

Roseberry Care Centres GB Limited

Walkley Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection took place on 23 November 2016. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. This service was last inspected on the 25 June 2015; we found the provider in breach of the following regulations: Regulation 11, Need for consent, Regulation 9, Person centred care, Regulation 12, Safe care and treatment, Regulation 18, Staffing and Regulation 17, Good governance. The registered provider was asked to send us a report saying what action they were going to take to achieve compliance. The registered provider sent us a report and told us all the action would be completed by 30 November 2015. We carried out this inspection to check whether the registered provider had completed these actions and that these actions had been embedded into service practice and sufficient improvements had been made.

We found the action taken by the provider had not been embedded into service practice and sufficient improvements had not been made. We found the service in continued breach for Regulation 9, Person centred care, Regulation 11, Need for consent, Regulation 12, Safe care and treatment, Regulation 18, Staffing and Regulation 17, Good governance.

Walkley Lodge is a care service that provides care for up to seven people. It is a listed building which has been converted into a home. At the time of our inspection six people were living at the service. On the day of the inspection one person was staying with their family. People living at the service had complex needs and had behaviour that may challenge others.

Since the last inspection the registered provider had appointed a new manager and they had registered with the Care Quality Commission on 21 July 2017. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new regional manager had also been appointed to oversee the running the service.

We were not able to speak with some people using the service because we were unable to communicate verbally with them in a meaningful way. Two people were able to share a small amount of their experience of living at the service. One person did not want to speak with us, but later in the day they were able to confirm they were happy living at the service and everything was "good". Another person told us they did not have a lot of time to speak with us because they were interviewing applicants for a support worker post and they wanted to go out later. They told us they were happy living at the service.

We spoke with relatives of one person living at the service, they told us they were satisfied with the quality of care their family member had received. They also made positive comments about the registered manager and staff.

After the last inspection the registered provider told us they would take the following action to improve the

service: 'the evaluation of all risk assessment and care plans to be routinely carried out monthly or where changes in care needs occur'. Our findings during the inspection showed the action taken by the registered provider had not been embedded into service practice.

We looked at the risk assessments for people who had challenging behaviour. We saw that risk assessments needed to be more detailed, prescriptive and give staff clear guidance to staff on what to do if a person was getting agitated. It is important that consistent strategies are in place for preventing and reducing anxieties and when behaviour escalates.

We found the advice received from external healthcare professionals on the responsive supportive action that should be taken by staff when a type of behaviour was seen and heard had not been included in one person's care plan. This showed there was a risk that people's behaviour was not managed consistently and the risks to their health, welfare and safety are not managed effectively.

At the last inspection we found that the storage of medicines required improvement. We found sufficient action had been taken to improve the storage of medicines. However, we found new concerns in regards the management of medicines and found people were not protected against the risks associated with the unsafe use and management of medicines.

Staff we spoke with were knowledgeable about their roles and responsibilities in keeping people safe from harm.

The registered manager told us the provider was using agency staff to cover for staff absence. On the day of the inspection there were three agency staff working at the service to cover for staff absence. It is important that people with complex needs are supported by staff who know them well, whose competency has been checked and maintained. The registered manager told us the registered provider was actively recruiting new support workers for the service.

We found that all staff involved in recruitment would benefit from a greater level of awareness of the evidence required to complete satisfactory checks as set out in Schedule 3 of the Health and Social Care Act 2008.

At the last inspection we found the support provided to people was staff led rather than person led. The registered manager told us that since they had started working at the service their aim had been to change the way in which support was delivered so it was person centred and person led.

We saw that care plans needed to be more person centred, clear about people's conditions and how they wished to be supported. They needed to include information about what is important to the person, how the person communicates and how best to support the person to make decisions.

After the last inspection the registered provider told us the following action would be taken to ensure that all staff working at the service received appropriate training: 'training modules relevant to the service to be delivered to all staff' and 'training plan to be implemented and adhered to, to ensure ongoing compliance'. We found the provider had not made sufficient improvements to ensure all staff were trained appropriately.

Although staff we spoke with told us the registered manager was very supportive, we saw that some bank staff did not receive supervision in line with provider's policies and procedures.

We found the decision to administer a medicine covertly had been made for one person without

appropriate legal processes being followed.

There was a complaints procedure available to people and their relatives. The service had received one complaint since the last inspection which had been referred to the local safeguarding authority.

Relatives we spoke with told us they would speak with the registered manager if they had any complaints or concerns. They told us they felt confident the registered manager would listen and take appropriate action to address their concerns.

Accidents and untoward occurrences were monitored by the registered manager to ensure any trends were identified.

Our findings during the inspection showed that some of the checks in place to assess, monitor and improve the quality of the service were still ineffective in practice.

We found the service had not ensured that each person had accurate and contemporaneous records.

You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

The service did not have appropriate arrangements in place to manage medicines so people were not protected from the risks associated with medicines

We saw some people's risk assessments did not cover all areas.

We saw that risk assessments needed to be more detailed, prescriptive and give staff clear guidance on what to do to if a person became agitated.

Requires Improvement ●

Is the service effective?

We found the provider had not ensured that staff received appropriate training to enable them to fulfil the requirements of their role.

We found the provider had not ensured that all staff were supported appropriately. .

We found the decision to administer a medicine covertly had been made for one person without appropriate legal processes being followe

Requires Improvement ●

Is the service caring?

The service was not always caring.

We saw some improvements had been made at the service to change the way support was provided so it was person led. However, we saw further improvement was required to ensure this was embedded in all areas of service practice.

Relatives made positive comments about the staff and the registered manager.

Staff enjoyed working at the service. They were able to describe people's individual likes and dislikes.

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

We saw the systems in place to evaluate risk assessment and care plans had not been embedded into service practice so they were completed on a monthly basis.

We saw that care plans needed to be more person centred, clear about people's conditions and how they wished to be supported.

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Some people living at the service had a Deprivation of Liberty Safeguards authorisation with conditions in place. We found that some people's conditions were not being met.

Is the service well-led?

Inadequate ●

The service was not well led.

At the last inspection we found the provider had not ensured that the checks completed to assess and improve the quality of the service provided were effective. We found sufficient action had not been taken to ensure these checks were effective in practice.

The provider had not ensured staff training and supervision was monitored so appropriate action was taken.

We found the service had not ensured that each person had accurate and contemporaneous records.

Walkley Lodge

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.

A scheduled inspection took place on 23 November 2016. This was an unannounced inspection which meant the staff and the provider did not know we would be visiting. The inspection team consisted of two adult social care inspectors.

Before our inspection we reviewed the information we held about the service and the provider. For example, notifications of safeguarding and incidents. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. This helped to inform us what areas we would focus on as part of our inspection. We also reviewed the provider information return the provider submitted. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used a number of different methods to help us understand the experiences of people who lived in the service. We spent time observing the daily life in the service including the care and support being delivered. We were not able to speak with some people using the service because we were unable to communicate verbally with them in a meaningful way. Two people spoken with were able to share a small amount of their experience of living at the service. We also spoke with two relatives of one person living at the service. We spoke with the registered manager, two team leaders, two support workers and an administrator. We looked round different areas of the service; the communal areas and with their permission where able, some people's rooms. We reviewed a range of records including the following: three people's care plans, six people's medication administration records, six staff files and records relating to the management of the service.

Is the service safe?

Our findings

At this last inspection on 25 June 2015, we found people had not received care in a safe way. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) 2014, Safe care and treatment. The registered provider sent us a report with details of the action they would take to reach compliance in this regulation.

At this inspection we found a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

After the last inspection the registered provider told us they would take the following action to improve the service: 'the evaluation of all risk assessment and care plans to be routinely carried out monthly or where changes in care needs occur'. The purpose of a risk assessment is to identify potential risks relating to a person which may affect their care and treatment and put measures in place to help reduce and manage any such risks. A staff member we spoke with told us there had been an incident when a person had choked on some food and staff had intervened. Although staff had intervened appropriately we found the person had not been assessed for further potential risks of choking. The person also administered their own medication, but there was no risk assessment in place to assess their competence to do so. A care plan audit completed on 28 October 2016 of the person's records showed these risk assessments had been recorded as missing, but no action had been taken for these to be completed. It is important that individual risk assessments and management plans are completed for all areas of known risks to ensure that these are managed safely and effectively. The lack of risk assessments in place for this person meant they were exposed to the potential of receiving unsafe care and treatment.

In another person's care records we saw their risk of weight loss had been discussed in a care programme meeting. The person's doctor had provided guidance about what actions to take to help address this. However, we found that the person's nutritional risk assessment did not include or reflect information and support taking account of the doctor's input. The assessment had not been reviewed on a monthly basis as indicated in the assessment. We saw a Malnutrition Universal Screening Tool (MUST) had been completed in January 2016. MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. It also includes management guidelines which can be used to develop a care plan. We saw the person's level of risk had not been assessed correctly and their risk had not been regularly reviewed. We saw the person had sustained a significant weight loss during the period between January 2016 and November 2016, but this was not reflected in the nutritional risk assessment. This showed the person's risk in relation to nutrition and weight loss had not been reviewed regularly and monitored to ensure they were being appropriately supported.

We looked at the risk assessments for people who could display behaviour which may challenge others. We looked at the guidance for staff on what to do if a person became agitated. We saw that risk assessments needed to be more detailed, prescriptive and give staff clear guidance on what to do to support if a person became agitated. We found an example where the advice from healthcare professionals on how to support one person when they displayed behaviour which may challenge others had not been taken into account by

staff, when they reviewed the person's behaviour risk assessment. Although we did not find this had negatively impacted on the person the lack of detailed written assessment and support presented a risk that staff may use inconsistent and ineffective practices to manage the person's behaviour.

At the last inspection we found that the storage of medicines required improvement. If medicines are not stored properly they may not work in the way they were intended, and so pose a potential risk to the health and wellbeing of the person receiving the medicine. At this inspection we checked to see whether improvements had been made. We found that the medication room had been relocated. We saw that regular temperature checks were being completed for the medication room and the fridge. We spoke with a team leader who told us that a new medication fridge had been requested as it did not show the highest and lowest temperature. We saw sufficient action had been taken by the registered provider.

At this inspection we also checked to see if medicines were being managed safely at the service. There were three bottles of a liquid medication being stored in the fridge for one person. We saw one bottle had a use by date of 25 October 2016. This showed there was a risk that staff would administer medicine that had expired. Medicines used after their expiry date may not be safe to use or may lose some or all of their effectiveness. We spoke with a team leader; they assured us that the out of date medicine would be removed.

We checked six people's medication records. Some of these medicines were prescribed to be taken only "when required". We examined the information available to guide staff when to administer these medicines and found some concerns including the following: we saw one person had been prescribed two medicines to be given when required. There was no guidance in place for staff to follow for either medicine. We looked at another person's information and saw staff had recorded that the person could tell staff when they were in pain. We spoke with the registered manager who confirmed the person could not tell staff when they were in pain.

Some "when required" medicines were used to treat anxiety disorders. The information available to staff did not give clear guidance when to give these medicines to people. A person who has anxiety will have their own unique symptoms so it is important that staff have clear guidance in place to support the person consistently. Some of the guidance provided to staff was inappropriate. For example, one person was to be given a medicine as they may abscond which was not what the medicine was intended to be used for. Using it for such a purpose could be considered a form of chemical restraint. These shortfalls demonstrated that management of medicines was not sufficiently robust to suitably protect people from risk of harm.

We reviewed people's records for the administration of prescribed creams; we saw the information available to staff required improvement. For example, we saw that one person was prescribed a topical cream for a skin condition, but we found there was no guidance for staff in place on where to apply the cream and how much should be applied. The team leader was unable to provide any records to show that it had been administered. This showed the systems in place to ensure people received their prescribed creams consistently required improvement.

Following the inspection, the registered provider sent us a notification informing us that there had been a medication omission. They told us a staff member had signed a person's records to confirm they had been given their medication, but on further investigation the staff member had not given the person their medication. This showed the systems in place to ensure people received their medicines consistently and safely required improvement.

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

The registered manager told us the provider was using agency staff to cover for staff absence. They told us they had checked that the agency staff had received the right type of training to work at the service. Five people living at the service required one staff member to support them during the day and one person required two staff members to support them during the day. Some people needed additional staff to support them if they went out into the community. On the day of the inspection there were three agency staff working at the service to cover for staff absence. Some people living at the service had complex needs and challenging behaviour. It is important that people with complex needs are supported by staff who know them well, whose competency has been checked and maintained. This showed there was a risk that people were supported by staff who did not have the competency, skills and experience to do so safely. The registered manager told us the provider was actively recruiting new support workers for the service. Applicants were being interviewed on the day of the inspection.

The relatives spoken with did not raise any concerns regarding the support their family member had received and felt their family member was in a safe place. People spoken with did not share any information about whether they felt safe.

Staff we spoke with were knowledgeable about their roles and responsibilities in keeping people safe from harm.

The registered manager told us that since they started working at the service their aim had been to change the way in which support was delivered, so it was person led and the culture at the service was person centred. The culture of a service directly impacts on the quality of care a person receives. Since the last inspection a number of safeguarding concerns had been raised at the service which had been investigated or were still being investigated. The local safeguarding authority had raised concerns that they had not been informed about some safeguarding concerns within the required timescale. As a result of these concerns, the provider had reviewed their reporting processes to ensure that all safeguarding concerns were reported within the required timescale.

We reviewed the provider's personal allowances policy. We saw the service was holding more money than they should be for one person. It is important that services adhere to their personal allowance policies to ensure people are safeguarded from financial abuse. We shared this information with the registered manager so appropriate action could be taken. We saw regular balance checks were being undertaken by staff and an administrator reviewed the records on a monthly basis. These checks helped to safeguard people from financial abuse.

We reviewed three staff recruitment records. The records contained a range of information including a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We found that all staff involved in recruitment would benefit from a greater level of awareness of the evidence required to complete satisfactory checks as set out in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, in so far as it is reasonably practicable to obtain, satisfactory documentary evidence of any qualification relevant to the duties for which the person is employed or appointed to perform. We saw that one staff member's documentary evidence of two qualifications had not been obtained prior to appointment. We shared this information with the registered manager.

During the inspection we did not identify any concerns in relation to infection control.

A fire risk assessment had been completed at the service in May 2016. This showed that there were systems in place to ensure the premises were safe for their intended purpose. Each person living at the service had a personal emergency evacuation plan in place.

Is the service effective?

Our findings

At the last inspection on 25 June 2015, we found issues in relation to consent. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) 2014, Need for consent. The registered provider sent us a report with details of the action they would take to reach compliance in this regulation.

At this inspection we identified a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for consent.

The Mental Capacity Act (MCA) 2005 is an act which applies to people who are unable to make all or some decisions for themselves. It promotes and safeguards decision-making within a legal framework. The MCA states that every adult must be assumed to have capacity to make decisions unless proved otherwise. It also states that an assessment of capacity should be undertaken prior to any decisions being made about care or treatment. Any decisions taken or any decision made on behalf of a person who lacks capacity must be in their best interests and as least restrictive as possible.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. 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). We checked whether the service was working within the principles of the MCA.

After the last inspection the registered provider told us the following action would be taken to reach compliance in this regulation: 'all staff to have up to date training in MCA specifically in relation to DoLS' and 'competency checks to be carried out on all staff in relation to knowledge in practice'. They told us this action would be completed by the end of November 2015. The service's staff training matrix showed that only 12 out of 32 staff had completed training. We also saw this training had been classified as mandatory training which is training that staff are required to do. Staff we spoke with could demonstrate a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). However, we could not be confident that all staff would have sufficient knowledge as some of them had not received training.

The registered manager told us none of the people living at the service received any medicines covertly. Covert medication is the administration of any medicine in a disguised form without the person knowing. For example, the person's medicine is put in a drink or food. If a person does not have the capacity to consent, any decision to administer medicines covertly must be subject to a best interest decision. We identified that one person living at the service was being given medicine covertly. The registered manager and the team leader were not aware of this and there was no evidence that a best interest decision had been made.

The person was subject to a Deprivation of Liberty Safeguards authorisation and we saw the existence of the covert medication had not been identified. This showed the decision to administer the medicine covertly had been made for the person without appropriate legal processes being followed.

This was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014, Need for consent.

At the last inspection on 25 June 2015, we found issues relating to support and training provided to staff. It is important that staff receive appropriate supervision and training in their role to make sure competence is maintained.

At this inspection although we saw some improvements had been made, we found a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

After the last inspection the registered provider told us the following action would be taken to reach compliance in this regulation: 'training modules relevant to the service to be delivered to all staff' and 'training plan to be implemented and adhered to, to ensure ongoing compliance' and 'training matrix to be updated on a weekly basis to ensure its accuracy'. The service's staff training spread sheet showed staff were provided with a combination of eLearning and face to face training. Staff we spoke with told us they would prefer to complete more training face to face because there was an opportunity to ask questions and they were more likely to retain the information. We shared this information with the registered manager.

The training spread sheet showed that some bank staff had not completed all their mandatory training. For example, one staff member had started working at the service in August 2012; the only training listed for them on the spread sheet was fire safety and the management of actual or potential aggression (MAPA) in 2016. We also saw some of the training modules relevant to the role had not been classified as mandatory on the spread sheet. For example, dignity and respect and equality and diversity. The spread sheet showed that 14 out of 32 staff had completed training in dignity and respect training and 12 out of 32 staff had completed equality and diversity training. This showed the provider had not ensured that staff received appropriate training to enable them to fulfil the requirements of their role.

During the inspection a few staff members raised concerns that some staff had not completed moving and handling practical refresher training. They told us there were circumstances when they needed to support a person to move. For example, a person was lying on the floor and needed support to get up. We looked at the service's staff training spread sheet, this showed that 18 out of 32 staff had completed moving and handling practical training. This showed the provider had not ensured that staff received appropriate training to enable them to fulfil the requirements of their role.

At the last inspection staff told us they had not felt supported. At this inspection the staff we spoke with told us they felt supported. One staff member commented; "[registered manager] is amazing, she is the best manager." The registered manager told us they carried out supervisions with the team leaders and team leaders carried out supervisions with support workers. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing.

We reviewed a copy of the service's staff supervision schedule for 2016. We saw that bank staff working at the service had not received regular supervision. For example, one bank worker had received one supervision in 2016. The staff rota showed the bank worker had been working at the service. We spoke with a team leader about this. They told us bank workers were not always available as they did not work regularly at the service, therefore did not receive supervisions due to this reason. This showed the service

had not followed the registered provider's supervision policy. The policy states that 'all staff members will attend a minimum of four supervision sessions per year'. It is important that all staff working at a service receive periodic supervision to ensure competency is maintained.

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

We spoke with the relatives of one person living at the service. They told us they were satisfied with the quality of care their family member had received. They felt the quality of care had improved since the registered manager had started working at the service. They told us they were fully involved in their family members care planning and staff kept them fully informed if there were any changes in their family member's wellbeing.

In people's records we found evidence of involvement from other professionals such as doctors, psychiatrists, opticians and dentists.

There were details of people's food and drink choices, details of any allergies, personal likes and dislikes included in their care plan. We saw that people's preferences were being met.

The service had started a project called "glamour up our manor" with the aim to develop and improve the environment within Walkley Lodge. The service was in the process of completing the project. For example, the former office was now the activities room. During the inspection we saw people using the new activities room whilst being supported by staff.

Is the service caring?

Our findings

At the last inspection we found that some of the decisions about support were staff led rather than person led. We found people's autonomy and independence had not been supported in all aspects of their care and support to the maximum extent. We saw some improvements had been made at the service to change the way support was provided and supporting people to be involved in decisions about their care. However, we saw the action taken by the provider had not been fully embedded into all areas of service practice and required further improvement. We saw the way in which some people's care records were written required improvement to ensure people were treated with respect and they had given consent that this was the best way to support them.

We were not able to speak with some people using the service because we were unable to communicate verbally with them in a meaningful way. Two people were able to share a small amount of their experience of living at the service. One person did not want to speak with us on the morning of the inspection, but later in the day they were able to confirm to us they were happy living at the service. Another person told us they did not have a lot of time to speak with us because they were interviewing applicants for a support worker post and they wanted to go out later. They told us they were happy living at the service. We observed them speaking with a staff member and having a discussion about choosing a birthday cake.

We spoke with the relatives of one person living at the service. They told us the appointment of a new manager at the service had made a difference. They spoke very positively about the new registered manager as they felt they had not previously been listened to. They told us their family member felt able to speak to the new registered manager and express any concerns they may have. Their comments included: "[family member] is very happy here, anything that upsets her she will phone us."

During the inspection we observed the daily life within the service. We saw people could choose where to spend the time. For example, one person chose to spend time in the reception area; another person was in the lounge using an electronic tablet, whilst another person was being supported in the activities room. The service's night time handover records showed people who were having difficulty in getting to sleep or awoke early were able to come down to the communal areas.

At the last inspection we saw there was very little information for people visiting the service. We saw this had been improved.

Since the last inspection an Independent Mental Health advocate (IMHA) had been appointed for each person living at the service. Advocacy means getting support from another person to help you express your views and wishes, and to help make sure your voice is heard. Someone who helps you in this way is called your advocate.

Is the service responsive?

Our findings

At the last inspection on 25 June 2015, we found issues in relation to the care people had received. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) 2014, Person centred care. The registered provider sent us a report with details of the action they would take to reach compliance in this regulation.

At this inspection we identified a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person centred care.

The registered provider told us the following action would be taken to reach compliance in this regulation: 'new care plans to be written to reflect service users care being delivered with a person centred approach' and 'the evaluation of all risk assessments and care plans to be routinely carried out monthly or where changes in care needs occur'. We saw the systems in place to evaluate risk assessment and care plans had not been embedded into service practice so they were not completed on a monthly basis or when there were any changes required.

We saw that care plans were not always clear about people's conditions and how they wished to be supported. They did not always include information about what was important to the person, how the person communicated and how best to support the person to make decisions. We saw examples where information was not consistent in people's care plans. We saw that care plans needed to be more detailed, prescriptive and give staff clear guidance to staff for example, on what to do if a person was getting agitated. It is important that consistent strategies are in place for preventing and reducing anxieties and when behaviour escalates.

In one person's records we saw that a positive and proactive support plan had been provided by an assessment and treatment service to support the person following their discharge in October 2016. This service is an inpatient unit dedicated to supporting individuals with learning disabilities. Within the plan there was a section on the supportive action that staff should respond with when a type of behaviour was seen and heard. We saw this information had not been taken into account by staff when they reviewed the person's behaviour risk assessment and care plan in November 2016. Some of the guidance in place for staff to follow contradicted the advice provided in the discharge plan. This showed there was a risk that staff may use inconsistent and ineffective practices to help manage the person's behaviour.

Some people living at the service had a Deprivation of Liberty Safeguards authorisation with conditions in place. These conditions are legally binding and have to be met. We reviewed one person's authorisation dated 29 June 2016. One of the conditions was supporting the person to go to a learning disabilities club each week. We reviewed the person's community log record; this log was used to record the activities the person had participated in or refused to participate in. We saw the club was not mentioned in the person's community log during August 2016. In September 2016 the person went to the club when it was offered on one occasion. In October 2016, the opportunity to go to the club was declined on four occasions by the person. We reviewed the person's community log and daily activities records for November 2016. We found

no entries in relation to the club. We spoke with the registered manager about this; they told us there were no entries, because when the person was offered the opportunity to go to the club they declined to go. From the records, we were not confident that the person had been given the opportunity or involved in the decision on whether to go to the club.

This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014, Person centred care

During the inspection we saw people were supported to participate in activities. On the morning of the inspection one person was being supported in the activities room by a staff member. Another person was using an electronic tablet in a lounge. Another person was interviewing applicants for a support worker's post at the service, in the afternoon they were supported to go out. One person was due to return from staying with family.

Staff used a pager to call for assistance from other staff. Staff told us this request could be completed discreetly by staff. People living at the service did not have access to a call bell. We saw evidence that wellbeing checks were completed during the night by staff. For example, one person had an observation hole in their door so their wellbeing could be checked by staff without disturbing them.

Relatives we spoke with told us that they were fully involved in their family member's care planning. Staff kept them informed of any changes in their family member's wellbeing.

The provider provided an on call rota; the on call service was for any concerns or situations where the service's manager or person in charge could call for advice, support or there was an emergency situation or an incident had occurred.

We reviewed the services complaints log. There was one complaint that had been referred to the local authority safeguarding section. The complaints process was on display at the service in the reception area. Relatives spoken with told us they would speak with the registered manager if they had any complaints or concerns. They told us they felt confident that the registered manager would listen and take appropriate action to address their concerns.

Is the service well-led?

Our findings

This service was last inspected on the 25 June 2015; we found the provider in breach of the following regulations: Regulation 11, Need for consent, Regulation 9, Person centred care, Regulation 12, Safe care and treatment, Regulation 18, Staffing and Regulation 17, Good governance. The registered provider was asked to send us a report saying what action they were going to take to achieve compliance. The registered provider sent us a report and told us all the action would be completed by the 30 November 2015. We carried out this inspection to check whether the registered provider had completed these actions, these actions had been embedded into service practice and sufficient improvements had been made.

Since the last inspection a new manager had been appointed at the service. At the time of the inspection they had been working at the service for just over a year. They had registered with the Care Quality Commission on 21 July 2016. The registered manager told us that since they had started working at the service, their aim had been to ensure the support provided was person led and people were treated with dignity and respect. We received positive comments about the registered manager from relatives and staff. The registered provider had also appointed a new regional manager to oversee the running of the service.

Although we saw some improvements had been made at the service, we saw that further improvements were required. We found some of the actions taken by the registered provider had not been embedded into service practice. We found the service in continued breach for the following regulations: Regulation 9 Person centred care, Regulation 11, Need for consent, Regulation 12, Safe care and treatment, Regulation 18, Staffing and Regulation 17, Good governance.

Staff had completed a range of checks at the service which included medication audits and care plan audits. We reviewed the registered provider's quality monitoring reports for August and September 2016. The checks completed covered a range of areas including: safeguarding, care plans and medication. Our findings during the inspection showed that some of the checks in place to assess, monitor and improve the quality of the service were still ineffective in practice. For example, the provider's audit processes had also failed to identify shortfalls relating to how medicines were managed at the service.

At the last inspection we saw that the records relating to people required improvement. At this inspection we found that sufficient improvements had not been made. We found some people's records held inaccurate information, included contradictory information and did not reflect people's current needs. This showed there was a risk that some people would not receive care and treatment that was appropriate and met their needs.

The provider had not ensured that staff training was monitored and appropriate action taken quickly when training requirements were not being met. The provider had not ensured that staff supervision was monitored and appropriate action was taken to ensure staff received appropriate support.

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

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008. The registered provider had improved the systems and processes to notify the CQC of any notifiable incidents since the last inspection as there had been an issue when CQC and the local safeguarding authority had not been notified of safeguarding concerns in a timely manner. The registered provider told us the notifications had been completed by the registered manager, but they had not been sent electronically.

Accidents and untoward occurrences were monitored by the registered manager and registered provider to ensure any trends were identified. This monitoring helped to assess, monitor and mitigate the risks relating to the health, safety and welfare of people living at the service.

The service held regular staff meetings. We saw that meetings had been held with the night staff, day staff and team leaders. At the September 2016 meeting, the provider's human resources manager and regional manager had attended. Regular staff meetings help services to improve the quality of support provided and to underline vision and values.

We saw evidence that the registered manager and regional manager had completed a number of out of hours monitoring visits to the service since June 2016. These checks helped to identify any concerns so appropriate action can be taken to improve the quality of support provided.

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 Service users were not protected against the risks of receiving care or treatment that was inappropriate or unsafe, because the planning and delivery of care did not meet people's needs and ensure the welfare and safety of service users.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not ensured that care and treatment was provided with the consent of the relevant person.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that care was provided in a safe way to service users.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that staff receive appropriate support and training to enable them to carry out the duties they are employed to perform.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Service users were not protected against the risks of inappropriate or unsafe care or treatment because the provider did not have effective systems to monitor the quality of the service provision.</p>

The enforcement action we took:

We issued a warning notice.