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The Gable

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

We carried out an inspection of The Gable on 1 and 2 October 2018. The first day was unannounced. The Gable is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The Gable provides accommodation and care and support for up to six people with a learning disability. The service does not provide nursing care. There were six people living in the home at the time of the inspection.

At the time of our inspection, we were informed the ownership of the home had change. Appropriate applications had been forwarded to CQC for consideration. This meant new systems and records were being introduced at the time of our inspection.

The Gable is a large end terrace in a residential area close to Burnley town centre. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in place. 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 last inspection on 16 and 17 November, the overall rating of the service was 'requires improvement' and our findings demonstrated there were three breaches of the regulations in respect of unsafe management of medication, failing to ensure risks to people's wellbeing and safety were assessed and managed and a lack of compliance with the Mental Capacity Act 2005. The service was rated "Requires Improvement." Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the service.

At this inspection we found the provider was in breach of five regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014. They related to the provider having insufficient risk assessments, unsafe processes for the management of medication, a lack of appropriate training for new staff, lack of oversight of the service and a lack of compliance with the Mental Capacity Act 2005. You can see what action we told the provider to take at the back of the full version of the report.

At the last inspection, the service was rated as overall 'requires improvement,' at this inspection the rating had remained as 'requires improvement.'

We were aware the proposed new provider was committed to an extensive programme of development which would improve people's lives. This included changes to the environment, policies and procedures

and to the records and systems. During this inspection, we found changes were in progress.

We found there were management and leadership arrangements in place to support the day to day running of the home. However, the provider needed to ensure better oversight of the service to ensure they were meeting the regulations and that the service was effectively managed.

There had been improvements to the management of medication since our last inspection and an updated medication policy, including "covert medication" guidance was due to be issued by the new provider.

We found that people's concerns and complaints were not always acted upon and risks around individuals were not fully assessed and managed safely. A safeguarding alert was raised during the inspection, due to concerns raised by a person living at the home.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff respected people's diversity and promoted people's right to be free from discrimination. However, we found that there was still some confusion around the processes around the MCA 2005 and the necessary improvements had not taken place. The provider agreed to implement capacity assessments and seek further training and guidance in this area.

We found that the provider was unaware that bank staff were required to have the same training as permanent staff. We found one new staff member was new to care and had not had access to appropriate training.

We found that arrangements on entering the home were not as secure as they could be, however this was addressed immediately during the inspection. We felt that the home required updating and we were advised that a significant refurbishment was due to take place. People at the home were excited at the proposed changes taking place.

People and their relatives told us that they were happy living at The Gable. People told us if they had a complaint, they knew how to raise their concerns. There was an easy read complaints policy in place and we saw evidence that people were able to raise issues. We did note that further work was required in this area, as not all complaints were properly actioned.

People's privacy, individuality and dignity was respected and we observed staff interacting positively with people throughout the inspection.

Each person had a care plan, describing their individual needs and choices, which provided guidance for staff on how to provide people with support. Care and support was kept under review and some people had person centred care plans in place. People's healthcare needs were well met and referrals had been made to other health professionals. However, this was not always consistent and we found important information and updates on medication and medical diagnoses had not been updated and reflected in the plans. The storage of records, also required improvement to ensure they were stored securely.

People were supported with a range of activities that met their needs and preferences and had opportunities to maintain and develop their skills both inside the house and in the local community. People told us that they were consulted about changes in the home and they were involved in menu planning, food shopping, housework and meal preparation.

We saw evidence of the service actively consulting with people and their relatives around changes within the home. People's views were obtained and people generally felt their views and choices were listened to. We saw a range of feedback questionnaire's consulting with people who used the service, their relatives, staff and wider community groups that supported the people in their local community.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

People's concerns were not being acted upon appropriately and safeguarding procedures were not always being followed.

Risks to peoples individual safety were not being assessed and managed properly.

Care records were not stored securely.

Guidance around medication was not effective.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People were encouraged and supported to make their own choices and decisions. However people's care and support was not always provided in line with the principles and requirements of the Mental Capacity Act 2005.

Staff had not always received adequate training to carry out their roles and responsibilities.

Requires Improvement ●

Is the service caring?

The service was not always caring.

People told us they were happy with the care and support they received.

People told us the staff were caring and we observed positive interactions between staff and people using the service. However, one person raised concerns about the conduct of one staff member and this is currently being investigated.

People were supported in a way which promoted their dignity, privacy and independence.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

People's care plans did not always contain the most up to date information about individuals.

There were processes in place to manage and respond to complaints. However, these were not always addressed appropriately.

People were consulted about their care. Some people had individualised person-centred plans.

People had access to community resources and most people were happy with the choice of activities offered to them.

Requires Improvement ●

Is the service well-led?

The service was not well led.

Auditing and monitoring systems were not robust enough to identify the issues noted during the inspection.

Certain actions identified from the previous inspection had not been actioned.

The registered manager was not always clear about her legal responsibilities as a registered manager and had been reluctant to follow safeguarding procedures.

People at the service and staff members felt that the registered manager was approachable and had an "open door" policy.

Inadequate ●

The Gable

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.'

The inspection took place on 1 and 2 October 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service, including notifications and previous reports. The notification is information about important events which the service is required to send us by law. We contacted Healthwatch and various professionals including the local authority contract monitoring and safeguarding teams.

We used the information to decide which areas to focus on during the inspection. We did not use information from the Provider Information Return, as we visited a week before the information was due to be submitted. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The provider submitted this following on from the inspection.

We used a range of methods to help us understand the experiences of people who use the service. We spent time having lunch with people at the service informally as well as observing interactions in the communal areas of the home. We spoke with one relative and four people living at the home about their experiences. We also talked to two support workers and the registered manager.

We looked at a sample of records including two people's care plans and other associated documentation such as induction records, staff rotas, training and supervision records. We also viewed minutes from meetings, complaints and compliments records, medication records and maintenance certificates. Development plans, policies and procedures and quality assurance audits were also checked.

Is the service safe?

Our findings

At the last inspection of 16 and 17 November, we found the provider had failed to protect people against the risks associated with the unsafe use and management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time, we found systems needed to be improved to ensure the safe handling of medicines. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection, we looked at the way people were supported with the proper and safe use of medicines. At the last inspection we found people were not risk assessed in terms of whether they could independently manage their own medication. We also found that there were no specific care plans to support people's needs and preferences with their medicines. During this visit, we found that some action had been taken to address these issues, but there still some outstanding issues.

At the last inspection we found the medication policy had not been updated and did not include directions on medicine management in accordance with current recognised guidance. For example there was no guidance around the management of "covert medication." This relates to staff giving medicines without their knowledge. During this inspection, we found that the medicines policy dated 2012 had still not been reviewed in line with "covert medication."

This was a continued breach of the Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found a lack of specific protocols for supporting people with medicines prescribed "as necessary" and with a "variable dose." During this inspection, we saw this had improved and protocols had been put in place. We looked at the arrangements for the safe storage of medicines. We found people's medicines were stored safely and securely. We found that since the last inspection temperatures were being checked and monitored.

There was a Monitored Dosage System (MDS) for medication in place. This is a storage device provided and packed by the pharmacy, which places medicines in separate compartments according to the time of day. We reviewed Medication Administration Record Sheets (MARS) and found that staff were administering people's medicines appropriately.

All staff had received medication training and competency assessments had taken place, to ensure that staff were providing people with safe and appropriate support. We saw evidence of medication audits taking place and where appropriate "body map" diagrams were in place providing detailed directions on the topical application of medicinal creams.

People told us, "Staff help me with my tablets." We saw evidence of consent forms agreeing for staff to support them with their medicines. We also saw evidence of NICE guidance in place. We were told that the service was currently in the process of transferring over to new policies and procedures.

At the last inspection of 16 and 17 November, we found the provider had failed to protect and manage the risks to people's individual safety and well-being. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time, we found there was a lack of person centred risks assessments to guide staff on identifying and minimising risks to people's safety and managing behaviours that challenge. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection we looked at how risks to people's individual safety and well-being were assessed and managed. We found risks to people's individual safety and well-being were not being assessed and managed appropriately.

We observed that one individual's lack of compliance had not been addressed or raised as a concern to appropriate authorities. We found risk assessments around this individual were not robust enough and had not been updated to reflect the associated risks. Records stated, "all risk assessments remain valid." We found that the provider had not effectively minimised the risks and there had been a lack of coordination between outside agencies and the provider. Although we were informed a social work assessment and a capacity assessment had been conducted, we saw no evidence of this. We also observed that since the incident there had been a change in health resulting in a diagnosis affecting mental capacity. This had not been reflected in the individual's care plan or risk assessments. We did not feel that risks within the home and risks to the wider community were being managed safely.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2011.

People told us they felt safe and free from bullying. People were aware how to raise concerns and we saw evidence of an easy read complaints policy in place. Staff told us they would confidently report any concerns to the registered manager. We saw that a safeguarding policy was in place which detailed safeguarding and local authority, police and the Care Quality Commission (CQC) contact numbers. However this policy, lacked sufficient details around the identification and recognition of different types of abuse. We were reassured that this policy was in the process of being updated. We saw little evidence of guidance being used to inform practice, such as the Lancashire Safeguarding Adults Board Guidance 2017 and there was currently no whistleblowing policy in place. (reporting poor practice.) We also found that not all of the staff had been trained in safeguarding. However, we saw evidence that safeguarding training had already been arranged for the following week.

We saw evidence where staff had raised concerns about individuals. These were logged as complaints in the complaint file and had not been reported under safeguarding procedures. However, whilst we saw very little in the way of action taken to address these behaviours and we saw references made to staff utilising strategies, we found there to be no evidence of any formalised strategies to protect and support the staff team.

During the inspection, one individual raised some concerns with us, which we reported immediately to the registered manager. Some discussion took place regarding the appropriate action that should take place as a result of this allegation. However, after further discussion the registered manager agreed to follow safeguarding procedures and a safeguarding referral was made with the local authority during the inspection.

We felt that the service was not embedding safeguarding procedures in their practice and needed to be more responsive to concerns raised. We did not, therefore feel confident that people were being fully

protected from abuse, neglect and discrimination. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked if the staff recruitment procedures protected people who used the service. The service had recruited one staff member since the last inspection. We saw evidence of application forms and interviews taking place, with Disclosure and Barring Service (DBS) checks being undertaken. 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. There was a full employment history and photo ID held on record. All registered services are required to carry out a range of pre-employment checks before new staff start work. This is to ensure that all staff are suitable to work with vulnerable adults. However, we found that one reference had been provided by a colleague currently working at the service, despite there being previous employers listed in the application form. The provider was not following their own recruitment policy which was last updated in 2012 stating "references will be sought (where possible) from the candidates last two employers." This was discussed with the registered manager who reassured us that a further reference would be sought and recruitment would be robust under the new policy and procedures.

People's money was managed safely. Financial protection measures were in place to protect people. Policies and procedures in place meant that staff were not allowed to accept gifts or assist in the making of, or benefiting from people's wills. We saw consent forms detailing people were happy for debit cards to be kept safe and spending money to be kept in the office. We saw disciplinary procedures in place to respond to concerns around staff ability or conduct. We were advised that additional support would be available for the manager from within the management team when dealing with disciplinary issues.

We looked at the processes in place to maintain a safe environment. We observed that people at the home were encouraged to answer the door, promoting their independence. However, due to there being no doorbell, staff in the second floor office were completely unaware of who was being invited into the home. This was raised as concern and the provider responded quickly by ensuring a doorbell was in place by the end of the first day of inspection. We also observed an area of flooring had been replaced by the kitchen sink which was raised and had been covered with a rug. This was identified by us as a trip hazard. The registered manager told us there had been an issue with the flooring and this had been a temporary measure, until work had started on the new kitchen.

We found that there was room for improvement in terms of management of records. People's care records were not stored as securely as they could have been. Although staff members' personal information was stored securely and was only accessible to authorised staff, people's care records were left out on display in the office, the door of which was usually left open. We discussed this with the registered manager who agreed to purchase further filing cabinets.

There were regularly recorded maintenance checks on equipment in relation to health and safety such as fire extinguishers, gas, electrical and portable appliance testing. We reviewed how people were protected by the prevention and control of infection. We found the home to be clean and tidy and although staff had not received infection control training, they had a good understanding of infection control. The registered manager assured us that training in this area would be undertaken.

Is the service effective?

Our findings

At the last inspection of October 2017, we found the provider had failed to comply with the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time, we found policies and procedures in relation to MCA and DoLS were not reflective of up to date guidance and there was a lack of information to show whether people's capacity to make their own choices and decisions had been appropriately assessed. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection, we found that little improvement had been made. 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 with appropriate legal authority. 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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The registered manager was not confident about the process of when an application for a DoLS should be made to the relevant local authority. At the time of the inspection, two applications had been submitted, as a response to the last inspection. These has been submitted without capacity assessments being undertaken. Discussion took place around the need to follow the principals of the MCA and to review the applications, one of which had expired.

Staff had an awareness of the day to day implications of the MCA and the need to seek consent from people before providing any care or support. We also observed staff gaining consent and giving people choices throughout the inspection. We were advised that new policies and procedures were available and would soon be shared with staff. However, the provider had failed to comply again with the requirements of the MCA 2005.

This was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how peoples' nutritional needs were being met. Most people told us that they felt that the food was okay and they were offered choices. However, one person told us "We could do with more choices, but we can't get more because of the budget." This was also reflected in the service user surveys, with one person expressing that there was a lack of choices. During our inspection, we observed that lunch was prepared very early at 1130am. People told us this was because they were going out to activities after lunch.

The people we spoke with told us they were mostly happy with the care and support they were receiving. One relative told us that, "[Family member] "loves where he is," and another person said, "Oh yes, it's alright here." People told us they were involved in decision making and we saw evidence in the care records that people had agreed and consented to their care plans.

There had been no admissions to the home since our last inspection. The registered manager described the process of how people's needs would be assessed prior to moving to determine whether the service could meet the person's needs. She discussed how the most recent individual to move into The Gable had received designated 1-1 hours to enable them to access activities of their choice. It was explained that in the future, other individuals would also receive this which would mean the support provided would become more personalised.

We looked at how the service made sure that staff had the skills, knowledge and experience to deliver effective care and support. We looked at training provided for staff. The training matrix showed that permanent staff had received training in medication, infection control, mental capacity, safeguarding of vulnerable adults, nutrition and person-centred plans. Further mandatory training around fire safety, health and safety and first aid was planned for the week following the inspection. All permanent staff had achieved their NVQ level II Diploma in Health and Social Care, with the registered manager having achieved levels III and IV. However, we found one staff was working in the home on a regular basis who had only received medication training. The staff member who was new to care had not received any other training. The staff member had also not completed any food hygiene training and was responsible for the preparation of food during her shift. Immediate arrangements were made to change shifts to ensure that people were not placed at risk. We explained to the registered manager that bank staff needed to undertake the same training as permanent members of staff.

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

We recommended to the registered manager that the staff, who was new to working in care would need to undertake further training which included the Care Certificate training modules. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life. We were told that the staff member was due to become permanent the following week and training had already been organised.

We looked at supervision records and saw that staff had access to regular supervision, which provided a safe space for to reflect on practice, as well as develop skills and knowledge.

We looked at how people were supported to live healthier lives, had access to healthcare services and received ongoing healthcare support. We saw evidence that people had hospital passports in place, had access to regular podiatry and their overall appearance and personal hygiene was monitored. People were supported effectively with their health needs.

We reviewed how are people's individual needs were met by the adaptation, design and decoration of premises. We were told that extensive refurbishment plans were due to take place, both externally and internally. There were plans to undertake significant improvements in the home. People were excited about the planned changes, one person said, "We're getting a new kitchen soon, a posh one!" Another person told us, "I might get my room re-decorated."

Is the service caring?

Our findings

People told us they were happy with the care and support they received, "Yes I am happy here. I've lived here a long time." They told us staff respected them and were kind. Relatives we spoke to were happy with the service and told us, "[Family member] is really happy here. It gives us reassurance that he is somewhere safe and has his own friends here."

We observed that staff were caring and kind to people. Staff took the time to talk to people and ensure their needs were taken care of. We observed staff using appropriate humour and tactile gestures with people. Staff looked happy in their work, they told us, "I love it here." One staff told us, "It's a good place to work and I have no problems here." They described how the service was very family orientated and how people in the home. "They treat each other like brothers." A relative we spoke to also spoke of this warmth and camaraderie; on returning from holiday, their family member said, "It's good to be back with my lads."

During our visit, we observed that people were treated with respect and had good relationships with the staff. We observed staff observing people's dignity and knocking before entering rooms. One individual had his own doorbell on his bedroom door and each person had keys to their own rooms. People felt proud of their rooms and enjoyed spending time with themselves. People were supported to be as independent as possible and staff promoted this by encouraging people to learn new skills, such as doing their own laundry.

The staff team were consistent, which was a strength of the service and had supported the same people over a long period of time. The registered manager and the staff team had a good knowledge of people's individual needs. Staff demonstrated good listening skills and demonstrated empathy for people. We observed staff reassuring people and were skilled in making people feel at ease when they began to get unsettled. We observed good staff interactions and people felt staff were kind, considerate and respected their dignity. However, one person raised issues regarding the conduct of a member of staff during our inspection. They told us, "Staff are kind in the main, there are just issues with one staff." A subsequent investigation into the matter is currently taking place.

Visitors were encouraged to call at the home and felt welcomed. Relatives we spoke with confirmed they could visit without any restrictions. People told us, "Yes, staff do a good job and we are not stopped from doing things." We noted the home had good links with relatives and families and kept them updated. People were consulted about the service. We saw evidence of resident's meetings taking place and one had been held specifically to explain future changes. People told us, "We're getting this place done up."

People told us there was a keyworker system and they could choose staff. We saw evidence in resident meeting minutes that this was discussed regularly and people were asked if they were happy. We also saw that people were consulted about the menus and holidays to Blackpool. Staff had a good understanding of confidentiality and policies were in place. Spoke we spoke to understood issues around equality and diversity, despite not having any recent training. Plans were in place to undertake further training in this area.

We reviewed how the service has been developed and designed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People we spoke with felt they were encouraged to be independent, one person told us, "I like to the cleaning," and another demonstrated that he had been involved in choosing the décor for his room. The imminent plans to move from a residential care home to a supported tenancy would strengthen these values further and bring further opportunities for people to develop.

We viewed feedback from service user satisfaction surveys, which were user friendly and saw actions taken as a result of people's views. We also noted that feedback forms had been sent to community groups that people attended. All feedback was positive and one stated "Service users are clean, tidy, happy, chatty, well presented and eager to tell you what they have been doing." They also stated they felt that staff were very helpful and were promoting the core values of independence, choice, dignity, respect and self-worth.

We asked if people using the service had access to Advocacy services. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members. Although, no one was currently accessing the service, we identified one individual who would currently benefit from an independent advocate due to concerns around their current circumstances. The registered manager agreed to make a referral to the service.

Is the service responsive?

Our findings

People told us they received support that was appropriate to their needs, one person told us, "I like to go for a walk to the park by myself. They let me go. It's only around the corner." Another person said "I like living here, I've been here a long time. The staff know me well. "All people we spoke with told us that they knew who to speak to if they had any concerns and knew how to make a complaint. They said, "I'd tell [registered manager]." We looked at how the service managed complaints. The service had a procedure for dealing with complaints and concerns and this was displayed within the home. We saw evidence of four complaints in the complaints log, two from people living in the home and two from staff members alleging inappropriate behaviour from a service user. We felt that appropriate actions were not fully explored and taken in response to concerns raised.

We saw evidence of a user-friendly complaints policy and discussed the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support that they need. The registered manager explained that they had not developed any other user-friendly information but that there were plans for this to be developed.

We reviewed care records and found they included information about people's needs wishes and preferences. We saw evidence in one file of person-centred planning tools, consent for person centred planning, an understanding of the process and that it had been explained to the person. We saw evidence of a recent review meeting and recently reviewed risk assessments. However, this was not consistent throughout and we found risk assessments where not robust enough, particularly around one person with complex needs. Personal information and medication records relating to one individual had not been updated. We also found a recent diagnosis that could impact on a persons mental health had not been recorded in their care plan.

People told us how they were supported to engage in activities in the local community. One person said, "I'm going dancing today, I like dancing." Another person said, "I go to a couple of luncheon clubs then, just out and about on my own the rest of the week." We saw that people also attended cookery sessions, swimming, shopping, enjoyed going out for lunch and attending the Gateway social club. Only one person had individual 1-1 hours, which meant the rest of the people engaged in group activities. This meant that the service was not person centred and there was a lack of individual choice. Most people seemed happy however, with the variety of group activities, but one person stated they wished they could go out more. The registered manager felt that this would be addressed in the future changes taking place, as the care being delivered would need to be more individualised.

Positive relationships were encouraged at the service. We observed people helping each other out and one person pointing out how another could improve his table manners at lunch. This was taken in good spirit. People were supported as appropriate to have contact with their families, with some visiting their families overnight.

The service did not usually provide end of life care. However, we discussed with the registered manager ways in which to sensitively start discussions around the subject.

We looked at how technology and equipment was used to enhance the delivery of care and support. Although the service had installed internet since the last inspection this was not freely available and was restricted to the office. Discussion took place around opening this up to people using the service.

Is the service well-led?

Our findings

At the last inspection, we found that there was a lack of effective auditing and checking systems. During this inspection we checked if the monitoring systems ensured that responsibilities were clear and that quality performance, risks and regulatory requirements were understood and managed. Audits were in place covering medication charts, diary sheets, daily menus and weekly spends, however these were basic and we did not feel the audits taking place were robust enough in identifying areas that needed to be strengthened in the service. We saw little evidence of how the audit had been undertaken, other than a date when it took place. We felt that the quality of the monitoring arrangements were not sufficient in ensuring the service was safe, effective and well led.

At the last inspection we found that there were insufficient risk assessments and risk management processes in place. During this inspection we again found risks assessments had not always been updated and referrals to other professionals had not always been actioned and chased up. We felt the registered manager was not proactive working in partnership with other agencies and the wider community to minimise the risks to people. During the last inspection we found a lack of compliance with the Mental Capacity Act 2015 and found similar issues with Mental Capacity during this inspection. There was a lack of robust audit and monitoring processes in place to effectively monitor the quality and safety of the service being provided.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had been struggling to combine the role of the registered manager with that of a support worker, supporting the people in the home during her shifts. As a consequence, this had meant that most of the above actions identified from the last inspection had not been addressed. The registered manager was relatively new to the role, but had worked within the service for many years. We felt that a strong leadership base was lacking and the registered manager was struggling in her responsibilities as a registered manager. The registered manager explained how she had only recently started to receive some supernumerary hours, which had impacted on the service.

At the time of the inspection visit, we had been made aware that applications had been submitted to CQC to change the ownership of the home. However it was evident through discussion that the service had changed ownership in July 2018. This matter is being addressed as a separate issue by the Commission. The registered manager was supported during the inspection by a representative from the new provider. We noted new systems were being introduced that would address the shortfalls noted during this inspection. Plans for significant modernisation of the home were in place.

Service users said that the registered manager was "alright." Another person said that, "She's been here a while and she's alright." They said that they "could talk to her and that she was helpful." The registered manager had an open-door policy and staff we spoke to said they felt supported and it was a good place to work. Staff confirmed that they had daily handover meetings and team meetings took place. This was good

practice as it ensured information was communicated effectively.

We looked at how people who used the service, staff and others were consulted on their experiences and shaping future developments. We saw evidence that people were consulted through resident meetings, regular day to day discussions and through feedback forms. We noted the last CQC rating for the service and a copy of the previous inspection report was on display in the home. This was to inform people of the outcome of the last inspection.

We reviewed how the service continuously learned, improved and developed. Discussions took place around the proposed changes to the service. The registered manager identified areas for improvement and was open and honest about the difficulties she had faced. New policies and procedures were currently being introduced which were in line with current legislation and recognised guidance. There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. The registered manager explained there were plans in place for additional training and support. This would support the registered manager in her new role as team leader and with the addition of supernumerary hours enable her to develop and improve the service. We were reassured that the shortfalls would be addressed and found the management team were responsive in addressing areas for development.

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 | <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to comply with the requirements of MCA 2005 and associated Deprivation of Liberty Safeguards. (Regulation 11(1) (2)(3))</p> |
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure risks to people's wellbeing and safety were assessed and managed. (Regulation 12 (2) (a)(b))</p> <p>People were not protected from the risks of improper and unsafe management of medicines, because safe processes had not been followed. (Regulation 12 (2)(g))</p> |
| Accommodation for persons who require nursing or personal care | <p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered manager did not effectively ensure people were safeguarded from the risk of abuse.</p> |
| Regulated activity | Regulation |

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The Registered manager and Provider had failed to operate systems to effectively monitor the quality and safety of the service.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to provide suitable induction and ongoing training of the staff team.