Futures Care Homes Limited

Futures

Inspection report

Colchester Road
Halsted
Essex
CO9 2ET

Tel: 01787479729
Website: www.futures-carehomes.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 9 August 2017 and was unannounced.

Futures – Halstead provides accommodation and personal care for up to 12 people with a learning disability and autism. On the day of our inspection there were eight people living at the service.

At our previous inspection in December 2016, we identified continued, serious concerns regarding the management and leadership of the service and the quality of their care delivery. People were being put at risk of physical and emotional harm and there was insufficient governance in place to make improvements within acceptable timescales. Staff had not received appropriate training to understand the complex needs of people using the service. Peoples complex behaviours were not managed safely, and forms of restraint were being used which placed people at risk of harm. There was insufficient monitoring and reporting of incidents which meant that poor practices had become embedded into the service. In response, we took action to restrict admissions to the service, placed conditions on the provider's registration and placed the service in special measures.

At this inspection, we found action had been taken to improve the quality and safety for people in a number of areas. However, we also identified areas that further work was needed to increase the service's overall rating and ensure that people are provided with good quality, safe care at all times. There continued to be insufficient staff available to meet people's assessed needs at all times. Whilst the appointment of a service manager had resulted in some improved internal quality and safety monitoring, the provider continued not to operate effective oversight and governance of the service. There continued to be limited quality assurance in place to identify potential shortfalls in the overall quality of the service and the planning of resources to ensure continuous improvement of the service.

There was a registered manager. 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 service was in transition as the current registered manager was leaving and the service manager who had been in post since December 2016 was now responsible for the day to day management of the service. They had not submitted any application to register with the Care Quality Commission (CQC) but said they intended to do so following our inspection.

Since the last inspection, we found the culture of the service had improved. There was improved visible leadership with a positive focus on people who used the service. Staff were positive about the changes made and had been provided with improved opportunities to contribute to the development of the service. Team meetings and one to one supervision meetings were now provided on a regular basis to enable staff to have their views heard.

There were improved systems in place to assess and manage risks to people and reviewed monthly or sooner if something changed. Risk Assessments were detailed and personalised with guidance for staff in meeting people's assessed needs. Accidents and incidents were logged with the information analysed and action plans were generated in response to promote people's safety.

Any restrictive practice used to keep people and others safe had been appropriately assessed in people's best interests. There was improved training provided to staff in the use of de-escalation techniques when people became distressed and presented with behaviour that put themselves and others at risk. Appropriate assessments had been carried out with detailed guidance for staff as to the least restrictive option, which upheld people's rights to having their dignity respected.

There continued to be insufficient staff available at all times to meet people's assessed needs with continued issues with high staff sickness absence. We found improved systems for safe and effective recruitment and training of staff.

There were systems in place to manage people's medicines in a safe way. However, we recommend that the provider reviews its procedures in relation to the safe storage of medicines to ensure people's medicines are stored safely at all times and ensure that they are compliant with best-practice guidance for storage of medicines in care homes.

There was improved staff training provided to staff. Whilst some staff had received comprehensive training in managing complex behaviours, which may put people and others at risk, not all staff had received this vital training.

A choice of food and drink was available that reflected peoples nutritional needs, and took into account their preferences and any health requirements. People's dietary needs had been identified as part of their care plan. People were supported to maintain their health and had access to wide range of healthcare professionals. However, healthcare plans in use had not always been updated and did not adequately reflect a record of people's health, outcome of appointments and fully establish what health professionals were involved in supporting people's healthcare.

Staff had developed positive relationships with people and were attentive to people's needs. People's privacy and dignity was respected and care plans guided staff in how to promote their dignity and independence. People were supported to keep in contact with their family and friends who were made welcome at the service. However, people continued to have limited access to sufficient staff available at all times and resources to enable them to live their lives fully according to their assessed needs and as they would wish to do so.

Since our last inspection, the service manager had implemented a new, improved system of care planning. These were comprehensive in detail and personalised to guide staff in meeting people's care and treatment needs.

At our last inspection, we found there was no access for people to internet connection, which would have enabled them to access information online. This would have provided for people a better quality of life and for those who would use this as a tool for communication and or relaxation. At this inspection, we found action had been taken to rectify this. We saw that people now had access to the internet and we observed this clearly had benefits to people's quality of life.

There were ineffective systems in place in accordance with the provider's statement of purpose to account

for how funding provided for individuals in relation to meals, activities, transport and holidays had been allocated and spent. People's personal inventories had not always been updated to include all their personal possessions.

During this inspection, we identified a number of continued breaches 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 five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There were systems in place to manage people's medicines in a safe way. However, we recommend that the provider reviews its procedures in relation to the safe storage of medicines to ensure people's medicines are stored safely at all times and ensure that they are compliant with best-practice guidance for storage of medicines in care homes.

There were improved systems in place to assess and manage risks to people and these were reviewed monthly or sooner if something changed. Risk Assessments were detailed and personalised to each individual.

There continued to be insufficient staff available to meet people's assessed needs at all times.

Is the service effective?

Requires Improvement

The service was not consistently effective.

There was improved staff training provided to staff. Whilst some staff had received comprehensive training in managing complex behaviours, which may put people and others at risk, not all staff had received this vital training.

Where DoLS applications had been authorised we found timescales for review had not been actioned and so the authorisation was no longer legally valid.

A choice of food and drink was available that reflected peoples nutritional needs, and took into account their preferences and any health requirements.

Healthcare plans in use had not always been updated and did not adequately reflect a record of people's health, outcome of appointments and fully establish what health professionals were involved in supporting people's healthcare.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff had developed positive relationships with people and were attentive to people's needs. People's privacy and dignity was respected and care plans guided staff in how to promote their dignity and independence.

There were positive comments from relative's about the staff being kind and caring. However, people continued to have limited access to sufficient staff available at all times and resources to enable them to live their lives fully according to their assessed needs and as they would wish to do so.

Is the service responsive?

Requires Improvement

The service was consistently responsive.

There was a new, improved system of care planning. Care plans were comprehensive in detail and personalised to guide staff in meeting people's care and treatment needs.

Insufficient levels of staff continued to impact on people's ability to consistently access community activities.

We could not be assured that all complaints had been responded to in a timely way and ascertain if the outcome following investigations had been resolved to the complainants satisfaction.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Since the last inspection, we found the culture within the service had improved following the appointment of the current service manager. There was improved visible leadership with a positive focus on enabling people who used the service to live fulfilled lives.

There were ineffective systems in place in accordance with the provider's statement of purpose to account for how funding provided for individuals in relation to meals, activities, transport and holidays had been allocated and spent. People's personal inventories had not always been updated to include all their personal possessions.

We found improved internal quality and safety monitoring carried out by the new manager. However, there continued to be limited quality assurance carried out by the provider to identify

potential shortfalls in the overall quality of the service and the planning of resources to ensure continuous improvement of the service.

Futures

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 took place on the 9 August 2017 and was unannounced.

This inspection was carried out by two inspectors and an expert by experience. The expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of providing care to people with a learning disability.

We reviewed the previous inspection report to help us plan what areas we were going to focus on during our inspection. We looked at other information we held about the service including statutory notifications. This is information providers are required to send us by law to inform us of significant events. We also spoke with stakeholders including the local safeguarding authority.

People who used this service were either unable or unwilling to verbally express their views to us about the quality of the service they received. We observed the care and support provided to people and the interactions between staff and people throughout our inspection. As part of our inspection, we also spoke with five relatives on the telephone.

We looked at records in relation to four people's care. We spoke with the registered manager, the service manager who was the person in day to day charge of the service and four members of staff including a senior support worker.

We looked at records relating to the management of medicines, staff recruitment, staff training, financial transactions and systems for monitoring the quality and safety of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in December 2016, we identified continued, major concerns with regards to the lack of action taken to address shortfalls in a lack of staff available, staff knowledge of safeguarding procedures, recruitment processes and the communication of risk management strategies across the staff team.

At this inspection, we found some improvement but further work was required to ensure people received safe care at all times.

There continued to be insufficient staff available at all times to meet people's assessed needs. The service manager told us that over the last six months there had been a high turnover of staff, in part due to some dismissals and staff leaving due to changes they were trying to implement to improve the service. For example, the service manager had created a new rota pattern whereby two teams had been created to cover the rota and enable each staff team to attend a staff meeting together with additional training provided during these sessions each month on a Friday afternoon.

Staff and relative's told us there were continued issues with high staff sickness absence. Staff when absent did not always notify senior staff of their absence. This resulted in occasions when there was insufficient time to ensure sufficient staff were on available to enable people to access their community based activities. This was confirmed by our review of records including staffing rotas. The service manager told us they did not know how many vacant staffing hours they had to fill as this was something the registered manager alone had knowledge and control of and they relied on them to take action to authorise recruitment. We recommend that as the service manager has the responsibility for the day-to-day management of the service that this issue be addressed.

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

Staff had received updated training in safeguarding people from the risk of abuse. Staff were knowledgeable as to steps they should take in reporting any worries or concerns. Safeguarding was now on the agenda for staff meetings.

There were improved systems in place to assess and manage risks to people and these were reviewed monthly or sooner if something changed. Risk Assessments were detailed and personalised to each individual. For example, we noted that one person had absconded from the service on two recent occasions, which put them at high risk of harm. We saw that risk management plans had been put in place and staff clearly understood what was required to keep this person safe. This person was inclined to set off the fire alarm, which would release the locks on the external doors enabling them access to an escape route. A fire officer had been consulted and advice followed with action to install a new system, which would require staff to input a code to release fire doors.

Health and safety checks had been completed by the service manager and senior staff. Staff told us they had

a verbal handover at each change of shift where they shared information with each other about any risks to people. The information was also written into a handover record, which contained comprehensive information including checklists for staff to evidence their monitoring the safety of the service and the wellbeing of people.

Accidents and incidents were logged, the information was analysed, and action plans were generated in response to promote people's safety. An individual log of accidents was kept for each person, which included details of the incident and or accident, with actions taken and the outcome.

At our last inspection, we found a continued breach of Regulation 19 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. This was because we found a continued lack of action taken by the provider to ensure that sufficient safety checks had been carried out on potential employees as we found a high number of staff who had still not had the required safety checks carried out before the commencement of their employment. This included a lack of Disclosure and Barring Service (DBS) checks on all staff before they started work. The DBS checks enables employers to make safer recruitment decisions as this check provides them with the information they need about any criminal record and whether applicants are barred from working with vulnerable adults. This put people at risk of receiving care from staff who may not be of good character and inappropriate for meeting the needs of people with complex conditions.

At this inspection we found that all staff working on the rota had been recruited safely. The service manager told us that since the last inspection all staff had been DBS checked. Checks on the recruitment files for three members of staff evidenced they had completed an application form, provided proof of identity, satisfactory references obtained and DBS checked prior to the start of their employment.

There were clear records of medicines administration. Staff carried out a daily stock check of medicines and recorded this on the MAR record. Where previous errors had been identified there was a clear system for logging, reporting and actions described in responding to errors in a timely manner.

Where people were prescribed medicines on a 'when required' basis, for example pain relief, or when they were prescribed variable doses, for example 'one or two tablets', we found that staff had recorded the number of tablets administered. There was a PRN protocol in place, which described the reasons these medicines had been prescribed.

There was a lack of profiles produced, which would describe the medicines prescribed for each person, the reasons for this and how people liked to take their medicines. We recommended to the service manager that action be taken to address this shortfall. The service manager informed us the week after our inspection that medicines profile's for each person had been put in place.

Where people had been prescribed transdermal patches applied to the body on a weekly basis for pain relief, there was a clear system in place to evidence where on the body these had been applied. However, staff had not always recorded on the body map the location of the patch applied. This meant that we could not be sure that best practice guidance had been followed to ensure to evidence alternative sites had been used at each administration.

We found one medicine cupboard upstairs, which was behind a locked door. When the service manager attempted to lock this cupboard, they were unable to do so as the lock was faulty. They immediately requested staff to remove these medicines and place them in the cupboard located on the ground floor. We found the ground floor medicines room contained some medicines stored in an open box on the floor. Upon our request, these were moved to the appropriate medicines cabinet secured to the wall where there was

adequate storage space for them to be stored safely.

Requires Improvement

Is the service effective?

Our findings

At our last inspection, we found staff did not receive adequate training to enable them to carry out the roles for which they were employed. There was also a failure to ensure staff received consistent supervision support to enable them to discuss their performance, views or concerns and plan for their training support needs.

Staff told us there was now a more formal system for the induction training of new staff. They said that when they started their employment they received an induction, which included office base e-learning training on a variety of subjects, and the opportunity to shadow more experienced staff and have their practice observed. Staff were required as part of their induction to work through the Care Certificate. The Care Certificate is a set of national standards that social care and health workers work towards and are competency assessed on in their daily working life. They said they were also given time to read people's care records and get to know people well before they were left alone to provide support to people. This they told us helped them gain confidence in their role and more able to understand what was required to meet people's needs and keep them safe.

The service provided care and support to people who had learning disabilities or were on the autistic spectrum. Some of the people using the service had complex needs, which could impact negatively upon others. Some people displayed physically aggressive behaviours, which could result in harm to people, staff and others if not managed safely and effectively. The management of these areas is a specialised area and requires staff to be trained in recognising and supporting people proactively to reduce the risk of behaviours becoming violent. At our previous inspection, we found the number of incidents to be excessively high, which meant people who used the service and others, were being exposed to repeated risk of physical and or emotional harm on a daily basis. This was due in part to inappropriate admissions to the service and staff lacking understanding due to a lack of appropriate training.

Since our last inspection, staff had received comprehensive training in managing complex behaviours, which may put people and others at risk. For example, Intensive Positive Behaviour Support and Maybo physical intervention training had been provided. Maybo training enables to staff to develop positive approaches to behaviour, provides staff with learned de-escalation techniques in managing conflict and maintaining personal safety whilst protecting the dignity of the person. However, we noted from discussions with staff and a review of records that not all staff had received this training which was concerning given the complex needs of the people they cared for. We discussed this with the service manager who told us they had taken action to enable staff to receive this training as a matter of urgency.

One member of staff demonstrated to us how they would respond to incidents and demonstrated the type of restraining hold they would use. This was consistent with our review of the people's behavioural strategy plans. They also told us that the use of physical intervention was rare as most people currently living at the service responded well to verbal de-escalation, avoiding the need for any physical intervention.

Staff told us and records confirmed that since the new manager came into post they had received regular

supervision with a senior member of staff. They told us supervision was a positive experience, which provided an opportunity to talk about any concerns and identify any training needs. Senior staff development, workbooks had been created to monitor staff performance and identify areas of further support. Staff told us, "Things are much more organised, we now know what our roles are and what is expected of us. This helps you to grow in confidence." Staff also told us the regularity of staff meetings had improved since the last inspection. We saw from a review of meeting minutes that these meetings were now used to provide staff with opportunities for discussing their worries and concerns as well as discussion relating to the vision and values of the service, the sharing of good news stories and team performance management issues.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Some applications had been made as far back as 2015 but there was no evidence of any follow up. Where DoLS applications had been authorised we found timescales for review had not been actioned and so the authorisation was no longer legally valid. We discussed this with the service manager who told us that immediately following our inspection they had taken action and submitted all DoLS referrals where required.

Staff told us they had received via e-learning, training in understanding their roles and responsibilities with regards to the MCA and associated Deprivation of Liberty Safeguards (DoLS). They demonstrated some understanding of the principles of the act, and were able to provide us with examples of how they supported people with decision-making.

Discussions with staff showed us that they were aware of what constituted restraint and how to ensure people were not unlawfully restricted. Positive behaviour consultants had been involved in supporting staff with advice and guidance in formulating positive behaviour support plans. Staff had read and signed to say they understood these support plans. Post any incident staff were required to attend a de-brief session. They also completed a report, documenting behaviours presented, and action taken in response and what Maybo techniques had been used if any and the duration. Incidents were analysed and where increases had been identified, further specialist advice was sought for example referral to a GP, occupational therapists with regards to accessing equipment and access to sensory needs therapy.

Daily records confirmed when people had been supported to attend appointments with their GP or hospital. We observed people on the day of our inspection people supported to attend GP appointments. However, further work was required, as healthcare plans in use had not always been updated and did not adequately reflect a record of people's health, appointments and fully establish what health professionals were involved in the person's healthcare. Most recent attendance at health appointments was recorded but not always the outcome of what if any treatment had been provided. For example, one person who following an appointment with a neurology specialist had their medicines changed but there was no record or medicines profile in place to indicate what the changes were. Relative's told us that sometimes health appointments were missed either because of staff shortages or just forgotten. We were not assured that staff had an adequate grasp of people's routine health needs, preferences and consistently kept them under review. The service manager told us they had recognised the need to update healthcare plans and were working with

staff to improve this through regular reviews with people's keyworkers

People diagnosed with epilepsy had a seizure management plans in place, which described the types of seizures. Guidance for staff included information in recognising triggers, how they should respond in the event of a seizure and medicines prescribed. We noted for one person their seizure management plan had not been reviewed since August 2013. The epilepsy nurse should review this annually. We discussed this with the service manager who told us they had immediately contacted the epilepsy nurse to arrange for this to be updated as required.

People's dietary needs had been identified as part of their care plan. We saw that individual preferences and allergies had been described and people's specific requirements were being met. We observed people being enabled to access the kitchen throughout the day for snacks and drinks. Two people were supported with a healthy eating plan to aid weight loss and improve their health and wellbeing. This was an agreed plan with the people involved.

We observed people during the lunchtime meal being supported by staff to be involved in preparing meals and earlier in the day one person supported to make a cake. We were shown a two weekly menu plan. However, we could not see how this was managed to ensure people had a choice or say in planning for what they wanted to eat. Pork chops were on the menu for the evening meal, with no alternative. We saw that there were no pork chops in the fridge or freezer. The cook who was also a support worker told us they did most of the cooking. They said they would be making a fish pie instead of the pork chops as these were not available. There were limited stocks of food available given the number of people who lived at the service. Staff told us they were due to go shopping and that this task was carried out on an ad hoc basis, as and when needed with no specific planning in relation to the menus produced. We recommend that the current arrangements for be reviewed to provide evidence of people's involvement in the planning of menus, the reasons for changes in menus to be recorded for further analysis.

People living in the flats were provided with staple foods such as bread, cereals and milk but were accessing their main meals with others in the main house. The service manager told us their intention was to support people to eventually be able to, with support manage their own food allowance to purchase, prep and cook their own meals.

Requires Improvement

Is the service caring?

Our findings

At our previous inspection, we identified concerns about the culture and practices in the service, which had been undermined by inadequate management resulting in deterioration in the overall quality of the care provided. This included a lack of supervision support, training and performance review to enable them to develop the necessary skills and competencies to improve. Staff recruitment decisions made by the provider had resulted in staff being employed who may not have been suitable to work with people with complex communication needs. A culture of poor practice had been allowed to develop which had impacted upon the quality of care that people received.

At this inspection, we found some improvement. All of the relative's we spoke with said that whilst some areas of the service still required attention, things were improving since the employment of the current service manager. Staff had been employed through improved recruitment processes. Whilst agency staff use was high at times, work was in progress to recruit and stabilise the staff team. However, people continued to have limited access to sufficient staff available at all times and resources to enable them to live their lives fully according to their assessed needs and as they would wish to do so.

There was greater awareness among staff of dignity and respect in relation to how people were supported when they became distressed. We found an increased use of de-escalation techniques when people became distressed and a reduction in physical restraint. Appropriate assessments had been carried out with detailed guidance for staff as to the least restrictive option with de-escalation techniques used, which upheld people's rights to having their dignity respected. Staff told us verbal de-escalation techniques were used in the first instance and if required physical restraint used as the last option.

Staff had developed positive relationships with people and were attentive to people's needs. During our observations, we found that people were treated with dignity and respect by staff. Staff understood the complex needs of people who used the service well and responded appropriately to behaviour that presented as a challenge to others.

The provider had just opened up a two bedroomed flat upstairs and there were plans to encourage the two people living there to become more independent. One relative told us, "I think [relative] will love it and really enjoy cooking their own meals in the future." The two people who had just moved in had been consulted about the décor and furnishings and had access to the door keypad system which meant they could exit and access their flat independently.

Relatives said when visiting the service they had observed staff in the main to be kind, caring and considerate. One told us, "[staff] sent us an email with all the pictures that had been taken to help [relative] with their communication. I thought this was very considerate and thoughtful." Another said, "We have no concerns about the staff at present, they are focussed on supporting people to progress in life. The new manager is good, efficient and they get things done. Our only complaint would be that some of the staff do not always take care of people's possessions in the way we would expect them to." They cited examples of staff not taking care of their relative's possessions such as leaving toiletries on a radiator so they melted.

They also gave an example of staff buying from their relative's personal money a season ticket for a theme park right at the end of the season, which they said, "Staff lacked any care or attention of [relative] by wasting their money."

Requires Improvement

Is the service responsive?

Our findings

At our previous inspection, we identified concerns as to a lack of robust system to prevent inappropriate admissions to the service. This had resulted in a person being placed at the service where it was evident they could not meet their complex needs. This had put people and staff at serious risk of harm. We found at this inspection action had been taken to rectify this situation. Staff and relative's told us, "Things are much calmer now that we are not trying to meet the needs of people who are not suitable for this home", "I don't worry now that [relative] will come to harm as I did before when the focus of staff was often on one person whose needs were seriously impacting on other people" and "The stress and tension has been reduced. We can meet the needs of the people who live here now. Before we were all trying but failing to meet the needs of everyone when not all were suitable for this environment."

Since our last inspection, the service manager had implemented a new system of care planning. Each person had a pre-admission assessment and a comprehensive personalised care plan in place to guide staff in meeting their needs. A one page profile had been produced which gave an overview of a person's care and support needs. This was particularly useful for agency staff who may not work with the person on a regular basis.

People's care plans were person centred and reflected their needs and where appropriate a pictorial support plan was in place to enable them to understand their plan of care more effectively. Support plans reflected the current care and support needs of people with up to date information in relation to their personal care support, likes and dislikes. For example, there was comprehensive information as to; 'how I communicate' 'What makes me happy' and what a good and bad day would look like'. Strategies had been described, which would guide staff to support people to reduce their anxieties. We noted from a review of records that some relative's had been involved in the planning and review of people's care plans.

A new system had been introduced whereby staff recorded in a '24-hour allocation of tasks handover' booklet. This contained detailed information to be communicated from one shift to another. This provided a comprehensive record of planned activities, appointments, a log of accidents and incidents as well as updates regarding changes in relation to the care and treatment of people. This meant that there was a robust system in place to ensure effective communication from one shift to another.

At our last inspection, we found there was no access for people to internet connection, which would have enabled them to access information online. This would have provided for people a better quality of life and for those who would use this as a tool for communication and or relaxation. At this inspection, we found action had been taken to rectify this. We saw that people now had access to the internet and we observed that this clearly had brought benefits to people's quality of life.

During our inspection, we observed people supported to access a variety of community activities. People were able to participate in a range of activities from everyday walks, shopping, swimming and access to an external sensory unit for one person and college for another. Five people had their own vehicles which staff told us was for their personal use only and the service had a minibus. One person was supported on a

shopping trip in a taxi, which was their favourite mode of transport. We also observed people supported to bake cakes and enjoy leisure time of their choice such as time watching DVD's and listening to music. However, staff and relative's told us that when there when there were insufficient levels of staff this impacted on people's ability to consistently access community activities.

Relative's told us there was limited funding for activities and they were not always sure as to how social activities were funded and allocated. One relative told us, "Our [relative] doesn't seem to spend much, most of the time so I was surprised to be asked to cover the expense of a day trip to Clacton." There were no records maintained for each person as to how individually allocated funds for social activities and holidays had been allocated and spent.

Relative's told us that since the last inspection they and the people living at the service were better supported to have their views heard. They said that, the manager was working to involve people more in the planning of their care and support people to become more independent.

There was a formal system in place for responding to complaints. Information, which guided people as to this process, was provided and was available in an easy read format. We saw that a number of complaints had been received since our last inspection. Whilst there was a clear audit trail, which evidenced a timely response with outcomes in relation to some of these complaints, this was not the case for all complaints received. This meant we could not be assured that all complaints had been responded to in a timely way and ascertain if the outcome following investigation had been resolved to the complainants satisfaction.

All of the relatives we spoke with told us that they had received a satisfaction, survey which they had completed. They also told us they received regular contact from the service manager through phone, email and mobile phone text. A quarterly newsletter had been produced which provided relative's and others with updates as to staff changes, staff training provided, feedback from surveys and encouragement to people to make suggestions as to how the service could be improved for the people who used the service. Relative's told us that whenever they had raised concerns or complaints, the service manager had listened to their concerns and had taken timely action in response. However, relative's also told us that when they raised concerns with the provider for example in relation to the environment, they did not always receive a response.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection, we found a lack of formal management structure including a lack of registered manager and provider oversight of the service with ineffective, internal and external monitoring of the service. This had led to an unacceptable decline in the overall quality of the service and put people at risk of receiving sub-standard, unsafe care. There had been a lack of resources made available to enable the registered manager to make the required improvements to ensure people lived in a well-maintained environment and received consistent, quality, safe care. The failure to develop effective systems for the overall governance of the service had left people at increased risk of harm due to the lack of oversight and commitment to making the improvements to their quality of care.

We found the service was in transition with the day-to-day management of the service being transferred from the current registered manager to another. There was a manager registered with the Care Quality Commission (CQC) who was employed as the operations manager. Their role was to manage this service and another of the provider's services in the local area. We identified at our last inspection that the demands of the day-to-day management of both services had meant that there was no effective governance in place. A new manager known as a service manager had been appointed in December 2016 to manage this service only on a day-to-day basis. At the time of our inspection, they had not submitted any application to register with CQC. They told us that they were about to submit their application to register with CQC and the operations manager confirmed they had submitted their application to de-register as the manager as they had resigned from their post. .

At our previous inspection, we were not assured that action had been taken by the provider to implement effective systems to ensure oversight and governance of the service was being maintained. At this inspection, whilst we found the service manager had implemented some internal quality and safety monitoring, there was no overall routine quality and safety auditing carried out by either the registered manager in their operational role and neither the provider. This meant there continued to be limited quality assurance in place to identify potential shortfalls in assessment of the overall quality and the planning of resources to ensure continuous improvement of the service.

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

We found a lack of systems in place to ensure that people's finances were regularly audited and staff did not always provide receipts of expenditure. The service manager had identified this as a shortfall and on the day of our inspection had instigated a thorough audit of people's accounts. We also identified during our inspection people's personal inventories had not been updated to include all personal items belonging to people such as furniture and electrical goods. Immediately following our inspection, the service manager informed us they had taken action to update all personal inventories.

There was ineffective systems in place in accordance with the provider's statement of purpose to account for how funding provided for individuals had been allocated and spent. We reviewed the local authority

commissioning contracts for each person placed in the service, including records, which gave a breakdown of fees paid to the provider and how funds were allocated to people. This included a breakdown of funds allocated for meals, social activities, transport and holidays. We found discrepancies in the amounts of money agreed by the local authority to be allocated to individuals and what was actually provided. For example, where £50 was allocated to individuals each week for food, the actual amount the service manager received for each person was £38.50. This was a shortfall of £11.50 for each person. This could not be accounted for. We noted from viewing records that people were often paying from their own personal money when out in the community for lunches, sandwiches etc. This was not funded from their food allowance.

Where people were allocated £20 each week to go towards funding for holidays and another £50 to £60 for social activities, there were no accounts maintained which would evidence how this money was allocated and spent. The service manager told us the provider was no longer supporting people to access holidays, as they could no longer fund the provision of staff to support this activity. The provider's statement of purpose stated that, 'Each person will receive a breakdown of their care costing's, which will include incoming benefits and outgoing costs'. Both the registered manager and service manager told us they were not aware of these having been provided to people.

Additional support fees had been paid to the provider by the commissioning authority to provide people with one to one staff support. In some case, people's assessed need required the support of two to three staff to enable people to access community activities. However, there was no analysis as to how the allocation of staff related to the additional support fees paid. This meant we could not be assured that people had been receiving their full entitlement of support.

This demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

At our last inspection, we found the provider did not display the judgements from our previous inspections on their website, as required by law to do so under the terms of their registration. At this inspection, we found they had not taken action again to display their ratings on both their website and within the location. However, within the week of our inspection they had rectified this shortfall.

The provider had previously failed to notify CQC, as they are required to do so by law of notifiable incidents such as safeguarding incidents. Since the last inspection, there had been improvement as safeguarding referrals had been processed and CQC notified of these where required.

Since the last inspection, we found the culture within the service had improved. There was improved visible leadership with a positive focus on enabling people who used the service to live fulfilled lives. Staff were positive about the changes and provided with improved opportunities to contribute to the development of the service. Relatives told us, "Since the new manager has been put in place things are more organised, whilst not all issues get resolved as you would like as they may be outside of her control. The manager listens and does her best see that issues get resolved." Staff told us, "Things are more stable", "Staff morale has picked up majorly", "The new manager gets things done", "We now have a voice and our concerns are listened to" and "we have more defined team roles, it's much more organised."

The service manager was visible within the service. Staff told us they were; "Hands on", "A breath of fresh air", "Supportive", "Approachable" and listened to them when wanting to communicate concerns or suggestions for improving the service.

Staff were provided with improved opportunities to contribute to the development of the service. Staff told us team meetings and one to one supervision meetings were now provided on a regular basis to enable staff to have their views heard. A review of staff meetings showed us that there was a strong focus on team working and meeting the needs of people who used the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 Registration Regulations 2009 Fees There were ineffective systems in place in accordance with the provider's statement of purpose to account for how funding provided for individuals had been allocated and spent.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider continued not to operate an effective overall quality and safety monitoring system to identify potential shortfalls and provide planning for resources to ensure continuous improvement of the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing there was no overall routine quality and safety auditing carried out by either the registered manager in their operational role and neither the provider. This meant there continued to be limited quality assurance in place to identify potential shortfalls in assessment of the overall quality and the planning of resources to ensure continuous improvement of the service.