Westward Care Homes Limited

Westward Barns

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Westward Barns in the process of being named Eight Acres provides care and support to up to 18 people, 18 to 65 who have a learning disability, physical disability, autism and or mental health need. At the time of inspection there were 14 people with two in hospital. Accommodation was on a large site with offices, and individual dwellings, a barn converted into flats, a house converted into flats and a number of self-contained units. Staffing was provided on a 1-1 one basis and occasionally 2-1 staffing.

People's experience of using this service and what we found
The service had previously been rated as good but in the last year had seen a lot of changes. This included changes to both operational and registered managers. There had also been a change in company which had meant a period of instability which had not been effectively communicated and staff felt they had not been sufficiently supported through the changes. There had been a number of staff who had left and other staff who were working long hours to cover vacancies. Agency usage meant people did not always receive predictable care and support from staff who knew them well. Staff sickness was also affecting service delivery.

At the time of our inspection the service was being overseen by an area manager who had been in post for six weeks. We were impressed with the actions they took immediately following the concerns we raised and the actions they had taken since. A robust action plan was in place which gave us confidence in the service moving forward. However, we found issues across all key questions and a number of breaches of regulation.

Risks were not always effectively managed and communicated across the organisation including risk relating to the environment, distressed behaviours or how staff would deal with an emergency situation.

We were concerned about staffing levels, staff were not always on time and it was not clear that staff were informed about or had the necessary skills to meet people's needs. This included staff competence in relation to the administration of people's medicines.

People received their medicines as intended but a lack of sufficiently trained staff meant shift planning was difficult and some staff said shifts were busy which increased the risk of medicine errors. Audits helped to determine that people received their medicines as required but we identified a number of gaps.

Staff knew how to raise concerns but there was poor oversight of this. Accidents and incidents had not been adequately recorded to show if they had been effectively managed and there was insufficient governance to monitor events affecting the safety of staff and people using the service.

People's health care needs were mostly met particularly where people had complex needs and a core team of staff supporting them. Some staff were not working consistently in line with specific guidelines provided by other health care professionals. or with best practice.

People were not supported to have maximum choice and control of their lives and staff supported did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The service didn't always consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. We found people had a lack of choice and control, in terms of their staff and how their day should be organised. We found for another person they had poor choices in terms of moving in and limited inclusion. Some practices were restrictive.

Staff worked hard and show a commitment to the people they were supporting. We found however the service was not sufficiently personalised or peoples care needs set around clearly defined objectives and goals. People went out regularly, but we were not assured that the service took every step to maximise people's independence.

Complaints were not adequately responded to and we found there had been poor engagement with staff, relatives and the new company. People were asked by staff about their preferences and choices but communication across site was fragmented and recent surveys had not been issued to ascertain people's views.

The service was not well led but we were encouraged by actions being putting in place by the provider to help ensure systems and processes were effective and to stabilise and manage the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good, (published) 15 September 2017.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements across each key question. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. Please see the list relevant key question sections of this full report. We have identified breaches in relation to safe care and treatment, person centred care, consent, staffing, good governance and other incidents.

You can see what action we have asked the provider to take at the end of this full report.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our effective findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our effective findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well led.

Details are in our effective findings below.

Westward Barns

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector and one assistant inspector on the first day and one inspector on the second day.

Service and service type
Eight Acres is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Before the inspection we considered any information available to us. This included previous inspection reports, notification which are important events the service is required to tell us about, safeguarding concerns and feedback about the service including information received from whistle blowers. We had received a report from the local authority who completed an inspection in November 2019 and rated the service poor. We have sought assurances from the local authority that improvements were being made.

A Provider Information Return (PIR) was not requested or completed at the time of the inspection. A PIR provides key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We looked round the site and spoke with ten staff which included care staff, team leaders, a unit manager and maintenance staff. We met a manager from another site who was helping out and the new area manager. People using the service were either going out or being supported with their care. We spoke with two people and met several others and observed their care and interactions. We reviewed four care plans. We reviewed records relating to the management of the business and the safety and welfare of people using the service.

After the inspection –
We continued to ask for clarification and asked the area manager to take some immediate actions to ensure the service was safe and well managed over the weekend. They have subsequently provided us with a robust action plan. We have spoken with three relatives and an additional five health care professionals.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding adults from abuse and had knowledge of both whistle blowing and raising safeguarding concerns.
- We found there had been a number of safeguarding concerns which had been delayed in terms of their reporting and had not been investigated thoroughly. For example, one recent safeguarding had been investigated prior to alerting the appropriate authorities. This could have resulted in evidence being corrupted.

Assessing risk, safety monitoring and management

- Whilst on site we identified a number of risks which were not well managed. For example, the environment was an open site and there were a number of hazards, potholes, flooding, poor lighting and poor contingency planning should there be an emergency. Senior staff were not able to identify who the fire marshals or first aiders were for the day and this information was not handed on, so each shift was clear. The out of hours on call arrangements were unsatisfactory as this was carried by staff already working and on site. The area manager immediately addressed our concerns to ensure the safety of the site and to develop more robust ways of working.
- Risk assessments were in in place for people using the service and these were mostly robust. We found however staff were not always pre-empting risk but were reactive. A number of individual risks had not been sufficiently documented or clear steps taken to ensure the safety of people and staff on and off site.
- People had regular access to the community which was supported by staff, but this was not always properly risk assessed taking into account the needs of the person as well as the wider community and how the person might interact with other people when anxious.
- The service had not ensured regular night audits were carried out to check that people's needs were being met throughout the night.
- The service had recently had a maintenance person on site who left, and the site had been without a maintenance person for a while. This meant repairs had not always been done in a timely way. A new maintenance person had since started and was working methodically to ensure any repairs were quickly addressed and liaising with external contracts to ensure equipment and premises checks were robust.
- A family member told us that people were safe and that staff were aware of the needs of people and ensured their safety.

Using medicines safely

- People were given their medicines as prescribed by staff trained to administer it. All medicines were kept under review. A team of regular care staff supported people with complex health care needs, and this appeared to be working well.

● Staff competencies were checked to ensure they had understood safe medicines administration and certain tasks were delegated to staff assessed as competent by health care professionals such as the administration of insulin. We found however not all staff had up to date training and their medicines competency had not been checked annually. Staff told us there were not enough staff across site who were trained, this made planning shifts more difficult and meant people did not always receive their medicines in a timely way.

● The service employed a medicines officer who ordered and checked medicines and provided support and training to staff. They did not have a job description specific to their role and had not been assessed as having the necessary competencies to carry out their role or train other staff.

●We noted a number of stock errors when numbers of tablets had not been carried forward from one month to another and we found some missing fridge and room temperatures where medicines were stored so could not be assured they were stored in line with the prescriber's instruction.

●Some people were prescribed buccal midazolam for epilepsy and we saw a number a pre-drawn syringe, but there was no stock record of these so we were not assured of how many the service should have.

●Some medicines were prescribed to help manage people's anxiety. There was no clear oversight of this or if staff were administering medicines as appropriate in line with protocols and other behavioural strategies.

The provider did not always ensure that risks were managed safely in terms of the environment, risks to individuals and ensuring people had their medicines safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

●The service had amended how it recruited staff to help ensure the process was more robust and staff received adequate training before coming on site. There had been a recent high turnover of staff and new staff had been appointed. We did not have confidence in the skills mix and delegation of staff across the site.

●One staff member told us, "We've had some staffing issues, and we've lost a few, but we have new staff who are very positive."

●There was poor forward planning of shifts and staff allocation with staff being swapped around on the day of the inspection. Agency staff were being used to cover staff vacancies and staff sickness. This had an impact on the continuity of care for people some of whom found change difficult and needed clear, predictable routines.

● One person told us." Lot of changes in the system, it's alright, it's alright."

●People had mostly one to one funded hours, but we were unable to see how the service was providing all the commissioned hours required. On the first day of inspection staff sickness meant shifts were being covered but staff were not there at the start of the shift. We also noted agency staff were arriving late on site meaning there were no effective handovers from one member of staff to another. Relatives told us staff did not always know what had been happening for their family member or how they had been.

● Some people had a core team of staff, but other people had little influence or choice over who supported them.

The provider did not always ensure there were enough staff available who were deployed effectively in line with people's assessed needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Some relatives commented positively on staffing telling us regular staff were really good and could be relied on.

Preventing and controlling infection

● People were supported to live independently in their flats and staff supported people to keep their environments clean. A number of people had behaviours and mental health needs which compromised their living standards. Staff helped people to manage clutter and had deep cleaning schedules in place. One person lived in unsanitary conditions and this was only recently being addressed.

● Staff received training on infection control and understood the principles of infection control.

Learning lessons when things go wrong

●The service had not clearly established procedures for managing and learning from incidents. They did record incidents but did not collate these and there was insufficient management oversight to ensure incidents were managed effectively.

●Staff told us there use to be debriefings following an incident, but this appeared no longer to happen, and incident records did not always tell us what actions had been taken to reduce the risk of a further incidents taking place.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service had a poor assessment policy and we had concerns about their admission and transition process which had not always been managed satisfactorily.
- Staff were not always working in line with best practice or contacting other bodies for professional advice and guidance. Where health care professionals were contacted there were concerns that advice was not always followed through in a consistent way.
- There were pockets of good practice, but this was not observed consistently across site.
- Policies we viewed were poor and not always regularly updated.

Staff support: induction, training, skills and experience

- We were not confident that the service had the right skills mix and that all staff had the necessary competencies and skills in line with up to date job descriptions. Job descriptions had not been updated and staff not assessed adequately to ensure they could safely meet people's needs.
- Some staff had the right level of support to meet people's complex physical needs, but we did have concerns about how staff were meeting people's mental health needs and behaviours which could challenge. Staff were not always using proactive strategies to support people in the least restrictive way.
- New staff were being supported off site with care training and then being supported on site by more experienced staff. We found however that in order for the care certificate to be effectively rolled out there needed to be enough staff qualified to assess their competence. The care certificate is a standardised induction for social care staff which is completed within the probationary period. Staff need to demonstrate they have key competencies for their role which are assessed and signed off. The service currently only has two assessors and twenty new staff.
- Not all existing staff had received thorough inductions, including the registered manager.
- We found agency staff were allocated to people without sufficient consideration as to whether they had the necessary skills and key competencies to meet the person's needs. For example, there was a recent concern that agency staff had not had epilepsy training, they also did not have training to help them respond to people whose behaviour might be challenging.

This is further evidence of a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people

who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

● The service had applied for Deprivation of Liberty Safeguards, but the service had not been proactive in following these up and ensuing people's detention was lawful. We had similar concerns that practices in place were not always the least restrictive. Staff told us they did not use restraint and had not been trained to. However, there were situations where the police had been called on site to manage situations which if staff had been appropriately trained in de-escalation techniques might have been managed more effectively.

● The environment and practices around access were not always the least restrictive. For example, internal doors were locked, and one person had their kitchen locked because of some assessed risks to their safety. We were unable to see what steps staff had put in place to reduce risk and take steps to reduce them in the least restrictive way.

●Mental capacity assessments were not decision specific and had not been kept under regular review. We had concerns that where people had been deemed not to have capacity this decision had not been reached in line with guidance. For example, one person was said not to be able to retain information in relation to their medicines but when we asked them, they knew what medicines they were taking and what they were for. Staff were not able to explain the rationale of tell us why they though the person did not have capacity.

The provider did not always ensure that people were supported lawfully in line with legislation relating to consent and deprivation This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet

●People were supported to eat and in line with their needs and preferences and staff supported people to prepare meals, eat out and purchase their groceries.

●When necessary staff referred to other agencies where there were concerns about people's eating, drinking or unplanned weight loss.

●We had concerns that at least one person's risk of choking had not been assessed and this person had factors which could increase the risk. We also received concerns from a number of health care professional that staff did not always follow available guidance in relation to swallowing and ensuring drinks were the right consistency. If this is not done people are a higher risk of aspiration.

Staff working with other agencies to provide consistent, effective, timely care

● Feedback from other agencies was mixed and their previous confidence shaken by changes to the core team and management. It was clear that some staff knew people well and helped to ensure consistent care was provided. There were however some examples of staff not being familiar with people's needs or following the guidance in their care plans.

Adapting service, design, decoration to meet people's needs

●The maintenance person had systems in place to help ensure the site was safe and staff and people knew how to safely evacuate in a fire. We were however concerned about the external lighting and potholes which might impede evacuation.
●Peoples properties were mostly well maintained but we had significant concerns about one person's environment and its safety.

Supporting people to live healthier lives, access healthcare services and support
● Mostly people were supported to access the healthcare services they needed, and the service worked with other health and social care agencies to ensure the physical care needs of people were met and any health care conditions could be met. We however received mixed feedback from health care professionals who had not always found the care and support well organised and coordinated and suggested it depended who was on shift.

●Relatives said regular staff knew their family members well and were quick to identify when they were unwell and supported them with hospital stays and health care appointments.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care

- The care and support was not always sufficiently personalised. Key workers used to have oversight of people's care needs and records and ensured reviews were up to date. This system had not been consistently maintained. Some people had core staff teams who provided people with effective care, but this was not always the case.
- We were unable to see how staff not familiar with people's needs would be able to effectively communicate with people or provide them with the continuity, care and support they needed.
- We were not assured that the provider had robust processes in place to communicate key changes across the service or adequately consult with people and their families about changes to the service and ensure people had a chance to contribute to this.

Respecting and promoting people's privacy, dignity and independence

- People were not always supported by staff who knew them well. People were not given sufficient opportunity to influence recruitment and decide who they would like to support them. Not everyone had continuity of support.
- The service did not always take into account gender preferences. A recent safeguarding concern raised the issue of gender specific care, but this had not adequately been addressed by the service
- People did go out and staff told us there were lots of opportunities for people. We could not see how activities were linked specifically to people's preferences and agreed outcomes or how people were encouraged to be as independent as possible. Staff did support people with their day to day skills and tasks.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff met were very enthusiast, clearly loved their jobs and worked very hard. Most demonstrated a really good work ethic.
- A family member told us, "Staff are caring very personalised, can't fault it and they spend time with people and sit with people, it's a positive culture families meet up and some genuine friendships have been developed."
- Staff who knew people well told us how they worked with people to help them access the care and support they needed. For example, staff told us one person had not liked to see the doctor. They said," I worked with them to help them get used to having their blood taken. I acted as the model. We used a reward box when they went."

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● We were presented with a very mixed picture with some people's families telling us recent changes in staff and management had not impacted on their relatives' experiences and that core teams of staff have ensured people's needs were met. We found however some people were more likely to be supported by agency staff and appeared to have little choice in who would be supporting them.
●The service did not use one-page profiles for either staff or people using the service which would help staff get to know enough about people they were supporting- a quick reference guide. People could by using staff profiles get to know a bit about the staff supporting them and help the service match staff to people's preferences. The area manager agreed this was appropriate and included this as an action in their detailed action plan for the service.
● Staff allocation sheets were in situ and completed by the unit manager. We found however that these were changed to take into account appointments etc and people were not given enough information in a timely way about who would be supporting them. At least one person was observed as being anxious at shift changeover. Changeover were poorly managed, and the service did not take into account some people's need for consistency and routine or how changes were communicated.
● The planning of the service did not always take into account people's preferences and gender specific care.
● During our observations we saw staff undertaking tasks they were not familiar with and being asked to support people they had not worked with for a long time.
●Care plans were in good detail and personalised, but we found they were not consistently thorough with some lacking essential information particularly in relation to risk. Some made generic statements which were not true, for example staff are trained in, Management of actual or potential aggressive behaviour, (MAPPA) some people had behaviours which might require staff to step in and try to deescalate behaviours, but we found very few staff were trained in techniques to do this safely.
● We were unable to see from people's care plans specific care objectives and progress towards more independent living and key skills such as medicine self-administration, relationships, money and employment.

This was evidence of a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

●Communication plans were in place detailing people's specific needs and were in a personalised format and included a life story and important details about the person. We found communication across the service was poor and we were unable to see how information was shared as appropriate and made fully accessible.

● Staff told us some people could verbalise their choices but for others they had structured routines and simple choices were offered and staff would look at for verbal cues.

●We could not see how guidance given for example, by speech and language teams was incorporated into the communication plan and carried out in practice by staff. For example, using picture boards, now or next cards to help people predict their environment and using social stories. None of these communication tools were observed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People were supported by the numbers of staff they had been assessed as needing This meant activities to the community could be safely supported but people were not always able to go out as they wished because not all staff were sufficiently familiar with their needs. People were out a lot and attended lots of different activities, community events and supported to maintain contact with family. When at home people were supported to plan meals, cook and keep their living environments clean.

Improving care quality in response to complaints or concerns

● The service had an established complaints procedure. We reviewed the complaints received and not all had been concluded and did not state if they had been substantiated. We could not see lessons learnt which would help ensure the service learnt from feedback received.

● Some people would need support to raise concerns and their opportunity to raise concerns had been diminished as keyworker and tenant meetings had not taken place recently.

End of life care and support

● Training had been provided but we were not assured all staff had received training and to a satisfactory standard. The area manager assured us this was now mandatory for all staff.

●We viewed a number of care plans which did record people's end of life wishes in terms of funeral arrangements and if they would wish to be resuscitated. The plans were not sufficiently holistic and did not incorporate people's preferences in terms of spiritual needs and cultural needs.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

● Changes in the service had destabilised it and some staff felt top down decisions had been poorly communicated. Sine the last inspection there had been a change in the overall management of the service from one company to another.

●Relatives told us there had been some communication, but they had noted a decline in some aspects of the service, and they had not been kept informed about some recent changes. Relatives had confidence in some staff but not all staff and felt staff turnover was the biggest threat to the service.

●A staff member told us, "It has been very tough, there's been a lot of changes. There has been a lot of change with the staff but the ones who were resisting left. I do like it."

●Whilst talking to either people using the service or staff there were constant interruptions from other staff looking for things and rushing around in a very stressful environment. Staff were going without regularly planned breaks or meals and we noted staff looking for keys and other things. The environment was not calm or therapeutic which would have been important for some people. We went on site for a second day to the Barns where the atmosphere was much more conducive to people's wellbeing.

● We asked staff about the service. One told us, "It needs to be more organised. Like today we have no staff. It's just so chaotic. It affects us and it will affect them. I do 13-hour shifts." Seniors were no longer in post and some staff said this had affected the forward planning of the shift.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

●The service had a number of different managers in the last year and changes to area managers. The service has not always been managed well and managers have not had sufficient handover or monitoring of their performance. This meant that the regulated activity has not always been carried out to a sufficiently high or safe standard.

●Risks associated with people had not always been managed well or in a timely fashion. The service had poor admission processes which had resulted in a person not having their needs met in a timely, safe way.

●We were unable to establish how the service reviewed incidents, accidents and near misses. Information was not collated showing themes and trends and identifying actions which could reduce risk.

●Records inspected including safeguarding investigations had not been sufficiently robust or resulted in changes to practice. Staff told us at times there were incidents involving people using the service who could at times be aggressive. Debriefings did not always take place and staff were not sufficiently supported.

●Roles and responsibilities had not been clearly reviewed in line with staff's roles and policies were not up to date and did not reflect best practice.
●The service has not always been consistently managed. For some time, there was not a maintenance person and when they were replaced, they were asked to manage two sites, but this proved difficult given all the remedial actions required.

The provider had not ensured the service has been effectively managed and in the interests of people using it. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The service had not always effectively communicated when things went wrong and did not effectively share information across shifts, and staff teams. Incident reporting had been delayed or not reported at all which made it difficult to establish what actions if any had been taken and if they were effective. There had been insufficient oversight of incidents and a lack of reporting meant other agencies had not had the opportunity to investigate.

●The provider had not ensured any event affecting the safety and wellbeing of the service was managed effectively and reported where required in accordance with regulation. We had concerns that processes were poor and poorly understood.

This was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009: Regulation 18.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.
● Engagement had been variable, and we observed what appeared to be a staff led culture. Shifts were covered mostly by regular staff, although a lot of agency staff were used. Staff continuously came on and off site with little in the way of continuity for some people and changes to staff were poorly communicated.

Continuous learning and improving care
● The service had an unsatisfactory inspection from the local authority in November and they had made insufficient progress to address the concerns raised. The new area manager had put into place a new action plan which was time specific and arranged to meet members of the local authority team.

Working in partnership with others
● Relatives told us that there was some communication with the service and staff kept them up to date with changes to their family member's needs. They told us events were held on site and people and their families were encouraged to join in.
● Reviews were held but we were not assured that statutory reviews were up to date which was important as people had complex, changing needs.
● Health care professionals told us at times they struggled to access information from staff or get hold of seniors staff or managers for more information.

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 service had not always notified us of incidents affecting the safety and stability of the service as they are required too.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The service did not always provide a personalised service to people or ensure all staff were following people's plan of care to ensure their needs were being met safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The service did not always uphold peoples right in line with their mental capacity.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service did not always meet people's needs safely or ensure risks were properly managed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

The service was not appropriately managed and governance and oversight had been poor which had affected the quality and safety of the service being provided.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not always effectively deployed or have the necessary skills and competence for their role.