Lifeways Community Care Limited

Gypsy Corner (Registered Care Home)

Inspection report

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

The inspection took place on 28 February 2017. This was an unannounced inspection. The last comprehensive inspection of this service was in March 2015. At the time we found one breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was followed up by a focussed inspection of the service in July 2015. At the time of the inspection, we found the service was meeting legal requirements.

Gypsy Corner is care home providing personal care for three people with autism, cerebral palsy and acquired brain injury. People who use the service may have additional needs and present behaviours which can be perceived as challenging. There were three people using the service at the time of the inspection.

There was no registered manager in post at Gypsy Corner. 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.' When the Lifeways quality team had completed an internal audit in January 2017 a number of concerns had been identified and the registered manager had left the provider's employment one month prior to the inspection. A manager from another Lifeways service was providing management support at Gypsy Corner. However, staff told us this was minimal and they would only have a manager on site for approximately an hour a day. Staff said they could telephone the acting manager if they required further support but felt this was not the same as having somebody present in the service. The area manager told us a new manager had been recruited and would be commencing their role the day after the inspection.

The Local Authority had completed a visit to the service and found concerns relating to people's safety. A number of concerns had also been raised from an inspection of another Lifeways service which had been managed by the same registered manager. Our inspection highlighted shortfalls where a number of regulations were not met and improvements were required.

People did not always receive a service that was safe. Although staffing levels appeared to be safe, staff informed us there was an increased use of agency staff who did not always know the needs of people living at Gypsy Corner. Not all risk assessments were adequate or contained sufficient levels of information to enable staff to provide safe care and treatment. Medicines had not always been managed safely. There were a number of missed signatures on Medicine Administration Record (MAR) charts and two cases where medicine had been miscounted by the staff. The infection control practices in the home were not adequate. People were not always protected from hazardous substances as the laundry room had been left unlocked where several hazardous chemicals were kept. The environment was not always maintained to ensure the safety of the people living at Gypsy Corner was always maintained. Fire safety checks were not occurring regularly and people's emergency evacuation plans (PEEPs) had not been reviewed. Staff demonstrated a good understanding of safeguarding and felt confident to report any concerns to management or external agencies. Recruitment practices at Gypsy Corner were safe and ensured suitable people were employed at

the home.

People were not receiving effective care and support. Staff training had lapsed in core areas. People's nutritional needs were not always clearly detailed in their care plans and where people needed their weight to be monitored; there were no clear guidelines around this. Health action plans had not been followed up to reflect staff had followed guidelines from health professionals. Staff supervision had not always occurred as per the provider's policy. Where supervision had taken place, the notes from these were brief and it was difficult to understand the context of the discussion. Everyone at Gypsy Corner had an assessment of their mental capacity and Deprivation of Liberty Safeguards (DoLS) applications had been made to the relevant authority. People had been given the opportunity to personalise their living environment.

The service was not always caring. We could not be satisfied people were always treated with dignity and respect. There were no care plans referencing people's behaviour. Despite this, behavioural charts were kept but there was no information as to details what the recordings in these charts stood for. People had end of life care plans which clearly reflected their wishes and preferences. Relatives spoke positively about the staff at the home.

The service was not always responsive. People's care plans were not always person centred and did not provide sufficient detail to enable staff to provide safe care and treatment to people. People had sufficient activities to support them to lead an active and fulfilling life. Complaints had been dealt with in line with the provider's policy.

The service was not well-led. There was no registered manager or team leaders at the time of the inspection. The majority of the staff we spoke with stated communication between management and the staff was poor and this had resulted in low staff morale across the majority of the staff group. Quality assurance checks and audits being were inconsistent and this had led to several shortfalls across the whole service. The confidentiality of people living at Gypsy Corner had not always been maintained. We found a number of files containing personal information being stored in an unsecured location.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Following our inspection, the provider for this location submitted an application to cancel the registration to provide a regulated activity at Gypsy Corner. We will be following our processes to de-register the service.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by CQC.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

People did not always receive a service that was safe.

Staff informed us there was an increased use of agency staff at Gypsy Corner.

Not all risk assessments were adequate or contain sufficient levels of information to enable staff to provide safe care and treatment.

Medicines had not always been managed safely.

The infection control practices in the home were not adequate.

People were not always protected from hazardous substances.

The environment was not always maintained to ensure the safety of the people living at Gypsy Corner was always sustained.

Fire safety checks were not occurring regularly and people's emergency evacuation plans (PEEPs) had not been reviewed.

Staff demonstrated a good understanding of safeguarding and felt confident to report any concerns to management or external agencies.

Recruitment practices at Gypsy Corner were safe and ensured suitable people were employed at the home.

Is the service effective?

Inadequate

People were not always receiving effective care and support.

People's nutritional needs were not always clearly detailed in their care plans and where people needed their weight to be monitored; there were no clear guidelines around this.

Health action plans had not been followed up to reflect staff had followed guidelines from health professionals.

Staff supervision had not always occurred as per the provider's policy.

Staff training had lapsed in core areas.

Everyone at Gypsy Corner had an assessment of their mental capacity and Deprivation of Liberty Safeguards (DoLS) applications had been made to the relevant authority.

People had been given the opportunity to personalise their living environment.

Is the service caring?

Requires Improvement

The service was not always caring.

People's dignity was not always maintained.

There were no care plans referencing people's behaviour. Despite this, behavioural charts were kept but there was no information as to detail what the recordings in these charts stood for.

Relatives spoke positively about the staff at the home.

Staff were observed providing care in a manner which maintained people's privacy.

People had end of life care plans which reflected their wishes and preferences.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans were not always person centred and did not provide sufficient detail to enable staff to provide safe care and treatment to people.

People had sufficient activities to support them to lead an active and fulfilling life.

Complaints had been dealt with in line with the provider's policy.

Is the service well-led?

Inadequate

The service was not always well-led.

There was no registered manager or team leaders at the time of the inspection.

The majority of the staff we spoke with stated communication

between management and the staff was poor and this had resulted in low staff morale across the majority of the staff group.

Quality assurance checks and audits being completed were inconsistent and this had led to several shortfalls across the whole service.

The confidentiality of people living at Gypsy Corner had not always been maintained.

Gypsy Corner (Registered Care Home)

Detailed findings

Background to this inspection

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

This was an unannounced inspection which was completed on 28 February 2017. The inspection was conducted by one adult social care inspector. The last comprehensive inspection of this service was in March 2015. At the time we found one breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was followed up by a focussed inspection of the service in July 2015. At the time of the inspection, we found the service was meeting legal requirements.

We contacted five health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local authority and the GP practice.

During the inspection we looked at three people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff. We looked at a five staff files.

We spent time observing the people living at Gypsy Corner, spoke with three members of staff, the area manager, the acting manager and acting deputy manager of the service. We also spoke with relatives of two people living at Gypsy Corner. We visited the bedrooms with permission from the people living at the home. We observed staff providing care and support during the morning of the inspection.

Inadequate

Is the service safe?

Our findings

We received mixed feedback from relatives relating to the safety of the people living at Gypsy Corner. One person said "I have never had any concerns. The staff take very good care of my son". Another person was concerned that their relative's care and safety was impacted by staff working a high number of hours across the week and also the increased use of agency staff in the home.

It was evident from speaking with the staff and management at Gypsy Corner that there was an increased use of agency staff due to staff shortages. The relatives we spoke with expressed their concern over the lack of permanent staff and felt this had had a negative impact on the quality of care. The acting manager told us there was a recruitment process in place to ensure there were more permanent members of staff. The staff we spoke with told us they were generally working 50 to 60 hour weeks at Gypsy Corner. Staff told us they were doing this through choice rather than it being imposed upon them. One professional we spoke with raised their concerns over the increased hours worked by staff and felt this was affecting their performance. The professional told us some staff were working a late shift and then had to work a waking night and felt this led to increased levels of fatigue for staff.

The acting manager told us they used staff from a regular agency and asked for the same staff to work shifts at the home to ensure continuity for the people living at Gypsy Corner. The manager told us agency staff were never working shifts on their own and there would always be a permanent member of staff present during each shift. However, relatives we spoke with and professionals expressed their concern that the agency staff did not always know the needs to the people using the service and this had compromised the quality of the care being provided.

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

Risks to the health and safety of people living at Gypsy Corner had not always been assessed or reviewed. Risk assessments were incorporated into care plans but these were either not present or did not contain sufficient information to fully detail the risk to people.

For example, body charts were used to record injuries sustained by people. However, these had not been followed up to gauge recovery and the risk assessments for people had not been updated to reflect the changing circumstances for people. There was a level of inconsistency across the files we looked at. One person had detailed risk assessments but other people's risk assessments did not contain the same level of detail. We found care files were missing a number of risk assessments. For example, one person had no risk assessment associated with their personal care.

The staff we spoke with told us there were inconsistencies relating to the quality of the risk assessments across the care files. Staff told us the files were being updated but there was no clear timeline around this. Staff also told us that they felt they were only able to provide safe care due to their extensive experience of working with the people they were supporting.

We also found that people's personal emergency evacuation plans (PEEPs) were not sufficiently detailed and had not been reviewed. We found that one person's PEEP was last reviewed in October 2015 and another person's had not been reviewed since July 2015. This meant staff did not have up to date information relating to how they needed to support people to evacuate the premises in an emergency.

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

Medicine policies and procedures were available to ensure they were managed safely. However, we could not be confident medicines were managed safely. During the inspection we looked back at the past four months of Medicine Administration Record (MAR) charts up to the start of November 2016. We found there had been 19 instances where staff had not signed for medicine which had been administered to people. We also found two cases where medicine had been miscounted by the staff. The management were aware of one instance where medicine had been miscounted and were investigating this at the time of the inspection. The second case of miscounted medicine was brought to the attention of the area manager by the inspector. The area manager told us they would investigate this matter.

Although staff had been trained in the handling, administration and disposal of medicines, we could not be satisfied all of the staff had their competency checked on a regular basis. We found that two members of staff had not had their competency checked since 2013. This meant management could not be certain all of the staff were recording and administering medicines safely.

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

We could not be satisfied that there were sufficient infection control practices within the service to protect people from the spread of infection. For example, the mop buckets and mops had not been stored in a secure location. Staff had left these in front of the garden door where they were accessible to the people living at the home. When we discussed this with the managers, they informed us this would be moved during the day. However, they had not been moved at the time we left the property at the end of our inspection. This had also been identified during a quality audit by the local authority a week prior to the inspection but no remedial action had been taken.

People were not always protected from hazardous substances. We found the laundry room had been left unlocked where several hazardous chemicals were kept. When we discussed this with the area manager, they told us this was due to the staff using it earlier on the morning of the inspection. However, at the time this was discussed, the staff were about to leave the property to take people out for the day. This meant the door would have remained open for the whole day. This had also been noted the previous week during the quality assurance visit from the local authority. When looking at the COSSH guidance available to staff, we found a number of the information documents available to the staff were out of date. In some instances, the information sheets were over 10 years old. This meant staff did not have up to date information available in relation to hazardous substances.

During our inspection, we found the garden was not safe for the people living at Gypsy Corner. One of the bathrooms at the home was being refurbished. However, the rubble and rubbish which had been removed from the bathroom had been placed in the garden across the main path people used to get around the garden. This contained broken glass and sharp edges but had not been fenced or cordoned off. Although there was a skip available, this had not been used. This had also been brought to the attention to the management by the local authority during their quality visit a week prior to the inspection but nothing had

been done.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment.

We could not be satisfied that regular safety checks of the property had taken place. Fire safety checks are not always occurring regularly as required. The home required emergency lights to be checked monthly. When we checked the records, we found there had been no checks on the lights between September 2015 and April 2016 and no checks for February 2017. We also found gaps in the checking of fire extinguishers and carbon monoxide detectors. This meant there was no clarity around whether the equipment used in the home was safe and fit for purpose.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment.

The manager understood their responsibility to ensure suitable staff were employed. We looked at the recruitment records of a sample of staff employed at the home. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. The manager informed us how each member of staff had a recruitment checklist in their file to ensure all of the relevant documents had been seen prior to the person commencing their role.

The service had a staff disciplinary procedure in place. This shows the service had the relevant procedures in place to manage disciplinary issues with staff to ensure people using the service were kept safe.

The provider had implemented safeguarding procedures. Staff were aware of their roles and responsibilities when identifying and raising concerns. The staff felt confident to report concerns to the registered manager or team leaders. Safeguarding procedures for staff to follow with contact information for the local authority safeguarding teams was available.

Inadequate

Is the service effective?

Our findings

The service was not effective.

Training was provided to staff through classroom based face to face approaches and online learning. Training records showed a number of staff had not received up to date training in core areas. We looked at the training matrix for staff the purpose of which was to enable the manager to identify staff training needs. We found a third of the staff required training in core areas as their previous training was out of date. This included subjects such as fire awareness, food safety, MCA and DoLS, health and safety, infection control, and safeguarding adults training. The area manager told us training had been booked for the week following the inspection. The staff we spoke with told us there had been gaps in training but they had now been booked on for more training. The people living at Gypsy Corner could at times present with behaviour that could challenge and staff were keeping records of this. However, none of the staff working in the service had received any Positive Behavioural Support training. One relative we spoke with felt the staff working in the home had not received suitable training to enable them to fulfil their role. A health professional we spoke with also expressed their concern at the lack of training available to staff and felt this had affected their ability to provide effective support to people.

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

We looked at the provider's policy for staff supervision. This stated staff should receive supervision every 6-8 weeks. However, when looking at supervision records we found not all staff had received supervision as per the provider's guidance. We found one member of staff had not received supervision since October 2016. The acting manager acknowledged that supervision may have lapsed due to the change in management at the home. We also looked at the supervision records which had been kept for staff. We found that these were very brief and it was difficult to understand what had been discussed during the supervision sessions. For example, four of the staff files we looked at referenced an issue around medicine administration. However, the records did not go on to state what the issue was or what had been done to resolve this. This meant it was difficult to follow up on whether the support provided to staff during supervision had been effective. Where there had been errors with medicine administration, we could not find any evidence that these had been followed up during supervision. The staff we spoke with also told us they felt unsupported through the lack of supervisions and management support available.

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

We could not be satisfied the nutritional needs of people had always been accurately recorded. One of the care files included detailed information about the person's nutritional needs. However, the other file we looked at did not contain a nutritional care plan. This meant there were no clear guidelines around how staff were to support this person with their nutritional needs. One relative told us they had requested an assessment of their family member's nutritional needs but they were never notified if this had ever occurred.

The family member was concerned the nutritional needs of their relative were not being appropriately managed.

Where staff were monitoring the weight of people, there were no clear guidelines around this as to why the person's weight was being monitored or how often it should be monitored. When looking at the records, we found one person's weight had not been monitored between August 2015 and July 2016. The person's weight had also not been monitored in December 2016. We discussed this with the area manager and acting manager during the inspection. However, there was no clarity from management as to how often this person's weight should have been monitored.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Meeting nutritional and hydration needs.

People had access to a GP, dentist and other health professionals. The outcomes from these appointments were recorded but had not always been followed up. For example, one person had an annual health check and the GP recommended a further appointment so they could assess the person's weight. However, we did not see any evidence this had been followed up with an appointment being made with the GP. Another person had a health appointment and required urine and stool samples to be taken. There was no evidence in their file and management were unclear as to whether these samples had been taken. One relative told us their family member had stool samples taken. When they called the previous manager to discuss the outcomes from this, they were notified the manager had lost the records and could not provide the information. The family member told us they had followed this up with the home on numerous occasions but had never received a satisfactory response.

Where people had assessments from other professionals, the service had not always been proactive to ensure these had been reviewed in a timely manner. For example, one person required support from a Speech and Language therapist (SALT). However, their SALT assessment had last been reviewed in 2015. There was no evidence this had been reviewed. In other cases, people had multiple assessments in their file and it was difficult to determine which one was the current assessment.

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

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We found that the provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). When speaking with staff, they demonstrated a good understanding of the principles of the MCA. Where there were concerns about a person's level of capacity, an assessment of capacity had been completed. Where people's freedom and liberty was being restricted, the relevant authorisation for this had been sought from the local authority.

Staff had completed an induction when they first started working in the home. This included reading policies and procedures, completing core training such as first aid and safeguarding and undertaking shadow shifts. These shifts allowed a new member of staff to work alongside more experienced staff so that they felt more confident working with people. Staff informed us they had found the shadow shifts a 'good learning experience' and overall felt they had received a good induction. The area manager told us new staff were required to complete the care certificate as part of their induction. The care certificate was developed jointly by Skills for Care, Health Education England and Skills for Health and is the minimum standards that should be covered as part of the induction training of new care workers. The care certificate is based upon 15 standards health and social care workers need to demonstrate competency in.

People's relatives and professionals generally gave positive feedback regarding the food. Comments included, "The food is good. There is a good choice and always enough" and "I can't complain. The food is good and there is always enough". Staff told us menus were planned weekly with the people living at the home. Staff told us how they used prompt cards to support people to choose their meals. Relatives told us they felt their family member had a good choice of food and felt their opinions were taken into account when developing the menu.

We observed the property was in need of some renovation work. For example, we observed a number of uneven floors within the property. This had been identified in the maintenance plan and we were told by the area manager this work would be prioritised to ensure a safe environment for the people living at Gypsy Corner. Each bedroom was decorated to individual preferences and the manager informed us people had choice as to how they wanted to decorate their room. People and their relatives confirmed they were able to choose how their rooms were decorated.

Requires Improvement

Is the service caring?

Our findings

People did not always receive a service that was caring.

Relatives told us they felt staff treated people with understanding, kindness. One person told us they felt the staff tried their best to provide support which was caring with minimal management support. From our observations during the inspection, we could not be satisfied that people were always cared for in a manner that consistently promoted their dignity and privacy.

For example, Staff were observed providing personal care behind closed bedroom or bathroom doors. Staff supported people at their own pace explaining what they were doing. Staff were observed knocking and waiting for permission before entering a person's bedroom. However, we also observed one person was crawling on the floor. We observed two members of staff standing over this person asking them to get back into their wheelchair. Neither member of staff got onto the floor themselves so they could speak with the person whilst being at the same level as them.

Management discovered that one person did not like to shower in September 2016 and it was decided to change their bathroom to a walk in shower. However, this work had not been completed at the time of the inspection. The area manager told us this person was using the bathroom in the room of one of the other people living at Gypsy Corner. The management team had no clear knowledge of how long it would take for the work to be completed so that this person could shower in their own room. We also found that this person had a toilet which had been left in their room. When we discussed this with the management they were unable to provide any information as to exactly how long the toilet had been in the person's room. The area manager made reference that it had not been there when they visited the previous week but could not provide any definitive information around this. We asked for this to be moved in the morning. However, it had not been moved by the time we were giving feedback to the management at the end of the inspection. When we pointed this out to the acting manager, they reassured us the toilet would be moved following the inspection. When pointing this out to the area manager, we felt they lacked an understanding of the negative impact this could have on the person's dignity.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Dignity and Respect.

None of the people living at Gypsy Corner had a behavioural support plan despite being told they could present with behaviours which may challenge at times. We found the staff recording the behaviour of people and stating whether their behaviour was green, amber or red. However, we couldn't find any information detailing which behaviours were defined by each colour. This meant there were no guidelines for the staff to identify specific behaviours and respond accordingly. When we pointed this out to the managers, they appeared to be unaware that this information was missing from the files.

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

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives told us they were able to visit when they wanted to. One relative confirmed there were never any restrictions on visiting times.

People's needs and preferences regarding end of life care had been recorded in their care files. People's end of life care plans reflected where they wanted to spend their final moments, their funeral arrangements and what they wanted to do with their possessions.

Requires Improvement

Is the service responsive?

Our findings

The service was not always responsive.

Each person had a care plan and a structure to record and review information. However, these care plans were not always person centred nor did they contain sufficient information for staff to provide person centred care to people.

For example, one person had no detailed care plans relating to their daily living needs. Their care file consisted of a daily diary detailing what support they required but there were no individual or detailed care plans for specific areas of their care, such as, personal care or nutrition. We saw one example of a care file which contained detailed plans around personal care, nutrition, health needs and, moving and handling. However, this was not consistent across all of the people living at Gypsy Corner. We discussed this with the management team who told us there were plans to update all of the care files but there was no timeframe set for completing this task. The staff we spoke with told us the care plans did not contain sufficient information about people's needs and they did not have enough time to read care plans. Staff members informed us they could only provide a satisfactory level of care due to the length of time they had known people.

The acting manager and staff informed us people and their representatives were provided with opportunities to discuss their care needs when they were planning their care and their care needs were being reviewed.

We received mixed feedback from relatives in relation to their involvement with care reviews. Some relatives we spoke with informed us they were consulted in the care reviews of their loved ones. Other relatives informed us reviews had taken place but they had never been consulted regarding the needs of their loved ones.

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

We looked at the daily notes recorded by staff and found that these contained a good level of detail and provided a good overview of how people had spent their day. The notes contained information around what support had been provided to people, what they had eaten during the day and any activities they may have took part in.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, care staff would use the 'Key information' document in the care file to send to the hospital with the person. This contained basic contact details, medication and daily needs. When speaking with staff, they were clear as to what documents and information needed to be shared with hospital staff.

People were supported on a regular basis to participate in meaningful activities. During the inspection we observed staff supporting people to go out for the day for ice skating. Other activities included swimming, meals out, going to the theatre and, arts and crafts. We received positive feedback from relatives who all felt their loved one had sufficient activities to live an active and fulfilling life. One professional told us that although people had sufficient activities outside of the home; staff could do more with people on days when they did not go out or if any planned activity were to be cancelled.

We recommend the provider reviews its activities programme to ensure people are supported by the staff to engage in meaningful activities when they do not have a planned activity outside of the home.

We were told staff and residents had weekly meetings to discuss issues arising in the home. This was confirmed by the relatives of the people living at Gypsy Corner. A number of people told us how the menu was a regular agenda in these meetings and they felt that their family member's opinions were taken into account when developing weekly menus following these meetings.

There was a complaints policy in place which detailed a procedure for managing complaints. Where complaints had been made, there was evidence these had been addressed line with the provider's complaints policy.

Inadequate

Is the service well-led?

Our findings

The service was not well-led.

There was no registered manager in post at Gypsy Corner. The previous registered manager had left their post a month prior to the inspection. At the time of the inspection, a manager from another Lifeways service was acting as manager for Gypsy Corner. The area manager told us they had recruited to the post and the new manager was scheduled to start in their post on 1 March 2017. The staff we spoke with told us management support in the home was poor and although they had some management presence on a daily basis, this was normally only for one or two hours per day. The staff told us if they required any further management support, they would need to do this through telephone conversations. Staff told us that in addition to a lack of registered manager, there were also no team leaders currently in post and this had further exacerbated the feeling of a lack of senior support among the staffing group. Staff told us that that the lack of a permanent management presence in the home often led them to feel unsupported. As a result of these concerns we met with the Lifeways area management team and asked them to provide us with a management rota for Gypsy Corner. This was supplied.

Staff did not always feel that their views were sought or valued. There was a strong sense that the culture of the service was not always open and transparent. The staff we spoke with told us they felt communication between the management and staff was poor and this had resulted in low morale amongst the staff.

The majority of the relatives and professionals we spoke with told us they felt the quality of the service being provided to the people living at Gypsy Corner had deteriorated due to the lack of management cover. One professional told us they were concerned at the lack of a leadership presence in the home due to a lack of management and felt staff did not receive appropriate management support. One relative said "The staff are leaderless and this has affected the care provided to people".

It was evident from the comments made by staff, relatives and professionals that the staff would benefit from a regular management presence around the home. This would help staff appreciate what is expected of them, ensure they are happy in their work, are motivated and have confidence in the way the service is managed. The management structure should be consistent, lead by example and be available to staff for guidance and support.

During our conversations with the area manager, acting manager and acting deputy manager it became apparent that although they provided some level of management cover, the lack of time spent at the service meant they were not always fully aware of what was happening at Gypsy Corner. For example, there was a fourth room which was used for the staff who worked the sleep in night shift. This room had been allocated to a fourth resident who was in hospital at the time of the inspection. We were told by the area manager this person would not be returning to Gypsy Corner.

Although there were quality assurance systems in place, these did not always identify the issues around the service. We also found that where issues had been found, there was no evidence these had been addressed.

For example, the January 2017 audit stated that there were no issues around the administration and recording of medicine. However, when we looked at the medication records, we found staff had not signed for medicine that had been administered on 13 occasions. The November 2016 audit identified that staff had missed signatures but no action had been taken to address the issue.

We found that where monthly audits were due these had not always been completed due to a lack of management or team leader presence in the home. For example, we were told the team leader should be completing monthly audits of the service which focused on the quality of the daily notes, the communication book, finance records of people, food safety checks and medicine records. No checks had been completed between June and October 2016. There had also been no checks for the whole of February as the team leader had left their post. There were no arrangements for these to be completed by another member of the management team. When we discussed this with the management team, they appeared to be unaware that the February checks had not been completed.

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

We could not be satisfied the confidentiality of the people using the service was always maintained. During the inspection, we were shown a shed which was used to store a large number of files which contained personal and confidential information about the people living at Gypsy Corner. Some of these files dated back to 2013. The shed was not secure and could be accessed by anyone. This had been raised by the local authority during their quality assurance visit the week prior to the inspection but no action had been taken to move the files. We pointed this out to the area manager during the morning of our inspection who assured us the files would be moved. However, the files had not been moved by the time we were giving feedback to the management at the end of the inspection. When we pointed this out to the acting manager, they arranged for a staff member to move the files to the conservatory but this was also not a secure location and the files could be accessed by anybody.

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

From looking at the accident and incident reports, we found the registered manager had been reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.

Following our inspection, the provider for this location submitted an application to cancel the registration to provide a regulated activity at Gypsy Corner. We will be following our processes to de-register the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care plans were not always person centred or accurately reflected people's needs. 9(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People's dignity was not always maintained. 10(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to the health and safety of people living at Gypsy Corner had not always been assessed or reviewed. 12(2)(a). Health and medical action plans were not always followed up as advised by relevant health professionals. 12(2)(b) Medicines were not managed safely. Medicine administration had not been recorded accurately and medicines had not always been counted accurately. 12(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs

The nutritional needs of people were not always accurately recorded. 14(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The garden was not clean and there was a large pile of rubbish and rubble across the main path posing a risk to the people using the service and staff. 15(1). Safety checks on fire equipment had not been carried out on a regular basis. 15(1)(e) People were not always protected from the spread of infection through safe infection control measures. 15(2).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance processes were not always taking place or where they had taken place, they did not always identify or address issues. 17(2)(a) Records relating to people and the service were not secure. 17(2)(d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not always suitably experienced staff working within the service. 18 (1) Staff training had not received appropriate up to date training relative to their role. Staff had not received appropriate management support through regular and effective supervision. 18(2)(a)