

Southfields Care Homes Limited

Southfields Care Homes - 111 Crescent Road

Inspection report

111 Crescent Road
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Date of inspection visit: 2 and 7 July 2015
Date of publication: 09/10/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 2 and 7 July 2015. The first day of the inspection was unannounced and the second day was announced.

Southfields Care Home is a large property providing accommodation over two floors. The provider delivers a service for three adults with learning disabilities, mental health needs and/or physical health needs.

The service did not have a registered manager. The previous registered manager had recently resigned and an acting manager had been in place at the service since May 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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 home is one of two homes that the provider has in the local area. The home had five support workers and a senior support worker. There had been changes to the senior management team with the registered manager for both homes and the locality manager leaving recently which meant the home did not have a qualified manager to ensure the service was meeting the fundamental standards. We carried out this inspection to assess whether people were receiving safe, effective, caring, responsive and well led care. We found breaches in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014.

Not all risks to people had been recognised and assessed. Action had not always been taken to keep people safe. We found risk assessments had not been reviewed and changed to make sure they were up to date and accurate. Staff knew how to recognise some of the different types of abuse and said they would report any concerns to the manager, they were unsure of how to report abuse to other agencies outside of the service. Staff did not have the knowledge to meet people's needs and deliver care in the way they needed them to.

Care plans and behaviour plans were not up to date and information was held in different places making it difficult to find. Despite the care plans being recently reviewed, information was not always accurate and did not reflect changes in people's needs. Staff were using conflicting and out of date information.

Medication practices were not always safe. People received their medication on time however medicines were kept in an unsafe manner. Arrangements for taking medication away from the home needed improvement. Medication stock control systems were not robust enough to prevent the possibility of medication being mis-managed.

Health action plans were not in place for two of the people who used the service. Health action plans hold information about the person's health needs, the professionals who support those needs and various

appointments. Because health action plans were not in place for everyone who used the service, this meant their overall health needs potentially were not identified or addressed.

The service was not well led and the staff lacked the direction and support they needed to meet people's needs and provide care safely. The Care Quality Commission has a statutory duty to monitor the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 (MCA). The aim is to make sure that people in care homes, hospitals and supported living who lack the capacity to make decisions for themselves are looked after in a way that does not inappropriately restrict their choices.

The provider did not follow the principles of the Mental Capacity Act 2005 to make sure that any decisions that were made for people lacking capacity were made in the person's best interests. Some DoLS applications were needed and had not been made. We were concerned that the process and paperwork had not been followed rather than any deprivation of liberty in operational practice. We have asked the provider to send us the statutory notifications regarding Deprivation of Liberty safeguards (DoLS) for people who use the service.

We saw that people's nutritional and hydration needs were met but were not always monitored effectively.

People were not always involved in assessments of their needs and the planning of their care. Care plans did not include information on what people could do well or what their personal goals were.

We saw that people were supported to make complaints. The complaints process was in a format people could understand and the service encouraged people to give feedback.

Relevant recruitment checks were made to make sure staff were suitable to work at the home.

We found a number of breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014 in relation to requirements relating to registered

Summary of findings

managers, person centred care, need for consent, safe care and treatment, good governance and staffing. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Risks to people were not always recognised and assessed. Failing to do so potentially place people at risk or harm or injury.

Fire procedures and equipment had not been checked. Plans were not in place to support people to leave the building safely in an emergency

Relevant recruitment checks were made to make sure staff were suitable to work at the home.

People's medicines were not managed safely.

Inadequate



Is the service effective?

The service was not always effective.

Staff did not get the supervision and training to meet people's needs.

Staff did not understand the requirements of the Mental Capacity Act 2005. This did not ensure people's rights were always protected.

People's health care needs were met. Referrals were made to the relevant professionals for extra support so that people's changing needs were addressed.

Requires improvement



Is the service caring?

The service was not always caring.

People were not always offered choices and supported to make decisions in a way they understood.

People were not supported to access advocacy services when they needed to in order to express their own wishes.

Care plans did not detail how people's care and support should be delivered safely.

Requires improvement



Is the service responsive?

The service was not always responsive.

People were not always involved in the planning of their care. This meant their wishes and preferences were not always considered.

People's needs were not always assessed, recorded and reviewed.

The service had their own 'service user friendly' complaints procedure in place which people were encouraged to use.

Requires improvement



Summary of findings

Is the service well-led?

The service was not always well led.

The provider did not assess risk and monitor the service effectively.

Staff did not have the direction or support they needed to deliver safe and effective care.

There was no registered manager in post.

Requires improvement



Southfields Care Homes - 111 Crescent Road

Detailed findings

Background to this inspection

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

This inspection took place on 2 and 7 July 2015 and was unannounced on the first day. The second day was announced.

The service was inspected by two adult social care inspectors. Prior to our inspections we ask providers for a Provider Information Return (PIR). 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. However we carried out this inspection on an unscheduled basis so we did not ask for a PIR.

Before the inspection we looked at all the information we held about the care people received along with information from the local authority and safeguarding team. We looked at previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about significant events which the provider is required to tell us about by law.

One person who used the service was not able to tell us about their experience of the service so we used observations throughout the inspection to find out about their care. We spoke with the acting manager, three members of staff including a senior support worker, two people who used the service, the locality manager and regional director.

People's relatives or visitors were not available to speak to us on the day so we contacted them by telephone during the inspection period. We spoke with local authority case managers, commissioning officers and the safeguarding team. We looked at records relating to two care staff, three care plans, medication records, staff rotas, training records, and policies and procedures.

Is the service safe?

Our findings

One person was not able to tell us if they felt safe so we spoke to staff and made observations of the accommodation and how they were treated during the day which showed that the person was not always safe. We asked another person, if they felt safe said, “not really because the front door doesn’t work”, they thought the lock was loose. The third person did say they felt safe. On our way out we tried to shut and lock the front door, it was very difficult and the acting manager agreed to inform the maintenance man immediately.

We spoke to one relative who told us that “The environment [person] is living in is safe for them” and “[person] wants a place of their own but wouldn’t be able to cope”.

Staff were able to tell us what some types of abuse were but were unclear of who to report abuse to outside of the service. The acting manager was clear about their responsibilities relating to safeguarding, reporting and investigations.

We saw that Greater Manchester Police was listed several times in the signing in book, because a handbag had gone missing in the home recently. We were told by a support worker that the police thought it was someone coming in from outside (not a resident).

The person living on the ground floor was vulnerable at night as there were no staff awake during the night and they could not ask for help. We noted that the person went to bed at 10pm and did not have any interventions or support from staff overnight until they were woken at 8am. This was a concern as this person had no means of alerting staff during the night if they needed them. We discussed with the acting manager, various options to mitigate the risk of someone entering the person’s bedroom, i.e. door sensor. The acting manager agreed to make a referral to occupational therapy for advice including assistive technology.

We saw the kitchen table was pushed against the kitchen door (a fire exit). Staff said this had been done for security reasons as the property is alongside the tramway and ‘lurkers’ (suspicious people) had been seen near the house.

The table was in front of the door to help prevent them coming into the house. This was a concern as it blocked a fire exit so people may not be able to leave the house if there was a fire.

One person who used the service told us that on more than one occasion they had come home after 10pm to find the front door locked and they had to walk around all night. They said that the staff could not hear them knocking because they were asleep. We asked the acting manager about this and she said she was aware that the person had returned after 10pm and could not gain access on at least one occasion. The service had provided the person with a key and telephone number however they had been lost. There was no risk assessment or guidelines in place to mitigate the risks of potential harm to the person if they could not gain access to the home. This placed people at risk of harm. The incidents had not been reported to the local safeguarding team to consider and investigate. Immediately following the inspection, we raised the above incident as a safeguarding with the Local Authority.

The provider failed to protect people from the risk of harm. This amounted to a breach of Regulation 12 (2) (a), (b) & (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service did not always understand risk and needed support from staff to understand risk taking. Staff did not have all the information and guidance they needed to manage people’s risks and to give the required support, because not all risks had been assessed.

One of the people who used the service told us they smoked in their bedroom. We discussed the issue of smoking in bedrooms with the acting manager, staff knew the person did it and had provided the ashtray to try and reduce risk, but there was no risk assessment in place. The acting manager was not aware that smoking was allowed in certain situations in care homes. The person’s room did have ventilation, a smoke detector and their door was self closing. The acting manager agreed to seek further guidance on smoking in care homes including risk assessments. However the absence of a current risk assessment meant the risk of fire was not managed and people in the home were potentially unsafe.

Directly outside the fire door of a downstairs bedroom was an area with numerous cigarette ends; we asked why people were allowed to smoke outside the person’s

Is the service safe?

bedroom as they were not able to complain if they did not like it. The acting manager did not know and said there was a smoking area on the other side of the house. On the second day of the inspection we saw the area had been cleaned up.

Emergency evacuation plans were not in place for each person and staff were unsure about how to safely support people to leave the building in an emergency. Staff gave different descriptions of the action they would take if there was a fire. We were told that the fire risk assessment was not held at the service so it would not have been made available to the fire service in an emergency. Although we did find the fire risk assessment later in the staff office. It had been completed in February 2015 but none of the actions had been implemented. We saw a fire extinguisher which had been checked in January 2015, we were told that they had all been done on that date.

We found all the above to be a breach of Regulation 12 (2) (d) & (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to make sure that risks had been assessed and managed to protect people from harm and ensure their safety.

We looked at three care plans and found that people were assessed for the amount of staff support they needed. During our inspection we saw there were staff available to meet the assessed needs of the people who used the service.

However the care records for one person who used the service had not been reviewed since 18 February 2015. We saw the provider's care planning policy which stated that care plans must be reviewed six monthly or when a person's needs changed. This showed us the care plan for this person was not up to date. The risks had not been reviewed which meant their personal care interventions were not safe. Immediately after the inspection the provider reviewed the care plans and sent copies to us for information.

We raised the issue with the acting manager of night time personal checks and skin condition for one person who uses the services. They told us they had recognised that there were issues and had made a referral to the continence team although we did not see any evidence of a referral.

We also discussed the safety of this person during the night with the acting manager for example, if the person needed

support with personal care needs or illness. We discussed various options to mitigate the risk with the acting manager. Immediately following the inspection, we raised our concerns as a safeguarding with the Local Authority.

We found that the provider had failed to make sure that risks had been assessed and managed to protect people from harm and ensure their safety. This amounted to a breach of Regulation 12 (2) (a), (b) & (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We had concerns about the cleanliness of the home and the implementation of the infection control policy. We saw the provider's infection control policy and guidelines dated 31 October 2014. The in house infection control policy and procedure was not being adhered to by staff. This meant that the risk of, prevention of, and detection of as well as controlling the spread of infection was not being implemented which placed people at risk.

We noticed a strong urine and faecal smell outside the bedroom of a person who used the service. When we inspected the room, we discovered the cleanliness of the room was poor and the risk of infection was very high with dried and fresh faecal matter found in several places.

We saw the freezer in the kitchen had a broken seal. On the second day of the inspection, a new fridge freezer was delivered whilst we were at the home. On the paved area, in the garden, we saw several black bags of rubbish, filled with mixed waste (including food), which had been ripped open by vermin and smelled offensive. The bins for waste were full, smelled very offensive and contained maggots. There were also two clear sacks which contained used incontinence pads stained with faecal material which increased the risk of infection. We discussed the findings with the acting manager said that they would make sure the room and garden were cleaned that day. The team meeting minutes of 19 June 2015 identified the issues with the bins and garden with an action to purchase new bins however no action had been taken by the provider.

We found that the provider had not made sure that people who used the service were protected from infection and that the premises used by the provider were safe. This was a breach of Regulation 12 (2) (a), (b) & (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service safe?

The downstairs room and garden area were cleaned before we left the premises and by the second day of the inspection we saw the outside area had been completely cleaned with the purchase of new bins. Immediately following the inspection, we raised our concerns as a safeguarding with the Local Authority.

We saw that cleaning products were locked away in a small room at the bottom of the stairs however the room did not have any signage to identify it contained COSHH products. We saw in the kitchen that the fridge temperature was recorded daily which meant that food was chilled at correct temperatures to prevent growth of bacteria.

We looked at the recruitment and selection processes for the service. We found the provider's recruitment and selection policies were followed when new staff were appointed. Staff completed an application form, gave a full employment history, and had a formal interview as part of the recruitment process. Written references from previous employers had been obtained and checks were made with the Disclosure and Barring Service (DBS) before employing any new member of staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Medicine was kept in a lockable metal cupboard in the manager's office. Medicine for two people was kept next to each other with no clear separation, so the medication could get mixed up. The acting manager informed us that they had ordered individual medicine cabinets for each person's room. The acting manager rang the pharmacy to chase this order while we were there.

People's medicines had been reviewed by their doctors and any changes to medicines had been documented. Signatures of staff who administered medicines were at the front of the medicines administration record (MAR) folder so responsibility for the administration of medicines could be monitored. However all three MARS sheets had the wrong address on them – the address related to the provider's other local home.

A person was prescribed 'as required' medication although we did not see a specific 'as required' protocol in place for the person. An 'as required' medicine protocol describes the circumstances when a person can take a certain

medication so that it can be administered safely and consistently. 'As required' medicine protocols are particularly useful for new or temporary staff who may not know the person well. We did see that every time the person requested and was given 'as required' medicine, it was recorded on the MAR sheet; looking at the record they requested it several times in a short period, staff responded to this by arranging an appointment with the Doctor for a review. This shows they were responsive to the person's needs. However we did not see any analysis of the reasons why the person had requested the 'as required' medication so often or guidance to staff of other non medical interventions they could use instead of 'as required' medication.

We saw that one person was given their medication when they left the home for days at a time. When they returned, the person said they had not taken their medication as prescribed by the Doctor. The support plan for the person states that they need help from staff to take their medication. The impact of the missed medication could be significant as the person needs to take regular doses to maintain their well being. The medication was not a controlled drug but could cause problems if taken incorrectly. By giving a person who needs help taking their medication tablets when they leave the premises without first considering the risks, the service had put that person at risk of either going without their medicine or taking too much. The provider had recorded the missing medication as an incident however no further action was taken.

We recommend that the service considers implementing best practice and guidelines from National Institute for Clinical Excellence (NICE) regarding safe management of medicines and medication off the premises.

We saw the last medicine audit was in April 2015, although the provider's policy states medicine audits are to be undertaken monthly. This was concerning as there was no robust system in place to ensure the stock control and management of medicines was safe. Immediately following the inspection, we raised our concerns as a safeguarding with the Local Authority.

We found there was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had failed to ensure the proper and safe management of medicines.

Is the service effective?

Our findings

One person was not able to tell us about the care they received so we spoke with staff involved in their care and made observations during our inspection.

We found not all staff had the skills and knowledge to support people, to help them to make choices or meet their needs in the way they preferred. Staff training had not been carried out to make sure staff had the skills they needed to provide care safely. Training records highlighted when some of the staff training was due but did not show if training had been organised. The training record showed that training in supporting people who had behaviours that challenge and may need physical intervention was an annual requirement for all staff. Not all staff had completed this training which meant that they were not up to date in least restrictive practice and positive behavioural support which protected people and enabled the staff to apply non challenging techniques.

The acting manager told us that staff should receive six weekly supervision by senior support staff or a manager as well an annual appraisal. Supervisions were scheduled ahead and we were told by one member of staff that they had supervision recently. We saw the set format for the supervisions. Staff told us they had not previously received regular supervision and that they had not felt supported by the provider to deliver appropriate care to people. The appointment of the new senior care worker and the acting manager had enabled regular supervisions to take place. We were told that staff were given a copy of their signed supervisions. One member of staff said “[person – registered manager] did not come down much” which meant staff were not supervised correctly.

The provider had failed to make sure staff received appropriate training, professional development and supervision to ensure care was delivered safely and effectively. This amounted to a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager and staff told us that restraint was not used at the service. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS), which applies to care homes. These safeguards protect the rights of people using services by making sure any restrictions to their freedom and liberty

have been authorised by the local authority. Some people were under constant supervision and had no DoLS authorisations in place. Staff did not fully understand the requirements of the Mental Capacity Act 2005 (MCA). The staff were not clear who could make decisions on behalf of people. Not all the staff had attended training in mental capacity and consent.

This was a breach of Regulation 11 (1) & (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have suitable arrangements in place for people to consent to their care or follow legal requirements when people could not give their consent. Immediately following the inspection, we raised our concerns as a safeguarding with the Local Authority.

Health action plans were not in place for two of the people who used the service. Health action plans hold information about the person’s health needs, the professionals who support those needs and various appointments. A health action plan is based on a full health check including medication, dentistry, eye care, speech therapy, occupational therapy and/or physiotherapy. The plan is developed, acted upon and kept under review. Because health action plans were not in place for everyone who used the service, this meant their overall health needs potentially were not identified or addressed. One person had been supported to attend appointments with their GP when they needed to and had regular checks with the dentist. Care records did not make clear how to recognise if a person became unwell or how they indicated that they were in pain.

People had access to the kitchen and were supported to make drinks, meals and snacks at regular intervals during the day. If people did not want a meal they were offered something else. One person who used the service told us they “liked the food” and “can have visitors at any time they want” – they told us that their relative came to see them regularly.

We saw that the home was not monitoring people’s weight or supporting them to have a balanced diet. We found no records of any of the people being weighed since they came into the home in December 2014 despite care plans identifying that one person had issues with their weight in the past. This meant that the service were unable to monitor the people’s weight and take appropriate action if weight loss occurred. Overall, this meant people were not experiencing safe, appropriate, effective care and support.

Is the service effective?

This amounted to a breach of Regulation 12 (1) & (2), (a) & (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We looked at the care records for the people who used the service. Consent forms, care plans and risk assessments were in place for a range of support activities including sharing information, development of domestic skills, administration of medicines, finances and budgeting. However only one of these documents had been signed by the person who used the service and another person who used the service had refused to sign. We saw care plans were reviewed on a monthly basis but again these did not show any evidence of consent from the person who used the service. Overall,

the provider may wish to consider the process for documenting when a person's consent is given in the daily records or likewise how to recognise when a person who has capacity, withdraws their consent.

We saw rotas were in place to ensure that sufficient number of staff were on site at all times. The acting manager told us they were fully staffed at the time of our inspection but had one member of staff off sick. This was being covered by a member of staff from the providers other care home nearby. This meant the provider could respond to any unexpected changes including sickness, vacancies, absences and emergencies.

Is the service caring?

Our findings

One person was not able to tell us if the staff were caring about their needs. During our inspection, we made observations which showed that although staff did respond to the person's needs it was not always in a timely manner. We observed one person was in the lounge on their own for twenty minutes. They were in front of a television which was on. They had no means of changing the channel or expressing their disapproval at the choice of programme until staff went to them. They started to make noises and slap their leg which the care plan stated was a means of the person communicating discomfort. We saw one member of staff go in, kneel down in front of the person and engaged with them by reassuring them and holding their hand. The person was seen to reach out and pulled the member of staff's hand to their face in a gentle manner. We saw the member of staff place a fleece blanket round the person, up to the person's face and the person smiled when this was done. The member of staff spoke to the person in a gentle caring manner. We saw the staff treated people with respect.

One person told us that the staff were "mostly alright" "mainly the same" and that they had "no problems with staff". Another person told us that the best thing about living at the home was "the staff, they help me". Both people told us that the staff sit and talk to them. One relative told us that when they visit the home "the staff try to tell me things".

The service did not actively involve people living there in making decisions about what happened in their home. Although staff told us that advocates had been used in the past, no new referrals had been made to help people to

share their views. This was particularly important for the person who did not have verbal communication. The acting manager was not sure if any of the people had an advocate or whether they had been assessed under the Mental Capacity Act 2005 but said they would look into it as a priority after the inspection which they did. The acting manager informed us of the actions they had taken.

People's privacy was maintained. Personal, confidential information about people and their care and health needs was kept securely. Staff wrote notes in people's care plans in the dining room or office and plans were put away when they had been completed. Care was given discretely and staff respected people's privacy.

Most staff knew the people they were caring for well and were aware of their personal histories. We observed that people responded positively to staff most of the time. We observed staff and a person engaging in banter with each other, smiling and laughing. Staff were positive about people's daily achievements. We heard one member of staff talk to a person about their job in an encouraging way.

We saw in one care plan that staff had discussed with the person who uses the service about what they would like to happen in the event of their death. The care plan recorded the person did not want to answer any questions. People with learning disabilities face particular barriers if they come to need end of life and support. National Council for Palliative Care – Dying Matters suggests providers speak with people as early as possible and have ongoing discussions about any end of life care and death. This showed us that the provider had addressed any possible wishes of the person regarding any end of life care and their death.

Is the service responsive?

Our findings

One person who used the services wanted to be independent, “would like their own flat” and often stayed out overnight. The acting manager had liaised with the case manager from the Local Authority to conduct assessments for the person as to whether they can have their own flat and how the service can enable and support the person to achieve their goals. This showed us the service had listened and responded to the person wishes.

One person was not able to tell us if the staff were responsive to their needs. Our observations showed that although staff did respond to the persons needs, it was not always in a timely manner. This person did not receive any care interventions between 10pm and 8am. This meant if they needed any personal care support or were in pain, the earliest help they could get was 8am the next morning.

Staff who were trying to follow the care and behaviour support plans were unable to maintain consistency due to interpreting what they needed to do and how they needed to do it, in different ways. There were no risk assessments or behaviour plans to guide staff on managing behaviours that may challenge whilst accompanying people who used the service out in the community. There were no further guidelines to tell staff which emotions the person was displaying. There was, therefore, a risk that staff could misinterpret the person’s behaviour and prevent the person from expressing themselves.

We saw that no referral had been made to occupational therapy for equipment to support a person with complex needs who used the service and the care plan did not contain details about their medical condition. The care and support plan for continence did not mention skin condition or prevention of pressure ulcers. We could not confirm that one person who used the service had seen a dentist, optician, audiologist or chiropodist since coming to the home as the records showed the dates for the health appointments as unknown. However we did see a referral made to occupational therapy for another person who uses the service. This showed us the service was inconsistent in its responsiveness to the people the service supports. This was a breach of Regulation 12 (2) (a), (d), (e) & (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw one care plan which was very detailed about the person’s likes and dislikes, food preferences, activities, however there was no communication passport or support plan for communication. A communication passport is a way of supporting a vulnerable person with communication difficulties. It pulls together complex information about the person and presents it in a clear, easy to follow format. We saw a review meeting document for one person which included dates of GP appointments, finances, medication, communication, and aims for the next six months. There were agreed outcomes by professionals, staff and the person who attended the review however these were not signed and dated with no follow up action plan.

Care plans included lists of activities. There was nothing to say which parts of activities people could do and how long they could do them for. Staff did not have all of the information they needed to support people to engage in activities in a meaningful way. Staff did not know how to engage people in an activity at an appropriate level or in the way they needed them too. One person told us that they were “bored”. A relative stated their relative could benefit from more activities. We saw that the service did engage in some activities with the person and had raised the issue of funding for activities with the commissioner. This showed us that the service was responsive to the need of the person.

One person had been involved in assessments of their needs. Each person had a care plan but the way people were involved in developing and reviewing care plans was limited. Some information about meeting people’s needs was not included in their care plans.

The service had reviewed care plans in March 2015 but they had not been reviewed since then. The provider’s policy states care plans should be reviewed monthly or when a change is identified. The review form was not fully completed. Because they had not been reviewed, they had not identified changes in people’s needs, so care plans were not up to date in line with the monthly reviews of care plans.

Care plans did include likes and dislikes but did not include any guidance on what people were good at or what personal goals they had achieved. Records lacked detail on how people liked their personal care delivered such as, how long they liked to stay in the bath or in what order they preferred to be supported with personal care. Records

Is the service responsive?

showed that one person often refused personal care. There was guidance on what approach should be used in this circumstance however it was not written in a person centred manner. The service is a service for adults with learning disabilities, mental health needs and/or physical health needs. There is NICE guidance available on what person centred care looks like. The provider did not make sure that people's needs were met in the way they preferred or that they were involved consistently in the planning of their care. This was a breach of Regulation 9, (1) (a), (b) & (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person who used the service told us that he felt free to come and go when he wanted, to eat and sleep when he wanted to, however he was "bored" because "there wasn't much to do". The person who uses the service was very pleased with their room, they told us "it's very spacious and I have a double bed".

Another person told us that staff help them manage their cigarettes. They told us the staff gave them a lighter to use and their cigarettes were kept in the safe. They also told us that their money was kept in the office and that they could smoke outside when they wanted to. This was also confirmed by the acting manager who told us the service supported the person with their cigarettes including use of electronic cigarettes for health reasons however we did not see any smoking risk assessment.

One person had asked staff to help find them a job. They told us that staff had helped them get their job tidying up after lunch at the providers other local care home every day and that they really enjoyed the work. The service paid the person therapeutic earnings for this role, which meant the person had more money to spend on what they liked. Another person who used the service also visited the providers other care home nearby most days for lunch and enjoyed mixing with other people there. The acting

manager said that both people had developed friendships with the residents of the other local home. These are good examples of how the service listened to people and provided opportunities for the people who used the service to socialise and develop.

The acting manager told us each person had a keyworker assigned to them recently who would be reviewing the care and support plans however any required updates are done in collaboration with the acting manager.

We saw in another person's care plan that they had been offered lots of different activities but they refused. We saw this was recorded in their notes. The acting manager had contacted groups they could join however the person was not interested. Daily reports showed that outside activities consisted of going shopping or going to the providers other local home. There was no information on what resources people could access locally.

People were supported to make a complaint or raise a concern if they wanted to. One person told us they would "talk to staff" and a relative told us they would "talk to staff" in the first instance but "would take it higher" if they were not satisfied. Staff did recognise when people were not happy about something. Complaints records showed they had been investigated and managed appropriately. A policy and guidance for staff on how to manage complaints was in place. The records showed the service had not received a complaint in the past 12 months.

An easy read copy of the complaints procedure was displayed in the hallway which meant the complaints process was available to people and was well-publicised. Easy read is designed for people with learning disabilities and it uses simple language, shorter sentences, symbols and pictures to get any messages across to the person.

People who used the service were encouraged to use complaint forms and were supported to complete them.

Is the service well-led?

Our findings

Changes had been made following our last inspection to the senior management team. A member of staff told us “There’s been lots of changes, new management” and “The previous manager left a few weeks ago, [person] is the acting manager, she [previous registered manager] didn’t come down much”

There had been no registered manager at the service since May 2015. 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. This was a breach of the provider’s conditions of registration. The provider had not notified the Care Quality Commission of the absence of the registered manager or told us what arrangements they had put in place for the management of the service. This is a breach of Regulation 7 (1) & (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as providers are required to have a registered manager in post where they undertake regulated activities.

Our observations showed that the service had not been well led. We saw that some internal audits had been completed in staff training, infection control, consent, registered manager role, safeguarding, medicines, paperwork and documentation, quality monitoring and complaints. An audit by the provider had taken place on 2 June 2015 which rated the home in several areas as red or amber, which meant that actions were required and the red ones were urgent. When issues were identified action was not taken to address them. The acting manager told us the provider had advised that meetings should be held with people who used the service to gain feedback on what was good and what could be improved. We found people who used the service had not been consistently asked for their views, irregular meetings were held for people and no feedback was sought from their relatives. One relative told us that they “had not been asked to attend meetings, would go if I could”.

We found that even though the service had gone through many changes, the provider had not used questionnaires or surveys to get feedback on the quality of service since

the changes had occurred. The acting manager told us she was not aware of a survey for relatives. We did not see evidence of different ways of asking people about the service.

There was no action plan on what needed to improve and how people who used the service would be involved in developing the service. The provider sent us a several action plans after the inspection detailing the actions they had taken since the inspection to address issues raised.

Staff told us they were not aware of the vision and values of the organisation. We saw the team meeting minutes of 19 June 2015 did refer to professional conduct and teamwork, encouraging all staff to lead by example and informing all staff that they have a responsibility to support the team.

Staff told us that they have just started having regular team meetings. The schedule of team meeting dates showed that staff meetings would be held on a six weekly basis and this was confirmed by the acting manager. We saw team meeting minutes dated 19 June 2015 which informed the staff that the registered manager had left and an acting manager had been appointed. This showed us that all the staff were aware of the changes within the home.

Spoken discussion handovers were held between shifts, however the potential for information to be missed or forgotten was a risk. The team minutes of 19 June 2015 stated a new system of electronically recording handovers was introduced. Staff also used a communication book to make sure communication was up to date and available for all staff to see.

Staff did not have up to date information and guidance on how to provide safe care and meet people’s needs consistently. Recent reviews of care plans had not identified shortfalls in risk assessments and the inconsistencies in the management of behaviours. Out of date information had not been removed so care plans had conflicting information about how staff should meet people’s needs.

The acting manager was on duty on a daily basis however they were based in the providers other care home and did not visit this service regularly. Staff told us that the acting manager was approachable. The acting manager said they felt supported by the provider. They told us they were being

Is the service well-led?

supervised and monitored by the provider senior management team until a registered manager was recruited. They told us when they had asked for support it had been provided.

We saw the acting manager was confident on how to direct staff and provide them with support to meet people's needs safely. They said they had been supported to develop their knowledge to an appropriate standard and been shown all the processes and protocols required to manage the service.

We asked the acting manager where they could go for any advice and support they needed, they replied, "CQC website, their manager, different departments within the organisation, for example, QA manager, regional manager".

The provider's quality assurance system was not effectively implemented. The acting manager told us that the provider's representative used to complete monthly visits to check and report on the service but that they had not been completed for some months due to staff changes and vacancies. This meant that concerns and issues raised regarding the safety of the service had not been followed up promptly or successfully.

Information from accident/incident records had not been analysed for trends and therefore not used as a tool to improve the service people received.

There was no clear method in place to assess night staffing levels against people's assessed needs and no system for the manager to review staff training to ensure that staff were adequately skilled to keep people safe.

We found breaches regarding good governance of the service to make sure it is operating effectively which is Regulation 17 (1), (2) & (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the acting manager encouraged an open culture in the service and actively supported staff and people using the service. Team meetings gave staff the opportunity to talk through any issues, learn about best practice and to encourage teamwork. A communication book had been implemented to ensure effective sharing of information. Some improvements to the service such as the refurbishment of the home including people's bedrooms were noted.

Staff understood the management structure and knew how and with whom to raise concerns should they need to do so.

The locality manager and regional manager told us on the second day of inspection that there had been "great changes in management structure" and they were "taking the issues very seriously". The regional manager told us that they 'will be putting in resources' The regional director informed us that they had authorised the area manager from Wales to come to the home for a week to start the improvements immediately after the inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 7 HSCA (RA) Regulations 2014 Requirements relating to registered managers

Providers are required to have a registered manager in post where they undertake regulated activities. There was no registered manager in post.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The provider did not make sure that people's needs were met in the way they preferred or that they were involved consistently in the planning of their care.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The provider did not have suitable arrangements in place for people to consent to their care or follow legal requirements when people could not give their consent.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have systems and processes in place to ensure good governance of the service and that it was operating effectively.

Regulated activity

Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider had failed to make sure staff received appropriate training, professional development and supervision to ensure care was delivered safely and effectively.

This section is primarily information for the provider

Enforcement actions

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

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>Safe care and support was not in place, risks to service users were not adequately assessed, actions were not taken to mitigate risk, medicines were not managed safely and adequate measures were not taken to assess and mitigate risks from the spread of infections.</p> <p>Regulation 12 (2)</p>

The enforcement action we took:

We issued the provider with a warning notice that they failed to comply with the Health and Social Care Act 2008 Regulation 12 (1) & (2) (a)-(i) Safe care and treatment.

The provider is required to become compliant with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 above by 2 November 2015