

Voyage 1 Limited

Highfield Farm

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The service had two registered managers, but they were not acting as the managers at the time of the inspection. A registered manager from another location was managing the location. This meant since the last inspection on 20 October 2015 the management of the service had been inconsistent, with the service having three different managers.

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

The service was last inspected on 20 October 2015. At the last inspection we found the service was not meeting the following regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: regulation 13 Safeguarding service users from abuse and improper treatment, regulation 17 Good governance, regulation 18 Staffing and regulation 19 Fit and proper persons employed. The registered provider submitted an action plan telling us the improvements they would make to achieve compliance by 15 February 2016. We found the service had made some improvements, but remained in breach of two regulations. You can see what action we took at the end of the report.

Our observations of the interactions between people and staff identified people were comfortable in the presence of staff and in our discussions with them no-one raised concerns about their safety.

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

Staff we spoke with were knowledgeable regarding safeguarding vulnerable adult's procedures and were able to explain the action required should an allegation of abuse be made.

Systems in place for monitoring quality and compliance with regulations had not always been effective in practice. This was despite improvements being identified and action plans formulated to ensure improvement, for example, the allocation and expenditure of budgets, staffing levels, recruitment of staff, people's records and complaints.

People's nutritional needs were met, but the mealtime experience could be improved by making information about meals available, providing more choice and offering dessert with meals.

Staff were aware of the values of the service and knew how to respect people's privacy and dignity. However, this was not always met because we heard private conversations conducted in communal areas which could be overheard, and communal areas were used for staff purposes in the management of the regulated activity.

There was a programme of training for all staff to enable them to have the qualifications, skills and knowledge to understand the care and support required for people who used the service. Staff received supervision and appraisal.

Medicines were stored and administered safely. The systems for monitoring medicines ensured medicines were given as prescribed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

All the required recruitment information and documents were not available for staff, which meant there was a risk fit and proper persons may not be employed.

There were systems in place to make sure people were protected from abuse and avoidable harm, but records of financial arrangements needed improvement to demonstrate this was in accordance with the registered provider's policies and procedures and that staff understood them.

There were systems in place to assess and manage risks to keep people safe and prevent avoidable harm, but records needed improvement to identify trends and action taken.

There were sufficient staff to provide a regular team of care staff, but improvements to records were required to accurately reflect this.

Medicines were stored safely and administered when they should be.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The mealtime arrangements required improvement by having information about meals available, including the available choices and offering dessert at the meal.

People were supported to maintain good health. They had access to healthcare services and received on-going healthcare support, but this was not always well recorded in people's health action plans.

There was a programme of training, supervision and appraisal for all staff to ensure they had the skills required to support people who used the service.

The service was compliant with the Mental Capacity Act 2005 and

Requires Improvement ●

Is the service caring?

The service was not always caring

Staff were aware of the values of the service and knew how to respect people's privacy and dignity, but this was not always met because private conversations were conducted in communal areas and could be overheard, and communal areas were used for staff purposes in the management of the regulated activity.

People told us they were happy with the care and support they received and this was supported by relatives we spoke with. Staff had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service. However, we found up to date and accurate information was not always reflected within people's care files.

People had access to activities that were provided both in-house and in the community.

A complaints process was in place, but the record of complaints was incomplete.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

There had been two registered managers at the service since the last inspection, with a third recently deployed from another service.

Governance systems were in place, but we found they had not always been effective in practice, meaning the service continued to be in breach of regulation.

Requires Improvement ●

Highfield Farm

Detailed findings

Background to this inspection

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

This inspection took place on 1 and 9 November 2016 and was unannounced. This meant no-one at the service knew we were coming. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert by experience had experience both personally and professionally with people who have a learning disability.

Before our inspection, we reviewed information we held about the home. This included correspondence we had received about the service and notifications required to be submitted by the service.

We asked the registered provider to complete a provider information return (PIR) which helped us prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We also contacted commissioners of the service and Healthwatch to obtain any relevant information. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with four people who used the service. We spoke with five support staff, the deputy manager and the manager. We examined two people's care files and associated records, such as health action plans and financial transaction records. We also examined the systems used to manage people's medicines. We examined three staff recruitment files and staff training, supervision and appraisal records. We also looked at the quality assurance systems, such as audits to check if they were robust.

We spent time observing care in the lounge, dining room and kitchen areas to help us understand the

experience of people who used the service.

Is the service safe?

Our findings

People told us they felt safe and happy living at Highfield Farm.

We checked progress the registered provider had made following our inspection on 20 October 2015. At that time we found breaches of regulation in regard to safeguarding service users from abuse and improper treatment, good governance and fit and proper persons employed.

We saw that people were relaxed in the company of staff and that there were friendly and respectful interactions between them.

We asked people if they had ever experienced behaviour from others that made them feel unhappy, unsafe or bullied. One person said that advice around bullying and safeguarding had not been discussed with them, but they felt it should be. They said, "I don't think that I have ever been bullied. Staff haven't explained it to me and I think it is important that you know. If it happened to me I would tell the senior (member of staff)."

We saw information around bullying was available in the hallway, but was not in an accessible format for everyone who used the service. Discussions with people identified this was not discussed with them, other than asking if they had any concerns at service user meetings and individual reviews. This meant people may not be aware of how or what this might include.

The provider had safeguarding vulnerable adult's policies and procedures in place to guide practice. Staff we spoke with had a clear understanding of the procedures in place to safeguard vulnerable people from abuse and were knowledgeable on the procedures to follow. Staff also knew how to recognise and respond to abuse correctly. Staff members told us if they had any concerns they would report it immediately and were confident they would be dealt with.

Notifications we had received showed staff at the service knew how to respond to safeguarding issues. This meant the provider's safeguarding policies and procedures had been followed and effective systems were in place to protect people from bullying, harassment, avoidable harm and abuse.

At the last inspection on 20 October 2015 we had concerns because the system for allocating budgets for people, for example, for food and activities was not clear, as some people looked to be paying for some of these from their own personal monies.

We had also found the bank account for the activity fund was in the name of a member of staff and former member of staff.

The registered provider submitted a plan identifying the action they were going to take to improve system and meet the regulation. We discussed this with the manager and found the service had taken action to safeguard monies in the activity fund and allocate budgets for food and activities. However, we found the

systems and processes in place to monitor this were not working in practice. This was because staff were unable to explain the records in place and demonstrate how money was spent, including why some people were spending their allocated budgets, whilst others were not, or were continuing to pay for food or activities from their own personal monies.

Service records and environment checks demonstrated safety checks were carried out. These included legionella, fixed electrical wiring, fire safety, waste management and gas. Where these required attention the service's quarterly audit had identified any actions required.

People had individual risk assessments in place within their individual support plans, so that staff could identify and manage any risks appropriately, for example, behaviour that challenged. The purpose of a risk assessment is to identify any potential risks and then put measures in place to reduce and manage the risks to the person.

At the last inspection on 20 October 2015 we had concerns because the system for records and accidents and incidents did not provide an overview identifying any themes and trends, both as a service and individually. The registered provider submitted an action plan identifying the action they were going to take to improve the systems in place and meet the regulation. We looked at the record of accidents and incidents. The service had implemented a data collection sheet that logged all accidents and incidents, but there was no analysis to provide an overview to identify themes and trends, such as how many incidents there had been involving a particular person. Neither could this be identified from within people's individual risk assessments. Staff told us they thought it would be a good idea. The registered provider submitted this information subsequent to the inspection as part of the factual accuracy process to demonstrate that action had been taken and accidents and incidents were monitored.

We checked sufficient numbers of suitable staff were on duty to keep people safe and meet their needs.

For the most part we saw staff were always visible and available for people. Where people had one to one support, the staff member was mainly within a few feet of the person and other staff did not distract them from these duties.

People told us that mainly there was enough staff to meet the needs of everyone living at Highfield Farm, but there were times when staff shortages had had an impact on the quality of care they received. Comments included, "I feel there is enough staff, but sometimes we are short and when there is not enough staff it stops me going out. It doesn't happen very often" and "We are OK now; it is just when staff are on leave that there can be a shortage. Short staffing does have an impact as two staff need to be on one to one, which then leaves the rest of us sometimes not being able to do what we want, although I can go out by myself so it isn't too bad for me".

One relative said, "I think staffing levels could be better. [My relative] would benefit from more one to one hours which have gone down recently due to funding." Another relative said, "We definitely feel that [my relative] is in safe hands. Staffing seems to have got better during the last couple of months, but they also have long standing staff who know what they are doing."

Support workers we spoke with told us they thought there was enough staff to support people.

The service's general risk assessment for safe working numbers identified that when everyone was present at the service this was six and a half staff members per shift during the day and two waking night staff at night. This had been reviewed and increased since the last inspection. Two of those staff members were

utilised during the day to provide one to one care for two people who used the service.

Notifications submitted to the Care Quality Commission had informed us safe staffing levels had not always been adhered to. Notifications are events that the registered provider is required to inform us about, such as an insufficient number of suitably qualified, skilled and experienced persons being employed to carry on the regulated activity. This had the potential to place people at risk.

We examined staff rotas from 3 to 30 October 2016. Out of 56 day shifts, 17 were identified as being below safe staffing numbers at some point during the shift, and two out of 28 night shifts.

At the last inspection on 20 October 2015 we had concerns because all the required information for staff before they commenced employment was not in place. The registered provider submitted an action plan identifying the action they were going to take to improve the systems in place to meet the regulation. We found those systems had not been effective in practice and some information required before staff commenced employment to ensure they were safe to work with vulnerable adults were not in place. We spoke with the manager who obtained some of that information for the second day of inspection.

The information above demonstrated a continued breach of Regulation 19(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found people's medicines were managed in a way that ensured they received them safely.

We compared the records of people's prescribed medicines to their medication administration record. We found records of administration corresponded with prescribed medicines.

Medicines were securely stored in a locked cabinet.

We found that protocols in place for people who took medicines 'as required.' This meant staff had clear direction about when to administer medications, which ensured they would be administered in a consistent way by all staff.

Is the service effective?

Our findings

People and their relatives told us they felt staff were well trained and competent.

We checked progress the registered provider had made following our inspection on 20 October 2015. At that time we found a breach of regulation in regard to staffing; in particular staff appraisal and the effectiveness of some of the e-learning training. Appraisals are meetings which involve the review of a staff member's performance over a period of time, usually annually. These are important in order to ensure staff are adequately supported in their roles.

When we spoke with staff they confirmed they had received an appraisal. The monitoring of supervisions and appraisals was confirmed by the training matrix, which also included information about when staff had received supervision and an appraisal.

When we spoke with staff they told us they received relevant training and felt competent in their role.

New staff told us they had shadowed an experienced member of staff when they commenced work, whilst at the same time carrying out training. This meant they got to know and understand people's needs. New staff also told us they were not expected to carry out tasks they had not had training to carry out, for example, using restraint when a person displayed behaviour that challenged. Staff told us their induction included reading people's support and health action plans and utilising the on-line training programme. They also worked towards the care certificate. This meant staff were provided with training to ensure they had the competencies and skills to meet people's needs.

The registered provider predominantly used e-learning to train staff, but face to face training was provided in some areas. The service used a training matrix to monitor the training staff had received, when training was due for renewal and to identify where staff needed further training.

The range of training provided covered a number of topics including allergen awareness in care, autism, diabetes, epilepsy, equality and diversity, fire safety, first aid, food safety, health and safety, infection control, manual handling, management of behaviours that may challenge others, medication administration, Mental Capacity Act and Deprivation of Liberty Safeguards, nutrition and safeguarding adults.

One relative said, "Long standing staff are very aware of the importance of training new staff about [my relative's] individual, complex needs."

Supervisions are accountable, two-way meetings that support, motivate and enable the development of good practice for individual staff members.

Staff told us they received regular supervision and were given the opportunity to discuss any issues or share information. Staff we spoke with said the manager and deputy manager were always approachable if they

required advice or needed to discuss something.

This meant staff received the training and support they needed to meet people's needs.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Discussions with people told us their freedom was not inappropriately restricted. Comments included, "It's a nice place; I get on well with everybody. I can make myself a cup of tea and my breakfast when I want to. I can go into the kitchen with staff", "I can go out into town when I want to, but staff go with me" and "For me, there is not a lot of restrictions. All I have to do is inform staff of where and what I am doing and I also ring the home if I need staff to pick me up or help me."

Staff we spoke with had varying knowledge of the MCA and how to ensure the rights of people with limited mental capacity were respected. In practice, we saw staff give people time to be able to make decisions where they were able, and supported them where they were not able to make decisions. Staff also told us of best interest meetings held about specific decisions, where people lacked capacity to make those decisions, for example, dental treatment.

People's capacity was detailed in their plans of care. We saw where people were being deprived of their liberty appropriate applications had been made and the service facilitated visits from DoLS representatives as part of this process.

Information about what to do and who to contact in regard to people's mental capacity and where restrictions may need to be placed on people where they lacked capacity was available for staff in the office.

This meant consent to care and treatment was sought in line with the principles of the MCA.

We checked the systems in place to ensure people were supported to have sufficient to eat, drink and maintain a balanced diet.

People we spoke with had differing views on the meals they received. One person told us they planned, shopped and cooked their own choice of meal throughout the week. Another person told us that is what they used to do, but they had decided to go onto 'house meals', so did not now have the same level of choice but was happy with that. A third person told us they had 'house meals' and enjoyed the majority of the meals served, but was not given any choices. This person said, "I don't know how they make decisions about what is on the menu, but it is all nice. I don't like gammon or corned beef hash, but eat it. I don't like liver and wouldn't know what to do if they served it to me." We asked them if they would be offered a different meal and they didn't know. Liver and sausage was the meal being served on one day of the inspection and we saw the person had the sausage part of the meal. They told us they enjoyed it.

We saw the lunch time meal being served, but did not see any information explaining what the meal was going to be for people. We saw people had a toasted sandwich and no dessert was offered. Providing dessert had been raised at the last inspection as a way of enhancing the mealtime experience. One member of staff told us dessert was not always served straight after the meal.

We saw a person receiving one to one support sat at the table and the member of staff sat next to them eating their lunch. They supported the person in a friendly, appropriate manner.

Snacks of fruit and biscuits were served throughout the day, together with a variety of drinks.

Staff told us meals were discussed and decided upon in monthly meetings with people, so everyone's choices and favourites were known and accommodated. We saw this recorded in the meetings we looked at and that the menu was amended to accommodate the changes.

This meant people were supported to eat and drink enough and maintain a balanced meal, but there were aspects of the meal time experience that could be improved.

We checked to see if people were supported to maintain good health, had access to healthcare services and received ongoing healthcare support.

During the inspection we saw staff monitoring the wellbeing of one person and deciding whether intervention was required by a healthcare professional.

A relative we spoke with said, "Staff take [my relative] to the doctors if they need to go. If [my relative] is poorly, staff are quick to respond and get them to the doctors straight away."

People had health action plans, which provided information for staff on past and present medical conditions. The record contained details of visiting healthcare professionals the person had seen and details of those visits. This meant people received intervention for their healthcare needs to support them to maintain good health and have access to relevant healthcare services. We found records were not always up to date, which meant there was not always a complete record of decisions taken in regard to people's care and treatment. For example, one person's care plan identified monthly chiropody appointments. The record in their health action plan indicated this was not taking place, but a discussion with the person and staff confirmed they were taking place.

Is the service caring?

Our findings

Everyone we spoke with said staff treated them well and they got on with them. Comments included, "I love it here, everyone is friendly, and I really enjoy it", "It is a nice place, I get on with everybody", and, "We are all good friends here."

A relative we spoke with said, "We cannot fault the care [relative] receives; [relative] would tell us if they were unhappy".

We saw positive relationships were developed with people who used the service and people were supported to express their views and be involved in making decisions about their care, treatment and support.

During the inspection we heard all staff speak to people in friendly, respectful ways. We saw staff showed genuine kindness and friendliness towards people. People were relaxed with staff and confident to approach them throughout the inspection. Staff and people who used the service were laughing and joking together, which showed an inclusive atmosphere and demonstrated staff knew people well and that people had trust in staff.

We saw photographs of previous events and activities on display. Staff explained they arranged many social events that family and friends could attend. The photographs showed how staff got involved and had a good time with people and their families.

Our discussions with people and relatives and our observations emphasised staff supported people in maintaining personal and family relationships. Comments included, "[Family members] live nearby and visit me. It was my birthday yesterday and I went to my party and a meal" and "I stay over with family sometimes; I now have a better relationship with my [relative]".

A relative we spoke with said, "Sometimes staff arrange for [my relative] to come and visit and have lunch with us. They bring [them] and stop until [they] is ready to go back to Highfield Farm."

During the inspection we saw three families who visited were welcomed by staff and people alike.

Staff had a good understanding of people's care and support needs and knew people well as individuals. They were proud and enthusiastic about the social activities and events people were involved in and demonstrated they enjoyed supporting people living in the home.

People living at the home had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes and dislikes, what activities they liked to do, and what was important to them. We saw people and their families had been involved in the design and review of their care plan.

In the reception area of the service there was a range of information, such as community events and social

activities available for people and/or their representatives.

People were supported to have access to advocacy services if they needed them.

During the inspection we observed the design of the service did not always meet people's needs because the communal space was used to conduct people's reviews. This meant conversations that should take place in private, could be overheard. Additionally, it meant people who used the service had to be asked to move somewhere else making the other communal space more crowded and noisy. This could heighten tension within the home and lead to people displaying behaviour that may challenge others, although this was not seen during the inspection.

Also, staff informed us that staff meetings also took place in the communal areas of the service.

Is the service responsive?

Our findings

People told us their care was centred on what they wished to do and they were not afraid to tell staff if they were unhappy or disagreed with things. For example, one person told us about some support hours that had been reduced and that they wanted them back. The person had spoken with the area manager who was supporting them with this and keeping them informed of the progress.

Another person told us they had told staff they would like to live in supported housing by saying, "I think it is time to move on." They said staff had a meeting with them and 'got the ball rolling'. The person said, "It has been a long time, but finally I have got there. I have chosen my own furniture. A guy brought some brochures and advised me and I made the decisions. I am already being taught how to cook my meals. Staff that are supporting me, help me."

Relatives felt staff responded to their family member who used the service's needs. One relative said, "We feel [my relative] is safe here and that staff understand them. They have a sensor mat next to their bed and a pendant alarm to ensure they feel safe, and they understand how to use it."

Another relative told us they had just attended their relative's review meeting and that they were pleased as reviews were more focused on person-centred care. They felt the outcome of the meeting was very positive.

We checked progress the registered provider had made following our inspection on 20 October 2015 when we found a breach of regulation in regard to good governance.

We checked people received personalised care that was responsive to their needs and listened to people's experiences of the care they received and any complaints they may have.

We observed staff conducting a meeting with a person who used the service. Staff explained what it was they were discussing and when they asked questions we saw they gave the person time to think and reply. The staff member gave information on how to make complaints and suggestions. They also sought clarification and asked the person's permission before writing any comments. This meant people were involved and listened to terms of their experiences and concerns in relation to services that are organised to meet their needs.

We saw staff were observant of people who used the service so they could respond to changes in mood and atmosphere and distract people from displaying behaviour that may challenge others. For example, we heard one member of staff suggest to someone they had a walk in the garden for some fresh air when we saw they were becoming agitated. The staff member did this several times, during one of the days of the inspection.

During lunch we noted one person got up from the table and said they were tired and walked out of the room. The staff member overseeing lunch immediately told them they were fine and that they would take their lunch to their room if that's what they wanted. The staff member was able to explain this was a trigger

indicating the person needed some space away from others. We spoke with this person's relative who explained their relative had complex needs. They told us staff had to be aware of the person's moods and that they felt staff responded very well. They said, "Staff know [them] well and I feel they do their best for [my relative]."

We found there were opportunities for people to share their experiences of the service through resident and keyworker meetings, and reviews.

Staff told us handovers were held at the start of shifts, where they were told which person they would be supporting and what other jobs they had to do that shift, such as laundry or cleaning.

We asked staff to explain how they promoted people's choices and preferences. They told us where they were not able to verbally communicate with people, people they were supporting were shown options and supported to identify which they preferred or they watched their eye contact or body language.

Staff we spoke with were very knowledgeable about people's needs. They were able to explain what care and support was required for each individual.

People spoke with us about the activities that they were involved. These included going to college, work, both paid and voluntary, outreach clubs and personal choices such as shopping days and outings.

A relative told us staff supported their relative to maintain as much independence as possible. They said, "If [relative] needs new clothes or bedroom things, staff will take them out and let them choose what they want".

We saw the notice board in the reception hall had a range of information regarding community events and social activities that people were aware of and had spoken about if they had taken place.

The home had a mini bus they used to take people out on activities and outings.

We found people's needs had been assessed. We saw records confirmed people's preferences, interests, likes and dislikes, and these had been recorded in their support plan. People and their families were involved in discussions about their care and the associated risk factors. Individual choices and decisions were documented in support plans and reviewed. We found records did not always contain up to date and accurate information of care and treatment provided to people and the decisions made in regard to their care and treatment. For example, one person's care file stated their advocate should visit every six weeks. Staff we spoke with and the advocate told us they visited regularly; the advocate also explained how they left an action plan after each meeting. We found there was no record of this in the person's file.

People we spoke with told us they had no complaints. One person said if they were unhappy they would speak with staff or the senior support worker. They said, "I know there is a card to fill in if you have a complaint and I would give it to the office staff to deal with, but I have never made a complaint."

Relatives we spoke with said, "If anything is bothering me, I will tell management or staff. There have been a few times when I have done this and they have always sorted things out", "We have made a complaint (a few years ago); it was about a safety issue. The manager did nothing so we wrote to the Chief Executive who sorted it", and, "[Staff member] is a person you can talk to. They listen and will sort things out."

At the last inspection on 20 October 2015 we had concerns because the systems and processes for

demonstrating complaints were investigated and acted on was ineffective. The registered provider submitted an action plan identifying the action they were going to take to improve the systems to meet the regulation.

Information from the service's Provider Information Return stated the service had received one formal complaint in the last 12 months. We looked at the complaints log and did not find any complaints recorded, including one that had been received by the Care Quality Commission and acted on by the service.

We found another complaint received and acted on by the service was not recorded in the complaints log, which meant information that could be used to analyse themes and trends was not available.

Is the service well-led?

Our findings

We checked and found sufficient improvement had not been made following our inspection on 20 October 2015 when we found a breach of regulation in regard to good governance. This included the monitoring of financial transactions within the 'activity fund' and allocated budgets for people to act on anomalies from the registered provider's policies and procedures, accurate records relating to the management of the regulated activity and ensuring all information and documents required for staff in their recruitment can be demonstrated.

The service had a quality audit book, which was linked to regulations associated with each of the key questions of safe, effective, caring, responsive and well led. The service scored themselves against this and produced an action plan, identifying where improvements were needed. This was overseen by an operations manager who confirmed the outcome of the audit, adjusting the action plan where necessary.

We looked at the quarterly audit reports for the completed quarter July to September 2016 and the current one being completed for October to December 2016. The percentage score for each of the key question areas had deteriorated with percentage scores being lower and further actions identified as requiring improvement to become compliant with regulations.

There was a consolidated action plan put in place for the manager and staff to follow to ensure any improvements identified in the July to September 2016 quarter were completed. We looked at the action plan and noted that 72 areas had been identified for improvement. Whilst 33 areas of improvement had a record saying they had been completed, 39 had no action recorded against them.

This meant the system in place to monitor safety and quality at the service and regulations had not been effective.

The above demonstrated a continued breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Good governance.

The service had two registered managers, but they were not acting as the managers at the time of the inspection. On an interim basis a registered manager from another location run by the same registered provider was managing Highfield Farm. This meant since the last inspection on 20 October 2015 management at the service had been inconsistent, with there having been three different managers in post. A registered manager is a person who has registered with the Care Quality Commission (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 and associated Regulations about how the service is run.

The manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008 and had done this. Registered providers have a legal duty to tell us about any changes to their regulated services or incidents that have taken place in

them.

The registered manager's certificate was displayed in the office. There was no registered provider's certificate on display. We raised this with the manager who ensured it was displayed where people and stakeholders could see it in the entrance hall to the home. The rating from the last inspection was also available there.

We found the manager and staff team were helpful and open when we asked them for information about the home.

Staff we spoke with told us they enjoyed working at the home and felt they were able to share their thoughts and opinions at staff meetings. They told us they felt they could speak freely with the manager and deputy manager, and were listened to. Staff spoke of a strong commitment to providing a good quality service for people living in the home.

We asked staff what impact the three changes of manager in the last twelve months had had on the service. Comments included, "It's been up and down as to who's manager. The deputy is always busy, but since [the current manager] has come, it's smoothed everything over. The deputy is very hands on with people and makes everyone laugh, but they can be serious when needed", "[The deputy manager] is a massive support. All three managers have been very good, but things are a lot better with the new manager, because it gives the deputy and seniors chance to support us", "It's loads better since [the current manager] has come. Everything is getting done. I feel sorry for [the deputy manager]. He's had everything to do. Everything's more organised now. Not having a manager has affected service. [The deputy manager] likes to be involved, they do their best, a fantastic job and listen to concerns. I think we need a stable manager and [the current manager] is changing things for the better" and "[The deputy manager] does a lot, gets on with it, doesn't panic. It's not affected people. It's been annoying for staff, but we've always got deputy and seniors. The operations manager has visited regularly over the last few months. Nothing's gone wrong, so what's wrong? Inconsistency hasn't had an impact." This meant staff felt current arrangements for the leadership and managements of the service were making a positive impact at the service, but our findings showed the leadership and management arrangements had not been effective in driving the required improvements.

Relatives told us they had been involved in relatives' meetings, but these had not happened for a while. They described the meetings as important as it gave them the opportunity to meet and discuss topics with other relatives and staff. This was confirmed when we looked at meeting records.

The outcome of the inspection is that the service remained in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed The information as specified in Schedule 3 was not available for each person employed

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not effective in assessing, monitoring and mitigating risks, relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity

The enforcement action we took:

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