

New Directions (St. Leonards On Sea) Limited

Bishops Way

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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 13 January 2016. This inspection was unannounced.

This location is registered to provide accommodation and personal care to a maximum of four people with learning disabilities. Four people lived at the service at the time of our inspection.

People who lived at the service were adults with learning disabilities. We talked directly with people and used observations to better understand people's needs.

The home did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The manager of the service had been in post since September 2015. They were manager for two services within the provider group. They spent their time working between the two services. They told us they were in the process of applying to become a registered manager of this service.

Medicines were stored and administered safely and correctly. Staff were trained in the safe administration of medicines. However staff had not kept relevant records that were accurate in all cases.

Some records to include a business continuity plan and fire procedures needed to be updated. These procedures did not robustly support continuity of the service in adverse conditions or support people to safely evacuate the premises in the event of a fire.

Staff received on-going training to monitor their performance and professional development. However not all staff had attended necessary training to safely meet the requirements for their role. Measures had not been implemented to address this shortfall.

Staff had received regular supervision to monitor their performance and development needs. However supervision records did not provide detail of staff performance and development needs and evidence of progress in meeting these needs.

Staff did not consistently responded to people's individual needs and support people to meet their individual goals and aspirations. The provider had obtained people's feedback about the service. However they had not routinely evaluated the feedback and recorded their actions in response to this feedback to develop the service and meet people's individual needs.

There were audit processes in place to monitor the quality of the service. However, audits were not sufficiently robust. Shortfalls we found on the day of the inspection for medicines and maintenance issues had not been identified as part of the provider's audit process. There was no service improvement plan in

place to determine how the service would continuously develop and improve.

People's care plans were reviewed with their participation and relatives were invited to attend the care reviews and contribute. However not all care plans were up-to-date to reflect people's most current care and support needs.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns.

Risk assessments were centred on the needs of the individual. Each risk assessment included clear control measures to reduce identified risks and guidance for staff to follow to make sure people were protected from harm. Risk assessments took account of people's right to make their own decisions.

Accidents and incidents were recorded and monitored to identify how the risks of reoccurrence could be reduced.

There were sufficient staff on duty to meet people's needs.

There were safe recruitment procedures in place which included the checking of references.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager understood when an application should be made and how to assess whether a person needed a DoLS.

Staff supported people to have meals that met their needs and choices. Staff knew about and provided for people's dietary preferences and needs.

Staff communicated effectively with people, responded to their needs promptly, and treated people with kindness and respect. People were satisfied about how their care and treatment was delivered. People's privacy was respected and people were assisted in a way that respected their dignity.

People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities.

People were provided with accessible information about how to make a complaint and received staff support to make their views and wishes known.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Some records to include a business continuity plan and fire procedures needed to be updated. These procedures did not robustly support continuity of the service in adverse conditions or support people to safely evacuate the premises in the event of a fire.

Medicines were stored and administered safely and correctly. Staff were trained in the safe administration of medicines. However staff had not kept up-to-date records in all cases.

Staff understood how to identify potential abuse and understood their responsibilities to report any concerns to the manager or to the local authority.

Staffing levels were adequate to ensure people received appropriate support to meet their needs.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Not all staff had attended necessary training to safely meet the requirements for their role. The manager told us that some staff had not attended training when required to ensure effective care was provided. Measures had not been fully implemented to address this shortfall.

Staff had received regular supervision to monitor their performance and development needs. However supervision records did not provide detail of staff performance and development needs and evidence of progress in meeting these needs.

People had access to appropriate health professionals when required.

Is the service caring?

Good ●

The service was caring.

Staff listened to what they had to say and provided care with kindness and compassion.

People were treated with respect and dignity by care staff.

Is the service responsive?

The service was not consistently responsive.

Staff did not consistently responded to people's individual needs and support people to meet their individual goals and aspirations.

The provider had obtained people's feedback about the service. However they had not routinely evaluated the feedback and recorded their actions in response to this feedback, to develop the service.

People were encouraged and supported to develop and maintain relationships with people that mattered to them.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

There were quality assurance systems in place to drive improvements to the service. However audits were not always sufficiently robust to identify shortfalls and develop the service.

The home did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The manager was in the process of applying for this registration.

Requires Improvement ●

Bishops Way

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 undertaken by one inspector. We checked the information we held about the service and the provider. We reviewed notifications that had been sent by the provider as required by the Care Quality Commission (CQC).

Before an inspection, we ask providers 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 took this into account when we made the judgements in this report.

During our inspection we spoke with the manager, the deputy manager and two members of staff. We spoke with three people who lived at the service. We made informal observations of care, to help us understand people's experience of the care they received. We looked at two care plans. We looked at three staff recruitment files and records relating to the management of the service, including quality audits.

Is the service safe?

Our findings

People said they felt safe at the home. One person told us that they had recently been bitten by a dog whilst staying with their family. They told us they had talked with staff about the dangers of stroking dogs they did not know. As a result of staff support and assistance they had realised what they would do differently to stay safer when handling dogs in the future. One person explained to us that they needed the support of two people when taking a shower to reduce the risk of falls. They were clear on the potential risks and how staff supported them to stay safe.

The provider did not have accessible materials available to people visible within the home to support people to understand how to keep safe and what to do in the event they felt unsafe or at risk of abuse. This is an area that could be improved.

People were supported to take their medicines by staff trained in medicine administration. Records showed that staff had completed medicines management training. All Medicine Administration Records (MAR) were accurate and had recorded that people had their medicines administered in line with their prescriptions. A staff member told us that if people declined to take their medicines they would record this and follow people's individual protocols. For one person they knew to contact the NHS Helpline if the person refused to take their medicines for 2-3 days as this could negatively affect their health. The MAR included people's photograph for identification. Information on individual methods to administer medicines to people were clearly indicated. The manager carried out audits to ensure people were provided with the correct medicines at all times.

The manager told us any medicines incidents were recorded and investigated by them. There was a protocol in place when staff made a medicines error. Staff competence was re-assessed to ensure they remained competent to undertake this role and to ensure they had learned from the incident. However, we found where someone needed support to administer an injection, staff had stopped recording that injections had been given to them in November 2015. We asked the deputy manager why this was the case. They spoke with the staff member who said that they could not find the required forms to record the information, so had stopped recording this. They said that the person continued to have their injection as normal. This shortfall in records had not been identified as part of the provider's audit. The provider could not demonstrate that the person had their injection in line with their individual health guidelines.

There was a business contingency plan that addressed possible emergencies such as extreme weather, infectious diseases, damage to the premises, loss of utilities and computerised data. However this was not up-to-date. Therefore procedures were not sufficiently robust to ensure the service would continue safely using contingency measures in the event of unforeseen emergencies.

Personal Emergency Evacuation Plans (PEEP) were in place. The PEEPs identified people's individual independence levels and provided staff with guidance about how to support people to safely evacuate the premises. Evacuation drills were completed monthly to support people and staff to understand what to do in the event of a fire. All staff had attended fire safety training. The fire alarm was tested weekly and all fire

equipment was serviced every year. The deputy manager told us that fire procedures available to inform people what to do in the event of a fire needed to be updated. These procedures did not robustly inform and support people to safely evacuate the premises in the event of a fire.

The lack of available and accurate records and lack of robust auditing of medicines are a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Two members of staff stayed to support people overnight which meant emergencies could be responded to promptly. This system also ensured that people were able to access advice, support or guidance without delay. All electrical equipment and gas appliances were regularly serviced to support people's safety.

Policies and procedures were in place to inform staff how to deal with any allegations of abuse. Staff were trained in recognising the signs of abuse and were able to describe these to us. Staff understood their duty to report concerns to the manager and the local authority safeguarding team. Records showed staff had completed training in safeguarding adults. Safeguarding incidents were reported to the local authority and investigated. There was a whistleblowing policy in place. Staff told us they would not hesitate to report any concerns they had about potentially poor care practices.

There was an adequate number of staff deployed to meet people's needs. The manager completed staff rotas to ensure that staff were available for each shift. There was an on-call rota so that staff could call a duty manager out of hours to discuss any issues arising. The manager was in the process of recruiting two new night staff. Staff from the existing team were working extra shifts to ensure people were provided with continuity of care. Staff we spoke with had no concerns about staffing levels at the home and were willing to do overtime until the new staff were recruited into post.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable to work with people who needed their support.

Records of accidents and incidents were kept at the service. When incidents occurred staff completed physical injury forms, informed the manager and other relevant persons. Accidents and incidents were monitored to ensure risks to people were identified and reduced. One incident recorded where an altercation took place between two people at the service. The manager reviewed this incident and ensured that the seating arrangement was changed to ensure both people had personal space and staff were positioned to safely de-escalate future incidents. These risk management measures were taken to reduce the risk of future incidents occurring.

Care records contained individual risks assessments and the actions necessary to reduce the identified risks. Care plans were developed from these assessments and where risks or issues were identified, the manager sought specialist advice appropriately. One person had a risk assessment in place to support them to safely manage behaviours which may challenge whilst out in the community. This assessment identified the person needed two members of staff to support and supervise them at all times. Staff needed to ensure the person did not get too over stimulated by their environment or have too much information to process. This could prove overwhelming for them. Staff ensured the person's time was structured which helped them to manage their anxiety levels. Changes were difficult for them. Staff gave them time to process new information, were available to answer their questions and gave them lots of reassurance. These measures helped to reassure the person, reduce potential behaviours which may challenge and help keep them safe.

Is the service effective?

Our findings

People were satisfied with the support they received from staff. We observed people to have a good rapport and warm, friendly interactions with staff and the manager. We observed people were smiling and relaxed in their home. Effective communication was promoted by staff. Each person had a communication dictionary which provided staff with guidance on language people understood or used every day to support effective communications. This helped staff to talk with people in a meaningful way and better understand people's needs.

Essential training included medicines management, fire safety, manual handling, health and safety, Mental Capacity Act 2005 (MCA) and safeguarding. There was a training plan to ensure training remained up-to-date. This system identified when staff needed to complete or update their training. However, not all staff had completed refresher training in subjects such as positive behaviour support, MCA and infection control. Five staff members needed to complete mandatory training. Only 55% of staff had completed training in the MCA. The manager told us they were aware of this and would implement performance management measures where staff persistently failed to attend the required training. At the time of our inspection measures were not in place to ensure staff completed this training.

Where new staff were recruited there was no protocol in place to provide them with regular supervision. New staff with no previous experience of care work had received one supervision session with the manager in a three month period. The manager acknowledged that new staff should receive robust supervision where they were new to the role and service.

The lack of appropriate training and supervision to enable staff to carry out their roles had impacted people because staff were not always able to ensure people's activities and goals responded to their needs.

The lack of up-to-date training and adequate supervision for staff is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received regular supervision. However supervision records contained very little detail. For example, one staff member's supervision records provided no information about the fact they had not completed all training required for their role. The supervision sessions did not discuss their performance and development needs and no actions had been recorded as part of the supervision sessions. The manager told us they observed and spot checked staff whilst they delivered care and support to people. However they had not routinely recorded observations and findings from these spot checks to demonstrate how they supported staff performance and development and could demonstrate staff competence in role.

The lack of adequate and complete supervision records is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had an induction and had demonstrated their competence before they had been allowed to work on their own. A new staff member told us that they were shadowing experienced staff on each shift. They told

us they found staff to be 'very helpful' and they could ask questions when they needed to. The manager had implemented the new 'Care Certificate' training to be used with all new staff. This is based on an identified set of standards that health and social care workers adhere to in their daily working life. It has been designed to give everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. The Care Certificate was developed jointly by Skills for Health, Health Education England and Skills for Care.

Some staff had completed training in managing behaviours which may challenge. One staff member told us about how they managed an incident where someone became upset. This was because a staff member forgot to put sweetener in their drink. The staff member talked to the person calmly and advised the staff member made a genuine mistake. They explained that if they went and told the staff member they would have given them sweetener and that people make mistakes sometimes. The person acted on their advice and apologised to the staff member. The person was given praise and encouragement to reinforce that they had acted in the right way and to reinforce how they could best manage this type of situation in the future. This member of staff had completed Positive Behaviour Support (PBS) training to help them de-escalate potentially challenging situations from escalating into more serious incidents. However, not all staff had received this training or had their competence assessed to ensure they had the knowledge and skills to meet people's needs.

People gave their written consent to their care and treatment. Care plans were provided in an accessible format to help people understand their support needs. Staff said they sought and obtained people's consent before they supported them. They said, "I always double check that people are happy to do something. I give people choices. I check back with people to see if it is ok." Another staff member said, "People have freedom to make their own choices. People have the capacity to make decisions. If people do not want to do something, I explain to them the advantage of doing it. This helps them to process the information and make an informed decision." When people did not want to do something their wishes were respected, staff discussed this with people and their decisions were recorded in their care plans.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the manager. They had appropriately completed documentation when people's mental capacity had been assessed to determine whether they were able to make certain decisions. Such decisions included consenting to their care and treatment. The manager had submitted appropriate applications to the DoLS office to seek their authorisation when people were restricted of their liberty in their best interest. Attention was paid to ensure the least restrictive options were considered, in line with the principles of the MCA and DoLS. One person was awaiting a review of their DoLS authorisation. The manager had acted appropriately and had contacted the Supervisory Body to request a review date. This was in progress at the time of our inspection.

People liked the food and were able to make choices about what they wanted to eat from a wide range of healthy meal options. One person had written in a survey that, 'Menu choices are quite good and healthy.' Due to people's health needs, risk assessments were in place to ensure they were constantly supervised and monitored whilst eating or when around food. The kitchen was locked all of the time unless this area was occupied by a staff member. Access to the kitchen was limited as this could increase people's anxieties and could cause people to seek food when in this area of their home. We observed staff always asked another staff member to take over in the kitchen or dining room when they needed to leave these rooms. This ensured people were not left alone around food at any time. Due to exercise and healthy eating, people had been supported to sustain a healthy weight to support their physical health needs.

One person had been referred to a Speech and Language Therapist (SALT) to assess their health and dietary needs. Staff followed SALT guidelines which were available in the person's care plan. Information was available on food types the person should eat to develop a healthy weight and reduce the risk of choking. Staff were able to describe how to support the person in line with their guidelines. Staff said, "Due to their condition people need to have calorie and portion controlled meals to support them to maintain a healthy weight. Two people need their food to be cut up to reduce the risk of choking. I gently remind them to slow down." Staff told us they monitored people at all times when they were eating or around food. People needed structured mealtimes and no focus on food prior to mealtimes as this could raise people's anxiety levels. Except for one person who enjoyed and was able to help prepare food. People had risk assessments in place which detailed what staff should do in the event a person's weight dropped below the assessed safe level. Staff were vigilant to changes in people's weight. All weight monitoring records were accurately maintained and signed by staff.

People had health care plans which detailed information about their general health. People had a 'Healthcare passport' containing pictures and accessible language. They took this with them to health appointments to assist them to communicate their health needs to medical professionals. Records of visits to healthcare professionals such as G.P.'s, chiropodists, opticians and dentists were recorded in each person's care plan. One person needed to have an operation. They were quite anxious about this. To reduce their anxiety staff provided them with information about what the operation would involve. This helped prepare them in advance and they were able to ask questions of importance to them. Staff told us the operation went well and the person reported no concerns. People's care plans contained clear guidance for care staff to follow on how to support people with their individual health needs.

Is the service caring?

Our findings

People said they liked the care staff. One person said, "I like it here. I like the other people in the house and I get on with the staff." We observed staff talked with people in a caring and respectful way. One recorded compliment read, 'Thank you for the care and attention you gave X while they were ill and in hospital.' Feedback from a relative read, 'I think X is happy with their life at Bishops Way. Staff treat X with love and respect.' People had developed good relationships with staff. People presented as relaxed, happy and comfortable and interacted positively with staff.

Staff encouraged people to do as much as possible for themselves. Support plans clearly recorded people's individual strengths and independence levels. People chose what to wear, when to get up and go to bed, and what to do. Staff said, "One person likes to help in the kitchen. They prepare drinks and salads and help set the table. They do their own laundry. People do their own chores." People spent private time in their rooms when they chose to. Some people preferred to remain in the lounge or their bedroom and staff respected people's space.

Staff understood people had different communication needs and took time to understand each person's individual needs. Staff told us how they supported one person to more effectively communicate their emotions. The person had picture cards on a key ring. They used the pictures to communicate to staff about their mood and emotions each day. One staff member would communicate at any one time as otherwise this could confuse the person with too much information. Staff followed consistent guidelines to support the person to manage their anxiety and help them communicate their needs.

Staff were aware of people's history and individual needs and this information was recorded in their care plans. People's preferences were clearly documented in their care plans. People rooms were personalised to their taste and contained their own personal items and furniture of their choice. People moved around their home freely. One person told us, "I chose to go to cheerleading. It is relaxing and enjoyable." One person had written in a survey, 'I like my room, I like all my activities and I like the staff.' People were involved in planning their care by attending care reviews, house meetings and regular key worker meetings. A key worker is a staff member who spends additional dedicated time with people to maintain communication and to support people with their needs and wishes. One person was provided with specific dietary options to meet their religious and cultural needs. People's care plans were written in an accessible format to help people get involved in their own care planning. People's care plans reminded staff that the person's choices were important and staff were aware of people's preferences.

We observed staff treated people with respect and upheld their dignity. One male staff member told us they only supported people of the same gender with personal care to uphold people's dignity and respect. They said, "I give people their privacy and ensure doors are closed when people are completing personal care tasks." People's care plans gave guidance on how people should be treated to ensure their dignity was upheld. Respectful language was used throughout care plan records and when staff spoke with us.

The manager told us advocacy services were available to people at the service. Advocacy services help

people to access information and services; be involved in decisions about their lives; explore choices and options; defend and promote their rights and responsibilities and speak out about issues that matter to them. This helped people to keep informed of their rights and supported people to access this service to make independent decisions about their care and support needs.

The manager offered people the opportunity to talk about end of life wishes. People had chosen not to do so, and this was recorded in their care plans.

Is the service responsive?

Our findings

People talked with staff about issues of importance to them. People said, "I talk to staff if I want to. I am happy to talk to them." One person said, "I like day service. I do cutting out and sticking things. I make cards for people. I make key rings and necklaces and I meet other people." Another person told us, "I go to the gym. I go on the treadmill and the exercise bike. I go there with other people in the house. I go swimming, bowling, to the arcade and the pub." Another person said, "I like to go shopping and to computer club. I like to play computer games. I like my bedroom. I choose what I want in my room" and "I do the hoovering and I like to go shopping. I walk to the shops as it gives me a chance to do more walking. I go to Gateway discos sometimes."

Although people gave some positive feedback, people did not consistently receive person-centred care. People had recorded and agreed outcomes and goals in their care plans they would like to achieve. It was not consistently recorded that outcomes and goals had been completed or reviewed to ensure people were supported to achieve their goals. For example one person had a recorded goal to 'Develop independence and key skills' and 'move to a supported living service. There was a form in people's care files for the recording of people's short, medium and long term goals. These forms had not been completed and it was unclear what progress people had made to achieve their goals. For one person short term goals had not been recorded since August 2015. They had previously requested to have more 1:1 time with staff and choose where they went out. The action taken to meet this goal was not recorded in subsequent records to determine progress with this goal. Staff struggled to give examples when asked of how they supported people to become more independent.

People had a key worker who they had chosen from amongst the staff team. People talked to staff daily and had regular key worker meetings to discuss what was important to them. People's key worker notes read, 'swimming', 'road safety' and 'computer club.' Information was not provided on how people were working towards and making progress in achieving their goals. For example how were they progressing in develop road safety awareness and what activities were they involved in at computer club. It was not clear whether actions from key worker meetings were met, as progress in addressing actions was not routinely recorded. Key worker reports recorded in some cases that people had 'no new ideas' about what they wanted to do. It was not clear how people were supported to come up with new ideas about activities and meaningful pursuits they wanted to take part in. Two people were in their night clothes at 6pm. The deputy manager said this was their choice. They had tried to engage people however people chose to go to bed early. It was not recorded how people had been encouraged to do things of interest to them in the evening.

Everybody at the service attended the gym, swimming, computer club and day services as standard weekly activities. People spent a minimum of two days per week at the day service. There were no records of consultation with people to ensure these activities met with people's individual needs and preferences. Whilst it was clear that staff promoted people's physical health and well-being, it was not clear that these generic activities met people's individual preferences. People attended the provider's onsite day service in the garden of the service or attended the day service at other provider locations locally. We asked for information about the plan of activities that took place at the day service. The manager was not able to

provide us with this information. It was not clear how people made choices about what they wanted to do and how this was planned to meet people's individual needs. People took part in crafts and arts-based activities. Activities recorded included, 'made a theatre', 'model making' and 'painting'. Another record read, 'made a banner', 'painting by numbers', 'making cards' and 'doing a project on dragons.' There was no structured itinerary of activities for the day service to demonstrate how people were supported to develop skills and undertake activities that met with their preferences and aspirations. The deputy manager and staff told us that they did not think the day service provided an adequate range of activities to meet people's needs.

The lack of person-centred activities and support for people to achieve their goals is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Surveys were sent to people annually so they could give feedback to develop and improve the service. Feedback from recent surveys undertaken showed that two out of four people said they undertook activities of their choice only 'sometimes'. This implied that they were not always able to do activities of their choice. One person had written, 'I think X needs extra help with their teeth' and 'I am able to go out when I choose' only 'sometimes'. We asked the manager whether they had reviewed the results of the survey with people and addressed people's individual needs and concerns. The manager told us the completed surveys and results were kept at head office and they were unaware of this feedback and therefore had not responded to it. Two out of four people wrote in a survey that they were not always able to make choices. The manager had not used this feedback to discuss with people how their individual needs could be best met.

People had regular discussions with staff and attended house meetings to discuss issues of importance to them. One person said, "I attend 'Your Voice' meetings. We talk about menu choices. I like curried egg sandwiches and tuna salad. I like variety." Meeting minutes included people's likes and preferences regarding meal preferences. This enabled people to communicate and express some of their preferences. One person wanted to try out some food from a local butcher. A staff member told us they went to the butcher to enquire about the food as to whether it could be incorporated into the person's healthy diet. The house meeting minutes recorded people's views and preferences. However, actions taken to address people's requests were not consistently recorded to demonstrate they had been met.

The lack of up-to-date of records and lack of recorded response to feedback from people is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care plans included their personal history and described how they wanted support to be provided. People's care files contained 'What is important to me' information. In some cases people were supported to pursue some of their interests. For example, one person liked to go walking and play football. They told us, "I like to do exercises like swimming and football. I play for the 1066 team." Another person told us, "I like to go swimming and to cheerleading club. I also meet my friends at the pulse club. I love animals. I am doing a work placement working in an animal sanctuary. I do the newspaper and straw for the animals and give them clean water bottles and clean their enclosures."

One person was supported due to a change in their health needs. They were supported to obtain a hospital bed. This helped them to get in and out of bed due to a physical health need. They had a pump which inflated a pillow to give them a back support. They gave us a demonstration of how the bed worked and explained to us why this was helpful for them. One person had a rail fitted in their shower room and shower seat to promote their safety and independence whilst taking a shower. They told us they ensured staff were available to supervise them before they took a shower to make sure they kept safe. Staff said, "One person was having difficulties walking. We took them to their G.P. for a scan and they were referred to a

physiotherapist. They were given exercises to do. They no longer need to do the exercises as their walking has improved."

The manager talked to us about someone who had behaviours which may challenge. Their care and support needs were being closely monitored as the frequency and nature of their behaviours had changed. The manager involved relevant health professionals to support the person to improve their well-being. Detailed guidelines were in place to enable staff to consistently support the person to manage their needs. Staff were mindful not to give the person too much information in advance for example when their routine needed to change as this could increase their anxiety and any likelihood of behaviours which may challenge. Staff constantly reassured the person and used distraction techniques if they became anxious about something. These guidelines supported staff to respond in a consistent way and reduce the risk of behaviours which may challenge.

Where people had health needs such as diabetes, staff checked their blood sugar levels daily and at different times to ensure they were within safe levels. Information was available in people's care plans to advise staff of what safe measures were and what to do in the event safe levels were not maintained. This information was also provided in an accessible format with pictures to support people to understand and manage their health needs. Information explained to people why testing was needed and how to use the insulin pen. An insulin pen is used to inject insulin for the treatment of diabetes. There were detailed guidelines of the right type of foods people should eat to promote good health. This supported people to make informed decisions and better understand their health needs.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. People visited their families and had regular contact with family members. One person was supported to regularly communicate with their family through emails as they had attended computer courses and had developed skills to enable them to do this.

One person regularly attended church which met their religious needs and preferences. Another person maintained food preferences and observed certain festivals which met their cultural religious needs. One person was working on a project in the day service about their religious faith to develop their understanding about their religion and research their interests.

The complaint policy was written in accessible language with pictorial aids to support people to understand how to make a complaint. The manager showed us the complaints procedure. We saw that complaints had been received and the manager had responded appropriately.

Is the service well-led?

Our findings

One person had written in a survey, 'I like the way the service is run.' We observed people approach the manager, deputy manager and staff to talk about things of importance to them. Staff said there was an open culture and they could talk to the manager about any issues arising. Staff said, "It is a supportive culture to work in. The team is stable" and 'It is absolutely fine. The management is working better now.'

There was no refurbishment plan available to show how and when the premises would be updated. Not all repairs had been recorded as part of the maintenance audit. We found a broken toilet flush, a broken shower holder and a broken side cabinet in someone's bedroom. These issues could pose risk of injury to people and had not been identified as part of the provider's environmental audit. The manager told us that maintenance was required to the pathway down to the day service building in the garden. People needed to walk down steps and walk across individual slabs to attend the day service. The manager told us that maintenance work and repairs were implemented based on a priority system taking account of people's safety in their environment. However, the manager told us safety improvements had been requested some time ago and had not been addressed by the provider. Someone at the service had a recent fall on the slabs and this had now been prioritised. At the time of our inspection this work had not been completed. There was no plan to determine when maintenance and repair work would be addressed.

The identified safety issues at the premises are a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager completed monthly medicines audits. However records of injections administered to one person had stopped. This had not been identified by the manager's audit. This system was not sufficiently robust to ensure records were accurately kept when people's medicines were administered.

The manager completed monthly care plan audits. They told us that care plans were out of date and needed to be updated. Care plans should be updated every month in line with the provider's policy. Some care plans were last updated in November 2015. Records and care plans were not up-to-date to ensure people's current care and support needs were recorded. Where actions had been identified from support plan audits, there was no evidence that actions had been completed. For example, a support plan audit was completed on 30 May 2015. It was identified that daily notes were not sufficiently comprehensive and that this would be discussed in the next staff meeting. There was no evidence that action had been taken to address this shortfall. There was no record of this discussion taking place in staff meetings. Daily records we viewed were task focused and did not consistently provide information about people's daily experience in a person centred way. For example one person's daily notes read 'went to day centre', 'accepted drinks', 'back to day centre' and 'supported with shower'. The daily notes did not provide information about how people had been supported to develop their skills, their levels of independence and undertake activities in line with their preferences and their feedback about their day.

The manager did not have any record of plans to improve and develop the service. There was no service improvement plan in place to determine when shortfalls would be addressed and necessary improvements

made.

The lack of effective audits and service improvement plan is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The manager of the service had been in post since September 2015. They were manager for two services within the provider group. They spent their time working between the two services. They told us they were in the process of applying to become a registered manager of this service.

There had been a period of management instability at the service. The manager told us they divided their time between this service and another service they managed. They told us they had been spending more time at the other service recently. The deputy manager said that there had been management changes at the service. They had not had direct management support for a period of time until the appointment of the new manager in September 2015. They said it had been challenging to manage the service without a manager for support. The manager told us that there had been a number of regional manager changes which had not helped provided continuity of governance for the service. They told us there was now a new regional manager in post.

We have been informed of reportable incidents as required under the Health and Social Care Act 2008. However the manager had not routinely responded to correspondence from CQC due to technical problems with emails addresses. The manager told us they would look to resolve this technical issue.

The provider completed an environmental audit to include cleaning schedules to ensure that the service met essential infection control and health and safety standards. The service held a current Food and Hygiene Certificate at the highest possible rating level of 5 on 01 March 2013. They were awaiting an updated audit to be completed.

Staff were informed of any changes occurring at the service and policy changes. Staff attended monthly team meetings to discuss people's support needs and policy issues. This was confirmed in meeting minutes.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The care and treatment of service users did not always meet their needs or reflect their preferences.</p> <p>Regulation 9: Parts 1 b and c.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users. The registered person had not assessed the risks to the health and safety of service users of receiving the care or treatment or done all that is reasonably practicable to mitigate any such risks</p> <p>ensured that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way</p> <p>Regulation 12: Parts 1, 2, a, b and d.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes did not enable the registered person to:</p> <p>assess, monitor and improve the quality and safety of the services</p>

maintain an accurate, complete and contemporaneous record in respect of each service user,

seek and act on feedback from relevant persons and other persons on the services for the purposes of continually evaluating and improving such services.

Regulation 17: Parts 1 and 2 a, b, c, e and f.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Persons employed by the service provider in the provision of a regulated activity had not received such appropriate support, training, professional development and supervision as is necessary to enable them to carry out the duties they are employed to perform.

Regulation 18: Parts 2, a.