

Ridgewood Care Services Limited

The New Inn

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The Inspection took place on 19 and 20 April 2017 and was unannounced. This inspection was prompted in part by a notification of an incident following which a person died. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of the risk of choking. This inspection examined those risks and other potential risks to people.

The New Inn is a care home registered to provide accommodation and personal care for a maximum of ten people with learning disabilities. At the time of our visit there were nine people living in the home. The service had a registered manager in post; however, they were not currently in charge of the day to day running of the service. The registered provider had taken an active role in the service and had appointed the deputy manager from another service to fill in as an acting manager and the deputy manager of The New Inn had been given extra support. 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.

At our last inspection on 1 and 2 June 2016, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities). This breach was in relation to good governance around cleanliness of the premises. At this inspection we found that improvements relating to cleanliness had been made but that quality auditing systems to identify other improvements had not yet been embedded in to practice, meaning this remained a breach of the regulations.

The provider had systems in place to protect people against abuse and harm. The provider had effective policies and procedures that gave staff guidance on how to report abuse. Staff were trained to identify the different types of abuse and knew who to report to if they had any concerns. Medicines were managed safely and people had access to their medicines when they needed them.

Risks were not consistently managed safely as assessments were out of date and lacked some detail. Safety checks, such as food temperature and fire safety checks had not always been completed. You can see what action we told the provider to take at the back of the full version of the report.

There were sufficient numbers of staff to support people safely. Staff were not always trained with the right skills and knowledge to provide people with the care and assistance they needed. Some training was out of date for some staff. Staff had not always been able to meet their line manager on a one to one basis regularly. When staff were recruited they were not consistently subject to checks to ensure they were safe to work in the care sector or inducted to work in the service. We have made a recommendation about this.

Where people did not have the capacity to understand or consent to a decision, the provider had not always followed the requirements of the Mental Capacity Act (2005). Some mental capacity assessments were

completed incorrectly and some did not clearly record the outcome. You can see what action we told the provider to take at the back of the full version of the report.

There was a lack of meaningful and structured activities on offer to people and there was a lack of therapeutic input to people's activities. The registered manager had recruited people who were yet to start and had plans to recruit other staff members. We have made a recommendation about this in our report.

People had access to a range of healthcare professionals but were at risk of not having their health needs met as care plans were not updated. Some health action plans contained out of date information or had not been updated regularly. People had received adequate food and drink to maintain good health.

People were supported to maintain their independence. The staff were kind and caring. Good interactions were seen throughout the day of our inspection. People could have visitors from family and friends whenever they wanted. People spoke positively about the care and support they received from staff members.

People could decorate their rooms to their own tastes and choose if they wished to participate in any activity. Staff respected people's decisions. People and their relatives told us that their privacy was respected and their dignity was upheld.

There were systems in place to monitor and respond effectively to complaints. Although verbal complaints had been addressed informally, they had not been recorded. We have made a recommendation about this in our report.

Care and support plans were out of date and information these contained was not consistent. Some activities had not happened as planned. This meant that people were not receiving a person centred service. You can see what action we told the provider to take at the back of the full version of the report.

The culture of the service was homely and friendly but some staff members told us there had been some tensions following a recent incident and some staff changes. There had not always been sufficient leadership in the service but the registered provider had made changes and had recently been more involved in the day to day running of the service.

Quality auditing systems had not always been effective and the registered provider had started to make improvements and changes prior to our inspection. We need to see that these changes are embedded in to practice. You can see what action we told the provider to take at the back of the full version of the 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 New Inn was not consistently safe.

Risks had not been assessed effectively and safety checks had not been completed regularly.

Staff understood how to protect people from abuse and avoidable harm.

Staffing numbers were sufficient to keep people safe in the home.

Medicines were managed safely.

Is the service effective?

Requires Improvement ●

The New Inn was not consistently effective

Staff had not always had training and supervision as often as they should have.

People's consent was not sought in line with the principles of the Mental Capacity Act 2005.

People were supported to access medical professionals to ensure their good health but some health action plans were out of date.

People received adequate food and drink.

Is the service caring?

Good ●

The New Inn was caring

Staff knew people well and had developed positive relationships with them and treated them with respect.

People were involved in all areas of their life and were supported to be independent.

Staff promoted people's right to privacy and dignity.

Is the service responsive?

The New Inn was not consistently responsive

Services were not always personalised as care plans lacked details and didn't reflect people's involvement in their care planning.

Activities were not always offered in line with people's agreed activities timetable.

Complaints were dealt with promptly but complaints were not always recorded clearly.

Requires Improvement ●

Is the service well-led?

The New Inn was not consistently well led.

Quality monitoring systems had not been embedded in practice to demonstrate that they consistently identified areas for improvement.

We received mixed feedback about the culture of the service. People and relatives told us they felt it was homely but some staff told us there had been some tension following an incident.

There had not always been clear leadership and support to staff but the registered provider was implementing an improvement plan and was visible in the service.

Requires Improvement ●

The New Inn

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.

The inspection took place on the 19 and 20 April 2017 and was unannounced. The inspection was carried out in response to a notifiable incident following which a person died. The inspection was carried out by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. On this occasion we did not ask 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 also contacted the local authority safeguarding adults team and the local authority quality monitoring team to obtain their views on the care provided in the service.

As some people who lived at The New Inn were not consistently able to tell us about their experiences, we observed the care and support being provided and talked with relatives and other people involved during and following the inspection. As part of the inspection we spoke with the registered provider, five staff, six people who lived at the service and two relatives. We looked at a range of records about people's care and how the home was managed. We looked at five people's care plans, medication administration records, risk assessments, accident and incident records, complaints records and quality audits that had been completed. We last inspected The New Inn in June 2016 when we found the service was rated good.

Is the service safe?

Our findings

People and their relatives told us that they felt safe at the home. One person told us, "The staff know how to look after me here." One person's relative said, "Yes I think that he is safe. The way the staff look after him and his needs are catered for and he's been there for many years and you can't fault the staff for what they do for X". Another person's relative commented, "Yes, I am sure X is safe." Despite the positive comments we received we found some areas of practice that were not consistently safe.

Staff understood how to report safeguarding concerns. Staff were able to describe the correct process for reporting concerns. One staff said "It's about protecting vulnerable adults and I've done a few alerts and attended safeguarding meetings." Staff members were able to tell us about the training that they had received and were able to describe new categories of abuse that were explained at the training. There was a safeguarding file in the service which showed that three incidents had been appropriately referred to the local authority safeguarding adults team. We noted that the file did not contain the most up to date policy from the local authority, which meant that staff did not have access to up to date reporting procedures. The acting manager informed us that this would be implemented as a matter of urgency and the up to date policy was put in place by the end of our inspection.

People were not being protected consistently against risks and action had not always been taken to prevent the potential of harm. We looked at the accident and incident book and found that incidents had not been signed off by the registered manager. We sampled six incident reports at random and five had no signature and one had been recently signed off by the registered provider. This meant that possible patterns could have been missed as there was no evidence that a manager had reviewed the incidents. Risk assessments were in place but had not been reviewed regularly. Risk assessments stated that they should be reviewed monthly but many had not been reviewed in over a year. People's habits, lifestyle or needs may have changed and possible new hazards would not have been mitigated. One person's care plan highlighted a potential hazard around use of the kettle, in that there could be times when the person may be unwell and try to wash their hands with boiling water. This risk was only mentioned briefly in an independence skills risk assessment which did not explain the underlying causes of the hazard, the potential level of harm, nor include control measures that would reduce the potential risk to the person.

Safety checks had not been completed consistently in the service meaning that people were placed at risk. We checked the health and safety folder and saw that the risk assessments for the general upkeep and safety of the premises were out of date. Most of the risk assessments had not been updated in 15 months and some had been updated in 11 months; however, all assessments stated they should be reviewed on a monthly basis. We checked food temperature records and saw that these had not been completed consistently. For example, from 2 March 2017 to 9 March 2017 no temperatures of food had been recorded. This meant that people were at risk of receiving food that had not been served within a safe temperature range. When we checked the fridge we found a packet of ham that had been opened and was out of date. Other food items that had been opened did not have the date they were opened clearly marked. This meant that people could be at risk of eating foods that had spoiled. Fire alarm point tests should have been happening weekly but in 2017 there had only been four of 16 expected entries recorded. Weekly portable fire

extinguisher tests had ceased on 3 January 2017 and the monthly fire door inspections had stopped in December 2016. Monthly vehicle checks had stopped in January 2017 and there was no record of legionella water temperature checks between November 2016 and March 2017. In addition the health and safety weekly checklist had not been completed for 14 of 16 expected entries in 2017 and the two checks that had been completed marked fire records as complete when they were not.

The failure to safely manage risks and to conduct safety checks is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they felt there were enough staff rostered on the duty rota to meet people's needs, despite staffing vacancies due to an on-going incident. One staff member told us, "At the minute there are not enough staff members here as we're four staff down and everyone tried to help out. We've got four new starters waiting for their DBS check [Disclosure and Barring Service are the agency who conduct enhanced police checks to ensure people are suitable to work with vulnerable adults]." Another staff member commented, "We've been covering to help out to get people to activities. I've spoken [to the director] about using a nine to five shift and covering part of the day with implementing that shift." We looked at a staff rota that covered four weeks of March and April 2017 and levels of staff seen during the day of our inspection matched with the level identified by the registered provider as being required to meet people's needs. Staffing rotas also confirmed that the appropriate number of staff had been in the home to support people for the previous month. People were supported by staff to attend activities and appointments. While this took place there were enough staff left at the home to care for the people who stayed at the service. We saw that directors and senior managers had been working shifts at the service to provide cover and ensure that people had consistency of support and agency usage was minimised. We spoke with the registered provider about recruitment and the sufficient deployment of staff and were told, "We are awaiting the DBS for four staff and are interviewing another person today who has been recommended to us."

Safe recruitment procedures had not always been implemented and followed. Following an incident the registered provider had audited staff employment files and found that people who had recently been recruited had not received the necessary safety checks and training. The registered provider explained that they had audited staff files and found that some new starters had not undergone a full interview and that some had not had the necessary criminal records checks completed before they started to work in the service. The registered provider had recently taken action around this matter and had ensured that all necessary checks had been conducted and that all systems and procedures were in place and adhered to. We checked four people's employment files and saw that one person had not received an induction to the service although this had recently been started. We saw that one person's file had a reference missing but that the registered provider was seeking another reference.

We recommend that the registered provider conducts a full audit of staff files to ensure that all employment records meet the required standards.

There were safe medication administration systems in place and people received their medicines when required. At our previous inspection on 29 June 2016 we made a recommendation about how medicines were stock checked. At this inspection we found that necessary improvements had been made. The registered provider had recently conducted an audit and found several errors with the recording of people's medicines. As a result a new medicines administration system was implemented. All medicines arrived to the service pre-packed for each person for each dose, so the designated staff member doing the medicines round only had to peel off a foil lid and pass the tablets to the correct person. One staff member told us, "We had a new medicines system and we were all trained by the pharmacy; they showed us how to use the system. The first time I used it another staff member double signed with me to make sure I was doing it

right." MAR [Medicine Administration Chart] charts were printed by the pharmacy and contained photographs of the actual tablets. The system was colour coded so that different colours were for different times of the day, e.g. red for evening medicines. Each person had their medicines stored in a separate part of a locked medicines cabinet that was kept in a locked medicines room. This ensured that medicines were stored securely and that staff members were less likely to take the incorrect medicine for a person. We observed good administration practice and people were offered their medicines with a cup of water and were asked if they were ready to take their tablets. One person was offered their medicines but didn't want them as they were preoccupied with discussing another matter so the staff member came back later to the person when they were ready. Staff knew what people's medicines were for and one staff who did not know what one tablet was when we asked them found the information in the person's care plan. We checked four people's MAR charts and found that all tablets administered had been signed correctly for by a staff member. Medicines were signed in to the service appropriately and the audits on medicines were effective and carried out regularly.

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. One relative told us "Each staff member is different in the ways they care for X but they know how to meet his needs." Another relative told us, "They know how to look after X; she's pretty easy going but they all know how she likes things." Despite these positive comments we found some areas of practice that were not consistently effective.

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 MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service had ensured people were protected under DoLS and saw that no applications had been made as people were free to leave the service without staff support if they wished.

People did not have effective assessments of their mental capacity and some decisions had been recorded or had been made incorrectly. We examined two people's care files and looked at capacity assessments around a range of decisions. Decisions that were made, such as whether people consented to living at the service, were not clearly recorded. Each step of the four parts assessment had been recorded, such as, "X stated he liked living at The New Inn and would discuss if he had concerns on the accommodation." However, the final decision on the person's capacity was not recorded. Each assessment we looked at had also recorded that people did not have any impairment or disturbance of functioning of the mind or brain, despite people having diagnoses which would indicate otherwise. For example, one person had a condition that would result in fluctuating capacity but this was not recorded. In addition we found that one decision had been made that showed a person had capacity to manage their finances. However, the person's care plan stated that they did not understand money and required an appointee to manage their affairs. We raised this with the registered provider and were told that the person does not have capacity, that they do not understand money or finances and that the director is the financial appointee for that person. The registered provider told us that they would ensure that the capacity assessment was redone.

The failure to comply with MCA 2005 is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Training and induction of staff was not consistently effective. In our last inspection on 29 June 2016 we made a recommendation that the registered provider implements a consistent induction programme for all new staff. In this inspection we looked at staff files and saw that some people had not been given an effective induction when they were recruited. The registered provider had identified this in an audit and had started to take action by re-inducting staff and scheduling training. The induction booklet being used covered areas such as fire safety, first aid and practical information for staff on how to complete petty cash

tasks. We looked at the training matrix and saw that courses were available in a range of subjects relevant to health and social care. One staff member told us, "The training is really good; it's not what you expect; it's fun and you get up and take part." However, we saw that some courses had not been completed for all staff in key areas. For example, five staff members from the team of 12 staff were due to have their food hygiene and safeguarding training. Moving and handling training was not in date for eight staff and seven staff members required challenging behaviour training. Only two staff members had training in date for fire safety. This meant that there was a risk that staff may not have the correct skills or knowledge to support people. We also saw a letter from the local authority that indicated that several staff had been placed on a positive behaviour support training course but most staff had not completed or passed the course. We spoke to the registered provider about the training and were told that a senior manager was arranging training for staff.

Staff had not been receiving regular one to one supervision sessions, meaning they could not have a structured time to discuss any concerns with a manager. Supervisions were expected to take place on a monthly basis. However, staff files revealed that several people had gone for many months without supervision and some new starters had not received any supervision at all. The registered provider informed us, "Monthly supervisions were not being done but they are happening now. Last month everyone had supervision. We allocated responsibility for everyone's supervision at the managers meeting." We checked the quality of supervisions and saw that they contained discussions around staff sickness, professional development, key working duties and a discussion of each person at the service.

The failure to ensure staff have appropriate training support and supervision is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had enough to eat and drink to keep them healthy and were happy with the quality, quantity and choice of food and drinks available to them. People were able to choose when to eat and were involved in preparing meals. People told us they liked the food and were able to make choices about what they had to eat. One relative told us, "X gets enough to eat and drink. Sometimes he goes off his food and they try and make him eat more. The staff offer verbal assistance and I've been there when he says he's hungry and he's had dinner soon after." We spoke to the acting manager who told us that they wanted to introduce more homemade food and to include this as an activity as some people enjoy cooking with staff. We saw that there were menus in place and where people did not want food that was served there were other options that staff could offer, such as pizzas, chicken fillets and tuna pasta bakes.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. We looked at one person's care records and saw that staff had followed up a psychiatrist's request for a new medicine to be trialled and had discussed side effects with the psychiatrist. This had resulted in a blood test and a review of medicines. However, not all paperwork and plans were accurately and appropriately completed. For example we found that people had a health action plan (HAP). An HAP is a document that is used to describe the support that a person needs to stay healthy. One person's HAP was mostly blank. Sections such as 'current health issues', 'my medication' and 'health screening' had not been completed. A section on the person's health history only had one entry and another part of the plan mentioned the person required assistance to wear their glasses, but did not indicate what assistance was needed, or how to support the person. Another HAP we looked at failed to mention a key diagnosis and had not been reviewed in over a year. In addition the plan mentioned that the person did not drink enough and needed encouragement to drink but this information was not included in the action plan. We raised these issues with the registered provider and were told that they were aware of the issues with paperwork and were conducting a review and rewrite of all plans.

The failure to assess, monitor and mitigate the risks to health of people and to maintain accurate, complete and contemporaneous records is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. One person told us, "I get on well with the staff." Another person commented, "I think the staff here are kind." Another person told us that they thought staff were kind, and when asked what made staff kind they told us, "I like having porridge for breakfast and staff make sure I get it every day and some days I have peanut butter on toast as well when I want it." One relative told us, "[Staff] all seem very caring when I've met them and X is happy with them: if they weren't caring she would object."

People received care and support from staff who had got to know them well. Staff clearly knew people well and were able to tell us about what people enjoyed doing and what support they needed. People who lived at the service told us that they liked their staff and knew them well. Recently there had been changes to the staff team with some staff being transferred to another service and the registered provider had ensured that agency use was minimised so that there was consistency of support. This had been achieved by staff working overtime and senior managers working shifts. On our arrival, on the first day of our inspection, people were sat in the lounge with their staff listening to the radio and planning their day. Some people were going to a music session and other people had chosen to stay at home and do art work.

We found staff were caring towards people and encouraged them with their independence. One person was speaking to staff after their personal care and had not fully shaved their face. The staff member asked them quietly if they wanted to have another go at shaving and the person told them that they had shaved. The member of staff gently informed the person that they had missed some parts and showed the person where. The person replied, "Do you want to do it for me?" and the staff member encouraged them to do it for themselves which the person was happy to do. The staff asked the person, "Shall I check you when you're done?" which the person was happy with.

People were treated with kindness and compassion. One person was offered drawing as an activity by staff who knew they enjoyed this. Staff bought the art materials for the person and sat and had a conversation about who the drawing was for and what the person would draw. After the drawing was complete staff assisted the person to find an envelope to put the drawing in. This required a working knowledge of the person's own vocabulary as they used their own word to indicate an envelope. One staff told us, "The guys get invited to events like my son's christening: all the people here are invited so they know they are a part of my life." One staff member told us, "When X asks repetitive questions I tell him I will do it before I leave and I make sure that I do it. He saw a painting my partner did and liked it so I asked my partner to paint one on a canvas for him and brought it in for him, which he liked."

People were supported to express their views and make decisions about their care. People were encouraged to write their own daily support notes to record their day and how they felt. Staff were able to check on these and had a system established where any confidential issues could be discussed and shared with the staff team. People were able to choose the menu for the service and took turns in doing so. One person told us, "We write the menus ourselves. [Person] does her menu one week and then I do mine the next week. I like shepherd's pie and liver and bacon and I get it." People were encouraged to participate in service user-led

house meetings where they would discuss menus, activities and any changes in the service. A new kitchen had been ordered and people had chosen from different coloured work tops. The registered provider had offered people different choices for types and colours of flooring to replace the flooring in the lounge and this was an on-going discussion. One person commented, "I have staff cut my hair in the lounge. Staff took me to a barber shop but I prefer staff to do it at home, so they do."

People's privacy was respected and their dignity was upheld by staff. Care plans were kept in an office area which was not accessible to people or the public, so that people's confidential information was not available to view. We saw that one person who was sat in the lounge with their peers required assistance with personal care. A staff member quietly pointed out to the person that they needed to go to the bathroom, so that other people's attention was not drawn to the matter. The staff member discreetly assisted the person to the bathroom and the person returned a few minutes later wearing clean clothes. Staff members were aware of privacy and told us that they kept doors and curtains closed when delivering personal care. One staff told us that people's dignity was upheld, "There is always one male and one female on shift so people can have the same gender support if they want it. We don't speak about people or speak about things we shouldn't in front of people."

Is the service responsive?

Our findings

The services people received were not consistently person centred as some care plans lacked personalised details. We looked at several people's care files and found several areas of support that were described and explained but the detail of how to support the person was missing. For example, one person's care plan explained that they required support, "...when X is making inappropriate comments to females and the consequences of the inappropriate comments." There was no further explanation of how this was to be achieved: which strategies worked, any key words to use or avoid, whether to address the issue at the time or afterwards during one to one sessions. Another part of the care plan discussed the person's mental health and identified times, "...when X requires extra support from staff to reassure them all is OK." However, there was no follow up information as to how this support should be given. The person had not had their preferences recorded in relation to how to support them in these difficult moments. The plan later mentioned that the person, "...can become confrontational and agitated around others." It failed to guide staff members on how to manage the person and their anxieties during these times. Another person's plan mentioned that they required support and encouragement with a healthy diet and weight monitoring. The only guidance given was, "Staff to support." This meant that staff were not provided with clear instructions about responding to people's individual needs in the ways that the people want for themselves.

Staff did not have up to date information to support people. Some care documents were out of date and had not been updated in line with the registered provider's policy. One person's care plan listed a drug in the medicines section that had been discontinued some months previously. Personal risk assessments for the same person had not been reviewed in over a year, whereas the form stated that they should be reviewed on a monthly basis. Another person's 'Personal Holistic Profile' contained goals that had not been updated since July 2014. The same person's care plan had been reviewed for the period October 2016 to October 2016 but had not been reviewed since. Their 'communication passport' had last been reviewed in February 2016. The person's care file was disorganised and information was difficult to find. For example, the last recorded doctor's visit was for 18 May 2015 but we later found doctors' visits stored in another section at the back of the file dated up to August 2016. Similarly charts for recording incidents, read and sign sheets, and for recording continence were stuffed loosely in to the back of the file. Some of the charts had been completed and some were blank. We found conflicting information in different parts of the care plan, such as one person who was described as 'wanting to be clean', and then later described as 'liking to be dirty'. This meant that staff members could not find accurate and up to date information easily.

Care plans did not reflect people's choices or show their involvement in the care planning process. We reviewed four people's care plans and it was not clear if the people had been involved in the planning and management of their care and support. Signatures were not present on the plans and people's voice and opinions had not been captured in the documents. One person's 'communication passport' stated that the person had a limited use of words, used some flash cards and understood Makaton. Makaton is a language programme using spoken signs and symbols to help people with communication difficulties to communicate. However, the 'communication passport' did not contain any information on Makaton or any of the signs that the person used. It failed to address the person's unique way of expressing their needs. Another person's 'Personal Holistic Profile' had a section on their life story and this was left blank. One

relative of one person with communication difficulties told us, "They home don't normally involve me in decisions. One thing I would like is a report on where she's been or what she's done." We spoke with the registered provider about this and were told that a report would be sent regularly to the relative.

The failure to ensure care and support met people's needs and reflected their preferences is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had a range of activities planned but these had not consistently been made available to people. For example, one person had attended work three times in a week. However, the person's activities timetable for the week also indicated that they should have gone to the pub, had a music session and been out for a meal and none of these activities were recorded. We looked at another person's records and saw that 15 of 21 entries were recorded as 'personal choice' with no indication of what this was or what had been offered. Another person's activities records showed that only four of 28 activities matched the activities planner. Where there were discrepancies there had been an entry of 'TV' or 'lounge' entered to indicate that the person had not had a structured activity. We checked that person's guidelines for participating in activities which stated, "Staff should follow X's timetable for activities which he is familiar with." The person's holistic profile had a timetable for activities but only three entries out of 14 had been completed.

We recommend the registered provider reviews each person's weekly activity chart, particularly in relation to outside activities, to ensure people are enabled to attend the activities of their choosing.

Concerns and complaints were used as an opportunity for learning or improvement, but actions taken were not always recorded. Complaints were kept in a complaints file but there was no log kept of each complaint. There was a complaints procedure which set out responsibilities for each stage of a complaint and timescales for action. There was an accessible version for people in the service user guide. We saw a complaint that had been made when a relative complained of staff aptitude and frequency of smoking breaks. When we could see no log of actions taken we spoke with the registered provider and were shown evidence that the issues had been addressed and the complainant was responded to verbally.

We recommend that the registered provider reviews the recording process for all complaints to evidence how complaints are monitored until concluded to a satisfactory resolution.

Is the service well-led?

Our findings

At our last inspection on 29 June 2016 we found that the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. They had failed to ensure that effective quality monitoring systems were in operation in relation to the cleanliness of the service. The registered provider had sent us an action plan detailing how the previous breach would be met by March 2017. At this inspection we found that improvements had been made in relation to the cleanliness of the service, but the effective operation of quality auditing systems not been sufficiently embedded in to practice. Quality audits had not been effective in highlighting shortfalls within the service. There had been recent improvements in auditing but some levels of care and support had not been at the correct standard and had not been identified by the management team. Issues we have highlighted in this report, such as support documents being out of date, risk assessments not being effective or in date and some safety checks not happening, had not been identified by the management team. We spoke to the registered provider about the lack of effective auditing systems and were shown that some audits had been implemented. However, we could not be sure that these audits were embedded in to practice and would be sustained. The registered provider commented, "We have come in at a time of crisis and our main focus has been on the health and welfare of service users. We have evaluated day to day paperwork and simplified it to help documenting. We've brought in a new meds system and have left notes in the communication book about cleanliness and it has improved." The registered provider explained that they had to prioritise their workload and had re-written one person's care file themselves and had shared this with the staff team as a learning exercise. We saw that the registered provider was conducting a 'monthly' audit of the whole service, and that this was happening every other week until standards were improved.

The registered provider had failed to ensure that effective auditing systems to identify shortfalls in the service and recognise areas for improvement had been embedded. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received mixed feedback about the culture of the service. Some people told us that the service was homely and relaxed and we saw that people were made to feel at home. One relative told us, "They all seem very happy and I'm sure it is a happy home. If X wasn't happy she would not want to go back." One person told us, "I like it here: I like being in my room but I also like sitting in the lounge with my friends." However, three of five staff we spoke with told us that due to a recent incident the morale in the home had dropped. A staff member commented, "Staff morale has been low but it has started to pick back up. We all talk about problems with each other which is nice and [deputy manager] is always there for you." The acting manager told us, "Everyone seemed stressed and tense when I started working here, and I am just asking everyone to do their job and calm down a little." We spoke to the registered provider about the different feedback that we had received and were told, "The culture I've come up against is the running around the needs of the staff and not the service users." The registered provider told us that recent staffing changes had initially led to some negativity but that the staff team was starting to pull together and support each other. The registered provider commented, "Management meetings, team meetings and supervisions are all happening now and staff are involved in the running of the service. For example, we consulted staff about how to simplify the handover sheets before making any changes." The registered provider gave us examples

of how they were working towards a positive culture change in the staff team, such as enabling staff to learn new skills and in retaining staff who were considering leaving the service.

We recommend that the registered provider seeks guidance about providing staff and management support in order to drive improvements in the culture of the service.

There had not always been sufficient leadership within the service. Staff supervision and appraisal had not been happening as frequently as the provider's policy set out. Management audits had not happened and been followed up with action plans. We spoke to the registered provider about this and were told that this had already been identified and that they were working on improving leadership within the service. There was a registered manager in place but they were not currently in day to day charge of the running of the service. The registered provider had taken an active role in the service and had appointed the deputy manager from another service to fill in as an acting manager. We spoke with the acting manager and were told that they were studying for their level 5 management diploma and felt supported by the registered manager from another service, the director, the service manager and the deputy manager from The New Inn. The acting manager told us, "[Director] is great and works very hard and she's always available. There's also the service manager and the other registered manager and we all work really well together as a team." The registered provider explained that they had been working on shift to support staff and to maintain the correct standard of care. We were shown four examples where the registered provider had recently used the disciplinary process to ensure that staff members were working to the standard the provider expected.

We recommend that the registered provider reviews leadership and management practices within the service to ensure that a consistent standard is achieved and sustained.

The registered provider was aware of their responsibility to comply with the CQC registration requirements. They had notified us of events that had occurred within the service so that we could ensure that appropriate actions had been taken. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The registered manager confirmed that no incidents had met the threshold for Duty of Candour.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered provider failed to ensure there that care and support met people's needs and reflected their preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider failed to ensure that the principles of the Mental Capacity Act 2005 were adhered to.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had failed to safely manage risks and to conduct adequate safety checks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider failed to assess, monitor and mitigate risks to the health of people, or to maintain accurate, complete and contemporaneous records. The registered provider had failed to ensure that effective auditing systems to identify shortfalls in the service and recognise areas for improvement had been embedded in to

practice.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered provider failed to ensure staff had appropriate training, support and supervision