

Parkcare Homes (No.2) Limited

Marshlands

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?

Inadequate ●

Summary of findings

Overall summary

This inspection took place on the 25 and 26 October 2016 and was unannounced. Marshlands provides accommodation and support for up to 18 people who may have a learning disability or autistic spectrum disorder. Some people display behaviour which may challenge others. At the time of the inspection 17 people were living at the service. One person lived in the penthouse at the top of the service which has its own bathroom, bedroom and lounge. Two people had their own personal flats external from the main house which had a kitchen, bathroom and bedroom/lounge. All people had access to two communal lounge/dining areas, kitchen, shared bathrooms, and laundry room. There was a large garden which people could access when they wished. Within the grounds was a separate building which was called the day centre which people were able to use.

Marshlands was last inspected on 16 and 17 December 2015 where five breaches of our regulations were identified, an overall rating of requires improvement was given at that inspection. The breaches of regulation related to medication, risk assessment, safeguarding, staffing and leadership. The provider had made some improvements, but more were needed in a number of areas, and not enough improvement had been made regarding the management and leadership of the service.

The service is run 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. The registered manager was not present on either day of the inspection. Two senior managers were present throughout both days of the visit.

The provider had not deployed staff to ensure people had their needs met and had ongoing engagement. We witnessed several incidents involving people which were managed by the people themselves but could easily have escalated as staff had not been present to intervene.

People were at risk of receiving their medicine inappropriately because staff did not have up to date and clear information to refer to.

Not all areas of the service were clean or well maintained, staff were expected to perform cleaning duties as well as support people with their individual needs.

Staff did not have a clear understanding about how to respond appropriately to some of the behaviour people displayed. Staff did not always act in accordance with people's individual behaviour guidance.

Some of the language used in records were not dignified or respectful and was judgemental. There were some positive and engaging interactions between people and staff, although at other times this was limited.

Although people's care files were written in an easy read format which included pictures to help people

understand its content it was not always clear that what happened in practice was a reflection of the information in the care plans. People's individual needs had not always been thought about or supported well. Other parts of the care plans were detailed, informative and person centred.

When areas of improvement had been outlined it was not always clear what action the provider had taken. There was a culture within the service that the registered manager and senior managers were seeking to change. Staff were unsettled and team relationships were fractured with a 'them and us' culture emerging.

Staff received regular supervision; Staff had appropriate training and experience to support people with their individual needs.

Incidents were recorded and audited to identify patterns. The registered manager or senior staff analysed reports to identify any emerging trends or patterns so that action could be taken to reduce the risk of recurrence and further harm occurring.

People had their own individual risk assessments according to their needs. Risk assessments had been completed to support people to remain safe.

Staff were trained in safeguarding and understood the processes for reporting abuse or suspected abuse. Appropriate checks were made to keep people safe. Safety checks had been made regularly on equipment and the environment.

The service was good at responding to people who needed help to manage their health needs and people were supported to access outside health professionals.

Staff demonstrated caring attitudes towards people. Interactions between people and staff were positive and encouraged engagement.

People were helped to complain and staff supported people who were unable to use the easy read complaints policy by understanding what their body language meant if they were unhappy.

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

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.

Staff deployment did not meet the needs of people.

People were at risk of receiving their medicine inappropriately.

There were detailed risk assessments which were person centred.

Staff understood the processes for reporting concerns with people's safety.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Some staff felt unsupported when managing people's behaviour which could be challenging towards others.

Staff received regular supervision to support their role.

Staff had appropriate training to support people with their individual needs.

People were involved in making decisions about their food and drink.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

Some language used in reports was not respectful or dignified. People were not always supported to manage their individual needs.

Staff respected people's privacy and encouraged them to make their own choices.

Staff spoke to people in a kind, patient and engaging way. Staff took the time to listen to what people were telling them.

People's bedrooms were decorated in a personal way.

Is the service responsive?

The service was not consistently responsive.

Care plans were not always a reflection of what happened in practice.

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

People were supported to raise concerns, and processes were in place to recognise and respond when people were unhappy.

Requires Improvement ●

Is the service well-led?

The service was not well led.

People's feedback was sought so improvements to the service could be made but it was not always clear what action had been taken to improve outcomes for people.

There was not an open or inclusive culture in the service. Staff said they did not always feel listened to or able to express their views.

The registered manager and senior management had begun to take steps to improve the culture of the service.

Inadequate ●

Marshlands

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 25 and 26 October 2016 and was unannounced. The inspection was conducted by two inspectors on the first day and one inspector on the second day. 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. The provider had not had the opportunity to complete a Provider Information Return (PIR) as they had not received this document before the inspection. 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 collected this information throughout the inspection.

During the inspection we spoke with 12 people, six staff, one agency worker, the office administrator, activities co-ordinator, the deputy manager and three senior managers. After the inspection we received feedback from one relative and one healthcare professional. 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 six people's support plans, risk assessments, activity plans, daily records of care and support, three staff recruitment files, training records, medicine administration records, and quality assurance information.

Is the service safe?

Our findings

A relative said, "I only see a snapshot of the service but in my opinion there have been too many staff changes recently and management has changed several times. Continuity, routine and regularity is vital for my relative in order that they progress in our very confusing world".

At our inspection on 16 & 17 December 2015 we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Some windows had not been fitted with restrictors to prevent people from falling, cleaning product had been left in an unlocked cupboard and a person's bedroom door had been wedged open with a damaged arm chair. The provider had resolved these issues which were no longer a concern at this inspection. At the previous inspection one person's heating had not been working properly so they had been given a portable heater. The portable heater was a trip hazard and unguarded posing a risk to the person. During this inspection the person no longer had a portable heater but their room was still significantly colder than other rooms in the service. The person told us they felt cold in their room, particularly at night. We fed this back to the provider who arranged for a professional engineer to attend the service during the inspection.

There were enough staff available to support people with their needs but the way staff were deployed did not effectively achieve this. Five support workers plus an activities co-ordinator were available during the day until 5pm. The activities co-ordinator worked from Monday to Friday. After 5pm five support workers worked until 9pm, during the night a wake night and sleep in staff were available in the main house. The person in the penthouse had two support workers throughout the daytime and evening and their own wake night staff during the night. Some staff said since the rotas had been changed shifts were too long which impacted on their ability to manage people's individual needs in the most effective way as they felt tired. Staff did not always engage well with people in the service, For example, we witnessed several incidents involving people which were managed by the people themselves but could easily have escalated as staff had not been present to intervene. The quality of engagement by support staff was variable. Staff were mainly located in the main lounge and not always aware of what was happening in different areas of the service.

There had been a significant turnover in staff with ten new staff currently going through the recruitment process. Gaps in shifts were being covered through the use of agency staff, agency staffing cover was running at 200 hours or more every week. Where possible only agency staff familiar with the service were used but this was not always possible. On occasion, the service was running short staffed which impacted on what people could do on those days. During the inspection an agency worker who had not worked at the service before was left with seven people in the main lounge in the morning while other staff were performing other duties. The agency worker did not engage with people throughout this time and only received an induction in the afternoon from a senior member of staff.

The provider had not ensured that there were sufficient numbers of suitably qualified, skilled and experienced staff deployed to fully meet people's needs. This is a breach of Regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 in regards to the safe management of medicine. Staff did not have sufficient guidance to follow when people were prescribed occasional use medicines (PRN). Body maps had not been implemented to tell staff where people required creams or lotions that had been prescribed and some staff had not been trained to administer medicines. The provider had resolved these issues which were no longer a concern at this inspection.

There was a new area of concern regarding medicines; people were at risk of receiving their medicine inappropriately because staff did not have up to date and clear information to refer to. One person was prescribed a medicine which had strict protocols around administering and, if administered incorrectly, the medicine could be ineffective. One requirement was it should be given half an hour before other medicines, however medicine administration records (MAR) showed this medicine had been given with the other prescribed medicine. We raised this as a concern with a senior manager, who told us staff did administer this medicine separately, but recordings of this were unclear, staff also confirmed this to be the case. A senior manager implemented guidance around this during the inspection.

The provider had failed to have proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people required support to take their medicines safely. Medicine processes for storing, administering and returning medicines were safe. Only trained staff administered peoples medicines and the team leaders was responsible for ordering and returning stocks of medicine. Daily and monthly audits were conducted by the team leaders, this ensured all medicine was accounted for and safely administered. A senior manager completed additional audits on medicines. Regular audits monitored errors, temperature checks to ensure safe storage of medicines had been completed, occasional medicine (PRN) protocols were up to date and body maps were correctly completed if people required creams or lotions to specific parts of their body. The registered manager competency checked any staff that dispensed medicines to ensure good practice continued.

Some areas of the service were in need of repair and a deep clean. For example, tiles were cracked around a sink, a shower curtain was stained and dirty, the upstairs shower had a build-up of dirt and grime and the wet room folding shower seat was dirty around its legs. Soiled clothing had been left on the floor in the laundry room. One person's room smelt strongly of urine, staff were unable to clean this effectively as it was ingrained into the floor and persons bed base. Staff were required to complete cleaning tasks on a daily and nightly basis, but there were no clear cleaning schedules in use. Some staff felt strongly that domestic staff should be provided to take on the responsibility of cleaning communal areas; this would enable support staff to concentrate on working with people in the service. The provider's internal audit in August 2016 said, 'Due to the size of the service and the complex needs of some of the people, it is strongly recommended that a full-time housekeeper is employed'. This had not happened although the provider was trying to recruit for this post.

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

People were protected against the risks of receiving support from unsuitable staff. Recruitment checks undertaken ensured staff selected had suitable qualities and experience to support people safely. Checks had been undertaken with regard to criminal records, proof of identity, previous conduct in employment and character references. Current photographs were in place and information about people's employment

histories and reasons for leaving previous care roles were checked, information was also gathered about people's medical fitness to undertake the role. Contracts showed that staff were expected to complete a six month probationary period before they were made permanent in their role, this ensured that the registered manager was confident that they had learned and put into practice the skills they needed to support people safely. Evidence of probationary performance review was not easily distinguishable within supervision records to provide assurance that staff performance was being assessed during this period appropriately and this is an area for improvement.

Accidents and incidents were recorded and were analysed by the registered manager or senior staff for any emerging trends or patterns so that action could be taken to reduce risk of recurrence and further harm occurring. A review of records for the main house showed that the majority of incidents related to just four people, which were on the whole incidents of minor aggression. Staff commented that there had been a significant reduction in the number of incidents for some people thanks in part to the commitment shown by the staff allocated to work with some individuals. One person had fallen on at least 12 occasions but action had been taken to explore possible health related reasons for this to ensure risks had been appropriately assessed. Staff had worked well with a person to help them manage their behaviour which could be physically challenging. The number of incidents had reduced significantly. Staff understood the person well and knew how they could intervene and use agreed behaviour interventions to help the person when they became distressed.

People had their own individual risk assessments according to their needs. Risk assessments had been completed to support people to remain safe. These included information about; risk factors, risk levels, triggers and action staff should take. Risk assessments were updated following incidents or when additional risks were identified. One person's risks assessment had been updated immediately following an incident which had put other individuals at risk. Additional measures had been implemented in the least restrictive way to safeguard the person and others from harm. People had individual personal emergency evacuation plans (PEEPs) that staff could follow to ensure people were supported to leave the service in the most appropriate way in the event of a fire. Fire evacuation drills were conducted to observe how people's PEEPs would be put into practice.

At our last inspection we found that the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 in regards to safeguarding people from abuse. This was no longer a concern at this inspection. Staff were aware of their responsibilities in relation to keeping people safe. They knew how to whistle blow and report any concerns to their manager and also to external agencies such as the local safeguarding team or CQC. Staff were able to describe how to raise safeguarding concerns and who they could report concerns to outside of the organisation. The service had made appropriate referrals and notifications when safeguarding concerns had been reported.

Appropriate checks were made to keep people safe. Safety checks had been made regularly on equipment and the environment. This included weekly and monthly checks on the fire alarm system, fire extinguishers, emergency lighting, wheelchair, window restrictor, checks on electrical installation, and portable appliances.

Is the service effective?

Our findings

A relative said, "My relative has very challenging needs, it is imperative that staff recognise the subtle changes when they become agitated. I'm not sure how successful they are at this as my relative does not seem to have one consistent care worker that they can build up a lasting relationship with". A healthcare professional commented, "It seems that staff don't manage people's behaviour consistently or push them to reach their potential".

A staff member said, "I think people's behaviour gets worse as they can feel the tension between staff". Some people experienced anxieties that made their behaviour challenging towards others. Some staff did not understand the positive behaviour ethos and felt their authority was undermined because people were rewarded for poor behaviour, this made them feel vulnerable and unsupported when they were trying to work with some people. An entry in the team leaders communication book said, '(Persons) behaviour is out of control and there's no boundaries anymore. Now (person) seems to think they have got away with being rude to staff, as you said there's no boundaries or consequences'. Some staff showed a lack of understanding about the individual behaviour guidance produced for each person to help them respond appropriately to incidents when they occurred. There was a wide mix of people living at the service with various complex behaviours. The consistent management of people's behaviour was further impacted on because of the high use of agency staff. A positive approach to behaviour management was not always apparent and there was a disconnect between what was reflected in people's behaviour guidance to how some staff responded to this in practice. Another entry in the Team leader's communication book said '(Person) did not go to the pub in relation to their bad language and behaviour. I told them I would let you (referring to another team leader) decide whether they can attend this outing or not'.

The care and treatment of people was not always appropriate to meet their needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 in regards to staff training. The provider had taken action to address this shortfall which was no longer a concern. Records showed that the majority of staff had completed all their essential training in respect of food hygiene, fire safety, infection control, moving and handling, emergency first aid, safeguarding, positive behaviour support and PROACT SCIP (these are interactive and proactive approaches rather than reactive ways of working with people who may challenge others through their behaviour by looking for triggers to minimise escalations in behaviour). Additional specialised training in epilepsy was also provided but because of the subsequent staff turnover, epilepsy training was required again. The provider was able to show this had been booked for November 2016 with an external trainer in addition to training in regard to Diabetes and Dementia awareness.

At our previous inspection we found that the registered provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Supervision had not been continually offered to staff according to the providers own policy. Staff now received regular supervision which was documented by the registered manager or senior staff member. Staff received support to

understand their roles and responsibilities through face to face discussion and talks with the registered manager or another senior member of staff, although observations of practice did not form part of this. Staff said that they took opportunities within these forums to raise issues, they could approach the registered manager at other times but did not always want to bother her and tended to approach the deputy manager instead who they found very supportive.

New staff were expected to complete a period of induction during the period of their probation. This commenced with a two week orientation to the service, its policies and routines and familiarisation with people's needs and support, this included shadowing of experienced staff over a two week period, and completing a series of on line courses called 'Foundations for growth' as well as some face to face training. This provided new staff with the basic knowledge and skills needed to undertake their role, an induction booklet was completed over a period of months. Staff completed the necessary knowledge units and their competency and understanding was assessed through meetings with their registered manager or team leader.

Staff supported people with their health appointments and referrals to health care professionals were based on individual needs. Staff were vigilant in checking people's wellbeing and whether there was an emerging health related need. For example, analysis of accident reports highlighted staff had noted a health concern when undertaking someone's personal care. This was referred to health professionals and subsequent treatment arranged around this. Epilepsy support plans had been developed for people affected by epilepsy to inform staff what action to take when people experienced seizures. There was easy read information in a person's care plan about how they should manage their diabetes. Guidance around this was detailed and informative and staff described how support should be offered to the person.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty 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). 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. Staff knew about DoLS and MCA and had received training in these areas. Three DoLS authorisations had been granted and nine further authorisations had been applied for. The provider was working within the principles of the Act, we saw recorded documentation of how the service had responded to meet the requirements of this law and the needs of the people living there. The service had correctly notified CQC when authorisations had been granted.

Menus were developed from an understanding of people's likes and dislikes and people taking turns to choose a preferred main meal to develop the weekly menu. The main meal of the day with the exception of Sunday was usually provided in the evening, alternatives were available if people did not like what was on the menu. One person was deemed nutritionally at risk, their food intake was monitored and they received supplements to help them maintain a healthy weight. Their weight was kept under review by the GP. People had free access to the kitchen and could make drinks and snacks for themselves or with staff support. Weight losses were reported to senior staff to refer to health professionals. People were able to go into the larder and obtained snacks, for example one person was seen eating a bag of crisps after lunch, this person was comfortable in the larder and tidied up some beers left on the side, moving them to another area where beers were kept. Staff said people had a beer on special occasions.

Is the service caring?

Our findings

A person said, "Yes I'm okay, I can ask the staff and manager for help if I need it". A relative said, "There are a number of individual care staff that are very hardworking and have gone out of their way to try to support my relative".

There were some positive and engaging interactions between people and staff, although at other times this was limited. For example, staff sat together in the main lounge at a table. There was limited conversation or engagement between people and staff at this time although staff chatted with one another. One person spent a lot of time communicating and engaging with us throughout the inspection. Staff rarely came to check if the person was okay or needed any support. When the person was told by a staff member that another staff member would help them with their exercises they said, "No, they won't".

Some of the language used in records were not dignified or respectful and was judgemental. An example of this was entries in their team leaders communication book that said, '(Person) has been a nightmare', '(Person) was a right pain on Monday', '(Person) was playing up', and '(Persons) behaviour is getting really bad and sometimes it's over the smallest most stupid things'. This demonstrated a poor understanding of how people's complex behaviour should be supported or what may be the underlying causes that had made their behaviour more difficult to manage.

People were not being treated with dignity or respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other staff spoke about people in a caring and enthusiastic way, a staff member said, "(Person) is so interesting, they've had such good fun today, we've been to the woods". The activities co-ordinator was committed to introducing life skills training for people that included how to wash their own clothes, cook basic meals and make drinks for themselves. During the inspection the activities co-ordinator was arranging activities with people, people were included in this process and were asked where they wanted to go and what they wanted to do.

Staff showed interest in what people had to say and people were allocated their own tasks within the service to promote independence and responsibility. For example, some people enjoyed to keep the outside of the service tidy and spent time sweeping leaves and tidying up. A staff member asked one of the people how their morning had gone. The person responded, "Me and (person) did well, we cleared all of the outside and there were three squirrels out there". The staff member communicated with the person throughout this conversation in a positive way and praised their efforts.

Throughout our visit people came and went as they pleased and had several areas where they were able to spend time, such as the garden, lounges, their own room or the day centre. People frequently came to the office to speak to the administrator and senior management. People were always spoken to in a dignified and respectful manner, it was apparent that people felt confident and comfortable in their home. A person liked a staff member to sit beside them for reassurance, staff were aware of this need. When the staff

member had to leave the person they explained what they were doing and when they were coming back.

People's choices were listened to and respected. An example of this was an entry in the team leaders communication book which said, '(Team leader) had organised a trip to an art gallery but the person declined, I told the person they didn't have to go and they could go for a drive instead and have lunch out. The person said that would be better'. Although one person was allocated continuous staff support, staff respected that the person wanted their own space at times and observed them from a distance to respect their privacy. People were supported to use advocates when they needed help with particular decisions or lacked the capacity to make independent choices.

People's bedrooms were in good order and had been personalised with the help of relatives and staff. One person without any family or external representatives also had a very personalised room that staff had helped create for them. Some people could be destructive and their rooms were minimalistic because of the damage to furnishings, staff demonstrated that they monitored the condition of people's rooms to ensure people were safe. Before staff entered people's bedrooms they requested permission from the person and knocked on their door. One person preferred to eat their meals alone. Staff and other people were aware of this preference and ensured the person's wishes were respected.

Is the service responsive?

Our findings

A person said, "Do you like my bracelet? I bought it when I went shopping. Last night I saw my friend and played a drum at the party, I had sandwiches and a cup of tea".

Although people's care files were written in an easy read format which included pictures to help people understand its content it was not always clear that what happened in practice was a reflection of the information in the care plans. For example, one person's support plan said that physiotherapy exercises should be undertaken daily. In conversation with the person they said they had not been supported to continue with these exercises. Staff were unclear whether this was something they should have been supporting the person to do. It was important for the person that exercises were maintained to retain muscle tone and flexibility in their legs. We drew this to the attention of a senior manager who said these would be re-introduced and this is an area for improvement. Information in the care plans included; one page profiles, how to offer support, what was important, what others admire about the person, who was important in the person's life, communication, personal care and health care. People had their care reviewed regularly and relatives and healthcare professionals were invited to the service to attend review meetings.

People's individual needs had not always been thought about or supported well. For example, people had mixed communication skills with some able to verbalise their views easily and others less able to do so. This was not helped by a lack of accessible information in the service for example a lack of picture menus or use of pictures to inform people what staff were on duty. In the day centre simple guidance was provided about the use of the kitchen equipment, dangers and risks but this had not been put into a pictorial format which meant that people who were unable to read were reliant on staff verbally sharing this information.

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.

Previously, people went out to a day centre four days per week where they met people from other services, built friendships and improved their social circle. Due to increasing costs this had ceased, the provider invested in developing a day centre in the grounds of the service and had employed an activities co-ordinator. This had been very successful and was popular with people in the service. The day centre was well equipped and clearly a hive of activity and a favourite area for many of the people to spend time in structured activities. A fully fitted kitchen within the day centre provided opportunities for people to bake and participate in life skills training. There was a fully equipped kitchen, although not really adapted for those in wheelchairs it did offer opportunities for skills development. To overcome the loss to some people's social circle through the stopping of the external day centre visits, the activities co-ordinator ran a monthly coffee morning that was open to people who lived in the other services and who people at Marshlands enjoyed meeting up with.

People went out to do various activities and day trips, people told us they were excited about a Halloween

disco they were attending in the evening. Staff had helped create decorations for the upcoming Halloween ball involving people from other services. People had been carving pumpkins and preparing their fancy dress outfits. Staff said the service had successfully hosted a recent 'Party on the marsh' event providing a barbecue, hog roast and stalls. People from other services operated by the provider had been invited and the day had been a success. An event in December was being arranged by the activities co-ordinator called 'Posh frocks and tucks'. The provider had hired a hall to host the event and people from other services in the providers group had been invited to attend. During the inspection some people went out to do Christmas shopping and visit family. When people were offered opportunity to go out but declined this was respected and alternative activities were offered.

There were two dining/lounge areas to accommodate people who wanted to eat or sit away from others, most people congregated in one lounge. All the furniture was of good quality and in good order considering the wear and tear from some people's behaviours and also the number of people using the space. People had free access to all areas of the service and gardens and were encouraged to be involved in the running of the service. People were seen working in the garden sweeping leaves, gardening and maintaining flower beds and tidying up. One person was at the front of the service directing visitors to sign in and dealing with the bins.

Each person was allocated a key worker who was responsible for conducting key worker sessions. The purpose of the sessions was to allow people to have the opportunity to feedback what was working well for them, what they would like to change or do and what action was required to achieve this. Records contained follow up information about targets which had been achieved and why targets had not always been met. Key workers were responsible for keeping people up to date with their routine health appointments and making referrals when people required support from outside healthcare professionals.

The service responded to complaints appropriately; an easy read format was available for people who may need it. Flashcards had been included to break down information. When concerns or complaints were made these were recorded and follow up action taken and recorded. Some people found 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. There were no open complaints at the time of the inspection. There was a photo story in one person's care plan about an aspect of living at the service which they had been unhappy with. The photo story demonstrated how the provider had responded to the person's complaint to make their life better.

Is the service well-led?

Our findings

A relative said, "I have concerns over the lack of response to our emails when communicating with the manager. This is not personal, as she is a lovely person, just overstretched. We only email when we have important questions that need answering. The deputy manager has now begun to fill this void". A staff member said, "There are problems here, we work long hours. Morale is low, we're tired, it's difficult with people who are challenging, there's no structure here. The manager doesn't seem to have time, I love my job and looking after people but I'm not enjoying this".

At our previous inspection we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The provider's systems for quality monitoring were not effective and feedback from people, staff and relatives was not acted upon. At this inspection, when areas of improvement had been outlined it was not always clear what action the provider had taken. For example, people had been given questionnaires to complete to feedback what they felt could improve in the service. Three people had commented that they would prefer a quieter environment at times but there was no information recorded to outline how the provider had responded to their comments to improve outcomes for people. A fire evacuation report recorded in June 2016 stated a ramp should be built at the front of the service for a person who uses a wheelchair in case there was an emergency evacuation. No action had been planned or taken to meet this outlined recommendation. The provider had failed to pick up on the issues identified at this inspection relating to medicines, care plans and language which was used to describe people in communication reports.

There was a culture within the service that the registered manager and senior managers were seeking to change; staff morale was low as a result of recent staffing issues that had led to the departure of a number of staff. As a consequence staff were unsettled and team relationships were fractured with a 'them and us' culture emerging. A staff member said, "It's made me laugh today, we are being told to take people out again, it's all fake, it's not normally like this. People do go out but because there's an inspection we are being told to take people out more".

In order to enable staff to air concerns and talk frankly about their concerns the senior managers had organised a meeting with staff to try to move things forward. A staff member commented, "We have a team meeting in November, I don't think staff will say what they think". During the inspection a senior manager distributed questionnaires to staff to answer anonymously with the view of understanding the underlying problems in the service. The senior managers said more work was needed to improve engagement and consultation with staff regarding the future of the service.

Staff spoken with had mixed views about the management of the service. Some said they did not always feel able to raise issues within staff meetings and their comments indicated these may not have always been well chaired previously with some staff allowed to dominate meetings. Similarly some staff said they did not always feel listened to and did not always see any results from the issues they had raised. Other staff said that the deputy manager was more of a visible presence in the service. A staff member said, "At the last team leader meeting I said there needs to be better communication. Things will get better for a while but will slip

back, things change all the time and we are not always told. I think there's a blame culture". Another staff member said, "The morale is poor, you do feel like you're banging your head against a wall".

The provider's systems for quality monitoring were not always effective and feedback was not acted upon. This is a continued breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager notified the Care Quality Commission of any significant events that affected people. Analysis of incidents and accidents were completed regularly and other auditing of areas such as medication were completed. The provider conducted their own internal audits in the form of monitoring visits, observations, and quality visits. Action plans had been agreed following these visits to identify shortfalls and improve the quality of care people received. The registered manager was given timescales for the completion of desired outcomes and action plans were regularly reviewed by senior managers. An audit conducted in August 2016 said, 'It is clear from this audit that the registered manager and staff have been working hard to address all of the actions from the various visits. Most of the actions have either been addressed or in the process of being addressed.' Examples of the improvements made were supervisions were now regular, a new maintenance person had been employed, and areas of medication had improved.

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 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of people was not always appropriate to meet their needs. 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 10 HSCA RA Regulations 2014 Dignity and respect People were not being treated with dignity or respect, Regulation 10(1).
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 have proper and safe management of medicines. Regulation 12(2)(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 and properly maintained. Regulation 15(1)(a)(e).
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had not ensured that there were sufficient numbers of suitably qualified, skilled and experienced staff deployed to fully meet people's needs. Regulation 18(1)(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 provider's systems for quality monitoring were not effective and feedback was not acted upon. Regulation 17(1)(2)(a)(b)(e)(f).

The enforcement action we took:

A warning notice was issued for regulation 17. Improvement in the management and leadership of the service is required to ensure people receive safe and effective support and care.