

# National Autistic Society (The) Mainwaring Terrace

## Inspection report

1, 2, 3, 5 Mainwaring Terrace  
Northern Moor  
Manchester  
Greater Manchester  
M23 0EW

Tel: 01619459585  
Website: [www.nas.org.uk](http://www.nas.org.uk)

Date of inspection visit:  
05 September 2018  
06 September 2018

Date of publication:  
31 October 2018

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on the 5 and 6 September 2018 and was announced. We gave the service 24 hours' notice that we were due to inspect to prepare people living at the service for our arrival.

The inspection was brought forward in part due to concerns raised about theft of people's personal property.

Our last inspection of this service was on the 19 October 2016 and we found the service to be overall good. At this inspection, we found a number of concerns relating to the premises safety of the service and medicines management. Further information pertaining to this can be found in the body of the report.

Mainwaring Terrace is a "care home" providing care for up to 14 people in the Northern Moor area of Greater Manchester. People in care homes received accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There were 10 people living at Mainwaring Terrace on the day of inspection.

Mainwaring Terrace consists of four separate properties on a suburban road in Sale Moor, Manchester. Three properties are located next to each other and have their own entrances and the fourth property is on the other side of the road. Mainwaring Terrace supports people who have autism.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager has been absent from the home for a number of months and the inspection was facilitated by the quality assurance manager and two deputy managers from the home.

Medicines were not always safely managed. A number of prescribed medicines had not been signed for after administration. Medicines were not consistently audited so we could not be assured they had been given as prescribed.

Staff members had been recruited appropriately and had in place the satisfactory employment checks before commencing their role.

Premises safety in relation to fire system checks and gas and electrical safety were not always up to date. There was a lack of oversight about who was responsible for the premises safety checks.

Investigations had taken place in relation to the theft of a person's personal items. However, there was no evidence that the theft had occurred and the service had not ensured people's personal items were recorded when they first move in to the service to provide an audit trail.

People were supported to eat a healthy and nutritious diet and we observed staff supporting people to cook their own meals. There were a range of snacks available for people to access at their leisure.

People were able to access health care support from primary medical services and we saw people did see their GP, dentist and other professionals when required. We have made a recommendation that the service needed to improve their procedure for monitoring people who became unwell.

The service was working in line with the Mental Capacity Act. People received appropriate capacity assessments and where people lacked capacity, they were referred to the local authority under Deprivations of Liberty Safeguards (DoLS). Where required, people, their families and professionals were involved in best interest's meetings.

Staff received training to enable them to carry out their role. Staff felt the training was good and informative.

Staff did not receive regular supervision in line with the policy of the organisation.

We observed kind and caring interactions between people living at the home and staff members. Staff members were aware of how to support people with anxiety and implemented techniques to reduce levels of agitation.

People said they felt staff cared for them and our observations were that staff offered privacy and dignity to people.

Care plans were reflective of people's needs and gave strategies for supporting people with challenging behaviour and promoting independence. However, care plans were intermittently reviewed which meant we could not be assured they were always current.

Activities were varied and people were supported to access community based activities with a focus on exercise.

Staff were able to communicate to people in a variety of methods. We observed people using Makaton (sign language), pictorial images and short sentences. People had information in their care files to alert staff to how they may be feeling when a person acted in a particular way.

Complaints were responded to in a timely manner and outcomes shared. The service has received a number of compliments thanking them for their care and support.

There was a lack of oversight of the service in relation to medicines and premises safety and audits to monitor and improve the service were not fully completed. Our observations were that the service needed a long-term solution to successfully oversee the management of the home

Staff were able to attend regular staff meetings to discuss people, raise concerns and share ideas.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service is not safe.

Medicines were not consistently audited and there was a number of medicines not signed for after administration.

Premises safety documents were not up to date. Fire safety checks were not always completed.

There were procedures in place to safeguard people's personal property.

### Is the service effective?

**Requires Improvement** ●

The service is not effective.

People had support to eat a healthy and nutritious diet.

People had access to primary medical services when required. However, the service needed to review the procedure for monitoring people when they were unwell.

Staff supervision was not regularly carried out in line with organisational policy.

### Is the service caring?

**Good** ●

The service is caring.

Staff clearly knew people they support well. We observed staff using techniques to de-escalate anxieties.

There were kind and caring interactions between staff and people who lived at the home.

Staff were aware of people's personal preferences, likes and dislikes. This information was also recorded in the care plan.

### Is the service responsive?

**Good** ●

The service is responsive.

Care plans captured people's needs and were detailed to enable staff to support people in a person-centred manner.

People had access to many activities when an emphasis on integrating people into the community and keeping fit.

Complaints received by the service were responded to in a timely manner and outcomes shared.

### **Is the service well-led?**

The service is not well led.

A number of audits in place to monitor and improve the service had not always been completed.

There was a lack of oversight of premises safety.

There was low staff morale at the service which had not been identified by managers.

**Requires Improvement** 

# Mainwaring Terrace

## 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 provide a rating for the service under the Care Act 2014.'

The inspection took place on 5 and 6 September 2018 and was announced. The inspection was undertaken by one inspector.

The inspection was prompted in part by an increase in complaints about the service in relation to theft of people's personal items. The information shared with CQC indicated potential concerns about the management of the service. This inspection looked at those concerns.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the provider about incidents and events that had occurred at the service. Statutory notifications include information about important events, which the provider is required to send us by law. We used this information to plan the inspection.

We contacted Manchester local authority commissioning, safeguarding and public health teams to obtain their view of the service and to collect information they held such as safeguarding referrals and infection control audits. We did not receive any information of significance regarding the service.

As part of the inspection, we spoke with the quality assurance manager, the deputy area manager, two deputy managers, three staff members and three people who used the service.

We looked at three people's care plans and risk assessments. We reviewed four staff personnel files and records relating to recruitment, induction, training and supervision. We looked at three people's medication records and a number of audits relating to medication management, health and safety, infection control, recruitment, safeguarding and quality assurance. We checked people's feedback on the service including if people felt cared for and that whether people were involved in planning their care. We reviewed policies and procedures and business continuity planning.

# Is the service safe?

## Our findings

People we spoke with said they felt safe living at Mainwaring Terrace. One person told us "I'm alright here." Another person said, "The staff are good to me here."

As part of the inspection, we looked at concerns relating to the theft of one person's personal belongings. We spoke at length with the quality assurance manager and deputy managers who told us an allegation of theft had been raised against the organisation regarding missing items from the person. We saw that the service and the police had investigated the allegations of theft and there was no evidence who had taken the items, however, a refund was given for each missing item. Since the allegations of theft was raised, there is now a log kept for personal items being brought into and leaving the home for people. This assists in monitoring the location of people's property and to keep it safe.

There were procedures in place for the handling of people's personal money and the homes petty cash. This involved key holding and ensuring each transaction was confirmed with a receipt. Additionally, audits of personal monies and petty cash were in place and only one staff member held the keys for the safe on each shift. We reviewed information relating to pin numbers of people's cash cards and saw that transactions by debit card were audited using bank statements. Pin numbers were only given to permanent staff on a when required basis. We recommended to the provider that staff did not hold pin numbers if they did not have the legal authority to do so and they review the procedure to be able to robustly keep people's money safe.

The service was in the process of installing CCTV to the external areas of the building, however to allow CCTV to be installed inside the home, people needed to give permission and be aware of the CCTV. This was being looked at by the provider, we will review this on our next inspection. Additionally, bag checks are being introduced to the service, this was to enable the provider to randomly check staff bags to safeguard personal belongings and to safeguard staff from allegations of theft. No bag checks had taken place prior to the inspection.

People were kept safe and protected from abuse. Staff members were clear on their responsibilities under the safeguarding of vulnerable adults and could describe methods of reporting concerns. One staff member told us, "I would tell the manager or the deputy, they would sort it out." Another staff members said, "I could ring the police or contact the Care Quality Commission (CQC) if I needed to." The service had safeguarding policies and procedures in place for managers and staff to follow if required. All staff members we spoke with said they had full confidence that the registered manager or deputies would act on any concerns they raised. A whistle blowing policy was also in place and each staff member we spoke with confirmed they knew why the policy was in place. All staff members we spoke with told us they had received training to give them an understanding of abuse and knew what to do to make sure people using the service were protected. We also saw training certificates confirming training had taken place.

We reviewed four staff personnel files and saw they had the required pre-employment checks in place including two written references and a Disclosure and Barring Service (DBS) check. DBS checks ensures potential employees are suitable to work with vulnerable groups. This meant that the service had followed

the processes in place to protect people from receiving care from staff who were unsuitable.

We viewed three people's medication administration records (MAR) and found each record contained missing signatures on the chart. We checked stocks of medicines which were correct, confirming people had received their medication as prescribed. The service had recently introduced daily, weekly and monthly monitoring charts which were completed by deputies and staff members. The missing signatures had been identified as part of the audits, but no action taken to prevent future occurrences. Additionally, the daily monitoring charts were not always completed which made the monitoring ineffective.

Management audits completed on medicines had recently been implemented and there was not enough information to suggest they were effective.

We saw that people had protocols in place for the administration of "when required" medicine. When required medicine is a medicine such as paracetamol, which is not routinely required daily. People living at the home were prescribed particular "when required" medicines to manage periods of anxiety and this medication could be given when anxieties escalate. Protocols for this procedure were in place, but didn't highlight at what point of the anxiety, the medicine should be administered. This meant people could be at risk of receiving the medicine unnecessarily.

All staff members received medication training, however there was no evidence of any competency assessments completed to assure the service of staff competence in the safe administration of medicines. Staff members told us they had received competency checks some time ago and the quality assurance manager told us there was no evidence of any competencies more recently being completed.

We saw regular temperature checks recorded for fridge and room temperatures which ensured that medicines are stored at the correct temperature.

Missed signatures on MAR charts had been identified, however, no action had been taken to prevent future occurrences. PRN protocols did not identify at what point, people should be administered medication to help them with anxieties. Staff did not received assessments on their competency to administer medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw there were sufficient numbers of staff members to support people with their assessed needs. We observed that people were given a mixture of one to one support hours and shared care hours. Overnight, each property had either a waking night or sleep in and this appeared appropriate for the needs of people. We reviewed the rotas which reflected the number of staff on duty was consistent throughout each week.

Risks to people were assessed and their safety monitored. Each risk assessment had been developed to support people who displayed challenging behaviour and there were clear strategies in place to manage behaviours. Other risks such as community access, using public transport and activities such as swimming were assessed for the person's safety. The risk assessments were regularly reviewed and updated where needs had changed.

There were missing persons protocols in place which describes people's ethnicity, appearance, type of clothes they may be wearing. These protocols were ideal to give to the police or others in the search for a missing person, however they were not always reviewed which meant we could not be assured how accurate the information in the protocol was.



We saw an analysis of the accidents and incidents and any outcomes were documented and learning from such concerns were shared with staff members. We saw that body maps were in place which identified where any injuries had been sustained. This meant the service was proactively working to reduce the frequency of accidents or incidents from reoccurring.

We observed staff using personal protective equipment (PPE) such as gloves for use when delivering personal care. We also saw that PPE was readily available within the home. We saw that the service had an infection control policy in place and staff confirmed to us that they were aware of the requirements of the policy. We saw certificates confirming staff members had received training in infection control.

We checked the systems in place to protect people in the event of an emergency. We found that personal emergency evacuation plans (PEEPs) were in place for all people who used the service.

During the inspection we asked to view the records in relation to fire drills at the home. We noted fire drills had been undertaken within the last month at each property, but prior to then, there was no records of fire drills taking place since 2015. Each property had log books of when the fire alarms were checked and tested internally in the property, this should have been done weekly, however, the information stated that tests were only completed twice a month or less often. An external organisation had tested the fire system when required. Additionally, one property, did not have a fire alarm system, but a household smoke alarm which was not regularly tested internally or externally.

We saw the fire risk assessment although updated, did not consider the new property.

Three of the properties had received the required checks in line with gas and electrical safety, however, the fourth property had been overlooked which meant we could not be assured the property was safe. We raised this with the provider who told us the landlord would arrange for this to be done as soon as possible.

Each property had an up to date portable appliance test in place. There were emergency lighting checks in place for three of the properties, however the fourth had no recorded checks.

There was a Legionnaires risk assessment in place. Legionnaires' disease is a potentially fatal form of pneumonia caused by the legionella bacteria that can develop in water systems. We found the home was not taking reasonable measures to control the risk of legionella in the water system. There were quarterly temperature checks in place. Disinfection of shower heads had not taken place since January 2018 and weekly flushing of regularly used outlets had not been completed at all. This meant the provider was not taking reasonable steps to help protect people from the risk of contracting Legionnaire's.

There were insufficient checks on the fire systems and emergency lighting. One property did not have the correct electrical and gas safety checks in place. The provider was not taking reasonable steps to protect people from the risk of contracting Legionnaires disease. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service effective?

### Our findings

People received pre-assessments of their needs prior to moving into the service. This was to ensure people's needs could be met. Pre-assessments were detailed and captured people's goals and aspirations. There was a detailed overview of people's social and medical history.

We observed people to contribute to planning and cooking their own meals. People had their own meal plans in place which incorporated a healthy and nutritious diet. The mealtimes we observed were relaxed and well organised. People received any help, support and encouragement they required to eat and drink. Where able to, people had access to the kitchen and could help themselves to breakfast cereals and snacks.

Each property had their own kitchen and photos on the cupboard doors, highlighted where items were kept in each compartment. This meant people could access food and equipment quickly as they knew where the items were located.

Care plans gave information on people's specific diets, type of diets and if they ate independently. We saw people being encouraged to eat a healthy diet and the plan identified what people could do for themselves, for example, make a hot or cold drink or make a sandwich. We also saw that people's weights were regularly monitored and any concerns around nutrition had been reported to the person's GP. Where required, we saw people had their fluid and food intake monitored.

We reviewed information relating to one person who had recently become unwell and required hospital treatment for a raised temperature and vomiting. The provider told us the person did have their temperature regularly monitored, however the records for the monitoring were intermittently completed. We recommend the provider reviews their procedures on managing situations where people become unwell to ensure they are managed correctly.

People were seeing a GP when they felt unwell; this was recorded in people's care files. We also saw that people visited or received visits from the optician, dentist, podiatrist and other healthcare professionals. This meant that people's health needs were being met by health professionals supporting the service.

People had health action plans in place. A health action plan tells others what to do to keep people supported healthy. Health action plans confirmed what health and social care services were involved with people and how often they received these services. The plans gave advice to keep people healthy and were reviewed annually or when needs change.

There were hospital passports in each person's care file. This document was used when a person had an unplanned hospital admission. The plan gave detailed information on people's communication, medical history, mobility and likes and dislikes. This meant hospital staff had information about people to support them while being in a strange environment.

Staff we spoke with said that they were kept up to date with training although one staff member told us they

could be stopped from attending training if they were short staffed. We saw that staff were receiving regular training which included autism, safeguarding, deprivation of liberty safeguards, mental capacity, break away techniques, medication and first aid. Staff members we spoke with felt the training gave them information to enable them to carry out their role. The breakaway techniques training, known as studio three was aimed at supporting staff and people with management of physical aggression and self-injurious behaviour. Staff told us they found the course very informative and helpful in their role.

The staff files we viewed provided evidence that staff received an induction into the service and staff members confirmed this. Induction was linked to the care certificate and included specific training on supporting people with autism. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific roles in health and social care. We saw induction included mandatory training and the opportunity to shadow more experienced staff members.

Staff told us they received supervision. The three staff files we viewed showed that supervision had taken place, twice yearly. This was not in line with the organisational policy of every six to eight weeks. Supervision gives the opportunity for reflection and raise issues, plan objectives and their role within the workplace. Some staff had received an annual appraisal.

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. The deputy manager's had a good understanding of this legislation and appropriate assessments of people's ability to make decisions had been completed. Where people's capacity to make a specific decision could be variable this had been recorded and staff were provided with guidance on how to support people to make meaningful choices.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People living at the home had received capacity assessments based upon their understanding of certain decisions. This included if they had to the capacity to decide to live at the home, to understand medical interventions and consent to care and support. Where it was determined, people lacked capacity, the service had made referrals to the local authority to deprive people of their liberty. While this process was being undertaken, the service was providing care and support in people's best interests and this was clearly documented in best interest's meetings and care plans.

Staff members we spoke with were fully aware of DoLS and could describe the restrictions in place for people. Staff had received training in mental capacity and said they always sought consent from people where possible and understood that they needed to give care and support in people's best interests. We observed examples of people being supported in their best interests such as one person being supported to make a decision about purchasing a computer console and another person being supported to make a nutritious meal for the dinner rather than a light snack.

This meant the service was working within the requirements of the mental capacity act.

The properties were nicely decorated and people's bedrooms had been personalised by people living at there. Photo signage were used in each of the properties to highlight rooms, bathrooms and external areas.

The communal areas were spacious and a large, secure garden was accessible across the back of three of the properties.

## Is the service caring?

### Our findings

Two people living at the home told us they were happy and the staff were caring. One person said, "It's alright, they are nice to me here. Another said, "[Staff name] is going to find me a new [games console name], they help me."

We observed kind, dignified and patient interactions with people who lived at the home. It was evident that people had complex needs and needed high levels of support to reduce anxiety levels. We observed staff to be at ease with people whose anxieties were escalating. Staff knew the right words to say and how to approach each person. Staff could describe particular words, phrases or situations which may contribute to people anxiety escalating and attempted to avoid these situations for the wellbeing of each person. As part of the inspection, we were informed what topics people would not respond well to, which was helpful when speaking to people at the home.

Staff members we spoke with were aware of how to support people's privacy and dignity. They told us and we observed staff members knocking on people's bedrooms doors and gaining permission to enter. Staff were observed to speak to people in a manner they could understand and didn't confuse people with the use of jargon and extended sentences. This meant that staff were ensuring people's dignity and privacy and being respectful in their communication.

People's preferences, likes and dislikes were recorded in their care plans. The staff we spoke with knew the people they were supporting well and were able to describe their routines and activities.

We saw where people needed time alone, they were given time and space in a safe environment such as the large, secure garden or in their bedrooms. We observed people relaxing on the garden swing while being able to be observed from a distance for their safety.

We saw that care files were stored securely in a locked office within each property. Additionally, further information pertaining to the service was stored securely in an additional office attached to the home. This meant that the service was working to ensure people's personal information was kept safe and secure.

## Is the service responsive?

### Our findings

People living at the home received a mixture of shared care hours and one to one support. Activities were available in and away from the home and we saw people regularly attended the gym, went on boat trips, walks around local parks and nature reserves, swimming, access to a hydro pool and trampolining. Within the home, people enjoy listening to music, one person has access to games consoles and was an avid gaming fan. There was a computer with internet access for people to use and people watched TV and DVDs. People could purchase TV packages for their bedrooms and one person enjoyed watching sports.

Care plans recorded activities people enjoyed in a personal format such as, enjoys walking in the wind or enjoys playing retro games. Further information was recorded on people's dislikes such as does not like to visit places where there will be dogs.

People were also supported to access day services if this was their choice.

Each person living at the home has a comprehensive care plan in place to support them. Care plans ensured people received appropriate support with personal care, emotional wellbeing, health and medication, communication, positive behaviour support, support with finances, support with medicines and support with participation. Care plans were personal centred and people and their families were able to contribute to each plan.

We saw some good examples of how support was provided in each care plan, for example, where support was needed with personal care. The care plan highlighted what the person could do for themselves and where the person should be encouraged to become more independent. In the emotion wellbeing care plan, we saw information how people were supported to maintain their chosen sexuality or religion and what was needed to support people with these needs.

People were given information in a way they could understand. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. In the communication care plan, methods to communicate with people were clearly described. This included the use of pictorial images, Makaton (sign language) and verbal communications. We saw one person used pictorial images to make choices, this could be for an activity or for the food they wished to eat. Information was available to give understanding to staff on why people behaved in a particular way. This looked at the type of behaviour people were exhibiting and what it might mean they were feeling. There were strategies in place to reduce the anxieties people were feeling and guidelines for how staff might respond to these behaviours. This meant staff had the guidance and understanding to support people effectively.

Positive behaviour care plans gave targets and goals to work towards. This could be to ensure hand washing was undertaken after visiting the bathroom or be encouraged to relax in their bedroom should people become anxious.

Staff members could clearly describe people's care plans and told us they had opportunity to read them. We found care plans to be intermittently reviewed, for example, one person's medication support plan was reviewed in February, April, June, July and August 2015, April 2016, May 2017 and January 2018. This meant we could not be assured that their information was up to date. We recommend a clear review programme is introduced to ensure care plans remain up to date and factual. Staff members we spoke with did tell us care plans were reflective of people's current needs.

Each person had a one-page profile which gave brief information to staff and others about their likes, dislikes and what people liked and admired about them. The profile was useful for staff and visitors who didn't know the person and could give them a snapshot of who they are. Additionally, there was information available on how best to support each person which included ensuring staff were aware of people's rituals and routines, how autism affects each individual and what was important to each person. This meant people could be supported in a person-centred way.

People were supported to complete a "When I die" document," This gave others, information about how they should respond in the event of the person's death. Like the support plans, the document was intermittently updated so we could not be assured how accurate it was. Generally, most of the documents were completed with people's input when possible.

The service had received eight complaints since the last inspection. Each complaint had been investigated and outcomes shared with the complainant and staff team if required, in a timely manner. This meant the service was responsive to responding to complaints.

We saw the service had received seven compliments since the last inspection. Compliments included, 'Thank you for taking such good care of [name]' and 'Thank you for arranging a Father's day gift from [name].'

## Is the service well-led?

### Our findings

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC). The registered manager was supported by two deputy manager's. However, the registered manager had been absent from the organisation for a number of months and the services was being overseen by the quality assurance manager and the two deputy managers. The service had informed CQC of the registered managers absence. Our observations were, the service needed a long-term manager in place should the registered manager be away from work for a longer period. This was needed for the stability of the home, people supported and the staff team.

Staff told us when the registered manager was at the service, they found them very supportive. They felt supported by the quality assurance manager and the deputies but felt morale between the staff the staff team was low. Staff felt they were not well supported in certain situations and we discussed with this the quality service manager who told us that they didn't realise the impact these situations were having on the staff time and they would be reviewing how to improve this concern for the staff team.

The provider had sought feedback from staff and five questionnaires had been received back from staff, however there was no date available when the surveys were completed. Four staff agreed or strongly disagreed the service communicated well. Furthermore, four staff agreed there were good team ethics. It was however not clear how the service used this feedback to improve the service.

We saw new systems in place for the audit of medicines which had not been always completed. The team leaders from the service were responsible for completing a weekly checklist which included checking there was enough staff on the rota, the weekly shopping reflected the menu and whether or not supervisions had taken place. The checklists had not been completed since July 2018.

There were some systems in place to monitor the cleanliness, infection control, fire safety and health and safety of the service. However, these needed improving, particularly in relation to fire safety, emergency lighting and legionella.

Daily shift planning records were used each day to identify who was accessing activities, what tasks needed to be completed such as cleaning, freezer and water temperatures. We saw these documents were not always completed.

Staff received the opportunity to attend regular staff meetings. We saw minutes of meetings included discussing people living at the service, any safeguarding concerns, the sharing of information and other agenda items.

There was a lack of oversight of the completion of audits in relation to medicines, daily, weekly and monthly checklists and premises safety checks. Staff did not receive supervision in line with organisational policy. The provider had no acknowledged low morale across the service in a timely manner. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.



We saw that a business continuity plan was in place to assist in managing the service in the event of a power cut, flood or if at any times, people needed to be moved to a place of safety. This meant that there were plans in place to continue the running of the service during periods of disruption.

We saw that all statutory notifications had been sent to CQC in a timely manner.

There were two service impact questionnaires for us to view. The questionnaires were not dated so we are unsure when they were completed. One questionnaire said families felt involved in decision making, felt their relative was listened to and were supported to live independently and the other questionnaire said, families were not always supported in decision making, their relative did not enjoy activities and were not supported to communicate. There was no evidence to say the service had responded to these comments.

We saw that the service was displaying the last inspection Care Quality Commission (CQC) rating within the home. This is a legal requirement for any premises providing a regulated activity. At the last inspection, the overall rating for the service was good. At this inspection, we found that the service was overall requires improvement.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Missed signatures on MAR charts had been identified, however, no action had been taken to prevent future occurrences. PRN protocols did not identify at what point, people should be administered medication to help them with anxieties. Staff did not received assessments on their competency to administer medicines.</p> <p>and</p> <p>There were insufficient checks on the fire systems and emergency lighting. One property did not have the correct electrical and gas safety checks in place. The provider was not taking reasonable steps to protect people from the risk of contracting Legionnaires disease.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a lack of oversight of the completion of audits in relation to medicines, daily, weekly and monthly checklists and premises safety checks. Staff did not receive supervision in line with organisational policy. The provider had not acknowledged low morale across the service in a timely manner.</p>