Mr Stephen Antony Campbell

The Saltings

Inspection report

7 The Saltings
Littlestone
New Romney
Kent
TN28 8AE

Tel: 01797366216

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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?	**Inadequate**

Summary of findings

Overall summary

This inspection took place on the 23 February 2017 and was unannounced. The Saltings provides accommodation and support for up to three people who may have a learning disability or autistic spectrum disorder. The Saltings is a detached house in a small residential cul-de-sac. The service is not suitable for people with physical mobility problems. There is a driveway and some on street parking, a bus stop and the beach are within walking distance. New Romney town and its amenities are close by. At the time of the inspection three people were living at the service. All people had access to a communal lounge/dining area, kitchen, shared bathrooms, and laundry room. There was a garden which people could access when they wished. One person had access to an additional room upstairs where they watched television or listened to music which they called 'The Den'.

The service provider, also works as the manager. Registered providers 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 registered provider was not present throughout the inspection. The Saltings was last inspected on the 17 and 25 November 2015 where five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found. During this inspection we found that the provider had made little improvement to the areas identified as a concern at the previous inspection. This included risk to people's safety, safeguarding processes, the Mental Capacity Act, staff supervision and support, and leadership and management of the service.

There was a lack of oversight and leadership at the service. Feedback was obtained with the view of improving the service, but action was not taken or recorded to demonstrate the improvements that had been made.

The provider had not kept accurate or complete records to support staff to deliver safe care and treatment to people. There was little auditing within the service to assess how the care and treatment people received could continue to improve. The provider worked in a reactive way rather than having clearly established processes to ensure people had good outcomes.

People were not protected by robust recruitment procedures, the provider could not demonstrate how they ensured the staff they employed were suitable for their roles.

Fire drills had not been practiced so the provider could not be sure staff were able to assist people in an emergency situation. The provider had not developed any contingency plans should there be a disruption in the delivery of the service or if there was an emergency situation.

Accidents and incidents were recorded but the provider lacked good oversight of incident management. People's behavioural guidelines lacked enough information to guide staff to manage incidents well.

Some areas of medicine management needed further improvement to ensure people received their

medicines when they required it. The medicine policy was out of date and did not contain current good guidance to inform staff of best practice.

The provider did not have a good understanding of the process they should follow to comply with the Mental Capacity Act. The provider was not working within the principles of the Act.

Staff had not benefitted from regular supervision or appraisals to discuss their roles and identify areas they needed further support or guidance in.

Care plans lacked enough person-specific detail which meant people may be at risk of receiving inappropriate support. Information relating to people's health had not been kept updated which could impact on people if they were supported by staff who did not know them well. People were supported to access outside health professionals when they needed this.

There were suitable numbers of staff on shift to meet people's needs. Staff demonstrated a good understanding of how to support people well.

Staff had received the necessary mandatory training to support people safely, meeting their needs. Additional training was obtained in specialised areas such as epilepsy, autism, and depression. A staff member told us training was an area which had recently improved.

People had choice around their food and drinks and staff encouraged them to make their own decisions and choices.

Staff demonstrated caring attitudes towards people and spoke to them in a dignified and respectful way. Staff communicated with people in a person centred and individual way to meet their own specific needs.

People were relaxed and happy in their home and at ease around staff. People were supported to attend activities and day trips outside of the service and were offered activities within the service.

People had access to an easy read complaints policy in their care files. Complaints were recorded and responded to as outlined in the complaints procedure.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end 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.

People were not protected by safe recruitment processes.

Incident and accidents were not robustly monitored by the provider.

People's behavioural guidelines lacked enough information to guide staff to manage incidents well.

Emergency plans had not been implemented or practiced. The provider could not be sure staff could support people effectively in an emergency situation.

Safety checks had been made regularly on equipment and the environment.

There were enough staff to meet people's needs.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The provider did not have a good understanding of the Mental Capacity Act and was not working within the principles of the Act.

Staff had not received regular supervisions or appraisal.

People's health care documentation lacked important information.

People were supported to attend appointments with healthcare professionals when this was required.

Staff had received mandatory and additional training to support people with their needs

People were supported to eat a healthy varied diet.

Is the service caring?

Good

The service was caring.

Staff spoke to people kindly and treated them with respect and dignity.

Staff communicated with people in their preferred way and spent time listening to what they told them in an interested way.

People moved freely around their home and had decorated their personal space in their preferred way.

Staff understood their needs well.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans lacked enough person-specific detail which meant people may be at risk of receiving inappropriate support.

People were offered varied activities to meet their individual needs and interests.

There was a complaints procedure available for people should they be unhappy with any aspect of their care or treatment.

Is the service well-led?

Inadequate

The service was not well-led.

The service lacked oversight and improvement was not driven. The provider had failed to keep their knowledge and skills updated sufficiently to develop the service.

Internal auditing systems for monitoring the quality of the service were not effective. The audits that had been conducted failed to highlight areas of concern found at this inspection.

Feedback was sought so improvements to the service could be made but action was not taken or recorded to demonstrate how the service had improved.

The Saltings

Detailed findings

Background to this inspection

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

This inspection took place on the 23 February 2017 and was unannounced. The inspection was conducted by one inspector. Before our inspection we reviewed information we held about the service, including previous inspection reports and notifications. A notification is information about important events, which the service is required to tell us about by law. We reviewed the Provider Information Return (PIR) and used this information when planning and undertaking the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke with two people, one staff, and the deputy manager. Before the inspection we received feedback from one healthcare professionals, after the inspection we received feedback from two relatives. Some people were not able to express their views clearly due to their limited communication. We observed interactions between staff and people. We looked at a variety of documents including three people's support plans, risk assessments, activity plans, daily records of care and support, three staff recruitment files, medicine administration records, and quality assurance information. We asked the provider to send us some information after the inspection, we did not receive all of the information we requested.

This was the first rated inspection for the service since the provider's registration changed to an individual in July 2016.

Requires Improvement

Is the service safe?

Our findings

A relative said, "I feel (relative) is safe and well looked after, (relative) would tell me if they weren't".

People were not protected by robust recruitment procedures. From the three staff recruitment files viewed, two staffs' employment history had not been fully explored for gaps and two were missing interview records. The references obtained for one staff member were undated or were dated four years prior to them commencing work. Another staff member's references had been obtained after they had commenced work in the service. Two staff members' Disclosure and Barring Service (DBS) checks were obtained after their start date. DBS checks identified if prospective staff had a criminal record or were barred from working with adults. Some staff had worked for the provider for over 10 years but DBS checks had not been renewed. The provider could not demonstrate how they assessed the suitability of three staff members' health to determine they were able to complete their role effectively. This left people at risk of harm because the provider had not made all the appropriate checks to ensure staff were suitable for their role.

The lack of effective and safe recruitment processes is a breach of Regulation 19 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

No fire drills had been conducted. The deputy manager said this had not been implemented because it was disruptive to the people living at the service. This meant that people may not be safe in the event of an emergency. People had a personal emergency evacuation plan (PEEP), a PEEP sets out specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. PEEPS lacked enough information to inform staff how people should be supported in the event of a fire. One person's assessment stated, '(Person) is not always co-operative due to lack of stability, mentally and physically. Confusion and fear could make them aggressive'. The assessment identified steps to minimise the risk which included regular fire drills (which were not happening), and physically leading and supporting the person during the event of evacuating. There was no specific information to describe how staff should physically support the person in this situation or how to respond if the person became aggressive. Staff could describe the action they would take to safely evacuate people from the building in the event of an emergency but had not put these plans into practice to assess how effective they were.

The provider had failed to have proper systems and processes in place to protect people in the event of an emergency. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not developed any contingency plans should there be a disruption in the delivery of the service or if there was an emergency situation. We recommend that the provider introduces a process for staff to refer to should an emergency situation arise.

Some areas of the service were in need of a deep clean. For example, one person had an en-suite shower in their bedroom. The shower unit had a build-up of dirt and grime and their room smelt of urine. The deputy

manager said the flooring in this person's room had recently been replaced but the flooring in the shower room had not. The flooring in the shower room was stained and damaged; making it difficult to clean properly. Staff were required to complete cleaning tasks on a daily basis, but there were no deep cleaning schedules in use and no audits of the cleanliness of the environment had been made.

The provider had failed to maintain a clean environment suitable for purpose. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff administered medicines for all people living at the service; people had not been assessed to determine if they could self-administer their medicines. There were no recordings that consent or capacity assessments had been made around people's medicines. The service's medication policy had not been updated since 2003 and did not contain the most recent best practice guidance for staff to refer to. Guidance was not available to inform staff when people required their occasional medicine (PRN); some people were unable to verbally request PRN so were reliant on staff to recognise when they needed this. There was no guidance in care plans about how people may show they were in pain or discomfort. Competency checks were not being made to assess if staff continued to be competent in administering medicines although the provider had obtained competency check lists which they planned to implement.

The provider had failed to have robust management of medicines. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The medication administration record (MAR) sheets showed all required medicines were in stock and people had received their medicines as prescribed. Staff stored medicines securely in a lockable cabinet. A medication audit had been recently implemented to ensure medicines were checked daily to ensure errors had not been made.

Accidents and incidents were recorded but the provider lacked good oversight of incident management. There were copies of incidents on people's care records and a separate accident book for staff. The deputy manager said a formal monitoring system was not in place to identify patterns, or trends because incidents infrequently occurred.

We recommend that the provider introduces a monitoring system to document any trends and actions taken.

Strategies to support people to manage behaviour which could challenge others were not robust. Staff told us people rarely displayed behaviour which could challenge others; although a relative told us their loved one could be both verbally and physically abusive. Behaviour guidance lacked information for staff to refer to should people need support with managing their behaviour. One person's care plan stated, 'Can become agitated, swears, talks to self and can hit out'. The plan went on to say, 'Strategies for coping- calm person down, remove them from the activity/person causing this'. There was no further information to identify triggers, say how staff could successfully calm the person down or what action to take to achieve this. This is an area that needs to improve.

Staff had a basic understanding of recognising the different forms of abuse and what process should be followed for reporting any concerns. A staff member said, "I've had safeguarding training, I would report to the deputy, owner, CQC or KCC (Kent County Council)".The service had a safeguarding policy in place which had not been reviewed or updated since 2004. The information contained in the policy did not contain the most recent guidance on keeping people safe from harm. The policy stated, 'The registered manager should undertake an internal investigation within the disciplinary procedure'. This is not what current guidance

recommends as alerts should be made to the local authority for decisions about investigation.

We recommend that the provider updates their safeguarding policy to reflect the current best practice guidance.

Safety checks had been made regularly on equipment and the environment. This included monthly checks on the fire alarm system, fire extinguishers, emergency lighting, carbon monoxide alarms, gas safety checks, checks on electrical installation, and portable appliances. Fire risk assessments relating to the service had been made by an external consultancy firm.

General risk assessments had been implemented to reduce the risk of people being harmed and staff were able to describe how they supported people to remain safe. Risk assessments identified the risk or hazard, the justification for the risk, and steps to minimise the risk. Risk assessments covered areas such as bathing, socialising, shopping and helping tidy the kitchen.

There were suitable numbers of staff on shift to meet people's needs. Rotas reflected the staffing levels we were told were used. One staff was available from 8am until 8pm, during the night one sleep night staff were deployed. Two of the three people attended planned day care activities throughout the week. The deputy manager told us that staffing levels were flexible if required. For example, if extra staff were needed to support people to any appointments or special events, additional staff from the provider's other service could be used. Agency staff were not used by the service, if there were gaps in the rotas due to sickness or annual leave the provider or staff worked overtime to provide the required support. Staff demonstrated they had the skills and knowledge to support the individual needs of people in their care. They provided appropriate assistance for people with personal care, eating meals and getting ready to attend activities. They spent time talking to people and did not rush them when providing support. The provider and senior staff took turns to be on call to ensure staff always had a point of contact should they require support or emergency assistance. A rota was available for staff to refer to which documented who was on call each day.

Requires Improvement

Is the service effective?

Our findings

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 make particular decisions, any made on their behalf must be in the best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

The provider did not have a good understanding of the process they should follow to comply with the MCA and was not working within its principles. Capacity had not been assessed to see if people were able to make decisions themselves and a best interest process had not been followed to determine if the restriction imposed on people was the least restrictive option available. For example, one person had a lock on their wardrobe to prevent them from removing their clothing. A capacity assessment and best interest process had not been completed to justify the reasons why this restriction had been imposed. Other people's medicine and finances were managed by staff but capacity assessments, a best interest process or records of consent had not been made or recorded. One DoLS authorisation had been granted.

The registered person had not acted in accordance with the requirements of the Mental Capacity Act 2005. This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The deputy manager said, "Supervisions should be every six to eight weeks according to the policy but this hasn't happened". Supervision had been infrequent, some staff had only received one or three supervisions in 2016, staff had not received an annual appraisal. Supervision and appraisal processes are intended to enable managers to maintain oversight and understand the performance of all staff. Supervision is used to ensure competence is maintained, as well as providing a formal forum for discussions about best practice, setting of personal objectives and development plans for staff. This helps to ensure clear communication and expectations between managers and staff. Where needed, supervision provides a link to disciplinary procedures to address any areas of poor practice, performance or attendance.

Staff had not received appropriate support to enable them to carry out the duties they are employed to perform. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Each person had a health action plan and hospital passport. Some of the information contained in these documents had not been kept up to date or gave enough detail to help staff support the person. For example, a person's hospital passport stated, 'I need full care with aspects of my personal care including going to the toilet' the document did not specifically mention the person was incontinent, required to wear

incontinence pads and needed prompting by staff to use the toilet. Another person's health action plan did not state they had a particular condition with their legs which required daily medicine. We asked the deputy manager why this information had not been included and they said it should have been but they had forgotten to record it. This could have a negative impact on people should they be admitted into hospital without support from the staff that usually cared for them.

The provider had not designed care and treatment with a view to achieving people's preferences and ensuring their needs were met. This is a breach of Regulation 9 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Referrals and appointments were made quickly for people when they needed professional support with their health. People had access to various outside professionals, such as dentist, psychological services, neurology, physiotherapist, and occupation health. Appointments had been recorded in people's care files so staff could keep track of current health needs and any follow ups people may require.

Staff had completed training in the form of face to face or online e-learning. Mandatory training included; safeguarding, fire, first aid, moving and handling, food hygiene, medication, health and safety, and infection control. Additional training was offered to staff in specialised areas such as epilepsy, autism, and depression. A staff member said, "A trainer came to the home and showed us DVDs then we had a discussion about what we had watched and talked about different scenarios. Training is much better and informative now". Induction processes were in place for when new staff were recruited. New staff members shadowed other staff for a number of weeks before working as a full member of staff. They were then observed by a senior staff member to confirm competence. The provider used The Care Certificate to assist with staff induction. The Care Certificate was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. New staff had not been recently employed at the service so we were not able to view any induction records.

People were involved in planning the menus and shopping for the weekly meals. During the inspection one person was helping the deputy manager write the shopping list for the following day. Throughout the inspection people were offered a choice of hot or cold drinks by staff. Staff demonstrated they understood people's likes and dislikes well. If staff were concerned about people's appetites or changes in eating habits, they sought advice from health care professionals and the appropriate referrals were made.

Good

Is the service caring?

Our findings

One person told us they liked living at the service and got on well with the other people living there and staff. Some people were unable to tell us directly of their experiences but we were able to observe a number of examples where staff showed a caring and compassionate attitude towards people.

During the inspection staff continually engaged with people and included them in conversations. They frequently asked people if they were okay and if they were happy or needed any support. Staff demonstrated they understood people well and supported them with their interests. A staff member sat next to a person showing them a wooden object with various coloured shaped blocks. They spoke to the person about the different textures and encouraged the person to feel and touch the object for sensory stimulus and engagement. One person had a sensory pillow that had been specially made, which had different colours and textures for the person to look at and feel.

People's bedrooms were decorated in a personal way and they had many objects such as memorabilia of their favourite music groups, games, stuffed toys, photographs, ornaments, DVDs, CDs, and pictures to make their rooms feel homely and comfortable. People bedroom doors had photographs attached to help people identify their room to support their independence. Staff respected people's privacy and asked for permission before entering their personal space.

Staff asked for people's consent before supporting them. For example, one person required support to use the toilet, staff asked the person and waited for their response before guiding them to the bathroom. People could have visitors when they wanted to and there were no restrictions on what times visitors could call. People were supported to have as much contact with their friends and family as they wished. A relative told us their relative was accompanied by staff to visit them at home as they were unable to come to the service. They said staff were always friendly and kind to their relative.

Staff understood how to communicate with people in ways appropriate to their needs and adapted their approach to be person centred. One person with limited communication was supported by the deputy manager to choose what they wanted for lunch. They were shown two different flavours of soups and were given the time to make their decisions by pointing to which one they wanted. During lunchtime a staff member sat with the person and supported them to eat their meal in an unhurried way. The staff member praised the person and offered encouragement at appropriate intervals.

People's independence was promoted. People had a weekly house day where they were supported, with encouragement, to clean their room, do their laundry and other household chores. People were encouraged to be fully involved in the service. A staff member said to a person, "Shall we buy some popcorn tomorrow when we go shopping for our film night? You will need to choose the DVD you want to watch". The person responded and continued to have a conversation about their plans for the next day which the staff member responded to in a patient and kind manner.

People appeared relaxed and happy in the service, they moved freely around the service, moving between

their own private space and communal areas at ease. There were several areas where people were able to spend time, such as the lounge, dining room, kitchen, garden or their own room. People had access to advocacy service if they needed this; one person had recently had involvement from an advocate to support them through a particular situation.

Requires Improvement

Is the service responsive?

Our findings

A staff member said, "We all go out at the weekend, we might meet up with people from the other house or maybe go to the garden centre for a cup of tea. We sometimes walk to the beach".

Although people's care files were written in an easy read format which included pictures to help people understand its content, some information was repetitive or had not been updated when people's needs had changed. For example, one person's pen picture stated the person 'ate well'. Staff told us this was not the case as the person had days when they were unable to use cutlery and had problems eating their meal. A referral had been made to the speech and language therapist regarding this. The pen picture had been reviewed in August 2016 but the person's current needs around eating had not been updated. The person's hospital passport stated, 'No problems (with eating or drinking), but does need visual prompts from carers'. There was no further description about what this meant.

Another person's care plan contained a document that stated, 'Basic Makaton and full use of English language' when referring to how the person communicated. Makaton is a language programme using signs and symbols to help people to communicate. Staff told us that nobody used Makaton and training had not been completed in this area. The document had been reviewed in November 2016 and stated 'no changes'.

Some documentation lacked important detail to inform the way staff supported people. For example, one person's guidelines around managing their behaviour stated they may 'show negative behaviour' when they felt unsafe and staff should reassure the person at all times. There was no further information to say what negative behaviour may present itself or how staff should reassure the person according to their individual needs.

The provider had not designed care and treatment with a view to achieving people's preferences and ensuring their needs were met. This is a breach of Regulation 9 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some parts of people's care plans gave detailed information about the person's individual likes and needs. For example, one person's care plan said they liked to keep particular items close by and in the same place and this was what we observed to happen during the inspection. Care files included a pen picture, risk assessments, a complaints policy, health information, likes and dislikes, communication information and preferences around bedtime, and personal care routines.

Although parts of the care plans needed to be updated to reflect people's current needs, existing staff had a good understanding of how to support people in their preferred way. The impact of the documentation not being up to date was greater as people were often only supported by one staff member meaning the provider relied on the knowledge of the staff member to provide the appropriate support. If a new staff member commenced work at the service they could not rely on the care plans to inform all of their practice.

Two people attended a day centre three days a week; one person chose not to attend the day centre at this

time. People often met with other people from the provider's other service which was located nearby and were encouraged to socialise and do various activities and day trips together, this helped people maintain relationships externally from the service. A vehicle was available for people to use and a bus stop was within walking distance of the service. During our visit one person went to the day centre for the day and had been ten pin bowling which they told us about when they came home. Other activities people participated in were going for walks, watching plays and doing the weekly shopping. When people were in the service staff offered them various activities and objects to keep them interested.

People had access to an easy read complaints policy in their care files. The easy read complaints policy gave people information about who they could talk to, what happened if people were dissatisfied with the response the provider gave, and who else could help the person with their complaint. Some people would find it difficult to understand how to complain following the formal process. They relied on staff to recognise if they were unhappy about the service they were receiving by understanding their body language and other means of communicating. When a person had made a complaint the provider had documented the response and action they had taken, the service did not have any unresolved complaints.

Inadequate

Is the service well-led?

Our findings

A staff member said, "There was an issue with communication before but that's been addressed. Everyone's happy as far as I'm aware".

Lack of oversight by the provider had negatively impacted on the safety and quality of the service. Our inspection found the provider had not protected people from potential harm by carrying out robust recruitment checks and regular fire drills or ensuring the service was cleaned to an appropriate standard. Information available for staff to support people had not been kept up to date and staff had not received adequate support and supervision to perform their roles well.

The service was run as a small family home. The provider maintained the day to day management of the service as well as working on the rota supporting people. The provider and deputy manager were currently completing their level 5 diplomas in health and social care to increase their knowledge and understanding and to enable them to be effective in their role. The level 5 diploma is the recognised qualification for managing a residential service. The registered provider had been in post for a number of years, they had not kept their knowledge and skills updated sufficiently to develop the service. This impacted on the quality of care people received.

Leadership was lacking at the service and significant improvements were required to ensure people's needs were consistently met. The service did not have an effective quality assurance system in place to drive improvement in a sustained and proactive way. Other than a medicines and care plan audit there was an absence of any other audits to look at health and safety, fire safety or supervision to check for completion.

A new auditing document had been implemented to check people's care plans were up to date with the most relevant information but we found audits had not successfully identified some information was lacking or conflicted with peoples current needs. The provider worked in a reactive way, rather than imbedding clear processes for responding to situations which may affect people in the service.

Infrequent provider checks on the service had been conducted, the checks that had been made focused only on the environment. Information recorded regarding these visits was minimal and provided no insight into what had improved or what timescales had been agreed when areas of improvement were identified. The absence of such audits meant that the registered provider could not assure themselves that service quality in all areas was being met or maintained. Questionnaires had been distributed to people's relatives so feedback could be analysed, however there was little evidence as to how comments received informed improvements to service quality.

Staff had access to policies and procedures. The deputy manager had been tasked with implementing changes to policies and procedures but said they did not feel confident to do this as they had not been shown how this should be completed. Although they had been reviewed they had not been amended to keep pace with changes in legislation and good practice guidance, some policies were dating from 2003. Most policies and procedures seen were brief with little relevant information or guidance available to inform

staff practice and ensure this was conducted to required standards. Some of the policies which we were told had been updated were printed from the internet and were not specific to the service. The deputy manager said, "I did write on the policies that they were updated, but I didn't update any information. I didn't know how to and wasn't shown".

It was not possible to understand how feedback from people or staff drove improvement or how the provider listened to the views of others to make the service better. We were not able to view records of staff meetings. The deputy manager said a meeting had been arranged in February 2017 but had been cancelled due to a lack of attendance. A staff meeting had been re-arranged for March 2017. The deputy manager said a staff meeting had taken place in November 2016, we asked for the minutes of this meeting to be sent to us after the inspection but did not receive them.

The registered person had failed to identify the shortfalls at the service through regular effective auditing. The provider had not maintained accurate, complete and contemporaneous records or used feedback to drive improvement in the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had failed to notify the Commission about notifiable events including a recent safeguarding incident and a deprivation of liberty safeguards standard authorisation. The deputy manager said they had been unaware notifying the Commission of these incidents was a requirement of the Regulations. The provider had alerted the local authority about the safeguarding incident which had been investigated appropriately.

The provider had failed to notify the Commission of incidents. This is a breach of regulation 18 of the Health & Social Care Act 2008 (Registration) Regulations 2009.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify the commission of incidents Regulation 18(1)(2)(4A)(a)(e)(f).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not designed care and treatment with a view to achieving people's preferences and ensuring their needs were met. Regulation 9(1)(3)(a)(b)(c).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person had not acted in accordance with the requirements of the Mental Capacity Act 2005 Regulation 11.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to mitigate risks in relation to proper and safe management of medicines and had failed to have proper systems and processes in place to protect people in the event of an emergency Regulation 12(1)(2)(b)(g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to maintain a clean environment suitable for purpose. Regulation 15(1)(a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed There was a lack of effective and safe recruitment processes. Regulation 19(1)(2)(3)(a)(b)(c).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received appropriate support to enable them to carry out the duties they are employed to perform Regulation 18(2)(a).

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 The registered person had failed to identify the shortfalls at the service through regular effective auditing. The provider had not maintained accurate, complete and contemporaneous records or used feedback to drive improvement in the service. Regulation 17(1)(2)(a)(b)(c)(e).

The enforcement action we took:

A warning notice has been issued in regards to regulation 17. The provider has failed to ensure the service is well led and managed resulting in a negative impact on the people using the service.