

Leonard Cheshire Disability

Seven Springs - Care Home Physical Disabilities

Inspection report

Pembury Road
Tunbridge Wells TN2 4NB
Tel: 01892 531138
Website: www.lcdisability.org

Date of inspection visit: 27 October 2014
Date of publication: 20/05/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Inadequate



Overall summary

Seven Springs - Care Home Physical Disabilities provides personal care and accommodation for up to 32 people who have physical disabilities. People were accommodated in the large main house and in bungalows on the site. There was a hydrotherapy pool and a day centre where people took part in a range of activities. In the main house there were two passenger lift between floors and all areas of the accommodation were accessible to people who used wheelchairs.

The service had a registered manager who was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection took place on 27 October 2014 and was unannounced. An inspection was carried out in August

Summary of findings

2013 when we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to take action to make improvements in the management of medicines. We did an inspection in November 2013 to follow this up and found this action has been completed.

During this inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which came into force on 1 April 2015. Individual risks to people's safety and welfare were not always identified to make sure people were safe. Some essential training for staff had not been completed or was not kept up to date. There were not always sufficient numbers of staff and safe recruitment procedures were not always followed. Quality assurance systems were not effective in recognising shortfalls in the service. Action and improvements plans were not developed to make sure people received a quality service. Records relating to people's care and the management of the service were not well organised or adequately updated.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently subject to a DoLS, we found that the registered manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People told us they felt safe. The provider had taken steps to make sure that people were protected from abuse. Some improvement was needed to make sure that staff training in safeguarding was up to date. Although staff had information about reporting abuse, staff did not know how to contact any external agencies.

Each person's care plan contained risk assessments, some of these had been personalised to make sure staff knew how to protect the person from harm. The majority of risk assessments were identical to one another, which meant that individual risks to people's safety and welfare had not been identified.

There were not always enough staff deployed in the home to meet people's needs. People told us drivers were not always available to drive the minibuses so they could

go out and they were "Frustrated when we're desperate for the loo, if the staff are on breaks". The provider did not always follow safe recruitment procedures because suitable references and photographic identification were not always obtained. There were plans in place to make sure that people were safe in the event of an emergency. Medicines were safely stored. Safe administration procedures were followed so that people got their medicines when they needed them.

Staff training records were not up to date so it was not possible to see if staff had the essential training or the updates required. Staff told us they had not received safeguarding training 'recently'. Records showed that 24 out of 49 staff had attended training on the Mental Capacity Act 2005 (MCA). People had capacity to make decisions. Where people were not able to sign consent forms due to physical disabilities and non verbal communication, these were not signed by an appropriate person. Staff were regularly supervised and given opportunities to discuss any concerns they might have. Records showed that staff met regularly with their manager and these meetings were documented.

People's weights were not monitored and recorded regularly to make sure they were getting the right amount to eat and drink. There were no risk assessments about nutrition or hydration. People told us they enjoyed the food and there was always enough. Staff made sure that people's choices and special dietary needs were catered for. People who needed support to eat were helped discreetly.

People were supported to manage their health care needs. A chiropodist and a district nurse who visited the service regularly told us staff were quick to refer people when there were any concerns and followed advice about their on-going care. A physiotherapist employed at the service had developed personalised plans with each person to promote their health and improve their physical wellbeing.

People were involved in planning how they wanted their care to be delivered. Those who were able to had signed their care plans to show their agreement. People were supported to be as independent as possible. People said, "The staff are brilliant we have a laugh". Staff were kind, caring and patient in their approach and had a good

Summary of findings

rapport with people. Staff supported people in a calm and relaxed manner. Staff initiated conversations with people in a friendly, sociable manner and not just in relation to what they had to do for them.

Staff showed respect for people's dignity and were careful to protect people's privacy. People told us they were treated with dignity and respect. Staff made sure that any personal care people needed were carried out in private. People's information was treated confidentially.

Some people told us that complaints they had made had not been addressed. People knew who to talk to if they had a complaint. Some people told us they were listened to and action was taken to address their concerns. The registered manager told us that there were no recent complaints. We have made a recommendation about this.

Care records did not contain sufficient detail or up to date information to enable staff, particularly new or agency staff, to provide personalised care to each person. Staff knew people well including what they wanted to eat and drink and what they would like to do. Staff knew how to communicate with people who had communication difficulties. People were supported to maintain their relationships with people who mattered to them. Visitors were welcomed at the service at any reasonable time.

There was a day centre on site where people could take part in a range of activities. The registered manager told

us that there were strong links between the home and the local community. For example, students from a local school were involved with events and often visited the home. People from the home had been involved with initiatives to improve disabled access at a local hospital.

Most people spoke positively about the service and told us they found the management team helpful. One person said, "I love it here, I wouldn't move". A few people raised concerns about the leadership of the service and told us the manager was not visible around the home.

Quality assurance systems were not effective in recognising shortfalls in the service. Action and improvements plans were not developed to make sure issues were addressed in a timely manner.

There were no regular staff meetings where staff could express their views or raise any concerns about the service. There were no recent minutes of 'residents' meetings available or customer satisfaction surveys to show that people were consulted and their views taken into account in the way the service was delivered. Records relating to people's care and the management of the service were not well organised or adequately recorded.

You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 safe

There were not enough staff on duty on each shift to meet people's needs.

People were not adequately safeguarded because risks to people's safety and welfare were not always identified to make sure they were protected from harm.

The provider did not follow safe recruitment procedures consistently.

Medicines were safely stored and procedures for their safe administration were followed.

Requires Improvement



Is the service effective?

The service was not consistently effective

Less than half the staff had attended training Mental Capacity Act 2005 (MCA). Consent forms were not signed by an appropriate person. Staff gained verbal consent from people before providing care or support.

The provider met the requirements of the Deprivation of Liberty Safeguards.

Staff training records were not up to date so it was not possible to see if staff had essential training or any updates required.

Staff received the supervision and support they needed.

People told us they enjoyed the food and there was always enough. People were supported to manage their health care needs.

Requires Improvement



Is the service caring?

People told us they had been involved in planning how they wanted their care to be given. Those who were able to had signed their care plans to show their agreement.

Staff were kind, caring and patient in their approach and supported people in a calm and relaxed manner.

People were supported to be as independent as possible. Staff showed respect for people's dignity and were careful to protect people's privacy.

Requires Improvement



Is the service responsive?

The service was not always responsive.

People knew who to talk to if they were unhappy about anything. We were told that there were no recent complaints although some people told us that complaints they had made had not been addressed.

Requires Improvement



Summary of findings

Some people's care plans had been updated with them but they did not contain sufficient detail to enable staff to provide personalised care to each person. Staff knew people well and they knew how to communicate with people who had communication difficulties.

People were supported to maintain their relationships with people who mattered to them and to take part in a range of activities.

Is the service well-led?

The service was not well led.

Quality assurance systems were not effective in recognising shortfalls in the service. Action and improvements plans were not developed to make sure people received a quality service.

Records relating to people's care and the management of the service were not well organised or adequately recorded. The majority of policies and procedures had not been reviewed and updated

Inadequate



Seven Springs - Care Home Physical Disabilities

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 27 October 2014 and was unannounced:

The inspection team included two inspectors and an expert-by-experience who used a range of services for people with a physical disability. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We gathered and reviewed information about the service before the inspection from a range of sources. We looked at notifications we had received from the provider. This is information the provider is required by law to tell us about. We looked information other people or agencies have sent us about the service. Before the inspection, the provider completed 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 talked privately with five people who lived at Seven Springs and spoke with other people in communal areas of

the home. We interviewed four staff. We looked in detail at five people's care plans and checked that they were receiving the care that had been agreed with them. We observed how people were cared for and reviewed five people's individual records. We also looked at policies and procedures, quality assurance and risk management records and three staff records.

We contacted the local GP surgery, district nurses, a chiropodist, local authority care managers and commissioners of services before our visit to gather their views about the service.

We asked the registered manager to send us documents, including recent audits, an analysis of people's needs on which staffing levels were based, and an up to date staff training plan. We asked for these documents to be sent within 48 hours of our visit because the information was not available while we were at the service. Some documents were sent including a health and safety audit. However, we did not receive an up to date staff training plan. We will follow up this information when we next inspect to check that the provider has taken action to address the breaches identified in this report.

An inspection was carried out in August 2013 when we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to take action to make improvements in the management of medicines. We did an inspection in November 2013 to follow this up and found this action has been completed.

Is the service safe?

Our findings

People had differing views about their safety. Some people told us there were not enough staff around at times. People told us they felt safe at the service. They said, “I feel safe here”; “They make sure I am safe”. Most people felt happy and well looked after. However, our own observations and the records we looked at did not always match the positive descriptions people had given us.

Staff didn’t have access to the latest guidance or the training to protect people so people could not be assured that the staff would recognise or know how to respond to any concerns about abuse. The registered manager had difficulty locating the safeguarding policy, when this was found it was not the latest version so contained out of date information. The safeguarding policy referred to local authority procedures. The section where local authority information should be added had not been completed. Staff told us they would tell the registered manager or the area manager if they were concerned that any kind of abuse was happening but they did not know how to contact any external agencies if the manager was unavailable. Staff told us they had safeguarding training in the past but not recently.

Each person’s care plan contained identical risk assessments even though people needed varying levels and types of support to make sure they were safe. People’s risk assessments did not provide personalised information of guidance to make sure staff knew how to minimise risks to people and protect them from harm.

One person received their food and medicines through a gastric tube. This person did not always accept the food which meant that medicines, including aspirin were sometimes given without food. There were no risk assessments in place to show that risks to the person’s health had been considered and no evidence of consultation with health professionals to make sure it was safe to give medicines without food.

Some people had bed rails to prevent them falling from bed. There were no personalised risk assessments in relation to the use of bedrails. Not all bedrails were padded to prevent injury. There was no risk assessment about this for one person who experienced ‘spasms’ at night. Staff

were not aware of any actions they should take to prevent this person being injured from contact with unprotected bed rails so they were unable to protect them from potential harm.

The examples above showed that people were not adequately protected from risk of harm or abuse. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not always follow safe recruitment procedures. Some staff recruitment files did not include all the information required to show that staff were suitable to work with people at Seven Springs. References had not always been obtained. Some references described as ‘employer references’ which related to the applicants work and performance did not show evidence that they had come from a previous employer. Although copies of suitable identification documents and evidence of staff members’ addresses were included in files there were no recent photographic identification to verify the person’s identity. Applicants had been checked through the Disclosure and Barring Service

People were not protected from harm because risks were not identified or managed effectively. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Schedule 3, 1 and 3, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people told us they did not think there were always enough staff on duty. People told us they were “Frustrated when we’re desperate for the loo, if the staff are on breaks”. People who lived in the bungalows on site told us there were problems at night because, “Some of the night staff don’t like the dark they will only come over in twos”. This meant people had to wait for the support they needed until two staff were free. The registered manager had not considered ways of managing the staff to ensure that staff were available when they were required. The manager was unable to provide evidence that the number of staff on each shift was based on an up to date overall analysis of the amount of support people needed.

The service had minibuses that were used for people to go out for leisure activities. People told us that staff who were

Is the service safe?

able to drive the buses were not always available which meant they were not always able to go out when they wanted to. Although the registered manager told us there was a full time driver and another staff member who would drive the buses if required people still felt their access was restricted at times. We have made a recommendation related to ensuring that there are always enough staff.

We reviewed the way accidents and incidents were reported and recorded at the service. Records provided information about accidents and incidents that had occurred. We looked at ten records of accidents from the two months before our visit. Staff had included relevant information such as the date, time and circumstances of the accident as well as what actions had been taken. There were a number of records for one person relating to falls. We looked at the risk assessment and the capacity assessment that showed the person had made an informed decision not to request assistance with their mobility. Although this had resulted in occasional falls, it demonstrated that the service had considered the balance between risk of harm and individual choice and had supported the person's right to choose the level of support they wanted.

Medicines were stored safely and procedures for their safe administration were followed. Some people managed their own medicines. One person said, "I self-medicate. The staff order each month, I've got a safe to keep them in". Records were maintained of each person's medicines including when they were administered.

Plans were in place in case for emergencies. These were detailed and had been recently reviewed to make sure they were up to date and relevant. Plans provided clear guidance about what staff should do if an emergency occurred. There was an on call system so staff could contact managers for 'out of hours' support. People had call bells to call for assistance if they were in their rooms. One person told us that staff always responded if they used their bell.

Safety checks were carried out at regular intervals on all equipment and installations. There were systems and equipment in place to make sure people were protected in the event of a fire. Fire safety instructions were displayed throughout the home. Each person had a personal emergency evacuation plan. Staff knew what to do in the event of a fire. They told us that there were fire doors in the home that would provide two hours of protection from a fire and therefore they would wait for assistance to evacuate people. Fire exits were clearly marked and accessible.

We recommend that an up to date overall analysis of the level of support people need is maintained to ensure there are always enough staff with the right qualifications and experience to meet people's needs.

Is the service effective?

Our findings

People told us they were happy with the care staff provided. They said, “Staff are good” and “They know what to do”. However, our own observations and the records we looked at did not always match the positive descriptions people had given us.

Staff training records were not up to date so it was not possible to see if staff had all the essential training, or any required updates they needed, to enable them to provide effective care and support to people.

Records showed that less than half the staff had attended training on the Mental Capacity Act 2005 (MCA). No one living at the service had been assessed as lacking capacity to make decisions although some people were not able to communicate consent verbally. People had individual consent forms in their care files about aspects of their care and treatment. A member of staff, rather than an appointed representative, had signed on behalf of people whose physical disabilities meant they could not sign to give consent to aspects of their care or treatment such as the use of bed rails, photographs and medication.

The examples above showed that suitable arrangements were not in place for obtaining people’s consent because staff were consenting on behalf of people who were unable to communicate their consent to care and treatment. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff described how they gained consent from people before providing care. They were aware that they needed to gain consent and they told us they would speak with people to make sure they were happy with the way they carried out specific tasks.

There were procedures in place in relation to the Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people’s mental capacity should be assessed. The two stage process was outlined in the policy and the five key principles of MCA were included within the procedures.

Staff told us about the support they received from senior staff and their registered manager. They said they were regularly supervised and given opportunities to discuss any concerns they might have about their work or the people they cared for.

People’s weights were not monitored and recorded regularly to make sure they were getting the right amount to eat and drink. One person’s file showed three recorded weights in 2014 with a gap of 13 months between records in 2013 and 2014. There were no risk assessments about nutrition in the individual care files we looked at. Individual risks were not identified and personalised guidance was not available for staff about how to make sure people were protected from risk of malnutrition. We have made a recommendation related to nutrition.

People told us they enjoyed the food and there was always enough. We observed the lunchtime meal. Care staff worked with the catering assistants to make sure that people’s choices and special dietary needs were catered for. People who needed support to eat were helped discreetly. No one was rushed to eat their meal which enabled people to eat as much as they chose or needed.

People were supported to effectively manage their health care needs. Records showed that people were able to see a GP when they needed to. People felt comfortable to discuss their health needs with staff and to ask their advice. Care plans contained information about people’s health needs and medical conditions along with guidance for staff about how to manage these. Records showed that people had regular appointments with health professionals such as chiropodists, dentists and opticians.

A chiropodist and a district nurse who visited the service regularly told us staff were quick to refer people when there were any concerns and staff followed advice about on-going care such as applying dressings. There was a physiotherapist employed at the service. They had developed individual plans with each person including regular hydrotherapy to promote their health and improve their physical well being.

The premises were suitable for people with physical disabilities. The premises had been adapted so that people could move around safely and freely. Handrails and ramps meant that people could access outside space when they wanted to. Corridors were wide and rooms were spacious so that people who used wheelchairs could move around

Is the service effective?

freely and independently and could access all areas of the service. There was a passenger lift so that people could move between floors. There were wide ramps where levels inside and outside changed. Toilets and bathrooms were also adapted and spacious enough to accommodate wheelchairs.

We recommend that effective systems for assessing and monitoring people's nutrition and hydration are put in place.

Is the service caring?

Our findings

People said, “The staff are brilliant, we have a laugh” and, “The care is good”. People told us staff were careful to protect their privacy and dignity and they could choose if they wanted male or female staff to help them with their personal care. People told us they had been involved in planning how they wanted their care to be given. They said they discussed their care plans with the care supervisor and had signed their care plans to show their agreement.

Staff were kind, caring and patient in their approach and had a good rapport with people. Staff supported people in a calm and relaxed manner. They did not rush and stopped to chat with people, listening and answering questions and showing interest in what people were saying. We observed staff initiating conversations with people in a friendly, sociable manner and not just in relation to what they had to do for them.

Information about advocacy services was prominently displayed on the notice board. Advocacy services provide independent support for people when they need help to express their views or to make decisions about their lives. The registered manager told us that none of the people who lived at the service had advocates but they would be supported if they needed to access these services. People had capacity to express their wishes and were able to speak for themselves, or had family members who were able to speak on their behalf if required. We were told that

people were able to raise any issues about the way the way they were cared for with a member of staff who was specifically employed to make sure people received a personalised service.

People were not consistently supported to be as independent as possible. One person told us they had asked staff not to make their bed as they preferred to do this themselves but some staff ignored this request. Another person told us they were pleased with the way they were supported to manage their own health needs. They said, “Nurse comes in twice a week to fill my syringes” which enabled them to manage their own medicine. Other people who were independently mobile told us they were able to go out when they wanted to, for example, to local shops and churches.

Staff showed respect for people’s dignity. They were discreet in their conversations with one another and with people who were in communal areas of the service. Staff were careful to protect people’s privacy and dignity and people told us they were treated with dignity and respect. Staff made sure that doors were closed when personal care was given. The chiropodist and district nurse told us that staff made sure that any treatments people needed were carried out in private.

People’s information was treated confidentially. Personal records were stored securely. People’s individual care records were stored in lockable filing cabinets in the staff room to make sure they were accessible to staff. A coded lock had been fitted to the door to this room to provide additional security for people’s personal information.

Is the service responsive?

Our findings

People knew who to talk to if they were unhappy about any aspect of the service, although their views about how concerns or complaints were handled were not always positive. Most people felt they were listened to and that appropriate action was taken to address their concerns. One person said they had reported a concern to the registered manager who acted immediately to address the issue.

Two people gave examples of concerns they had raised with the registered manager but said that nothing had been done to address these. There was a system to record complaints electronically so that records could be reviewed by senior registered managers to ensure that complaints were dealt with. We were told that there were no recent complaints and so no entries had been recorded. Staff understood that people had the right to make complaints if they were unhappy about any aspect of the service. A staff member told us that 'People should complain' if they had particular issues. Staff were aware that there were processes available to people if they wanted to make a complaint. When we spoke with people we found that even though most people were happy with their care some people had raised concerns about staffing levels and other issues with the registered manager, which they said had not been addressed. There was no record of these complaints.

We have made a recommendation that the operation of systems for recording and addressing complaints is reviewed.

There was a complaints policy which was displayed in the reception area of the main house. The policy provided information about how people could raise concerns and information about how and when they could expect a response. Information about how to raise a concern was also included in the service user guide that was given to people when they moved to the service

We observed that staff knew people well and engaged in conversations with them about their families, activities and

interests. Staff responded to people's needs despite the lack of recorded information in the care plans. People were offered choices, including about where they wanted to spend their time, and staff respected their decisions. People were offered choices about what they wanted to eat and drink. Most people were able to express their wishes. Staff described how they communicated with people who had communication difficulties through observing people's body language and expressions so that they knew what people liked and did not like. At lunch time two people, who were unable to verbalise their needs, were shown two plates of food so that they were able to point to the food of their choice.

People were supported to maintain relationships with people who mattered to them. Some people told us they had a private telephone line in their rooms; two people were pleased to show us their telephones and told us they used them to keep in touch with friends and family. Other people had mobile telephones and their own computers in their rooms so they could keep in touch with people using email and social media. Visitors were welcomed at the service at any reasonable time and people were able to spend time with family or friends in their own rooms. There was a choice of communal areas where visitors could spend time with people other than in their rooms.

Staff knew each person well and were able to describe their needs, interests, abilities, preferred routines and the way in which they wanted their care to be provided. When there were not enough permanent staff to cover shifts the manager told us they used regular agency staff wherever possible. The agency staff worked alongside permanent staff wherever possible so that people's preferred routines were not disrupted.

There was a day centre on site where people could take part in a range of activities. The registered manager told us that there were strong links between the home and the local community. Students from a local school were involved with events and often visited the home. People from the service had been involved with initiatives to improve disabled access at a local hospital. People had opportunities to be involved in the local community.

Is the service well-led?

Our findings

People raised concerns about the management of the service. They told us the registered manager spent most of their time in the office, “Never walks round to see us”; “In his office that’s it”. Most people spoke positively about the service and told us they found the management team helpful. One person said, “I love it here, I wouldn’t move”. Two local authority care managers, a district nurse and the chiropodist spoke positively about the care people received.

The provider had a statement about their vision and values. This stated ‘We work for a society in which every person is equally valued. We believe that disabled people should have the freedom to live their lives the way they choose - with the opportunity and support to live independently, to contribute economically and to participate fully in society’. We saw evidence that these aims were achieved in some areas such as supporting people to take part in local initiatives to bring improvement for people with disabilities. People told us there were limits on their opportunity to go out as there were not always enough staff on duty who could drive the minibus. People were therefore not always able to live their lives the way they chose or to participate fully in society. People who were independently mobile were able to use public transport or use the cycle path into the town.

The management team at the service included the registered manager and the care supervisor. Support was provided to the registered manager by senior managers. The registered manager told us that they were well-supported by the area manager and they were able to raise issues if they had any. They told us that the area manager regularly visited the home. Records or other evidence concerning how the area manager was monitoring the operation of the home were not available. We were therefore unable to make a judgement that arrangements to monitor the quality of the service were robust.

We were told that electronic systems could be used to alert senior managers to issues at the service such as incidents and accidents. We reviewed the way accidents and incidents were reported and recorded at the home.

Records provided full and clear information about accidents and incidents. The date, time and circumstances of the accident as well as what actions had been taken in response to the accident.

A monthly manager’s report had been completed for September 2014. This included observations concerning staff practice and the registered manager documented that they had spoken with people who lived at the service. He had identified areas that needed to be addressed but the monthly report did not identify shortfalls we found during our inspection.

Health and safety audits were carried out each month. These audits were carried out by a staff member and signed off by the registered manager with a note of actions to be completed. Actions were not always completed in a timely manner. In the most recent audit from September 2014 it was noted that a window in the laundry room needed to be replaced. We reviewed previous audits and saw that this issue was initially noted in June 2012.

We requested audits and any associated action plans which would evidence robust quality monitoring systems to be sent to us by the manager within 48 hours of our visit. We received four audits: A manager 'out of hours' audit which showed that the manager had visited the service on Saturday 18 October 2014 from 12:30 and 14:15. A person centred practice audit dated 6 November 2013. A medication audit dated 12 June 2014. This stated that 100% of people receiving medication had an individual risk assessment in place. We found that all the risk assessments relating to medicines in people’s files were identical rather than individual.

There were no recent minutes of residents meetings available to show that people were consulted and their views taken into account in the way the service was delivered. The last recorded resident’s meeting was 26 September 2013. Resident’s meetings were also held with the organisation’s Personalisation and Involvement Officer but these minutes were not available. People told us they did sometimes have their own meetings which were led by one of them. There were no records of these meetings. We were not able to speak with the person who led these meetings to ask them about any feedback to the manager or actions in response to any suggestions or concerns that were raised.

Is the service well-led?

Staff meetings were held infrequently. There were records of two senior staff meetings between 10 September 2013 and 17 October 2014. Two care staff meetings had taken place since July 2013 and there was no record of any night staff meeting since June 2013 which meant the provider had not included staff in the running of the service.

The provider had a whistleblowing policy. This included information about how staff could raise concerns and what processes would be followed if they raised an issue about poor practice. Staff were encouraged to come forward and reassured that they would not experience harassment or victimisation if they did raise concerns. There was a leaflet for staff which included information about external agencies to whom staff could raise concerns about poor practice such as the charity Public Concern at Work and the external auditors for the organisation. The whistleblowing policy also directed staff to 'a relevant professional body or regulatory organisation'. However, neither the leaflet nor the policy directed staff specifically to the Care Quality Commission (CQC). The CQC has responsibility for regulating care homes and has systems in place to allow staff to raise concerns about practice if they feel they need to whistle blow about practice within a care home. This meant that staff did not have all the information they needed to raise concerns about the quality of the service or care.

We requested information to be sent to us shortly after the inspection visit because it was not made available at the time. The registered manager did not send us all of the information that we asked for. We will follow this up when we return to check whether actions have been taken by the registered manager and the provider.

The examples above show that systems to manage risks and monitor the quality of the service were not being operated effectively. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records relating to people's care and the management of the service were not well organised or adequately completed. The care supervisor told us that care plans were being updated following the introduction of a new format which was intended to be more personalised. The care supervisor told us that not everyone's plans had been updated using the new format although this had been

introduced more than a year before our inspection. The updated care plans did not contain sufficient detail to enable staff, particularly new or agency staff, to provide personalised care to each person. For some topics listed such as work, learning and leisure, managing money, friendships/relationships and planning for the future, nothing had been recorded because the care supervisor said they did not apply to the people concerned. This meant that staff did not have access to all the information they needed to ensure they provided people with personalised care and support in the way people wanted.

An audit of person-centred practices that was carried out in November 2013 stated that 'The registered manager and staff knew they needed to record things in greater detail and that they did not create or develop action plans. They are thinking about how they could do this'. The same audit also recorded that 'The service has not started to think about how it could use the person centred planning'. Whilst a new 'person centred' care plan was being introduced, not everyone's care plan had been updated to the new system. Those that had did not contain sufficient information to ensure that new or agency staff would know how to provide people with personalised care to make sure people received care in the way they wanted.

The registered manager was unable to provide evidence that staff received the training they required to meet people's needs and protect people from harm. There was no up to date schedule showing the training staff had completed or were due to complete. Records did not evidence that the care and support people needed was being provided. Although there were documents in place in each person's file for staff to record this, there were gaps in these records where no entries had been made for up to a 12 hours. One person's daily notes had no entries during the day from 24 to 26 October 2014 to show that the person had received any care or support.

There was no evidence that the majority of policies and procedures had been reviewed and updated in recent years to make sure they reflected current research and guidance. Many of the policies available in hard copy at the home including the whistleblowing and mental capacity procedures were out of date. Staff had no other means of accessing policies apart from the hard copies that were held in the care and administration offices at the service.

Is the service well-led?

The examples above show that people were not adequately protected against the risk of unsafe or inappropriate treatment because of a lack of proper information and accurate record keeping. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood their roles and responsibilities. The staffing and management structure ensured that staff knew who they were accountable to. There was a staff forum operating within the wider organisation.

The registered manager told us that staff were able to make suggestions and where possible their ideas would be implemented. For example, they had requested a new specialised bath and this would be taken forward if possible. Staff had expressed a preference for using blister packs for medicines and this was being reintroduced.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>People were not protected against risks of inappropriate or unsafe care and treatment, because systems designed to regularly assess and monitor the quality of the services provided to identify, assess and manage risks relating to people's health, welfare and safety were not effective.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>People who use services were not protected against the risks of neglect and acts of omission that cause harm or place at risk of harm.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>People were not protected against risks of inappropriate or unsafe care and treatment the registered person had not ensured that there was an accurate record in respect of each person which included appropriate information and documents in relation to the care and treatment provided. Other records were not available or not up to date in relation to the management of the regulated activity.</p> <p>Regulation 17 (2) (d)</p>

Regulated activity	Regulation
--------------------	------------

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered person did not have suitable arrangements to ensure that consent was obtained from authorised people.