Reach Limited

Reach Sistine Manor

Inspection report

Sistine Manor, Stoke green, Stoke Poges, Bucks,
SL2 4HN
Tel: 01753 531869
Website: www.reach-disabilitycare.co.uk

Date of inspection visit: 28 & 29 April 2015
Date of publication: 09/11/2015

Ratings

Overall rating for this service	Inadequate
Is the service safe?	Inadequate
Is the service effective?	Inadequate
Is the service caring?	Requires Improvement
Is the service responsive?	Inadequate
Is the service well-led?	Inadequate

Overall summary

Reach Sistine Manor provides residential care to 19 adults living at the service. The home is split into two, with a coach house to the side which accommodates three service users. The home provides care to people with severe learning disabilities and complex needs.

Reach Sistine Manor did not have a registered manager as they had left the service in January 2015. An new manager was in place who was being supported to submit an application to the Commission. 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 inspection was undertaken over two days and was unannounced.

We undertook an inspection at Reach Sistine Manor in June 2014 which was unannounced and completed over two days. At our last inspection, we found a number of breaches under requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The service was in breach of Regulation 9: Care and welfare of people who use

Summary of findings

services, Regulation 23: Supporting workers, Regulation 10: Assessing and monitoring the quality of service provision and Regulation 20: Records. After the inspection, we were provided with a comprehensive action plan submitted by the provider on how they intended to address the concerns raised.

At this inspection, we found minimal improvement had been made within the service and people were still impacted by poor practices and care. We found the provider had not addressed all the concerns raised eleven months ago. Since the last inspection, the registered manager had left and a new interim manager was in place. We spoke with two people and three relatives who were positive about the home and care received.

We found the home was still not tailored to meet the needs of people with complex needs and learning disabilities. Staff were not appropriately trained to meet the needs of people. Four people required one to one care which was provided by staff who were not adequately trained or supported. For example, staff constantly followed these people round without meaningful engagement. Staff were unsure how to de-escalate challenging behaviours if they arose.

We found some aspects of the home were poorly maintained. We found disused pipes sticking out of one person's floor, bathrooms which were unclean and in disrepair, and evidence of damp in people's rooms. The homes layout was not suitable for the needs of people with complex needs. The home was set out over three floors. We had concerns around fire safety as staff were unable to satisfactorily explain how they would support people in the event of a fire.

Staff knew how to protect people against abuse, however we found people's dignity and autonomy was not always promoted. Staffing levels were poor and there was a high use of agency staff. Medicines were managed within the service, and recruitment checks were undertaken to ensure staff suitability to work with vulnerable adults.

Care planning had improved minimally. Risk assessments were still missing and did not reflect people's current needs. Care plans were not always updated and reviewed in line with when the provider had stated they should be. Guidelines were missing around how people receiving one to one care were to be supported. One staff member we spoke with told us they had not read one person's care plan fully who received one to one care so was unable to explain how to de-escalate any challenging behaviours when guidance was available.

Staff were not always knowledgeable about their roles and responsibilities when working with people around consent and the Mental Capacity Act (MCA). One person who had no family was not offered an Independent Mental Capacity Advocate when it was decided they did not have the capacity to manage their finances. We spoke with the manager and asked them if restraint was used within the service. We were told restraint was not used and the provider adopted a "hands off" policy. This was evidence that understanding of the term 'restraint' within the service was poor. We saw where people were deprived of their liberty; restraint was constantly used in the form of one to one care, using restraint to prevent people entering rooms and guiding people into different rooms.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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

- Ensure that providers found to be providing inadequate care significantly improve

- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.

- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to

Summary of findings

varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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.

Risk assessments did not always reflect people's current needs. Some risks were not identified or acted upon appropriately.

Staffing levels were inadequate with use of agency staff to cover shifts.

Staff could not explain how they would appropriately protect people in the event of a fire.

Inadequate

Is the service effective?
The service was not effective.

Staff did not receive appropriate training in line with the provider's policy.

There was no effective induction procedure in place.

The service did not work in line with the Mental Capacity Act 2005 to ensure decisions were made in people's best interests.

The home was poorly maintained.

Inadequate

Is the service caring?
The service was not always caring.

People were not always treated with dignity and respect.

People were not always offered choices around their care.

There were no arrangements in place to ensure people were supported in an appropriate and person centred manner.

Requires Improvement

Is the service responsive?
The service was not responsive.

Care plans did not always reflect people's current needs.

There was a lack of meaningful activities for people.

Staff were not always sure how to deescalate challenging behaviours.

Inadequate

Is the service well-led?
The service was not well-led.

Minimal improvements had been made since the service's last inspection.

The provider had identified issues but had not acted on them appropriately.

There was a lack of leadership within the home.

Inadequate

Reach Sistine Manor

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 the 28 and 29 April 2015 and was unannounced.

The inspection team consisted of two inspectors and an Expert by Experience (ExE). An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete 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. We did not receive a completed PIR form from the provider as the inspector was advised that the request had not been received. We checked to see what notifications had been received from the provider since their last inspection. We received appropriate notifications from the home since their last inspection in June 2014.

During both days of our inspection we spoke with the manager, operations manager, six support workers, two people and three relatives of people and domestic staff including the chef. We also spoke with a visiting professional. We undertook observations of staff practice over the two days. We reviewed five care plans, medication records, daily records, four recruitment files and copies of quality monitoring undertaken by the provider. We also looked at staff supervisions, training records, induction records and rotas.

We also spoke with health professionals and were provided with a copy of the service's last contract monitoring report from the local authority.

Inadequate

Is the service safe?

Our findings

At the services last inspection in June 2014, we found the service to be in breach of regulation 23 (Supporting workers) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection, we found no improvement had been made to staffing levels or to supporting staff development.

We had concerns about staffing levels and the high use of agency staff within the service. Staff told us they did not get breaks. The operations manager confirmed this. Some staff were working 7am – 9.30pm with no breaks. The operations manager told us they had checked employment law and they were keeping in line with the law as long as staff had days off after working a certain number of hours. We had concerns about the impact on staff working in an intense environment with no break. Staff had their lunch with people and this was classed as their break. We found no risk assessment in place to assess the potential impact on staff or people using the service.

We were provided with the staff rota for April 2015. Shifts consisted of early shifts (7am – 2.30pm) and late shifts (2pm-9.30pm) with some staff working both early and late shifts. We were told by the manager a minimum of 8 staff were on early shifts, and 8 staff on late shifts. For the whole of April, the rota showed there was only one day where they met these minimum staff numbers. On six occasions staffing numbers were less than 3 on either an early or a late shift. It was not recorded if agency staff were used to make up the minimum numbers, however we were concerned as four people required one to one care on a 24 hour basis. There was no evidence of how agency staff were inducted into the service or how they were shown how to support people with complex needs. This meant there was little consistency for people who used the service and how they were supported by people who knew their needs.

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

We looked at risk assessments and guidelines for people who lived in the service. We found risk assessments and guidelines were in place for certain areas of risk such as complex or challenging behaviours; however a lot of risk assessments were not dated or were missing. For example, one person's care plan stated they were at risk of weight loss and risk of choking. We found no risk assessment around choking and although a weight care plan was in place which stated "I need to watch my weight", we saw the person's weight had not been recorded since August 2014, and contained no reference as to why the person's weight needed to be monitored.

We raised concerns around fire safety within the service. We found fire checks, risk assessments and personal evacuation plans were in place and six monthly fire drills took place, however staff were not able to explain what they would do in the event of a fire. We spoke to four staff that had no awareness of fire drills or safety. Comments from staff included "I would grab as many people as I can", "run to the door and get everyone out" and "I would grab people and run to the hallway." Staff were not able to explain the procedure for evacuating the building, which could put people at risk in the in event of a fire at the service.

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

We spoke with three relatives and one person who was able to verbally communicate. Relatives told us they felt their loved ones were safe living at Reach Sistine Manor. One person we spoke with told us "I feel safe here".

We spoke with six staff in relation to safeguarding. Staff were knowledgeable on how to protect people from abuse and how to raise and respond to safeguarding concerns if they arose. Staff were aware of how to raise a safeguarding alert to the local authority and the provider. Staff we spoke with were able to describe what they felt constituted abuse, and how they would raise their concerns. Staff were also aware of the role of the Care Quality Commission and how to contact us, however on discussions with staff, this knowledge was gained from previous posts in care and not from the provider. Management had appropriately notified the Commission when a safeguarding alert was made to the local authority. Staff were required to undertake safeguarding training every three years to refresh their knowledge, however we found seven staff had not yet completed safeguarding training, some of whom had been in post since November 2014.

On arrival on our first day of inspection, we identified ourselves and showed our warrant card. We were not asked to sign in or out and we did not see a visitors' book. Later,

Inadequate

Is the service safe?

we noted that a risk assessment in a person's care plan stated (under 'home security') 'Staff verify identity of visitors, visitors sign in and out'. On our second day, we were asked to sign into the visitor's book.

We checked whether medicines were managed in a safe and appropriate manner at the service. We found medicines were managed well within the service with appropriate checks undertaken, for example, stock checks. We checked peoples Medicine Administration Records (MAR) and found where people were administered their medicines, they had been appropriately recorded. We counted random medicines to ensure they corresponded with people's MAR charts. Medicines which were required to be locked away were done so safely. Staff were trained in medicine management and medicines were always administered by two staff members to ensure any potential mistakes were identified immediately. Clear guidance was in place for people who used 'as required' (PRN) medicines such as paracetamol.

We spoke with a member of staff who told us they had trained in the administration of medication. The carer told us they had been "checked twice" before giving medication independently, usually using a monitored dosage system (MDS). Some care staff did not understand what controlled medicines were and the additional requirements in regards to storage of these medicines. The manager was aware of this but told us that these medicines were not currently used at the home.

We looked at four recruitment files for staff members who had recently commenced employment with the service or had done so within the last two years. All four files contained proof of identity; including their eligibility to work within the UK. Photographs were contained in files. Medical histories and previous employment histories were in place; however one file did not contain an explanation for gaps in their employment history. Copies of staff disclosure and barring checks (DBS) were kept on file including the date they had been received. All files contained evidence of satisfactory conduct in previous employment.

Inadequate

Is the service effective?

Our findings

At the services last inspection in June 2014, we found the service to be in breach of Regulation 23 (Supporting workers) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection, we found no improvement had been made to the provision of supporting staff development through induction, training and supervision.

Staff told us they felt they needed more training, especially around learning disability and autism training. One staff member told us they wanted Makaton training as they felt they could not communicate with people and found it difficult to understand their needs. Makaton is a language programme which supports spoken language, using signs and symbols to help people to communicate. Some people living at the service were able to understand Makaton. We looked at the providers training matrix and found the following concerns. One staff member who had been in post since December 2014 had only received **Management** of Actual or Potential Aggression training (MAPA). Four staff members who had commenced employment at the service between January 2015 and February 2015 had received only MAPA training.

One staff member who started employment in February 2015 had received no training at all. Two of these staff members were providing one to one care and were assigned as keyworkers to people in the service with complex needs. This meant people could not be sure they were supported by staff who were appropriately trained to undertake their roles. The only learning disability specific training staff had received was a two hour session on autism. Only 18 out of 26 staff had completed this training. Some care staff appeared not to have the knowledge and skills to work effectively with people with learning disabilities.

The providers training plan for 2015 stated "During the first four weeks after employment commences, all new starters will be offered five online training courses in Safeguarding Vulnerable Adults, Infection Control, Fire Safety, Moving of Objects, Manual Handling of People and Health and Safety." We found this had not happened for seven staff members whose employment commenced between November 2014 and February 2015. We found no improvements had been made in respect of training.

We found there to be no clear or formal induction process in place. We were advised the induction process for new staff members consisted of a period of three months and involved staff being provided with a handbook. The handbook contained a list of competencies in which they were staff were required to be signed off as competent by a senior staff member. We looked at one new staff member's induction handbook and saw the staff member had signed themselves off as completing all the competencies; however no senior staff had signed them off. There was no allocated training within the induction period and no induction policy was in place. We found a high use of agency staff being used who received no formal induction into the service. We were not provided with a reasonable explanation as to why this was.

We saw supervisions were being undertaken in line with the provider's policy. We looked at a sample of supervisions and saw these were a two way discussion between staff and their supervisor. Some staff told us they were not feeling as supported as they should be. One staff member told us teamwork was an issue and "laziness" was an issue. They told us there was a lack of clear organisation. We were advised by the operations manager that a poor culture had developed in the home which had been difficult to change.

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

We had concerns about the viability and suitability of the service in regards to the layout, size and maintenance of the building for the people being supported at the home. The home is a large period home set over three floors and not tailored for people with learning disabilities. The layout of the house meant that it could be difficult for staff to observe people to ensure their safety.

We found large areas of the home were in need of refurbishment. We noted in one person's room a strong smell of damp. We also noticed damp within other people's bedrooms. The service was set over three floors with an awkward layout which meant there were non-visible spaces. The service was poorly decorated and maintained. For example, tiles smashed in bathrooms, a bath with a screw sticking out of the taps, a sensory room which contained only cushions on the floor and had no elements

of any sensory provision and could only fit one person. We saw that there was no soap in an upstairs bathroom. This meant that people were not always safe from the risk of infection.

We found disconnected pipes sticking out of the floor in a person's room and concerns about unsafe glass as one person frequently slammed doors where no safety glass was in place. We contacted the local environmental health team in regards to concerns about the home.

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

People were provided with drinks and snacks at allocated times during the day. Lunch was served at 12.30pm and did not always respect people's choice of where they wished to eat, for example, people were ushered into the large and small dining room to have their lunch. We saw some people were offered drinks throughout the day, however this was not regular. Some staff were not aware of what to do when someone didn't eat their lunch. No strategies were in place to try and promote them to eat for example, one person ate three mouthfuls of food and stood with their plate and knocked on the kitchen door and handed the full plate of food back. This person appeared not to like the curry but no alternative was offered which resulted in the person having no lunch. The person then walked out of the hallway back upstairs to his room no staff noticed this. We had concerns that people were at risk of not receiving appropriate nutritional and hydration support.

Staff were not always knowledgeable around their roles and responsibilities when working with people around consent and the Mental Capacity Act (MCA). One staff member we spoke with told us they had done some training on the MCA and said "Yes, I forgot [what MCA means]." When we asked if they could recall anything about the MCA they said it was that people "can't do anything themselves" and "can't take a decision".

We did see evidence of capacity assessments which were recorded including the outcomes of best interest meetings however, the service did not ensure decisions were made in peoples best interests. For example, the use of IMCA'S (Independent Mental Capacity Advocate) and relevant professionals. One person who had no family was not offered an IMCA or other type of advocate when it was decided they did not have the capacity to manage their finances.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Where people were subject to Deprivation of Liberty Safeguards (DoLS), guidelines were not in place on how to support the person in the least restrictive and appropriate way. We spoke with the manager and asked them if restraint was used within the service. We were told restraint was not used and the provider adopted a "hands off" policy. This was evident that understanding of the term 'restraint' within the service was poor. We saw where people were deprived of their liberty; restraint was constantly used in the form of one to one care, using restraint to prevent people entering rooms and guiding people into different rooms.

People were supported to access healthcare professionals such as doctors, nurses and speech and language therapists when required. Where people had appointments, we saw these were clearly recorded as to why an appointment was needed, what the outcome of the appointment was and when their next appointment was due. One relative told us "There are occasions where it seems they don't pay enough attention to their health, for example 'X' was walking in a bad way, however we know the staff tried but 'X' was reluctant to attend the hospital." We had concerns that some care plans did not reflect people's health needs for example, one person had quite significant health needs, however their care plan recorded "No underlying health needs." This potentially placed people at risk as a high use of agency staff were used and had access to care plans that did not always reflect people's needs.

Requires Improvement

Is the service caring?

Our findings

At the services last inspection in June 2014, we found the service to be in breach of Regulation 9 (Care and welfare of people who use services) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection, we found only minimal improvements had been made around treating people with dignity and respect.

We were able to verbally communicate with two people who lived at the service. They told us "'Staff are nice and kind to me" and "Staff are nice and they help me." Relatives we spoke with told us they felt their loved ones were looked after and cared for by caring staff.

Staff were not always caring in their approach to people. Shortly before lunch we observed a person who was making very loud vocal cries entered the living room and began kicking at the door before kneeling on an armchair and pulling at it while continuing to call out loudly. Another person who had been sitting in the room was disturbed by this behaviour. This was not noticed by staff.

We observed some examples of positive interactions between staff and people who use the service. A person who lived in the coach house showed us some of their interests, including a guitar that they played to us. They spoke warmly to a carer "I love you" whose support they valued. Another person told us they had been to 'Age Concern' and that they were "happy, happy".

During both days of our inspection, we observed lunch time. On our first day we found lunch was hectic and rushed. We found staff did not interact fully with service users. We found people were not given a choice of where they wished to eat their lunch. Staff moved people out of the main dining room to the small dining room with no explanation why and without peoples consent. Lunch was noisy with staff standing over people with too many people in a small space. One staff member told one person to "sit properly". We found some care staff gave people a choice around drinks and food, however this was not consistent for everyone. We saw care staff sat with people and ate lunch with them but very little social interaction was noted. During our second day, lunch appeared to be less rushed and more person centred. We were advised by the manager this was because they had a full complement of permanent staff on shift rather than agency.

No lunch menu was on display for people in a way which they could understand what food was available. One person was hand fed by a staff member and food was allowed to fall out of their mouth constantly. We noted people's dignity was not protected as people walked around with their continence aids showing, and lots of people had continuous saliva present with no assistance from staff to help clean them. We saw people were wearing clothes that were too small for them, trousers that were too short, and in two cases, people had large holes in their clothes.

We found people were not promoted to take ownership of their life and no evidence to promote their well-being, dignity and life skills apart from regular outings into the community. The service did not support relevant and appropriate communication tools for people and showed little evidence on learning disability knowledge.

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

Inadequate

Is the service responsive?

Our findings

At the services last inspection in June 2014, we found the service to be in breach of Regulation 9 (Care and welfare of people who use services) and Regulation 20 (Records) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection, we found minimal improvement had been made around peoples care plans.

We looked at care plans and health plans for five people who used the service. Care planning had improved since the service's last inspection in June 2014, however care plans still did not reflect people's current needs. For example, one person was at risk of weight loss and had not had their weight recorded since August 2014. We were told by staff this was because they did not have the equipment to do so. There were discrepancies between what staff told us and what was recorded in peoples care plans, for example, we noted one person's care plan stated they required stage 1 thickened fluids. When we spoke with staff they told us they gave the person stage 2 thickened fluids. The same person had a very serious health issue recently, and their care plan stated blood pressure was to be monitored every six months. We saw no evidence this was done. People's guidelines had been updated since our last inspection; however some care plans had still not been reviewed in line with the review date. We found random information in regards to the use of a Malnutrition Universal Screening Tool (MUST) for people at risk of weight loss, but no MUST was completed. Keyworker meetings were found in people's files which were not consistently or fully completed.

Peoples care was reviewed every six months and was recorded in a comprehensive format which involved the person, relatives and other professionals including keyworkers. Reviews contained information on what had happened in the person's life in the previous six months included any health changes, what activities had been undertaken and what plans were in place for the next six months, We found all people had had their care reviewed and were invited to participate if they wished.

Four people in the service received one to one care due to their complex needs. No clear guidelines were in place as to what the one to one care involved. We observed staff constantly followed people on one to one care and there was no evidence of meaningful activity or stimulation. Staff engaged in little communication or stimulation with the person they were providing one to one care with. Staff were not aware of distraction techniques or how to de-escalate potentially risky behaviours, for example, one person was constantly touching, pulling and pushing a member of the inspection team. The staff member did not know how to de-escalate this behaviour and kept saying "come on lets go".

We saw staff sat around in the communal area with residents watching TV and not engaging with them. People congregated in the entrance room with staff. Staff did not appear to know how to engage meaningfully with people. We spoke with one staff member who was providing one to one care to someone with severe complex needs and a tendency to grab and pull people. This staff member told us they had not read the persons care plan fully and was unable to explain how they would deescalate the behaviour should it arise.

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

People were supported to access the outside community to attend local centres run by other organisations. Trips were also arranged into the local town, however activities within the service were limited. The service had a music therapist visit to undertake music therapy with people, however the room that they were provided with was not suitable for a large amount of people with learning disabilities as we were told it by the therapist that the room was not functional to undertake therapeutic sessions. On the day of our inspection, the room which was used for music therapy was cold. We were advised the boiler had broken a few days before and had not yet been repaired. This meant the room was unsuitable for its purpose.

After lunch staff took service users in the garden to sit, three service users played football with staff as others sat in the seating area. We spoke to a member of staff who stood by a person and was looking out the window. We asked the staff member if they would offer to take the person outside. The staff member commented that this person would refuse. We asked the person if the wanted to go into the garden to sit in the sunshine. The person smiled and took the expert by experiences hand and went with them into the garden. The staff member commented that this person always

Inadequate

Is the service responsive?

refused to go with her. It appeared that the staff member had not encouraged the person to go into the garden in a way in which the person was able to communicate and understand.

We looked at copies of complaints for the service. Since our last inspection in June 2014, we saw one complaint had been made by another local service in regards to the poor appearance of a person attending the service. Comments included “No underwear on and no winter coat.” Concerns were also raised about a staff member’s attitude. We saw the complaint was responded to appropriately, however we could not see any learning had occurred from this complaint. We could not see evidence that the providers complaints policy and procedure was provided in an appropriate format for people who used the service.

Inadequate

Is the service well-led?

Our findings

At the services last inspection in June 2014, we found the service to be in breach of regulation 10 (Assessing and monitoring the quality of service provision) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection, we found minimal improvement had been made to the provision of good governance and quality monitoring of the service.

At our last inspection, we had concerns that the service was not well-led. This was due to the response from the previous manager when we raised concerns about people's dignity and respect. During this inspection, the previous manager had left and the deputy manager was now being supported to make an application to the commission to become the registered manager. A relative commented "She [the new manager] has a big heart. She really cares."

We found no clear leadership within the service. Staff were unclear of their roles and responsibilities and were not provided with clear guidance, support or training to undertake their roles effectively. At our last inspection, we had concerns that the manager's office was located on the first floor of the service which meant the manager was not visible, or able to see what was happening on the ground floor. The manager's office had now been moved downstairs; however we found this to make little difference to leadership and management within the home as our concerns were still substantiated at this inspection.

The provider had undertaken a large quantity of quality monitoring since their last inspection in the form of spot checks, group observations, night spot checks and monthly visits. Despite the quantity of these checks, we found they had had little impact on the quality of the service provided as little improvement had been made within the service in the eleven months since the homes last inspection. At this inspection, we still found the same issues as we did at our last inspection.

We were advised by the operations manager that there was a culture within the home which presented as 'task orientated' rather than person centred which had been very difficult to change. After our last inspection, we were informed that some staff had been dismissed due to concerns raised, however although there was some improvement in regards to respecting people's dignity, this was minimal and ineffective.

We were provided with a copy of the last staff meeting in February 2015. We found issues raised at this inspection were raised in the staff meeting in February 2015. Comments from the staff meeting included "One to one should be engaged in activities. Told not to follow them (residents) around." We found no appropriate action had been taken in relation to these issues raised. The service lacked effective management to make the service safe, effective, caring, responsive and well led.

The provider undertook regular audits of the service, including monthly visits to check elements of the service including care plans and medication. We found although the provider had picked up on the issues raised at both inspections, the provider had not taken the appropriate action to ensure people were supported in a way which promoted their care and welfare.

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

The commission had received appropriate notifications since Reach Sistine Manors last inspection in June 2014. The manager and Operations manager was aware of the requirement to inform the Care Quality Commission where a notification needed to be submitted. A PIR form was requested in November 2014, however the operations manager stated they had not received this request so a completed PIR was not received.

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	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **People were not supported in a person centred or dignified manner.**

The enforcement action we took:
We served a notice of decision on the provider to impose positive conditions on the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **People were not always supported in a way which promoted their safety and treatment.**

The enforcement action we took:
We served a notice of decision on the provider to impose positive conditions on the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **The premises was not kept in a way which promoted a safe environment.**

The enforcement action we took:
We served a notice of decision on the provider to impose positive conditions on the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Governance within the home was poor and minimal improvements had been made since the last inspection.**

The enforcement action we took:
We served a notice of decision on the provider to impose positive conditions on the service.

This section is primarily information for the provider

Enforcement actions

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Staff were not appropriately trained or supported to undertake their roles.

The enforcement action we took:
We served a notice of decision on the provider to impose positive conditions on the service.