as in date and attended.

Healthcare professionals confirmed the service did refer to them and consulted on issues of complex needs. One commented that there had been a long delay in getting information from the service about positive support plans, but confirmed they were working with the service to look at ways of reducing the person's anxiety and associated behaviours.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA.

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).

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. Two people whose care files we reviewed had received their best interest assessments and they had a DoLS in place and authorised. One person had a DoLS in partnership with a MHA 117 aftercare which was good practice. (Some people who have been kept in hospital under the Mental Health Act can get free help and support after they leave hospital. The law that gives this right is section 117 of the Mental Health Act, and it is often referred to as 'section 117 aftercare'). We saw evidence of an active challenge put in against a DoLS and the use of an independent mental health advocate. (IMCA.) One person had challenged their DoLS and had a solicitor to act on their behalf. The meadows were supporting people to meet with making these challenges.

The DoLS reflected their care plan and included 'restraint'. However, we did not see where this had been prescribed by a medical practitioner. The service does have their own consultant psychiatrist who oversees people's needs, however there was no documented evidence they had been consulted in respect of restraint.

We recommend the service ensures best practice is followed in respect of restraint and ensuring where this is being used that this has been agreed as part of people's support plan and in line with a prescribing practitioner's advice and guidance.

Staff were aware of who had an authorised DoLS in place and how they needed to support people to give maximum choice. During our inspection two people had visits from advocates. It was clear the service ensured people were supported to express their views. One paid representative said the person they had visited was settled and appeared to enjoy living at The Meadows. They commented on how engaged the person had been in their meeting, stating their choices and giving their views, something they had not done in the past.

Staff new to care were offered and encouraged to complete the Care Certificate. This is a national set of standards which helps new staff to understand the principles underlying good care. In addition, new staff were given opportunities to shadow more experienced staff until they were familiar with the running of the home and the systems being used.

Not all staff had received training to ensure they were effective in their role. However, the registered manager had following the first day inspection feedback, addressed this. They had organized for staff to receive breakaway training and emergency medicines in epilepsy training. She confirmed they were looking at their training matrix and ensuring there were courses booked throughout the year in all key areas of health and safety as well as more specialist training. The regional manager said all staff were encouraged to complete national qualifications in care, but funding for this was limited.

Staff were supported to review their practice via one to one supervisions. The register manager said they had delegated some of this work to team leaders so there may have been some gaps. The service aimed to offer one to one supervision every eight weeks. Forms completed showed staff were offered an opportunity to discuss their needs and future training to help them do their job effectively.

People were supported to ensure their nutritional and hydration needs were met. People were asked each Sunday at a meeting what meals they would like for the following week. A shared agreed menu was devised and the service ordered the shopping to be delivered the following day. People were offered alternatives if they did not like the menu choice. The registered manager said people were also offered the opportunity to shop and prepare meals independently if they wished, but most had chosen to share menus and help with the preparations on a rota. Two people said, "The food's okay", one person said, "Food is alright, I live on salad, sandwiches or chicken soup" and they also liked the barbecues and party food when it's someone's birthday. One person said, "Food is okay I get enough, but sometimes it's cold." Two people said they didn't like the food, but did not give any reason why or what they would have preferred.

The Meadows had been adapted to meet people's needs. For example, there was a lift to the first-floor rooms. Signage had been used to help people identify where toilets were. for example. However, the outside of the building and garden areas had been neglected. Some of the communal spaces looked tired and in need of refurbishment. The regional manager explained they had a programme of refurbishment and this including updating some of the bedrooms. The under-floor heating needed replacing and they were aware of the gardens needing some work and were seeking quotes. They gave assurances that the provider was willing to invest and bring the property back up to a good standard.

## Is the service caring?

### Our findings

Most people felt staff were kind and caring towards them. One said, "Yes they come and help a lot." Another said, "It's all good fun with (staff name), we have fun singing", "I have a good laugh with (staff name) and sit down and have a cup of tea." A few people gave less positive comments. One said, "Yes they are caring, but I have to ask for it." One person when asked if staff respected their dignity said, "Not really" but did not give an example of why they felt this.

Staff knew what was important to people. They understood each person's needs and wishes and how this may impact on how they support them. Some people for example, were fixated on going out for their planned activities. Staff were aware of those who needed to know in advance when they would be going out and which staff would be taking them.

We observed examples of people's dignity and respect being upheld during the day. For example, staff knocking on doors before entering. When one person needed some support to get changed, this was done in a kind and discrete way. Personal care was delivered to people in the privacy of their own room. All bedroom had ensuite facilities.

People's individuality was celebrated. People's rooms were personalised. Some people had lots of belongings and liked to collect items of interest to them. Staff supported people's choices. Care plans described what personal care people could do for themselves and what support they needed. This helped to give people their independence.

People confirmed their friends and relatives could visit at any time, were made welcome and offered refreshments. People could choose to see their friends and families in the privacy of their room or a communal area if they wished. One representative who was visiting confirmed they were always offered the privacy to use the office to talk in private.

The service had received thank you cards detailing the caring and compassionate nature of staff. Comments included "We are very grateful for all the support and help he is getting." Another said "Where do I begin, thank you all for the care and support you gave to (name of person) and in particular in the last days of their life. Thank you again."

## Is the service responsive?

### Our findings

People gave a varied response to whether they felt the service was responsive to their needs. One person said, "Yes in some respects they are. I have been here a long time so they do understand me. I do have an issue with so many agency staff being here. Yesterday my visit home was rushed because the agency staff needed to get back." Another person said, "They do not always have enough drivers to take us out." One person said they were happy with all aspects of their care and support and said they went out "Far more than I ever did in my previous placement. I think the staff are lovely here."

People's care and support was well planned but not always well documented. People were assessed prior to admission and a pre-admission assessment was completed. This information was then used to develop a care plan to inform staff how to provide care and support in all aspects of people's needs. We did not see evidence of these plans being shared or reviewed with people or their relatives. People we spoke with said they had not been involved with their care plan. For the newest person, their plan was still work in progress, although all their key information was available to staff to read. Care plans were being revamped with more comprehensive and informative plans. These included more detailed positive support plans. The regional manager showed some examples of how they should be completed and said this was one of the services top priorities to get plans into this new format. They included some easy read plans for people to be able to access and take part in their care planning processes. This was a positive step forward and the service needed support to ensure this was being actioned in a timely way.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care plans included when staff needed to consider people's sensory needs. Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's known communication preferences. One person was described as an elective mute, but given time and patience they could talk with our inspection team about their experience of life at The Meadows. Areas of the service were sign posted with pictures, for example toilets, to help people find their way. The new care plans being introduced were in line with the accessibility standard.

People were assisted to access various social activities and events within the local community. One person said they went out far more at The Meadows than they had at previous placements. They said, "I love to go out shopping and for a pot of tea." Another person told us they enjoyed going to the local arcades to play on the two pence machines. One person went out to guitar lessons a couple of times a week. Most people went out at least twice a week for an extended period. People enjoyed being part of the local community. They used the local shops and pubs. One person told us they had celebrated their birthday with a party at the pub and had an Elvis singer which they loved.

Staff said that they were committed to ensuring people had their planned activities. One person had as part of their agreed care plan that they could not go out unless they had taken their prescribed medicines. Staff said this ensured their safety because some of their medicines were for their mental well-being. Staff said

there had been few occasions when, due to staff sickness people had not been able to go out on their planned activity. We had also received some information of concern saying people were not getting to do their planned activities. The registered manager said they were sometimes short on drivers to use the company car which meant some activities had to be changed so people who could use public transport to go out. The registered manager said they were in the process of employing more permanent staff, which would ease the situation of having drivers available.

Where staff were less responsive was for those people who did not have planned outing that day. We observed many people sitting in the lounge without much social engagement or stimulation. The registered manager said some of this was down to the fact that people were unwilling to be engaged in group or social activities, but she agreed that staff should still try to offer people the opportunity to take part in things with them. This should include activities of daily living. Most people were not interested in assisting with household tasks, but may get involved in cooking.

We recommend that the service seek advice and guidance from a reputable source about the current activity provision to promote participation and inclusion.

People had end of life care sections within their care plan, but these were not always completed. Given that most people were younger adults and may choose not to want to complete this type of plan. We heard how the service had dealt with one person's death with dignity and ensured they were supported at the end of their life. The family had sent thank you cards to say they were happy with the way the service dealt with their relative's final days.

Complaints and concerns were taken seriously. There was a written complaints policy and some people said they would be confident to make their concerns known. Others said they were not confident their views would be listened to. Most people had either family, advocates or paid representatives who could act independently on people's behalf. The service actively worked with these stakeholders to ensure the voices of people were being listened to. There had been one complaint in the last 12 months and this was documented and discussed with CQC the time the complaint was lodged.



## Is the service well-led?

### Our findings

The service was not always well-led. This was because despite having audits and checks in place, these had failed to pick up on the issues of concern we had identified. This included

- ☐ Recruitment not being robust to protect people
- ☐ Not all staff having the essential training to keep themselves and people safe.
- ☐ Medicines being out of date and the room where medicines were being stored was hot and records were not being kept of temperature monitoring.

This showed the governance system was not robust and placed people at potential risk

This is a breach of regulation 17 of the Health and Social Care Act 2008<sup>14</sup> (Regulated Activities) Regulations 2014.

The regional manager explained that they visited monthly but has daily access to most records, via their electronic system. The service have a new system called drop box, so they were able to access care plans, policies and audits. The registered manager was expected to complete a weekly update on the quality assurance processes that took place. They tried to include annual surveys to people and their stakeholders, but were running behind on these. The provider had other various ways to gain the views of people and their families. This included meetings and one to one discussions. There was evidence of staff meeting with people to discuss their ideas and suggestions for improvement. Examples of positive impact on people as a result of these meetings was menu changes and the types of outings and activities people wanted to do in the future.

There was a range of audits and checks to ensure records and the environment was kept safe and clean. For example, staff had checklists of daily and weekly tasks to keep the home clean and odour free. Checks were not being completed on hot water temperatures and window restrictors. However, following feedback, the registered manager and maintenance person set up a new check list to include all these areas. The maintenance person checked what services and contracts were needed to keep the environment safe and well maintained. This included fire safety, gas and electrical certificates. They had recently had a fire risk assessment and they had recommended some changes to fire doors, which they were actioning.

We received some information of concern that the management team did not listen to staff. However, of the staff we spoke to during our inspection visits, most felt their views were listened to. One staff member said, "I do think this manager has tried very hard to make improvements here, it's just that her hands are tied by the provider." The provider has since given feedback stating they have not prevented the registered manager from making any improvements that are appropriate to the correct running of the service. The registered manager has stated since the inspection "they had not realised they could increase staffing levels without authorisation. They now have a better understanding of this" One staff member said "I do feel we can go to the manager and she is working to make this service better."

The values and ethos of the service was to enable people to lead fulfilling lives, be as independent as possible and promote positive behaviour outcomes. They were working within best practice using British

Institute of Learning Disabilities (BILD) for some of their training and positive support plans. Staff understood the visions and values of the service and worked hard to ensure people had life experiences they chose to pursue.

It was clear there was good partnership working with GPs, local authorities and community nurses. The service had also ensured they had a community presence by using local facilities and shops.

The manager understood their responsibilities to act in accordance with regulation and to report any significant events and notifications.

The rating from the last inspection report was prominently displayed in the hallway of the service and on the providers website.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Failure to keep rescue medicines in date and provide staff with the right training placed people at potential risk. Failure to keep a record of the room temperature where medicine was being stored meant the service could not be assured medicines were not being compromised by excessive heat.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems had failed to identify staff training needs, staffing levels and records were not always completed. This placed people at potential risk
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment processes failed to demonstrate that new staff had been fully checked as detailed in schedule 3. This placed people at risk of being supported by staff who may be unsuitable to work with vulnerable people.