

Regal Care Trading Ltd

Le Moors

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



Overall summary

The inspection was carried out on 15 and 16 April 2015. The first day of the inspection was unannounced.

Le Moors is a care home which is registered to provide care for up to eight people. It specialises in the care and support of younger adults and older people with a learning disability and does not provide nursing care. At the time of the inspection there were eight people accommodated at the service.

Le Moors is two storey building located on a main street in Clayton Le Moors. Shops and services are a short distance away and transport links are nearby. There are eight single bedrooms and a communal lounge/dining

room. The first floor bedrooms can be accessed by a passenger lift or stairs. There is an enclosed yard area to the rear of the premises and parking to the side of the home.

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

At the previous inspection on 13 October 2013 we found the service provider was meeting the legal requirements.

Summary of findings

Although people did not express any concerns about their safety and wellbeing, we found there were not enough staff available at the service to make sure people received safe and effective care.

We found the way risks to people's wellbeing and safety were assessed and managed was inconsistent. We found individual risk management plans had been drawn up to guide staff on managing some risks. However some information was lacking in detail and some potential risks had not been properly considered or reviewed.

We found some medicine administration instructions and records were unclear. Also we noted medicine management systems were not being properly checked.

We found the care plans were lacking in detail and did not include goal planning. There were no structured arrangements in place for people to regularly access and experience, the resources available in the local community.

We also found there was lack of effective systems to assess, monitor and improve the quality of the service.

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

Support workers expressed an understanding of safeguarding and protection matters. They knew what to do if they had any concerns. They had received training on safeguarding vulnerable adults. However, we recommended that staff receive further training to ensure they have skills knowledge and abilities in managing people's behaviours.

Staff responsible for supporting people with medicines had completed training. This had included an assessment to make sure they were capable in this task. We found there were some processes in place to safely handle medicines.

The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. Recruitment practices made sure appropriate checks were carried out before staff started working at the service.

There were some processes in place to maintain a safe environment for people who used the service, staff and visitors. However we have recommended health and safety risk assessments be carried out and acted upon.

We found some people had experienced effective care and support in response to their health and well-being needs. Processes were in place for people to receive an annual health check and keep appointments with GPs, dentists and opticians. However, we found some behaviours had not been properly monitored and responded to. We were advised following the inspection that improvements in providing this support had been made, however we have made a recommendation around taking account of guidance from other services.

People spoken with indicated they were satisfied with meals provided at the service. People's individual dietary needs, likes and dislikes were provided for. Doctors and dieticians were liaised with as necessary. Various drinks were readily available and regularly offered. We saw people being sensitively supported with their meals. However we found further improvements were needed to provide a more effective meal time experience. We therefore made a recommendation around the provision of food and drinks.

The MCA 2005 (Mental Capacity Act 2005) and the DoLS (Deprivation of Liberty Safeguards) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. We found appropriate action had been taken to apply for DoLS and authorisation by local authorities, in accordance with the MCA code of practice and people's best interests.

There were systems in place to ensure all staff received regular training. Arrangements were in place for new staff to complete an initial induction training programme. All support workers had, or were working towards a nationally recognised qualification in health and social care. Arrangements were in place for staff to receive one to one supervision and ongoing informal support from the management team.

We found some areas of the environment which, although safe, were generally in need of upgrading and refurbishment. We were assured plans were in place to refurbish the premises, however there were set timescales for these improvements.

People spoken with told us they were happy with the support workers and managers at the service. We observed some staff supporting people with kindness, sensitivity and compassion. We noted people were

Summary of findings

sensitively supported to maintain their appearance and personal hygiene needs. However, we also heard staff speaking to people in patronising and demeaning manner which did not promote their dignity and respect. We also found some aspects of people's privacy was not proactively managed. We have therefore made recommendations around these matters.

We found people had opportunities to partake in various activities in the home. These included, craft sessions, games, cooking and electronic TV games. Each person had care plan records, describing some of their individual needs and choices.

There were satisfactory arrangements for managing complaints. People spoken with had an awareness of the complaints procedures. There was a formal process in place to manage, investigate and respond to people's complaints and concerns.

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 consistently safe.

Although people did not express any concerns about their safety and wellbeing, we found there were not enough staff available at the service to make sure people received safe and effective care.

Staff recruitment included all the relevant character checks. Staff were trained to recognise any abuse and knew how to report it. However they had not recent training around managing people's behaviours and some individual risks had not been properly considered or reviewed.

We found there were some safe processes in place to support people with their medicines. However, we found some medicine management practices needed to improve.

Requires improvement



Is the service effective?

The service was not consistently effective.

There were variations in the way the service provided effective care and support. People were being supported with their healthcare needs. Although we found some people had received effective care, others had not had their needs and preferences properly responded to.

People told us they enjoyed the meals served at the home, their preferred meal choices were known and catered for. However, we found people's independence and dignity was not properly supported during the meal time experience.

Processes were in place to train and support staff in carrying out their roles and responsibilities.

The service was working towards meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS)

Requires improvement



Is the service caring?

The service was not consistently caring.

People made positive comments about the caring attitude and approaches of support workers. We observed some positive and respectful interactions between people using the service and staff.

People's dignity and privacy was not always upheld and respected.

Requires improvement



Is the service responsive?

The service was not consistently responsive.

Requires improvement



Summary of findings

Processes were in place to find out about people's needs, abilities and preferences. People had individual care plans, however they were lacking in promoting a person centred care response/approach.

People had limited opportunities to try new experiences and develop skills, by engaging in meaningful activities in the local community.

Processes were in place to manage and respond to complaints.

Is the service well-led?

The service was not well led.

We found there was a lack of effective systems in place to assess, monitor and improve the quality of the service.

The service's vision, values and philosophy of care was not effectively shared and implemented.

Requires improvement



Le Moors

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.

The inspection was carried out on 15 and 16 April 2015. The first day of the inspection was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection the provider completed a PIR (Provider Information Return). 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 reviewed the information we held about the

service, including notifications and the details within the PIR. We contacted the local authority's contract monitoring team and we also spoke with a social worker. Following the inspection visit we contacted the learning disabilities team and another social worker.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection visit we spent time in the company of the people who used the service. We observed how people were cared for and supported. We talked with two people who used the service. We spoke with three support workers, the registered manager and a visiting training provider. We looked at a sample of records. These included two people's care plans and other related documentation, staff recruitment records, medication records, policies and procedures and audits. We viewed comments made by relatives in consultation surveys. We looked around the premises.

Is the service safe?

Our findings

People spoken with did not express any concerns about their safety and wellbeing, one person told us, “The staff are okay with me, they are good, there’s no shouting.” However, some people had complex needs and could not tell us about their experiences. At the time of the inspection a safeguarding alert had been raised which was under review, following an initial investigation by the local authority.

We looked at how the service managed staffing levels and deployment of staff. There were eight people accommodated with a range of differing needs and abilities. There were three people who usually needed the assistance of two support workers in response to their personal care. All of the people accommodated needed the support staff when going out into the community. Support workers had responsibilities for cooking and also some cleaning. On the first day of the inspection, we found there were two support workers and the registered manager on duty. The registered manager did arrange for an additional support worker to attend for duty, in response to the inspection process. However we were concerned there were insufficient staff to effectively and safely respond to people’s needs.

During the inspection, we observed times when staff were not available in communal areas to provide effective support and assistance in response to people’s needs and behaviours. We looked at the staff rotas which confirmed there were usually three staff on duty in the mornings and evenings with four staff available mid-afternoon, this included the registered manager who worked ‘hands on’ four days per week. There was one staff on duty during the night. At weekends there were four staff on duty; however the rota showed they did not commence their shift until 10:00 which meant up until this time there was one staff on duty to provide care and support for eight people.

The registered manager said that additional staff could be brought in to provide people with support when needed. However, we found this lack of sufficient numbers of staff deployed at the service meant there were no structured arrangements in place to provide people with opportunities to access activities in the community. This meant people’s needs and rights for social inclusion had been neglected.

We were told one person had not been out for over two weeks and another who needed two people to provide support in the community, went out each week, but only with their family. Both people we spoke with indicated they would like to go out more. This meant people’s freedom, rights and choices were inhibited by a lack of sufficient staff. We spoke with three visiting professionals who considered people at the service were safe, but shared our concerns regarding their lack of community involvement. There was no structured process in place to demonstrate how staffing levels were monitored and assessed, to ensure there were sufficient suitable staff to meet people’s individual needs and to keep them safe. The manager assured us action would be taken to increase staffing levels. However, we would expect such matters to be identified and addressed without our intervention.

The provider had not deployed sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet all the needs of people living at the home. This was a breach of Regulation 18(1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how risks to people’s safety were assessed and managed. We found individual risks management strategies had been drawn up to guide staff on how to manage and minimise risks to people’s wellbeing and safety. The strategies were written in a person centred way and sensitively reflected people’s specific needs, behaviours and preferences. However, there was no information to show how the risks had been assessed and what matters had been considered in the decision making process. This meant the rationale for providing support to minimize risks, or promote responsible risk taking was unclear. One support worker told us, “I’m not too sure about risk assessments.” We found two people’s risk assessments for the prevention of pressure ulcers had not been reviewed and updated for almost 12 months. The registered manager took action in respect of this matter during the inspection.

Processes were in place to monitor and respond to people following accidental falls, however risk assessments had not been carried out to proactively identify and minimize the risks. Similarly, there were no individual moving and handling plans to provide directions on supporting people safely. There were no risk assessments and response strategies around people spending time alone in their rooms.

Is the service safe?

The provider did not have suitable arrangements in place for assessing and managing risks to people's health, safety and welfare. This was a breach of Regulation 12(2)(a) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the way the service supported people with their medicines. All the people at the service had their medicines administered by staff. We checked the procedures and records for the storage, receipt, administration and disposal of medicines. The medicine records were well presented and organised. All records seen of medicines administered were complete and up to date. There were separate protocols for the administration of medicines prescribed 'as necessary'. However, we found there were some discrepancies between the printed medication records and instructions printed on the medicine labels which had not been identified as inaccurate. These included specific directions instructions for administration of the medicines. This meant people may not be given the medicines safely and appropriately. There were basic systems in place to check some aspects of medicine management on an ongoing basis. However there were no comprehensive checks being carried out to ensure appropriate action was taken to identify and minimise any risks of error.

The provider did not have suitable arrangements in place for the proper and safe management of medicines. This was a breach of Regulation 12(2)(g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Each person had a medicines profile outlining their individual needs and preferences. Processes were available to assess record and plan for people choosing to self-administer their medicines. We discussed with the registered manager the value of completing this assessment, to show involving people with their medicines processes had been effectively considered.

The registered manager described the processes in place to order and manage medicines. The service used a monitored dosage system for medication. This is a storage method designed to simplify the administration of medication by placing the medicines in separate compartments according to the time of day. Medication was stored securely and temperatures were monitored in order to maintain the appropriate storage conditions.

Staff had access to medicine management policies and procedures which were readily available for reference. Staff responsible for administering and providing people with support with medicines had completed medication management training. This had included a practical assessment to ensure they were competent at this task. The registered manager said that action was being taken to re-assess each staff member's competence in this task.

Support workers spoken with expressed an understanding of basic safeguarding and protection matters. They were had an awareness of the various signs and indicators of abuse. They explained what action they would take if they witnessed or suspected any abusive practice. They said they had received training on safeguarding vulnerable adults and the records of training confirmed this. We noted there had not been any recent training on effectively managing behaviours. Therefore staff were not up to date with strategies around supporting people safely and proactively responding to behaviours of concern. The registered manager told us action would be taken to pursue this matter.

We found the service had policies and procedures to support an appropriate approach to safeguarding and protecting people. There was some information available for people on abuse and keeping safe, including leaflets from the local authority and local advocacy services. Information included within the PIR (Provider Information Return) outlined the processes in place to promote and maintain safety at the service.

We looked at how the recruitment procedures protected people who used the service. Staff spoken with confirmed their involvement in the process. We examined the recruitment records of two members of staff, we found they could have been better organised to demonstrate compliance with the regulations. The process included the completion of a written application form, including various declarations and their employment history. The required character checks had been completed before staff worked at the service. The checks included taking up written references, an identification check, a health questionnaire and a DBS (Disclosure and Barring Service) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Is the service safe?

We found there were arrangements in place to check, maintain and service fittings and equipment. Including the passenger lift, gas and electrical safety and fire safety equipment. We found some health and safety checks were carried out and the registered manager and staff indicated any matters arising were attended to in a timely way. However, we noted there were no health and safety risk assessments or management plans in line with nationally recognised guidelines.

We recommend that the support staff are provided with appropriate training from a reputable source to ensure they have skills knowledge and abilities in safely and effectively managing people's behaviours.

Is the service effective?

Our findings

The people we spoke with indicated some satisfaction with the care and support. They said, “I’s okay” and “It’s alright.” We looked at how people were supported to have their assessed needs, preferences and choices met. We found there were inconsistencies in the way the service provided person centred care. We spoke with learning disability nurses involved with the service, who confirmed the service had effectively responded to people’s health care needs, in particular in relation to end of life and dementia care. We saw some good examples of staff interacting and supporting people sensitively, giving consideration to people’s individual needs, preference and abilities.

However, we were also made aware that the service had very recently been lacking in appropriately following instructions around the monitoring and responding to specific behaviours. We also observed some instances where staff were lacking in effectively engaging with people and providing support in a meaningful way. Following our visit, we were contacted by the learning disability nursing team who reported that improvements had been made in providing more effective support.

We looked at the way the service provided people with support with their healthcare needs. Healthcare needs were considered within the care planning process. We noted records had been completed on people’s physical health and medical histories. Processes were in place for people to receive an annual health checks and keep appointments with GPs, dentists and opticians. People spoken with indicated they had received attention from healthcare professionals. Staff spoken with confirmed the processes in place for monitoring and responding to people’s healthcare needs. We noted some health care services, including chiropody were provided ‘in-house’ which diminished the opportunity for people to access services in the community.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. There was information to show appropriate action had been

commenced to apply for DoLS and authorisation by local authorities in accordance with the MCA code of practice. Staff spoken with had an understanding of the MCA 2005. Records and discussion showed arrangements had been made for staff to access training on the MCA 2005 and DoLS. The service had accessible policies and procedures to underpin an appropriate response to the MCA 2005 and DoLS.

People spoken with indicated they were satisfied with meals provided at the service. People’s nutritional and hydration needs were assessed and reviewed within the care planning process. There were records maintained of people’s food and fluid intake, however we noted some of the entries had not been signed by support workers which indicated there was a lack of accountability of the records. Support workers spoken with, had a basic awareness of nutrition and healthy eating. They described the support they provided people with in relation to food and diet. Records were kept of people’s known likes and dislikes. GP’s and dieticians had been contacted as necessary. People’s weight was checked at regular intervals. This helped staff to monitor risks of malnutrition and support people with their diet and food intake.

There was a flexible menu system in place, with the choices being offered and discussed each day. People had access to drinks and snacks throughout the day. We observed the meals service on the second day of the inspection. There were some inconsistencies in the way staff provided support. We saw some good examples of people being sensitively supported and encouraged to eat their meals. We noted equipment was provided to maintain dignity and independence. However, we noted support workers stood over people when providing assistance to eat their meals and proper consideration was not always given to promoting individual independence by enabling people to feed themselves.

We looked at how the service trained and supported their staff. There were systems in place to ensure all staff received regular training. Staff told us of the training they had received, and confirmed there was an ongoing training and development programme at the service. We looked at training records which confirmed this approach. Arrangements were in place for new staff to complete an initial induction. Support workers, would be supported to complete an induction training programme to a nationally recognised standard. All support workers had a Level 2 or

Is the service effective?

above NVQ (National Vocational Qualification) or were working towards a Diploma in Health and Social Care. A training provider attending the service indicated training and development was ongoing at the service. Six staff were undertaking 'customer care training'. Arrangements had been made for staff to receive some 'specialised' training this had included end of life care and communicating with people with advanced dementia. Information included within the PIR outlined an area for improvement as "For the staff to continue training to improve their knowledge and use the knowledge to further improve the service user's quality of life."

There were no staff appraisals being carried out. However, arrangements were in place for staff to receive one to one supervision and ongoing informal support from the management team. The registered manager said staff had not had structured supervisions since October 2014; however we found supervisions had recently been re-introduced. Support workers confirmed they had recently attended supervision sessions and we saw records of these meetings. This had provided staff with the opportunity to discuss their responsibilities and the care and support of people who used the service.

We were looked around the premises and found some areas of the environment which, although safe, were generally in need of upgrading and refurbishment. There was wallpaper hanging off in one room and the ground floor shower presented as unappealing. The manager told us several rooms were to be redecorated and quotes had been obtained to upgrade the first floor bathroom. There was an enclosed yard area for outside recreation; however this was unkempt and untidy. Information in the PIR indicated plans for future development included redecoration and refurbishment of the premises; however there were no time scaled action plans available to confirm this approach.

We recommend that where the providers share responsibility for providing care and support with other services through partnership working and multidisciplinary assessments, they take into account information and guidance from all relevant teams, staff and services.

We recommend that the providers seek advice and guidance from reputable sources, about effectively supporting people at mealtimes.

Is the service caring?

Our findings

People spoken with told us they were happy with the support workers and managers at the service. One person said, “They are nice with me here.” Some had complex needs, which meant they could not readily tell us about their care and support. We observed some positive and respectful interactions between people using the service and staff. Staff displayed instances of kindness and compassion when they were supporting and talking with people. We looked at comments made by relatives in a recent survey, which included, “No concerns, all your staff are helpful, friendly and respectful.” We were told by one health care professional how the service had effectively provided end of life care.

However, during the inspection we heard staff speaking to people in a patronising and demeaning manner, using language which was not age appropriate for adults and which did not promote their dignity and respect. We found some personal information on display in the kitchen. We discussed our concerns with the registered manager who took action during the inspection to stop this avoidable practice. However, we would expect such matters to be identified and addressed without our intervention.

We observed people spending time in the privacy of their own rooms and in different areas of the home. We saw that staff knocked on doors before entering. There was a ‘keyworker’ system in place. This linked people using the

service to a named staff member who had responsibilities for overseeing aspects of their support. Support workers spoken with explained how they promoted dignity and privacy when assisting people with personal care needs. We noted people were sensitively supported to maintain their appearance and personal hygiene needs. One health care professional commented, “They are good with hands on personal care.”

However, we noted the ground floor toilet area comprised of two cubicles with access to one wash basin, which meant there was potential for people of different genders to have shared use of the facility. We found people were not proactively supported and guided by staff, to respect each other’s rights to privacy of space in their bedrooms. We found there were some established routines and practices which had not been reviewed and acted upon to further promote skill development and independence. We discussed these matters with the registered manager who acknowledged our concerns and agreed to take action to make improvements.

Written information was on display about advocacy services. This service could be used when people wanted support and advice from someone other than staff, friends or family members.

We recommend the providers seek advice from reputable sources, about proactivity upholding people’s dignity and privacy.

Is the service responsive?

Our findings

We looked at how the service provided personalised support and care. Each person had a care plan. One person using the service told us, “I have read my care plan” and we found some people had signed in agreement with them. Care records included a profile of the person, which included information about their personal histories and preferences. Care plans included picture references to help make them easier for people to understand.

We found processes were in place to review the information in care plans, but we found reviews had not always been carried out effectively. We found care plans had not always been updated to reflect people’s current needs. This meant the delivery of care was inconsistent and not supported by a person centred care planning approach.

Support workers indicated an awareness of the content of people’s care plans. However, we were made aware of specific care delivery practices, where people had received support from staff who used differing approaches. Although we found care records included some useful information, were not detailed enough to provide clear guidance for staff, on responding to people’s individual needs, behaviours and preferences. We noted the care planning processes did not effectively include supporting and motivating people in working towards, self-reliance, aspirations and other goals.

The provider did not have suitable arrangements in place for planning people’s care and support, in a way that meets their individual needs, preferences and goals. This was a breach of Regulation 9 (3) (b) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the arrangements for activities, recreation and skill development with people using the service, support workers and the registered manager. We found people had opportunities to partake in various activities in the home. These included, craft sessions, games, cooking and electronic TV games. One comment in a relative’s survey was, “Activities in the home are more than adequate.”

We noted some people were supported to go for occasional walks and we noted a weekend break had been arranged for one person. However, two people told us they would like to go out more often and support workers considered people had limited opportunities for social inclusion activities. We found there were no structured arrangements in place for people to regularly access and experience, the resources available in the local community. This meant there was a risk people’s needs including: social, emotional, physical and intellectual were not being met.

The provider did not have suitable arrangements in place for supporting people in their community. This was a breach of Regulation Reg 10 (2)(b) The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There had not been any new admissions to the service for over a year. However, the registered manager described the process of assessing people’s needs and abilities before they used the service. This would involve gathering information from the person and other sources, such as care coordinators, health professionals, families and staff at previous placements. Where possible people would be encouraged to visit, for meals and short breaks. This meant people would have the opportunity to experience and become familiar with the service before moving in.

We looked at the way the service managed and responded to complaints. People spoken with had an awareness of the complaints procedure and processes. One person told us, “I would tell the manager if I had a complaint.” The services’ complaints procedure was displayed in entrance hallway, an ‘easy read’ version was also available. There was a locked box for people to leave suggestions and complaints. Support workers told us, they were aware of the complaints procedures and described how they would respond should anyone raise concerns. The registered manager told us there had not been any formal complaints at the service within the last 12 months. However, we found processes were in place to record, investigate and respond to complaints.

Is the service well-led?

Our findings

The registered manager had carried out some checks on systems and practices. However, this inspection showed there was a lack of effective quality assurance and auditing processes at the service. We found several matters needing attention, for example, in relation to staff deployment, medicine management, dignity and privacy, responding to people's needs and effective care planning. This meant the auditing processes had not identified risks and introduced strategies, to minimise risks to make sure the service runs effectively and safely. During the inspection, the registered manager took action to resolve some of the issues raised. However, we would expect such matters to be identified and addressed without our intervention.

The registered manager told us an area manager in the organisation had been visiting the service and she felt supported by this arrangement. We saw an action plan had been devised following the last visit to address some matters arising in relation to the environment. However we were told there had not been any reports following the visits to the service since July 2014. There was no information to demonstrate the registered providers had a strategic overview of the service to provide corporate direction, accountability and support. This meant information was lacking in supporting an effective and accountable approach to monitoring, evaluating and strategic planning of the service.

The provider did not have suitable arrangements in place for assessing and monitoring the quality of the service and then acting on their findings. This was a breach of Regulation 17(1)(2) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the people using the service had a diverse range of needs, abilities and ages. All had a learning disability. However when we reviewed our information of the service, providing a service for people with a learning disability was not included in the details. There was a mix of older people and younger adults accommodated. Some people had additional needs related to old age, physical disabilities, mental illness and dementia. However, we found not all needs were being properly identified and effectively responded to in a person centred way. Support workers

expressed a lack of clarity and direction around the vision and purpose of the service; they indicated that the diverse range of needs, abilities and ages of people using the service meant they were no longer sure what the service provided. This indicated that management and leadership arrangements had not been effective in directing and inspiring the staff team to deliver a good quality service.

There was a manager in post who had been registered with the Care Quality Commission since 2011 and was undertaking training in business and management. People spoken had mixed views about the day to day management and leadership arrangements. One comment made by relatives in a recent survey indicated the manager was outstanding. Another relative wrote, "Brilliant, happy and caring atmosphere." Support workers spoken with told us the manager always listened, was supportive and approachable. However, visiting professionals made us aware of circumstances whereby the management response had not always been helpful and proactive.

There were some systems and processes in place to consult with people. The registered manager operated an 'open door policy', which meant arrangements were in place to promote ongoing communication, discussion and openness. We found staff meetings had been held, but not on a regular basis. The record of the last staff meeting seen was July 2014. The registered manager considered another meeting held more recently, however the records to corroborate this were not available. Staff spoken with indicated there had not been any recent meetings. There had been a recent consultation survey with relatives and staff had been previously given the opportunity to complete a questionnaire on their views on aspects of the service. However, there had not been a recent survey with people using the service, this meant their views and opinions had not been sought using this method of consultation.

Information we hold about the service indicated the registered manager had notified the commission of any notifiable incidents in the home in line with the current regulations. Processes were in place for accidents and incidents which occurred in the home to be recorded and analysed to help identify any patterns or areas requiring improvement.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

People were not protected from the risk of insufficient numbers of suitably qualified, competent, skilled and experienced staff, deployed in order to effectively and safely meet their needs. Regulation 18(1)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People were not protected from the risks of unsafe care and welfare, because preventable and avoidable risks of harm had not been effectively assessed and managed. Regulation 12(2)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People were not protected from the risks of proper and safe management of medicines, because safe procedures had not been followed. Regulation 12(2)(g)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

People were not protected from a lack of personalised care, because the provider did not have effective plans designed to meet their individual needs and preferences. Regulation 9 (3)(b)

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 10 HSCA (RA) Regulations 2014 Dignity and respect

People were not protected from the risks of unnecessary isolation, because the provider did not have effective arrangements to support community involvement. Regulation 10(2)(b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People were not protected from the risks of unsafe care and welfare, because effective systems and processes had not been established or put in operation. Regulation 18(1)(2)