

Priory Education Services Limited

Priory Rookery Hove

Inspection report

22-24 Sackville Gardens
Hove
East Sussex
BN3 4GH
Tel: 01273 202520
Website: www.priorygroup.com

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Inadequate



Is the service well-led?

Inadequate



Overall summary

The inspection of the Priory Rookery Hove took place on 11 December 2014. It was unannounced. The last inspection took place on 21 February 2014. No concerns were raised at that inspection.

The Priory Rookery Hove provides accommodation for up to 13 young adults, between the ages of 18 and 35, who are living with Asperger's Syndrome and associated disorders. Typically people will stay in the service for a 3 to 5 year programme. The aim is to further develop their life skills to gain independence and integration into their community. Where relevant people are supported to

attend college. The support people needed varied depending on their current needs. Most people did not need support with personal care but they did need support with areas such as time-keeping, communicating with other people and understanding the effect of how they were and what they were doing on others. There were 13 people living in the service at the time of our inspection.

The Priory Rookery Hove was a large town house, situated in a residential street in Hove. Rooms were

Summary of findings

provided over three floors with communal rooms on the ground floor. There was an enclosed garden to the rear of the building. Each person had their own room, which they could personalise if they wished.

The provider runs and manages a wide range of services for people, including hospitals as well as rehabilitation services and longer stay facilities. They generally specialise in providing services to people who have mental health conditions or who are living with a learning disability.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Some people said they did not always feel safe, particularly where other people could show signs of aggression. Staff reported they did not document all such incidents. Management was not assessing the extent and type of such incidents to ensure people's safety.

The provider's policies on infection control had not been followed in all cases. This was particularly in relation to a recent outbreak of an infectious disease. The service was not ensuring risks relating to infections were reduced for people.

The service did not ensure all staff were able to effectively support people. Records relating to induction of new staff did not follow the provider's policies. Some newer staff we spoke with were unclear about certain aspects of their initial training. Some staff were not up-to-date with the provider's on-going training programme, for example in areas such as managing aggression. Some staff were not receiving regular supervision.

People were not actively involved in drawing up their own care plans. This was contrary to the provider's policies. Some care plans did not reflect what people told us, we observed or staff reported. This meant care provided to people was not evaluated and changed to effectively

support them. People were involved in plans about their day to day lives. You can see what action we told the provider to take at the back of the full version of the report.

Issues had been raised with both us and the provider about management of the home. The manager had not informed us of applications under the Deprivation of Liberty Safeguards (DoLS), as they need to do under our regulations. They had also not ensured all relevant records were made, or kept up to date. The provider was taking action to improve the situation, using a range of measures, including meetings with staff to hear their opinions.

People and staff raised issues relating to staffing levels for some shifts. On the day we inspected people said there were enough staff on duty. The provider had also taken action to ensure enough staff were recruited. New staff would be in post shortly, following completion of necessary checks. Prospective staff had full recruitment checks carried out before they came in post, to ensure they were suitable to work with the people at the service.

People were given their medicines in a safe way. Medicines were securely stored and full records were maintained of medicines received into the home, given to people and disposed of from the home.

People were provided with a wide range of choices at mealtimes, including vegetarian options. As part of their programmes, people were supported in developing cooking skills and following principles of healthy eating.

People told us where they needed support from external healthcare professionals, this was readily available. Full records were maintained of healthcare matters for people.

Staff treated people with respect. There was a relaxed atmosphere in the house. A person told us "They know how to work with people." People said they felt the service had established a good balance between their individual needs and those of other people living there.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. 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 Priory Rookery Hove was not consistently safe. Policies for prevention of spread of infection were not being carried out effectively. Reports of incidents involving people using the service were not always completed. Where they were, incident reports were not analysed to identify factors to reduce risk

Issues relating to staff vacancies had been identified by the provider. Action was being taken to improve the situation.

There were effective systems for staff recruitment. These ensured as far as possible only staff who were safe to work with the client group were employed. There were clear procedures for the safe administration of medicines. The provider had systems to ensure the premises was safe and risks assessed.

Requires Improvement



Is the service effective?

The Priory Rookery Hove was not effective. The induction policies for newly employed staff were not being consistently followed. Current training audits identified deficits in training in key areas. Some staff were not supervised in their role.

Where a person may lack capacity to make decisions for themselves, their assessments did not take a range of relevant factors into account.

People were offered a wide range of healthy choices for meals. They were supported in developing their own cooking skills as part of their development of independent living skills. People received support in relation to their healthcare and full records were maintained.

Requires Improvement



Is the service caring?

The Priory Rookery Hove was caring. There was an easy, relaxed atmosphere between staff and people.

People locked their own rooms and kept their key with them. They could personalise their rooms if they chose. Staff supported people in developing independent living skills. Staff respected people's privacy and made sure their personal matters were treated confidentially.

Good



Is the service responsive?

The Priory, Rookery Hove was not responsive. People were not involved in drawing up their own care plans. Care plans were not personalised and many used generic wording. Some care plans were not accurate, or reviewed when people's needs changed.

People were involved in plans for their day-to-day lives. They could take part in residents' meetings. They said they knew how to raise complaints and felt confident actions would be taken should they need to do so.

Inadequate



Summary of findings

Is the service well-led?

The Priory, Rookery Hove was not consistently well-led. There were a range of procedures to support the running of the house, but records were not maintained to show they were being followed by staff. Audits took place but action plans were not drawn up for all matters identified.

The manager had not notified us, as they are required to do, of applications for people for people to be deprived of their liberty under Deprivation of Liberty Safeguards (DoLS).

The provider had identified and taken action to address some areas relating to leadership of the service. Staff felt there would be improvements during the next year, following these actions.

Inadequate



Priory Rookery Hove

Detailed findings

Background to this inspection

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

This inspection was carried out by two inspectors, took place on 11 December 2014 and was unannounced.

We looked at the service's file, including reviewing the previous inspection and notifications made to us by the service. A notification is information about important events which the service is required to send us by law. We also contacted the Local Authority commissioners to seek information from them about the service.

During the inspection, we talked with five people, we observed staff interactions with other people across the house. We observed a lunchtime meal and a person being supported to take some medicine. We talked with the registered manager, deputy manager, five care workers, the chef and the administrator. We reviewed the care records of four of the people we talked with in detail. We also looked at the duty rosters, four staff recruitment files, induction records, training records, supervision records, incident records, quality audits and policies and procedures.

Following the inspection, the service sent us a range of further information about the service, including their statement of purpose and information about applications to the local authority under the deprivation of liberty safeguards (DoLS).

Is the service safe?

Our findings

Before the inspection, we received information of concern about safety for people and staff where people showed aggression. We asked people if they felt safe. We received a range of comments. One person told us they did not always feel safe because “Not all staff are open minded to my problems” and another “Some staff need to be more professional and not judge.” This person qualified their comment by saying “Things have improved since the deputy manager took over.” Another person made a similar comment, saying they had felt safer more recently. They said this was because one person no longer lived at the service. People said these had been times when they had not felt safe in the service because of other people there.

Staff told us there had been issues in the recent past relating to certain people’s aggressive behaviours. They reported as well as aggression towards people and staff, there were also occasions when people raised their voice, made threats of self-harm and made unpleasant personal comments to staff. They said these issues had not been managed in a way to support people so they felt safe.

We looked at incident reports from July 2014. The service’s policy was that to safeguard people, all incidents of concern needed to be documented. Some of the staff thought only more serious incidents needed to be reported and gave us examples of incidents where they would not make a report. As management was not aware of the extent of incidents which people and staff reported had taken place, they had not developed appropriate interventions to safeguard people.

Due to the above issues, there is a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We had received information before the inspection about the management of risk of infection. This was particularly in relation to an outbreak of Norovirus during October 2014. People and staff recalled the outbreak. Some of the people felt the outbreak had been managed well, others were simply relieved they had not caught it. Some of the staff we spoke with reported the service had been slow to respond to the outbreak.

Incident records had been completed when people were affected by the virus. The actions documented for each person was generic, such as “make sure staff and residents continue to maintain a high level of usual hygiene,” with no further information on how the person had felt or how to reduce the risk of transferring the infection to others.

The service’s infection control policy stated in the event of a gastrointestinal outbreak control measures were “vitally important.” Among other matters, this included the clothing and bedding of people affected being separated and laundered on a hot wash. The service had one washing machine. Staff told us people’s laundry had not been separated. People’s records also did not document their laundry had been separated. As affected people’s laundry was not separated, there was a risk of cross infection to people during the outbreak.

We saw a number of communally used areas in the home which were not clean, some were dusty and some had damaged surfaces. Where surfaces were not intact effective cleansing of the surface cannot take place.

Micro-organisms can live in unclean areas and dust. As these areas were used communally, there was a risk of cross infection. This included a communally used shower which had stained tiles and stained grout between the tiles. A communally used toilet which had staining on one wall and to the hand wash basin. The laundry which was also used by people for their personal laundry was dusty and had some cracked and unclean tiles. When we inspected a person’s soiled bed linen, had not been laundered separately. The last internal audit of infection control took place on 22 July 2014. It had also identified a range of issues, including unclean and dusty surfaces and fixtures and fittings.

Due to the above issues, there is a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We had been told before the inspection that some staff were working long hours due to staff shortages. People reported there had been difficulties with staffing some shifts and they felt some staff became tired. Because they were working long shifts they did not always get the support they needed. We looked at the staff rosters and saw one member of staff had worked a 12 hour day the day before our inspection. They told us they had worked long

Is the service safe?

hours on other occasions recently. A member of staff reported there were vacancies because staff had left. This meant the service was using higher levels of temporary staff who were unfamiliar with people and who needed additional support because of this. Also staff felt tired because of the long hours worked and they were concerned they might miss matters of importance to people. However, there was clear evidence that recruitment was underway and staff had been appointed to vacant posts. The service was awaiting completion of necessary recruitment checks such as references before they came into post. Staff were working long hours but staffing levels were safe because there were enough suitably qualified staff on duty. Active steps were being taken to recruit further suitably qualified staff so the hours worked by staff would be reduced as new staff came in post.

We met with a newly employed member of staff and reviewed their recruitment records. The person had had all relevant background checks completed, including a full employment history, proof of identity and Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care

and support services. We looked at three other recruitment files. They showed consistent standards in recruitment practice to ensure staff who could present a risk to people were not employed.

All medicines were securely stored in a designated area. There were procedures to ensure medicines administration was safe, and the member of staff administering medication could concentrate on that role. All medicines administration records (MARs) were completed at the time of administration. Pharmacy audits were carried out annually to ensure all staff were consistently administering medicines in a safe way.

The people living in the home were younger adults, all of whom were working towards living independently in the community. The provider had established systems to ensure the premises was safe for younger adults and risks to people and others regularly assessed. Risk assessments took into account areas such as fire safety in a three story building. This including risk assessments where people might choose to smoke, and safe disposal of cigarettes ends.

Is the service effective?

Our findings

One person reported the service was not consistently effective in promoting people's diversity. This was not echoed by other people, who said they felt the service was effective in providing them with a structure to their life, so they could develop their independent living skills. One person told us they were being supported in developing cooking skills. Another person described how they were supported with developing their interests in music.

We met with some members of staff who had been employed during the past year. Some of them reported they did not feel their induction had fully prepared them for their role. Others felt they had not yet been in post long enough to report on their views about the induction.

All of the service's induction records were signed and dated across each page, not completed for each individual topic. All dates on the induction were completed with the same date. This included sections of the induction record which stated they were to be included within one week and one month of employment. There were a wide range of areas in the home's induction. If they were all covered in one day, staff would be at risk of not having relevant matters fully embedded to ensure they provided effective care when working with people.

We asked staff about different areas included in the induction. Staff showed a lack of awareness in certain areas. For example two members of staff reported they felt they had not been trained in Deprivation of Liberty Safeguards (DoLS) during their induction. These members of staff were not fully aware of their individual responsibilities in relation to DoLS. As people lived in the home who had needed DoLS referrals to safeguard them, the induction systems had not ensured new staff were fully aware of their responsibilities in this area.

The service had a staff training programme which related to both key areas, such as fire safety, and specific areas for the service, such as managing violence and aggression. The training audits showed 11% staff had late or expired training. We asked staff about training. Some staff reported they felt they had not been properly prepared to support people who self-harmed or showed aggression towards others. Incident records showed people had tried to harm themselves and there had also been incidents of aggression by people. There was limited evidence of staff

training in diversity. As training was not up-to-date and staff felt they were not properly prepared to support people in such areas, there was a risk people might not receive the support they needed.

One person told us staff were inconsistent in supporting them. They felt relevant staff did not always intervene and take appropriate action when this happened. We asked staff about how they were supervised when supporting people. Responses varied, with some staff, particularly bank staff feeling they did not receive supervision. They said they felt if they had received supervision it would support them in providing effective care. One of these members of staff told us they would have particularly liked to have had supervision so they would know at the time an incident occurred about how to support people appropriately. Other staff reported they did receive regular supervision. We looked at supervision records for six of the bank staff. None of them had received supervision since June 2014. The lack of supervision for certain staff meant there was a risk people were not supported in the way they needed.

Due to the above, this is a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us, some people had varying levels of capacity and needed support with certain areas of decision making. This depended on how they were at the time, or what they were doing. One person's file indicated this was the case for them, particularly with making choices outside the service. Capacity assessments were basic with no consideration about the person's levels of capacity according to their individual circumstances. All assessments were documented as being completed on the same date, by the manager. People and other relevant supporters, including social workers or advocates were not involved. The lack of involvement of people or relevant supporters meant capacity assessments did not relate to people's changing circumstances or day to day lives.

Due to the above, this is a breach of Regulation 18 Health and Social Care Act 2008 (Registration) Regulations 2010 which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014..

Is the service effective?

We observed a member of staff discussing appropriate behaviour with two people. This was to ensure they understood what was acceptable. The deputy manager confirmed restraint was used only infrequently and only as a last resort. We looked at incident records in relation to the use of restraint. We saw three records relating to use of restraint since August 2014. The records showed the reasons for the need for use of restraint. They showed the restraint used was the minimum needed to ensure the safety of the person, people and staff. The deputy manager and a senior care worker showed an understanding of their responsibilities under the deprivation of liberties safeguards (DoLS), should this need to be considered to safeguard a person. None of the people were subject to a DoLS when we inspected.

People said they were involved in menu planning so chose what they ate. Four meal options were offered a day, including vegetarian options. Alternatives were readily available. People were positive about the quality and

quantity of the meals. People were supported in developing cooking skills. Two people prepared their own food as part of preparation for independent living. Staff described how they would monitor healthy eating and observe if people were gaining or losing weight. They told us they discussed healthy eating options with people and support them in eating healthily.

People told us their health was good and they did not currently need support from external health care professionals. They said they were sure they would be supported by the service if they needed external healthcare support. Staff told us about a person who had needs relating to their continence. Their records showed the person had been referred to a range of professionals, including a continence nurse, to support them. Staff told us one person could experience seizures. They reported they had been fully trained in actions to take in the event of the person having a seizure.

Is the service caring?

Our findings

People spoke positively about the caring nature of staff. Two of the people told us the staff were good to them. Another person was positive about how caring staff were, saying “They know how to work with people.”

Staff treated people with respect and friendliness. There was an easy, relaxed atmosphere between staff and people. Staff consulted people and gave them choice. For example a member of staff asked a person if they wanted to be involved in a group therapy, they respected the person’s choice when they indicated they would join it later.

People wore the clothes they preferred and did their own laundry, with support from staff if they needed it. They said they liked the way the service gave them independence in doing this.

Some of the people showed us their rooms. People had their own key to their room, which they kept with them. People told us they liked being able to personalise their own room. All the rooms we saw were very individual, reflecting the person’s likes and interests. Some were tidy, others less so, depending on what the person preferred. One person told us they appreciated being able to have their room the way they wanted it, so they knew where things were. They liked the way staff did not “Interfere” with how they liked their room to be. We observed staff politely asked people’s permission to go into their rooms.

Staff demonstrated they knew people’s needs. Each person was allocated a care worker whose role it was to support them. One person told us they felt this was important for them as they had someone they could go to who would care about them as a person, and who knew about how they were “Getting on”.

Staff were responsive to people’s moods. Throughout the day they provided comfort and information as needed. For example a member of staff was discussing music with one person. The person had already told us music was important to them and they appreciated staff respecting

their interest. On another occasion a person was asked if they wanted to be included in a particular activity. The person indicated they did not want to. The member of staff was polite to them and said they would come back later in case they had changed their mind. There were a few occasions when a person sounded irritated, raising their voice. When this happened, staff reacted promptly to support the person, but they also made sure other people in the area felt comfortable and knew they were available to support them as well.

One person told us about the difficulty in living in a house with other people, as this meant there had to be a balance between their own independence and what other people wanted. They said they felt the home was able to provide this for them. They gave the example of the computer room, as at times access to the computers could be restricted because too many people wanted to use them. They said they felt this was shared out by staff so there weren’t difficulties caused between people by computer availability. A different person told us they had their own bus pass and could go out when they chose.

Some people said they wanted involvement with their families and others didn’t. Some people went home for periods of time regularly, others said their families visited them. Some people reported they chose not to have much involvement with their family and the home respected this. One person told us about friends they had outside the service and how they were supported in meeting up with them.

Staff were careful to respect people’s confidentiality. For example we were talking with a member of staff when a person came into the room and wanted to discuss how they felt about a different person. This included making personal comments about the person and what they were doing in their life. The member of staff was very tactful, but also clear they could not discuss a different person with them. They successfully diverted the person into talking about different matters. All people’s records were safely stored in a way which ensure they remained confidential.

Is the service responsive?

Our findings

People said they were admitted to the service to prepare them for an independent life. They said length of stay could vary, depending on what they needed. One person told us they had lived in the house for over five years, they were not sure of what their future plans were. Another person told us they had lived there for three years and were hoping to move on, but they did not know when this would be yet.

People all had care plans and risk assessments. The care plans did not document future goals for the person which they needed to meet, to proceed through an independent living skills programme. People told us they were not involved in drawing up their care plans. One person said they would like to know what their over-all plan for their future was. All of the care plan risk assessments included a standard sentence such as the person “did not take part in this care plan due to potential perception, sensitivity and anxiety issues which could lead to challenging behaviours.” The manager reported they drew up care plans, using information from people’s main care worker’s reviews and revised as relevant. They confirmed they did not involve the person or their relative, if they should wish, from contributing to their care plan. The way care plans were drawn up was contrary to the provider’s policy which stated “Residents should be involved in assessment planning, implementation and evaluation of their personal records.”

Due to the above, this is a breach of a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014..

As the service used both bank and agency staff, care plans needed to be accurate and clear to ensure people’s individual needs were met. One person could show aggressive behaviours at times. Their care plan stated “staff to implement any strategies that have been designed / learned to prevent these behaviours from escalating.” Such non-specific language did not direct staff on what actions they needed to take to support this person in the way they needed. Some

staff said such instructions were not clear and were not able to describe the actions they were to take when the person showed such behaviours.

Not all information needed to support people appropriately was documented. For example, staff told us about a person who did not like direct contact. If the person chose to be involved, they would follow the member of staff slowly as they left the room, but would not walk with them. We were told the person could become upset and might refuse involvement if they were encouraged more actively. This information was not documented in the person’s care plan. In the absence of an accurate care plan, staff who did not know the person, such as the bank staff on duty, would not be aware of the appropriate way of supporting them person with involvement.

Relevant information from staff was not considered when drawing up care plans. Staff told us about a person who could vary in the support they needed. Some staff reported the person needed frequent support, others said they did not and mainly required prompting. During the morning the person had needed specific support with their care. This was not documented in their daily records. We looked back though the person’s past records. There were few records completed to document if the person’s need for support were a regular occurrence or not. The person’s care plan did not describe in what way they were to be prompted or what staff were to do if the person needed more than prompting. As the person’s care plan had not been drawn up with the person and all staff who knew them, the care plan for this person was not an accurate reflection of their current needs or how they were to be supported. Due to this, evaluation of the person’s progress with their own personal care needs could not take place to ensure they were appropriately supported to ensure they could work towards an independent life in the future.

A member of staff told us they had accompanied a person to hospital. The care plan had not contained all the relevant information for the person. The member of staff said there was information which the hospital needed to properly support the person, which they did not know about. They told us “I felt culpable” as they had not been able to inform the hospital.

Due to the above, this is a breach of a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014..

Is the service responsive?

We did find some aspects of positive support. People said they could make decisions about their day to day lives. One person told us “So many experiences in past, people making decisions for me – it’s not like that here.” People had individual day to day programmes which included them being supported to do their own laundry and cooking. People were also involved in a variety of activities both outside the service and inside, such as art therapy and social skills groups. Some people were supported in attending local education colleges. Staff supported people when they went out of the service, depending on their individual need. Some people went out on their own, others needed the support of one care worker. Some people, due to their complex needs, needed the support of two staff when they went out of the service.

On the day we inspected, nearly all the people remained in the home throughout the day. We saw a couple of people going in and out of the building for short periods of time. One person said they had been out to a local shop. People were supported in the home with a range of activities, including cooking skills, a group therapy session and individual self-directed activities in the computer room. People and staff reported this was a normal day in terms of

the activities we observed. People had daily care records completed where mood, activities and any issues raised during the day were documented. Therapists records were completed in detail to reflect the person’s response and supports needed.

One person said “I can raise a complaint.” They said they would not be concerned about doing this should they need to do so. They said they thought action would be taken to address the issue, if they raised a complaint. The home’s complaints procedure was made available to people and their supporters. Records of any formal complaints were maintained. The provider was aware of matters which had been raised relating to staffing levels and involvement in care planning. They were progressing plans to address these areas to improve the service for people.

People told us that they had weekly residents’ meetings on a Sunday which was run by one of the staff. They told us their wishes and views were listened to at the residents’ meetings and matters were actioned, for example the arrangements for the Christmas party and suggestions about meals.

Is the service well-led?

Our findings

Some people told us they felt local management was not involved. They reported the manager was not seen about the home and spent most of the day in the office. They said 'The manager needs to be on the floor more as they are cut off from staff and residents, they seem to be tied up with paperwork.' Other people said they felt there were good communications from management. They reported they knew about the proposed management structural changes from the provider, which we had also been told about.

There was a registered manager in day to day charge of the home. This manager was supported by a deputy manager and senior care workers.

Before the inspection, we had received information relating to aggressive incidents from people. The manager did not perform an overall review of such incidents. This meant they had not identified the numbers of occasions where people had shown physically or verbally aggressive behaviours, to whom, or when they had self-harmed. Due to this, trends and trigger factors were not identified to ensure risk was reduced to people and staff.

Both people and staff told us some people could become upset and show signs of anger at times. Some staff reported they felt the culture of the home did not support them when they were subject to aggression from people, including if sexist or racist remarks were made to them. They said they felt some senior staff did not understand how upsetting such occurrences could be and there was a degree of tolerance of such behaviours from some staff. The provider did not have a specific policy on support for staff who may be the subject of abuse from people towards them. We discussed this with the manager who reported all staff were offered 1:1 support or counselling after any such incident. We asked if they knew about the frequency of extent of such incidents. They reported support was informal and they did not maintain records. Auditing and management systems did not ensure all staff were appropriately supported when such incidents occurred.

The provider regularly visited the service and completed reports of their findings. Such visits were not always effective. We noted a range of areas which needed attention. These included improvements needed in care planning and record-keeping, a shower room which showed deteriorated surfaces and did not have a wash

hand basin and the laundry room, where the walls were deteriorating. Some people's bedrooms had recently been refurbished, others needed improvement. The registered manager told us there was an environmental improvement plan, but it was not available in the service. We asked the registered manager to send us the provider's action plan. They responded to report the improvements were not on the estate's plan but they had received general assurances that the house was due a major refurbishment in 2015. The lack of improvement or action plan did not provide us assurances that issues which needed attention were being identified and effectively managed.

The provider arranged for annual staff satisfaction surveys. These related to the whole group, which provides a range of different types of health and social care facilities. Site-specific questions were also asked. Results relating to the service were not available at the inspection.

Before the inspection, we had been notified of concerns about how the service was managed. During the inspection staff also said they felt there had been issues in the recent past relating to the management of the home. Some staff expressed their anxiety about bringing up issues with management. We looked at the quality assurance file. Staff concerns regarding staffing levels and a lack of supervision had been identified. There were no outcomes documented in the file about actions to be taken.

We were told by senior staff that "issues are getting dealt with now." They told us the provider had taken action to resolve a range of matters, including the manager being more accessible. The manager was to make changes in how people's care plans were developed and there were to be changes in staff meetings, to make them more interactive meetings encouraging staff involvement. Listening sessions for staff, without the managers present, had been instigated by the provider and staff could raise issues anonymously. The deputy manager told us communication was now being strengthened and that 2015 "Should be better." While issues relating to management of the service were not yet resolved, people and staff said they thought actions taken by the provider would lead to improvements, as the provider had begun to take action to address matters.

Is the service well-led?

Due to the above issues, there is a breach of Regulations 10 and 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014..

The manager said they had made DoLS applications to the local authority in respect of three people. Following the inspection, we received information from the manager that these applications had been approved by the local authority for specified periods of time. The manager told us they were unaware of the need to inform us about such applications under our regulation. The requirement for us to be notified is clearly set out in our regulations.

Due to the above issue, there is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Other of the provider's audits showed action had been taken where there were issues found, for example actions taken to secure the side gates. The provider's audits also included periodic night and out of hours visits to ensure the operation of the service remained the same outside normal working hours.

People said the service was supporting them in becoming independent in their day to day lives. They said they particularly gaining confidence in skills like cooking. Staff were very aware of the philosophy of the service and of supporting people in becoming independent and taking responsibility for their lives. Staff told us about one person who they were supporting in managing their intake of alcohol. Staff also understood the importance of links with the local community for people. For example they had supported one person with making visits to support a local animal charity. One member of staff reported "I like working here I have been here for 8 years."

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	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>People and others who may be at risk were not protected against the risks of inappropriate or unsafe care as the systems to enable management to regularly assess and monitor the quality of services provided were not operated effectively. Systems to identify, assess and manage risks relating to the health, welfare and safety of people and others were also not operated effectively.</p> <p>This corresponds to Regulation 10(1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.</p>

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>People, staff and others were not protected against identifiable risks of acquiring an infection because the systems to assess the risk and to prevent, detect and control the spread of infection were not being effectively followed.</p> <p>This corresponds to Regulation 12(1)(a)(b)(c)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>People were not enabled to make, or participate in making decisions relating to all relevant aspects of their</p>

This section is primarily information for the provider

Action we have told the provider to take

care. They were not encouraged to understand the care choices available to them or express their views as to what is important to them in relation to relevant aspects of their care.

This corresponds to Regulation 17 (1)(2)(b)(c)(i)(ii)(d). of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

There were not suitable arrangements in place for obtaining and acting in accordance with the consent of people in relation to their care including or people who may lack capacity under the Mental Capacity Act (2005).

This corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

The manager did not notify us of us of applications made in relation to depriving a person of their liberty in relation to section 16(2)(a) of the 2005 Act as they are required to do by law. Regulation (Registration) 18(1)(2)(d)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People were not protected against the risks of unsafe or inappropriate care as there was a lack of proper information in place. This related to accurate records relating to people's care, persons employed and management of the service.

This section is primarily information for the provider

Action we have told the provider to take

This corresponds to Regulation 20(1)(a)(b)(i)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

People were not supported by staff who had been fully supported to enable them to deliver care safely and to an appropriate standard as they had not consistently received necessary training and supervision.

This corresponds to Regulation 23(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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.