

St Mungo Community Housing Association

St Mungo's Broadway - 2 Hilldrop Road

Inspection report

St Mungo's
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 2 and 3 May 2017 and was unannounced. St Mungo's Broadway – 2 Hilldrop Road is a care home which is registered to accommodate a maximum of 29 people with a history of alcohol misuse, homelessness and mental health conditions. On the days of our inspection, the service was providing care for 24 men.

At our last inspection on 14 and 15 November 2016, we found significant shortfalls in the care provided to people. We identified breaches of Regulations 9, 10, 11, 12, 14, 15, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition, we identified breaches of Regulations 16 and 18 the Care Quality Commission (Registration) Regulations 2009.

These breaches related to inadequate care planning and risk assessment, poor infection control practices, unclean, poorly maintained and unsafe premises, unsafe recruitment practices, inadequate provision of staff training, supervisions and appraisals, poor staff understanding of the Mental Capacity Act (MCA), lack of provision of drinking water and a lack of auditing processes to ensure good governance and overall management of the service provided. We were not satisfied that care and treatment was being provided safely.

We took action to impose a condition which required the provider to undertake a monthly audit of care plans, risk assessments, cleaning and maintenance, infection prevention and control, staff training, supervisions and appraisals, staff recruitment, incident reporting, staffing levels and submit a monthly report to the Care Quality Commission (CQC) outlining their findings.

The provider was also placed into special measures. Special measures are designed to ensure a timely and coordinated response where we judge the standard of care to be inadequate. Its purpose is to ensure that inadequate care significantly improves and provides a clear timeframe within which the provider must improve the quality of care they provide. When a provider is placed into special measures, the CQC will re-inspect within six months.

This inspection was carried out within the six-month time frame to check if improvements to the quality of care had been implemented. At this comprehensive inspection we found the registered provider had taken action to achieve compliance with all of the regulations previously identified as non-compliant during the comprehensive inspection in November 2016. However, we identified concerns regarding medicines management.

At the time of the inspection, the registered manager was no longer working at the service. An interim manager was responsible for day to day running of the service. The regional director advised us that they were commencing recruitment for a new 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.

Medicines were not being managed safely. People's Medicine Administration Records (MAR's) were not always completed in full or accurately. We found one instance of a medicine not administered as prescribed. Medicines stocks were not checked. Medicine audits had failed to identify and improve on the issues that we found.

At this inspection, we found that levels of cleanliness had significantly improved across all areas of the service. Infection prevention and control measures were in place and monitored. Hand washing facilities were available in toilets and bathrooms.

Staffing levels and deployment had been reassessed and increased. Additional dedicated cleaning staff were recruited and an additional staff member was deployed to support senior staff.

Incidents and accidents were recorded and reported to appropriate external organisations.

At this inspection, we found detailed current risk assessments were in place for people using the service. Risk assessments explained the signs to look for when assessing the situation and the least restrictive ways of mitigating the risk based on the individual needs of the person. However, we identified two instances of where risk assessments had not reflected the person's current circumstances, which was brought to the attention of the provider and addressed.

We found that care plans were person centred and reflected what was important to the person. Care plans provided appropriate guidance to enable staff to deliver person centred care in line with people's preferences.

Staff training, supervisions and appraisals were monitored and updated regularly. Systems had been implemented to ensure a better oversight of when staff training, supervisions and appraisals were due.

Staff were safely recruited with necessary pre-employment checks carried out.

Significant improvements had been made to ensure that consent to care was obtained from the appropriate person. Care plans specified best interest decisions that had been made. All staff had received training on Mental Capacity Act 2005 (MCA) and staff understood the importance of obtaining consent from people.

People had access to drinking water and a tea room had been created to enable people to make their own hot drinks at a time of their preference.

People told us they were treated with dignity and respect and that staff were caring. We received consistent feedback from staff that as a result of staffing changes, they were able to spend more time and develop better relationships with people who used the service.

The provision of activities had increased and care staff were enabled to deliver activities in evenings and weekends.

Referrals had been made to other healthcare professionals to ensure people's health was maintained.

Staff and resident meetings were held regularly.

We found that improved systems were in place to monitor and check the quality of care provided. We received consistently positive feedback from staff regarding the management structure in place and the support they received. Managerial oversight of the service had improved since the last inspection. Good practice had been developed, but further time was needed to address outstanding issues and for the service to demonstrate that the improvements that had already been made had been fully embedded and could be sustained.

At this inspection, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, as the provider has demonstrated significant improvements, the service is no longer rated as inadequate for any of the five questions and it no longer remains in special measures.

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 always safe. Medicines were not always administered, recorded or monitored safely.

There were sufficient staff deployed to ensure people's needs were met.

The home was overall clean and on-going maintenance works were in progress to improve bedrooms and communal areas.

Infection control measures were in place and hand washing facilities were available.

Risks for people who used the service were identified and comprehensive risk assessments were in place to ensure known risks were mitigated against.

Staff were aware of different types of abuse, how to identify abuse and what steps they would take if they had safeguarding concerns.

Requires Improvement ●

Is the service effective?

The service was now effective. Staff had access to regular training, supervisions and appraisals which supported them to carry out their role effectively.

People were given the assistance they required to access healthcare services and maintain good health.

Appropriate consent was gained before care and support was delivered. The principles of the Mental Capacity Act 2005 were followed.

People were supported to have enough to eat and drink so that their dietary needs were met. Where people had specialist dietary needs, these were understood and catered for. People spoke positively of the food choices on offer.

Good ●

Is the service caring?

The service was now caring. People spoke positively about staff.

Good ●

People were treated with dignity and respect.

Care plans were detailed and provided information about people's needs, likes and dislikes.

Staff treated people with dignity and were patient and kind in their interactions. Staff spoke of being able to build relationships with people who used the service as a result of staffing changes.

Is the service responsive?

Good ●

The service was now responsive. Care plans were person centred and had recently been reviewed. People's needs and wishes from the service were assessed and support was planned in line with their needs. Care plans were updated when people's circumstances changed.

Staff were knowledgeable about people's individual support needs, their interests and preferences.

People knew how to make a complaint. There was an appropriate complaints procedure in place.

There was an increased provision for activities and care staff were enabled to deliver additional activities in evenings and at weekends.

Is the service well-led?

Requires Improvement ●

This service was not always well led. Systems were in place to ensure the quality of the service people received was assessed and monitored. We saw improvements had been made in this area. However, we found concerns in medicines management.

People and staff spoke positively of the management structure in place and the support they received. Staff morale had improved and staff spoke positively of the changes made and their commitment to improving the service.

Staff had regular team meetings where they were able to raise concerns and discuss the quality of care.

We could not rate the service higher than requires improvement for 'well-led' because to do so requires consistent and sustained improvement over time. We will check this during our next planned comprehensive inspection.

St Mungo's Broadway - 2 Hilldrop Road

Detailed findings

Background to this inspection

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

This inspection took place on 2 and 3 May 2017 and was unannounced. The inspection team consisted of a lead inspector, a supporting inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed the information we held about the service such as statutory notifications and safeguarding alerts. We also looked at the action plan that the service had provided to the CQC following the last inspection and the monthly updates received. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke to eight people who used the service, one relative, two senior care workers, three care workers, one project worker, a life skills worker, the cook, a volunteer, the deputy manager, interim manager, regional head and regional director.

We looked at seven people's care plans and risk assessments, seven staff files and records related to the management of the service.

Is the service safe?

Our findings

We looked at how medicines were managed at the service. People's medicines were recorded on Medicines Administration Record (MAR) sheets and a blister pack system was used which was provided by the local pharmacy. A blister pack provides people's medicines in a pre-packed plastic pod for each time medicine is required. It is usually provided as a one-month supply. We saw that medicines contained in blister packs corresponded with the MAR's we looked at. However, we found that one person who had been prescribed an antibiotic medicine for seven days had not been administered their medicine as prescribed on six occasions.

MAR's contained gaps in recording which although picked up on a daily medicines audit completed by senior care staff were not reported to management, analysed for trends or investigated to establish why the gaps in recording occurred. We also saw that where MAR's were hand transcribed by staff at the service, they were not countersigned by another staff member to confirm the entry was correct and accurate.

Medicines were stored in a locked cabinet in the office which was kept locked between use. During the inspection we observed that the temperature of the office where medicines were stored had not been monitored and recorded. This is needed to ensure that the storage temperatures are not over the recommended temperature of 25 degrees Celsius.

'As needed' medicines (PRN) are medicines that are prescribed to people and given when required. This can include medicines that help people when they become anxious or are in pain. PRN medicines in stock at the service included strong painkillers such as Naproxen and Codeine Phosphate. Stock levels of PRN medicines were not checked or audited to ensure that stock levels matched the stock coming into the service and when administered.

Two people who used the service self-medicated. Checks of both people's medicines were checked on a Thursday and in addition the blister packs were checked on a Wednesday and Sunday. Prompts and reminders for staff to monitor those who self-medicated were kept in the medicines file as well as the daily recording book. This meant that any concerns regarding the people who self-medicated could be escalated to the appropriate healthcare professional. Records seen confirmed that staff had escalated concerns in this regard previously. Medicines for people who self-medicated were not kept in lockable cupboards within their bedrooms. This meant that there was a risk of other people walking into their rooms and helping themselves to the medicines as no control measures for safe storage were in place. We discussed and showed our findings with the interim and deputy manager who advised us that moving forward, management would carry out checks of medicines management three times per week and commence stock monitoring of PRN medicines.

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

People receiving medicines via depot injections were supported to do so where required. A depot injection

is a slow release, slow acting form of medicine usually administered every two weeks by a health care professional. A form was completed each time a person went to the clinic to receive their depot injection and a log of their next due date. A senior support worker told us that the service had a good working relationship with the local GP surgery and if a person had not attended to receive their depot, the service would be contacted straight away to be advised.

At our last inspection, we found that risk assessments were inadequate and did not provide staff with enough guidance on how to mitigate risk. Care records did not contain detailed information about actions required in order to provide safe care. Not all risks posed to people were included in people's risk assessments. Triggers and consequences were not described for all identified risks and were not entered in the risk assessment. This meant that staff were unaware from the risk assessment what could trigger certain behaviours and the consequences of the risk not being appropriately managed.

At this inspection we found that the provider had mostly addressed this issue. Risk assessments within care plans were referred to at the service as safety and wellbeing plans. The plans had been updated for all people following the last inspection and the most up to date version was available for staff to access in the person's care file. Risk assessments were now comprehensive, detailed and person centred. Risk factors were listed and a detailed risk assessment had been completed which identified the risk and the control measures put in place to reduce or mitigate risks.

Risk factors included; risk of falls, substance addiction or misuse, personal hygiene, low appetite, skin conditions, anger management, violence and aggression and risk of exploitation. Risk assessments also contained clear guidance on actions staff should take if the person experienced ill-health. We saw that one person's health condition which had not been adequately risk assessed at the last inspection now provided guidance to staff on the symptoms of the health condition and how to appropriately help the person manage their condition to reduce the risk of harm to the person, staff and other people who used the service. However, we saw that where one person had a diagnosis of diabetes, their risk assessment did not address the risks to the person associated with diabetes such as hyperglycaemia (high blood sugar) and hypoglycaemia (low blood sugar), which should have included the signs to look for and what staff should do should they have concerns. The interim manager told us that diabetes training had been booked for staff which would include information on hyperglycaemia and hypoglycaemia and relevant risk assessments would be updated in this regard.

Where people had a diagnosed mental health condition such as paranoid schizophrenia, their risk assessment detailed how they experienced mental ill-health, the steps staff should take to work with the person and the contact details of their mental health professional. Another person's risk assessment relating to their mental health condition detailed how other people being aggressive or loud could affect their mental health and guidance was provided to staff on how to support the person in this type of situation.

Where people had a forensic history with behaviours which potentially placed other people and staff at risk of harm; their risk assessments were more detailed about their backgrounds and how staff should work with the person to manage their mental health which may impact on their likelihood to offend. However, we saw that one person's risk assessment had not been updated following a recent incident. Following the inspection, the deputy manager, at our request, provided an updated risk assessment and a risk management plan.

Risk assessments were person centred and contained a 'client information' section where the person updated their keyworker on how they were doing and what had gone well for them since their last key working review. One person's risk assessment stated that they had recently visited their mental health

professional and how they had come to an agreement with staff regarding the cleaning of their bedroom.

At our last inspection, we found that the provider had not ensured the safety of people using service by not maintaining the premises and facilities to a safe standard. At this inspection, we found the provider had addressed the issue. Remedial electrical installation safety checks were undertaken by qualified professionals and outstanding required remedial works were completed. The service was now under increased monitoring by the provider's health and safety team. Health and safety checks were undertaken on at the service to ensure people living at the home were safe. We saw that improvement and maintenance works were booked for completion in some aspects of the home in relation to gas ventilation, window restrictors and the kitchen extractor unit.

At the last inspection, we found that the service was unclean and infection prevention and control measures were not in place to ensure people were protected from the risk of ill-health and cross-contamination. At this inspection, we found that the provider had addressed this issue. Bathrooms and toilets were clean. An infection control lead had been appointed and we saw that hand washing facilities were available in all toilets and sanitising hand gel had been placed at intervals throughout the service and outside toilets. Staff access to Personal Protective Equipment (PPE) was no longer a concern and the provision of dedicated cleaning staff had been increased.

At the last inspection, we found that accidents and incidents were not always recorded or reported to the appropriate authorities. At this inspection, we found that the provider had addressed this issue. Accidents included the description of the accidents and if any action were taken. Incident records included the nature of the incident, staff involved and if police or emergency services had been notified and if the accident or incident constituted a safeguarding concern. Records confirmed that CQC had been notified of incidents in accordance with statutory requirements.

At our last inspection, we found that the provider had not ensured adequate maintenance and cleanliness of the service. We found that in addition to bathrooms and toilets being unclean and in poor repair, the kitchen, bedrooms and communal areas such as the lounge and hallways were unclean and poorly maintained. At this inspection, we found that the provider had addressed this issue. On both days of this inspection, we completed a walk around of the service and found significant improvements had been made to the overall cleanliness of the service. We saw that a regular deep clean of the service had been undertaken since the last inspection. The cleanliness of the lounge had improved, although we found that the seating in the lounge was torn, sticky and contained cigarette burns. Following the inspection, the interim manager confirmed that new lounge furniture had been purchased. We found that the state of cleanliness in the kitchen had also improved. There were two fully operational and temperature appropriate fridges and freezers in use which were temperature checked daily. We looked at bedrooms and found that overall levels of cleanliness had significantly improved. We saw that there was an on-going programme of refurbishment for bedrooms in progress.

At our last inspection we found that there was insufficient numbers of staff appropriately deployed to ensure people's needs were met. Care staff were responsible for cleaning bedrooms on a daily basis and responsible for cleaning the service overall at weekends. This resulted in limited interactions with people using the service and insufficient time to maintain adequate cleaning of the service. At this inspection, we found that the provider had addressed this issue.

The provision of dedicated cleaning staff had increased to two full time cleaners seven days per week which removed care staff from cleaning duties. In addition, a new role of 'project worker' had been created. The project worker was an additional staff member on duty from Monday to Friday to administer medicines,

manage budget requests, book appointments and monitor CCTV and the front door. We received overwhelmingly positive comments from all staff we spoke with regarding the staffing changes and the positive impact these changes had. Comments from staff included, "Now managers put us to only to look after residents. We do activities, spend time, make tea, go out with residents", "Residents have benefited. They are not so disengaged. Now staff are able to respond and meet their needs" and "With cleaners in place the pressure has been lifted off the carers. We have more time to spend with the residents." A person using the service told us, "Recently I realised they [staffing levels] increased. They approach me more. They ask me two or three times if I am okay."

At our last inspection, we found that appropriate staff recruitment checks were not carried out or documented for all staff employed. At this inspection, we found the provider had addressed this issue. We checked the file of the one staff member recruited since the last inspection. Records showed the provider collected two references from previous employers, proof of identity, criminal record checks, information about the experience and skills of the individual and also checked gaps on employment. We saw that all staff currently employed had a current criminal records check.

When asked if they felt safe living at St Mungo's – 2 Hilldrop Road, all eight people we spoke with told us they felt safe living at the service. One person told us, "I have no worries about my safety. I feel very safe." Staff told us and records confirmed that since the inspection, all staff had completed training in safeguarding adults. Staff we spoke with understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. They were able to describe the types of abuse to look out for and the steps they would take if they had concerns. Staff identified that they could report abuse and concerns outside of the organisation to the local safeguarding authority and the CQC. One staff member told us, "The aim is to keep people safe and protect them from harm. We do our best to empower residents to report anything. I would report any concerns straight to the manager throughout Monday to Friday and the seniors at the weekends."

We saw that the provider had appropriately notified CQC of safeguarding matters. However we found that where it had been identified and agreed that a person required regular 30 minute observations as a result of an on-going safeguarding concern, this had not been appropriately recorded. The interim manager and deputy manager told us that they would ensure that the monitoring observations would be documented moving forward.

Is the service effective?

Our findings

At our last inspection, we found inconsistencies in staff training, supervisions and annual appraisals. At this inspection we found that the provider had addressed these issues. Staff told us and records confirmed that since the last inspection, all staff had received an annual appraisal and at least one supervision session. A staff member told us, "[Supervisions] are very regular, very helpful and supportive. We talk about tasks, training and value diversity." Supervisions looked at review of general workload, review progress against work objectives, list of achievements, learning and development, diversity and inclusion, health and safety and work balance.

All staff we spoke with told us that they had received recent training. Comments from staff included, "There is quite a lot of training going on including MCA and safeguarding" and "Training has improved. They send us on regular training." A training matrix had been developed to monitor training needs which were updated on a regular basis. Training completed by all staff since the last inspection included safeguarding adults, conflict management, first aid, health and safety, fire safety, safe handling of medicines, manual handling, Mental Capacity Act and infection control.

At our last inspection we found that the provider was not working within the principles of MCA. At this inspection we found that the provider had addressed this issue. 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 procedure for this in care homes and hospitals 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. At this inspection, nobody was subject to a DoLS authorisation. We observed throughout the inspection that people could leave the service freely as there were no restrictions on the front door.

When we last inspected, we found that the provider did not have a MCA or DoLS policy in place which meant that the provider had not provided specific guidance to staff and managers who may have had concerns around mental capacity or DoLS related issues. Following the last inspection, the provider developed and implemented a MCA and a DoLS policy at the service.

All staff had received training in MCA and staff we spoke to demonstrated knowledge of how the legislation impacted how they worked with people who used the service. A staff member told us, "There are five key principles. The first is to always assume they have capacity unless assessed as otherwise. All decisions are to be made in the best interest of the person and all practical steps are taken to help people make decisions. People can make bad decisions." Another staff member told us, "We now follow procedure. We have to assume everybody has capacity. We do best interests. Some social workers have been very helpful. They

come quickly."

Most people told us that they were involved in making decisions about the care and support they received. One person told us, "Yes, I voice my opinion in my care. Staff encourage me to be verbal in decisions and opinions."

Mental capacity assessments had been completed for people and where people lacked capacity an assessment detailed each person's individualised decision that needed to be made in their best interest. This included decisions around finances, medicines, personal hygiene, personal safety, wellbeing, minimising alcohol intake as well as long term care provision. Where external organisations or relatives had been appointed deputyship by the court of protection, this had been clearly documented within the person's care plan.

At our last inspection, we found that people were not always supported to freely access drinks as and when they wanted to. At this inspection, we found that the provider had addressed this issue. Drinking water was available via a water dispenser. In addition, a tea room had been created in a previously unused downstairs kitchen which contained drinking water and tea/coffee making facilities. The tea room was pleasantly decorated with soft furnishings and seating and open to people to prepare drinks at a time of their choice. The tea room contained books, board games and a supply of fresh fruit and biscuits. We observed people using the room to have discussions with staff and senior support staff told us that the room was available to use when holding key working sessions in an informal manner. People told us that they had access to regular drinks. One person told us, "Yes, regular drinks."

Similar to when we last inspected, people using the service had the option of a cooked breakfast in the morning or porridge. At lunch, people were offered the choice of a meat option or a vegetarian option and in the evening people were offered sandwiches. The provider employed the services of a catering company to prepare meals. We saw that daily menu choices were displayed on a black board. People were mostly positive about food choices on offer and how they were supported to eat. One person told us, "The food is nice and I get enough to eat." The person further explained, "Yes, set menus. Things would be nice if we had more choice." Another person told us about food choice on offer, "Sometimes, I have to be careful what I eat. I like sausage and mash." A residents meeting had recently been held with home management and the cook to discuss menu planning, where people had made menu suggestions.

The cook was aware of the people who needed a special diet because of a particular health requirement such as diabetes or if someone had a swallowing problem. We saw information about each person's likes and dislikes in their care plans and the cook was aware of people's individual preferences.

We observed mealtimes throughout the inspection and saw that food appeared appetising, hot and cold drinks were available and staff sat with people whilst they were eating their meal.

People were supported to maintain good health and had access to healthcare services and received on-going healthcare support. We observed during handover staff discussed upcoming medical appointments and whether people required staff to support them to attend. We found that staff considered people's access to healthcare an important part of their care provision and staff told us that they had built good relationships with local health services. One person told us, "I see the doctor on a regular basis." A second person told us, "Staff makes an appointment. I am supported by staff when visiting the doctors." Care plans detailed records of appointments with health and care professionals. We also saw evidence that following appointments, people's care plans were updated accordingly.

Is the service caring?

Our findings

When we last inspected the service, we found that people were not always treated with dignity and respect as there were instances of insensitive terminology contained in people's care records. Aspects of people's privacy and dignity were not maintained and we observed staff on occasions referring to people in an insensitive manner. At this inspection, we found that the provider had addressed this issue.

Throughout the inspection we saw staff and management interact with people in a kind and relaxed manner. We observed a good rapport and friendly banter between people who used the service, staff and management.

Feedback from people who used the service was positive when asked if staff were caring. One person told us, "Yes, staff are very kind." Throughout the inspection, staff we spoke to told us that as a result of increased staffing levels they were able to spend more time with people who used the service. One staff member told us, "There is a good feeling in the air amongst the residents. We have enough time now. We have more time to spend with them now than ever. I believe they enjoy working with us and we enjoy working with them." A second staff member told us, "Generally the place has improved. We have time for residents. They are happier and cleaner. We have more time for personal care."

All people we spoke with told us staff respected their privacy and dignity. Where people required the use of incontinence aids, they were stored discreetly. We saw that a person had discussed expressing their sexuality with staff during a key working session and requested that staff respect their privacy.

Each person had an allocated key worker. The key worker role involved paying specific attention to a person's personal care needs, ensuring they had sufficient personal clothing and toiletries, communicating with the family on day to day matters, arranging monthly reviews and updating their care plan. When we last inspected the service, three senior care staff were responsible for key working nine to ten people each. Management and staff told us that some care staff had been allocated one to two people to key work with which meant that staff were now able to develop and build on their key working relationships with people who used the service. We saw this in the records of key working reviews. One person told us, "My key worker is [staff name]. I do talk to her from time to time. Sometimes we have key working sessions once a month."

Equality and diversity was promoted at the service. We saw cultural and religious events were celebrated such as St Patrick's Day. People's religious preferences and whether they practiced a faith was detailed in their care plan. We saw that one person had been supported to arrange a religious sermon and scripture reading session on a regular basis with a member of the religious community. A staff member told us, "[Person] asked if the minister could have a bible meeting at the library. That he instigated it; that was so great." The interim manager told us that they ensured that private space was made available to support the person with their wishes in this regard.

Is the service responsive?

Our findings

At our last inspection we found that care plans were not person centred and not reflective of people's current care needs. We found that care plans were not updated with important healthcare information. At this inspection, we found that the service had addressed this issue. Care plans were detailed, comprehensive and reviewed regularly. Care plans had a personal profile outlining the person's health conditions and support needs. This also included what the person liked and disliked. Care plans also included people's backgrounds and work history. One person's support plan stated that they did not like to be woken up early. Care plans provided staff with information so they could respond to people positively and in accordance with their needs. Each care plan contained key information about the person which was updated following a monthly key working session, medical information, any known allergies, details of their health and main support needs, support overview and brief description of the person's strengths and support needs. One person's care plan stated, '[Person] has improved tremendously in the last six months, for example his personal care has improved. He changes his clothes by himself and as a shower at least twice per week. [Person] engages more in the past six months.'

At our last inspection, we saw that care plans were not sensitive to supporting people with certain behaviours symptomatic of their health condition. Where we identified one person with a tendency to clean floors, the person had not been supported to do so. At this inspection, we saw that the person's care plan and risk assessment had been updated to reflect their behavioural patterns which provided staff guidance on how to support them safely. The care plan had recorded that staff were to do this by providing clean cloths and disinfecting the surfaces afterwards. The person told us, "I have no concerns. I potter about cleaning things."

Care plans contained records of all visits carried out by external healthcare professionals which included GP, hospital visits and included the day and time of visit, why the person visited and the outcome of the appointment.

There was an activities programme in place at the home. A dedicated life skills worker was employed to deliver an activities programme which had been increased to four days per week. Activities in the programme included regular exercise sessions, music and song writing, art, discussions about current affairs and gardening. In addition, volunteers supporting the service, delivered activities such as arts and crafts, gardening, yoga and massage. At the last inspection, we found that outside of the scheduled activities programme, people were generally left unattended with little interaction from staff. Staff told us that as a result the staffing changes, they now had more time to spend with people which included taking part in activities. We saw that a member of staff did an evening baking session with people two to three times per week. A staff member told us, "The interaction with service users has increased. Especially [staff member] cookery group. Twice per week. Makes cupcakes with the residents. They seem to like it." Other staff members commented on the additional time they had to spend on a one to one basis with people. One staff member told us, "Weekends are better. We have more time. One resident wanted new clothes and I was able to take him shopping and we then went for a meal."

When asked about activities, people commented, "Yes, I go out every day. If it's sunny, I sit outside all day" and "I go walking and dancing. We observed one person access a computer to listen to cultural music videos.

We checked how the service handled complaints. We saw that there had been no formal complaints since the last inspection. People we spoke with told us that they had no complaints and if they had they were confident to discuss concerns and complaints with staff or the management team. One person told us, "I go to the manager or the support staff. Yes, they do listen." When we last inspected the service, we saw that displayed complaints guidance was not up to date. At this inspection, this had been rectified and was displayed throughout the home.

Resident meetings took place with the life skills worker on a regular basis. Topics discussed include health and safety, activities, meals, timetable and activity sessions.

Where people who used the service transferred to another care provider due to increased care needs, we saw that the service planned and discussed this with the person beforehand and a 'move on plan' had been created which incorporated the person's preferences.

There were arrangements in place for people to provide feedback. A questionnaire was sent to people and relatives on a yearly basis and the results were collected and analysed by an independent provider. Since the last inspection, a feedback survey had not yet been sent to people and relatives.

Is the service well-led?

Our findings

At our last inspection, we found a lack of managerial oversight in relation to risk assessments, infection control practices, cleanliness, maintenance and safety of the premises, care planning, recruitment practices, provision of staff training, supervisions and appraisals, adherence to the Mental Capacity Act 2005 (MCA), provision of drinking water and adequate auditing processes to ensure good governance and management oversight of the service provided. Following our last inspection, we imposed conditions on the provider's registration which required the provider to undertake a monthly audit of care plans, risk assessments, cleaning and maintenance, infection prevention and control, staff training, supervisions and appraisals, staff recruitment, incident reporting and staffing levels. As part of the audit the provider was also required to submit a monthly report to CQC outlining their findings.

At this inspection we found significant improvements had been made in these areas as detailed throughout the report. Both staff and management advised that they had worked hard as a team to make the improvements and were committed to sustaining the improvements and further improving the service. Risk assessments identified individual risks and provided guidance to staff to understand and mitigate the risks posed to people. Care plans were comprehensive and person centred. Improvements had been made to ensure safe staff recruitment and staff received effective and regular supervisions and appraisals. However, we identified concerns related to aspects of managing and auditing medicines at the service. Regular monthly audits were completed at the service. A monthly health and safety audit was completed which included oversight of building safety, fire safety and on-going maintenance and repairs. Areas identified for attention were included in a service improvement plan. A monthly internal audit was completed which was based on the CQC five key questions. This audit included checks of care plans and risk assessments, compliance with MCA, staff training, supervisions and appraisals and infection control. Actions identified were included in a service improvement plan. The service improvement plan was updated when actions had been completed and examples of recently completed improvement actions, included increased monitoring of cleanliness, increased senior management oversight at the service and review of staffing levels and deployment. However, we found that although there were comprehensive quality assurance measures in place at the service, these had not identified the concerns with medicines management which were raised during the inspection.

At our last inspection, we found that the provider had not ensured that statutory notifications had been submitted to CQC regarding police incidents, safeguarding concerns, DoLS authorisations and incidents of serious injury to people who used the service. At this inspection we found that the provider had addressed this issue. Following the last inspection, the deputy manager had submitted statutory notifications to CQC as legally required. This meant that the provider was informing us about significant events affecting people's care and support needs.

Prior to the inspection we had checked the provider's website and found that the rating from the last inspection in November 2016 had been displayed with a link to the inspection report. We also saw that the rating had been displayed in the entrance to the service and in the manager's office.

Since our last inspection, there had been changes to the management structure at the service. An interim manager was providing managerial support to the service whilst a new registered manager was recruited. The home had a deputy manager in post and increased oversight of the service from the provider's senior management. Most staff we spoke with were positive and felt supported by the current management team in place. Comments from staff included, "I think the [interim manager] is great. She is spot on. She knows what she is doing. That gives me confidence and security for the residents", "We get a lot of support from [interim manager] and [deputy manager]", "[Interim manager] is fantastic since she came. She leads the team very well. Staff morale is better" and "Yes, [interim manager] and [deputy manager] always tell us after handover, whenever we need support, we should go to them. Their door is open. Before the regional head, the [area director] was very frequent and took time to talk to us."

People who used the service gave mostly positive feedback regarding the current management structure in place. Comments from people included, "[Interim manager] is a very nice woman" and "Yes, I like the new manager that is there now." We observed both the interim and deputy managers engage in a caring manner with people around the service. On the morning of the second day of the inspection, we observed a friendly and jovial conversation between the deputy manager and two people who used the service. One of the people involved commented about the deputy manager, "She's my favourite!"

When we last inspected the service, we found that staff morale was poor and staff had high workloads which meant that appropriate care planning and cleanliness of the service was not maintained. Following the last inspection, we imposed a condition on the provider's registration which required quality monitoring in relation to staffing levels and deployment of staff. As detailed in the safe section of this report, the levels of dedicated cleaning staff had been increased which positively impacted on the workloads of care staff and an additional project worker role was created which had positively impacted on senior support staff and their abilities to develop key working relationships with people. Overall, there was a better atmosphere within the home. Staff told us that they felt more confident within their roles and felt that there had been a lot of changes in recent months. One staff member told us, "It's going to be sustained. We can see the impact. Even from the top. They ask our views. They are listening to us."

The deputy and interim manager completed an overview training record of all staff training that identified when specific trainings needed to be refreshed and when they had been re-booked. This enabled the provider and home management team to monitor staff training.

Regular staff meetings took place on a weekly basis. We saw that topics discussed at recent meetings included the outcome of the last CQC inspection, equality and diversity, vulnerable people review, additional cleaning staff, policies and procedures, safeguarding issues. Staff told us that team meetings were open and positive. One staff member told us, "For now once per week so we can discuss resident's needs and how we can move on." Another staff member told us, "In the past meetings every month, changed to every week. There we discuss issues related to residents, well-being of staff, work-life balance and CQC."

Since the last inspection, staff, home management and senior provider management had been proactive and committed to improving the service. Senior managerial oversight of the service had improved since the last inspection. Good practice had been developed, but further time was needed to address outstanding issues and for the service to demonstrate that the improvements that had already been made had been fully embedded and could be sustained.

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 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12(1)(2)(g) The service provider was not providing care in a safe way as they were not doing all that was reasonably practicable to ensure the safe management of medicines.