Care Quality Commission

Counticare Limited

Grosvenor Court

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?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on the 6 and 7 January 2016, this inspection was unannounced. Grosvenor Court provides accommodation and support for up to 17 people who may have a learning disability, autistic spectrum disorder or physical disabilities. At the time of the inspection nine people were living at the service.

The service is run by a registered manager who was present on both days of the inspection. 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.

Grosvenor Court was last inspected on 15 October 2014 and had been rated as requires improvement at that inspection. The Care Quality Commission (CQC) issued two Requirement Actions after this inspection. Areas of concern were: there were insufficient staff numbers to meet the needs of people and records were not accurate

Summary of findings

and lacked detail to reflect the care people were receiving. We asked the provider to submit an action plan to us to show how and when they intended to address these shortfalls.

At this inspection there continued to be insufficient staff to meet the needs of people. People did not receive the allocated one to one hours consistently that they were funded for. People who were not in receipt of one to one hours did not get many opportunities to leave the service and do outside activities.

Risk assessments were not always followed by staff or they were not updated with the most current information. We observed some practices which did not follow the guidance documented in the assessments.

Medicine was managed safely but the service had not followed its own policy in obtaining over the counter cream for people, which should have been agreed by the persons GP. Guidance had not been put in place for staff to know where creams should be applied, and some people would be unable to verbally communicate this with staff.

One person's behaviours meant they could not be alone with other people using the service. The service could not demonstrate it would be able to meet the needs of this person due to insufficient staff available.

New staff had not fully completed their in house induction or been observed to check they were competent to support people alone.

There were some activities people could participate in within the service, but there was no activity plan to demonstrate meaningful or fulfilling activities were being offered to people. We observed times in the service when people where not engaged with any social interaction or stimulation.

Auditing was lacking in areas. For example, health and safety checks and auditing of one to one hours allocated. The service had made improvements in other areas such as reviewing records and had their own quality assurance systems in place to make further improvements.

Staff had a clear understanding of how to recognise and report safeguarding concerns and knew who to contact and how. Staff understood how to whistle blow and had access to numbers that they could phone in confidence.

Recruitment practices were safe, this helped to ensure people received care from appropriate staff. Staff completed the necessary training to undertake their roles effectively.

People had choice around their food and drink and were encouraged to make their own choices and decisions about this. If people declined their meal, an alternative was offered. People were encouraged to make other simple choices according to their communication abilities and complexity of needs.

People were supported to make complaints if they were unhappy with any part of their care and treatment and relatives had been informed about how they should make complaints if they needed to. Relatives told us they felt confident they could complain and be listened to.

Relatives were sent questionnaires to obtain their views about the service and the service actively sought their feedback. The service had received a number of compliments about the service they provided and the relatives we spoke with were complimentary about the care their loved one received.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

There were not enough staff to support people with their individual needs.

People had individual risk assessments to minimise risk of harm but assessments were not always updated and staff did not always follow the assessments made.

People received medicines safely and in the way they preferred. Body maps to inform staff where people needed their creams were missing. Over the counter medicine had been obtained without agreement from the GP. This was an area that needed to improve.

Safe recruitment processes were in place when new staff were employed.

Is the service effective?

Requires improvement

The service was not consistently effective.

New staff had not completed their induction before working unsupervised.

Staff received training to enable them to complete their role effectively.

The provider had met the requirements of the Mental Capacity Act 2005.

People were involved in making decisions about their food and drink.

Peoples health needs were responded to and met.

Is the service caring?

Requires improvement

The service was not consistently caring.

Practices effecting people's dignity were inconsistent; some practice observed did not always respect people's dignity, although there were also some examples where it did.

Staff were not always able to socially engage with people as well as perform their other duties.

Staff knew people well and cared about their welfare.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

People were not always able to participate in activities and outings.

Care plans and guidance documents were written in an easy read format which was detailed and individual to the person.

A complaints policy was available. Relatives knew how to complain and felt confident they would be listened to.

Summary of findings

Is the service well-led?

The service was not consistently well led.

Internal audits to monitor the quality of the service people received were not always effective. Audits had not identified people were not receiving their allocated one to one hours or that some safety checks had been missed.

People and staff were encouraged to be involved in the service and had regular meetings to discuss improvements and areas of good practice.

Questionnaires were sent to relatives and their view was actively sought.

Requires improvement

Grosvenor Court

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 6 and 7 January 2016 and was unannounced. The inspection was conducted by two inspectors. Before our inspection we reviewed information we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law. The registered manager had not received a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We gathered this information during the inspection.

During the inspection we spoke with six staff, the registered manager, and one visitor. After the inspection we spoke to four relatives by telephone. Not all people were able to express their views clearly due to their limited communication, others could. We observed interactions between staff and people. We looked at a variety of documents including peoples support plans, risk assessments, activity plans, daily records of care and support, staff recruitment files, training records, medicine administration records, minutes from staff meetings and quality assurance information.

Requires improvement

Is the service safe?

Our findings

A visitor told us, "They do seem short staffed here, staffing levels could improve".

At the last inspection we found the service was not always safe because, at times, there were not enough staff to provide the support people needed. We had asked the provider to send us an action plan following that inspection to tell us how they would improve the shortfall in staffing numbers. The provider told us they would make improvements by 31 May 2015. At this inspection sufficient action had not been taken to meet the required improvements.

Previously 11 people were living at the service, at this inspection this had decreased to nine. Staffing levels were based on a one staff to three person ratio and three people were additionally allocated one to one hours, which was funded by their local authority. One person was allocated three hours per week, another person 10 hours per week and one person 21 hours per week. Records did not demonstrate that people were receiving their allocated one to one hours, which were used for activities and to enable people to access the community.

The registered manager said they were allocated a total number of staff hours from the provider per week. The registered manager was unsure how the provider worked out the hour's people required and they did not complete individual dependency assessments for individuals to ensure staffing levels met people's assessed needs. At the previous inspection people were not receiving their allocated one to one hours because there were not enough staff on duty; this continued to be the case at this inspection. Records confirmed that out of the 12 month period from January to December 2015, one person who should have received three one to one hours per week only received all of their allocated one to one hours in July 2015. In other months they received as few as one and a half for the month, resulting in them not being able to access the community. The registered manager told us if the allocated one to one hours were not achieved one week they would be made up another week. However records showed this was not the case.

Staff told us one person could display behaviours that challenged others and were difficult to manage. We were told by a staff member that this person could not be in communal areas of the service without staff supervision. A staff member said the person was able to leave their room if they wished but if there was not enough staff they could not be trusted to be left alone around the other people living in the service. This person's care plan confirmed this and their behaviour guidelines stated: '(Person) must never be left unescorted with other service users at any time. If (person) is in communal areas, staff must sit beside them and watch them at all times'. It was not evident that staff would be able to meet the needs of this person on their request as staff were often busy supporting other people or completing tasks.

This person was allocated 21 one to one hours per week; six of these hours were used for a visit to their family and three one to one hours were allocated over five days to be used for activities. The person did not always wish to be around other people and sometimes chose to use their one to one hours within the service. During the first day of the inspection the person was asked if they would like to come out of their room which they declined, The registered manager said, "(Person) is not very happy today, they want to be left alone". The registered manager told us, "(Person) is happy here, we don't always have enough staff for (person) to support one to one, but they can join in things like music sessions or other in house activities". I think (person) is suited to living here. (Person) doesn't like noise or too much going on around them". Staff availability meant this person needs were not always met, and their movements within the service were restricted.

During an hour observation of people sitting in the lounge little interaction happened between people or staff apart from when people were told it was time for lunch or time for their medicines. Little stimulation or communication engagement was offered to people apart from when staff offered them drinks or passed by the lounge. Staff did not have time to sit and engage with people for meaningful periods of time as they had other tasks to complete. Records confirmed there were three staff on duty from 7:30am to 9:00pm. An additional staff member covered one to one hours four times a week between 9:00am to 12:00pm and occasionally a staff member would cover a mid-shift between 10:00am to 5:00pm. The registered manager worked five days a week from 8:30am to 4:00pm and helped cover shifts if short staffed. At night support was provided by two wake night staff between 9:00pm to 8:00am. The cooks' position continued to be vacant, which was being filled by an additional care staff. The provider

Is the service safe?

had taken action to fill this vacancy since the last inspection without success. Seniors on duty undertook some administrative jobs such as, supervisions and medicine checks and care staff were required to undertake cleaning and laundry duties, which took them away from care duties leaving less staff on duty to meet the needs of people at that time.

Observations also confirmed that care staff undertook the weekly shopping taking them out of the service for this time, people did not go with staff to complete the shopping. This happened on the second day of the inspection taking one member of staff most of the afternoon, the registered manager would cover staff hours during this time. A person's risk assessments stated, 'Staff need to ensure (person) is not in the house dining room at any time without supervision during the course of the day. If (person) is in the house dining room with supervision (person) is not to sit by the kitchen door as (person) could burn/cut themselves'. During the inspection there were numerous times when the person had been left unsupervised in the dining area because staff were attending to other tasks. Although less people lived at the service the needs of these people were high and much of the staff practice we observed was task focused. Six people required assistance to manage their continence and everyone apart from one person required support with their personal care. Two people required support with their mobility, including using a hoist, which had to be conducted by two staff. This meant whilst this person received their personal care the staffing numbers to care and support the other eight people reduced to one. A staff member commented, "Its task orientated here, it's not person centred".

The provider has continued to provide insufficient numbers of suitably qualified, competent, skilled and experienced staff to fully meet people's needs. This is a continued breach of Regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not protected from risks associated with their care and support. One person had a risk assessment for burns from radiators. This stated they were at risk of burning themselves if radiators did not have covers. Documentation stated that maintenance personnel would fit radiator covers to all communal areas, landings and bedrooms. However at the time of the inspection not all radiators in the communal hallways had radiator covers fitted, which presented a safety risk for anyone touching the radiators. Another person was at risk of choking; the risk assessment stated the person should not be left unsupervised when eating. We observed this person eating their meal without supervision at times throughout their lunch. The assessment also said they should have a spoon with a double thickness handle to eat with, but they had been given the wrong utensil and were using a long handled spoon at lunchtime. The registered manager confirmed that this person should have been supervised throughout their meal. Another person had a moving and handling risk assessment, which stated staff should stand behind the person while they pulled themselves up as they would often like to sit on the floor. The practice we saw staff use did not follow what the assessment said and was not safe as this left a risk of injury to the individual. Staff stood in front of the person and pulled them up by their hands on three occasions. Deodorant, hand cream and air freshener had been left on a shelf in a bathroom, which could pose a risk to people as it had not been stored safely. Other risk assessments that were viewed showed good detail and were in a pictorial format to make them easier for people to understand.

The provider had failed to do all that was reasonable practicable to mitigate risks. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People did not benefit from a clean environment in which to live. One staff member told us, "More staff are needed; it's very difficult to keep up with things. Cleaning goes a miss sometimes". At the time of the inspection there were no separate domestic or laundry staff employed, care staff were required to undertake laundry and cleaning responsibilities within the service. During the inspection we observed that there was a build-up of dirt and grime in bathrooms and toilets, a sink where medicine pots had been left upside down to dry was dirty, and there were cobwebs around windows and ceilings. The registered manager told us that following the previous inspection one deep clean had been conducted by an outside service, but the care staff did not conduct any of their own deep cleans. They said, "We do what we can, but it can be hard particularly at night when staff also have to do half hourly checks on people". We saw there were broken bins in communal bathrooms, which could no longer be opened using the foot operated pedal, so staff would have to touch the dirty bin in order to dispose of waste and people's

Is the service safe?

supplies of continence pads were stored on top of dirty shelves in the communal bathroom. This did not follow good infection control practices. During the inspection the registered manager told us that the provider had agreed to allocate an additional 25 hours to the service, so they could employ a cleaner to work five days a week. The registered manager said that cleaning and cleanliness of the service was not something they recorded in their audits. A cleaning schedule had been implemented for staff to follow and outlined what day and night staff should do. However it was evident at the time of the inspection these were not effective in keeping the service adequately clean.

There was a lack of cleanliness and effective measures had not been implemented to monitor this, which is a breach of Regulation 15 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were some gaps in the safety checks which were made to ensure the environment was safe for people. These included missing checks in July, August and October 2015 of the fire alarm, extinguishers, emergency exits, escape routes and emergency lighting. There were also gaps in the water temperature checks throughout September and October 2015. The provider could not be sure that systems and equipment to keep people safe were in full working order during these periods, placing people at risk.

Safety checks had been missed to ensure equipment and systems were effective in keeping people safe which is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were fire risk assessments, evacuation and fire plans available around the service to inform staff of the procedure to follow in the event of a fire. People had individual personal evacuation plans on their care files. Accidents and incidents were logged on people's individual care files. The registered manager also logged accidents and incidents on a computer system, these were reviewed and analysed by a health and safety consultant, to identify any repeating incidents. Any trends found were notified to the registered manager to take appropriate action, to reduce the risk of harm to people. The service also kept logs of any hospital admissions or safeguarding concerns. This helped to maintain a continuous oversight. Emergency plans had been implemented by the registered manager in the form of a grab file. This included a list of emergency numbers, next of kin, locations of where to shut off the gas, mains electricity and water and what the procedure was if the service needed to be evacuated or there was a utility disruption. This helped ensure people remained safe.

Medicines were only dispensed, ordered and returned by senior carers, night staff or the registered manager. An out of date document had been left in the medicine folder for a person who no longer used an occasional use (PRN) medicine. This was removed when pointed out to avoid any confusion. Some documentation referred to the old compliance standards, which had not been updated. Some people were using over the counter creams, which had not been prescribed by their GP. This did not follow the services policy, which stated all creams should be agreed by the GP. Body maps had not been used to help staff understand where people needed to receive their creams. We have identified this as an area that requires improvement.

Medicines were stored in a medicine trolley, which could be taken to people around the service. There was a list of staff signatures available in the medicines folder as well as pictures of people that required medicine and their room numbers, to help ensure people received the right medicines. If staff made any errors they knew how to report this and they were required to re-do their training before being permitted to administer medicines again.

People were protected from abuse. Staff received a copy of the whistle blower policy, which was also available in the office. It included a contact number staff could call in confidence to raise any concerns. A staff member said, "I would report safeguarding to a senior, or manager. I could go above them to whistle blow". Other staff were able to describe what action they would take if they needed to raise concerns if they suspected or saw abuse. An up to date safeguarding policy was available and included information about who to report to and what the process involved.

Robust recruitment processes were in place to protect people. Gaps in employment history had been fully explored and Disclosure and Barring Service checks made. These checks identified if prospective staff had a criminal record or were barred from working with adults. Other checks made prior to new staff beginning work included references, health and appropriate identification checks to ensure staff were suitable and of good character. One photo ID was missing from a staff file, however, this was obtained after the inspection.

Requires improvement

Is the service effective?

Our findings

Induction for new staff included two days shadowing experienced staff and four days of various induction training. A workbook was given to staff to complete throughout their induction, this covered the service's essential training requirements. A new staff member who had been working for a month and completed tasks without supervision had not fully completed their induction workbook and this had not been signed off by a senior staff member, to ensure they had the required knowledge. New staff had not been completing the Care Certificate as part of their induction. The Care Certificate was introduced in April 2015 and are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. A supervision and appraisal schedule was available to view and showed staff received a mixture of face to face, and observational supervision.

Staff demonstrated a good knowledge of how to support people with their specific needs. A staff member said, "When I get a chance, I do my training". Staff received a mixture of e-learning and face to face training to equip them with the skills needed to carry out their roles effectively. This included safeguarding of vulnerable adults, Mental Capacity Act, moving and handling, fire, infection control, food hygiene, communication, learning disability, medicine, and training in managing challenging behaviour. Some staff had received specialist training in epilepsy, and percutaneous endoscopic gastrostomy (PEG) feeding (a PEG feeding tube is a tube which goes directly into the stomach). The registered manager made weekly checks to identify when refresher training was needed and kept track of this on the computer system and a training schedule, which was available to view in the office.

People received adequate food and drink. A relative said, "I think there is plenty of different food and drink". Another relative commented, "There's loads of food and drink". Staff encouraged people to make choices regarding their meal preferences. At the weekend staff sat with people and asked them to choose different meals for the forthcoming week. Staff balanced out the choices people had made to ensure food was nutritious and not the same thing for consecutive days. Recipe books, cards and an iPad were available to help people make choices about the meals they wanted. There were various types of cups, cutlery and assistive equipment to meet the needs of people who required further support around eating; however these were not always appropriately given to people. One person was drinking from a cup, which hit against their forehead when they tipped it up. Staff told us they were waiting for a re-assessment from the speech and language therapists (SALT) about this. If people did not want the meals offered we saw they were provided with alternatives, until something was found that they liked and wanted. People who had specialist requirements around their meals were catered for. If people required pureed food according to the guidelines made by SALT this was pureed separately and presented in an appetising way.

People were supported to maintain good health. Monthly health reviews had been recorded in peoples care files, which included a review of appointments the person had attended and the outcomes of these visits. One person was diabetic and a risk assessment was in place to help staff recognise the signs to look out for if the person became unwell and what action they should take to help them. When people needed specialist help from outside professionals this was supported. For example, some people had been referred to the speech and language therapists to support them with reducing the risk of them choking. There was a decision making agreement in the care files, which broke down who was responsible for making decisions around health issues, finances, activities, care requirements, DoLS and eating and drinking, which had been written by the registered manager.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Mental capacity was assessed and staff understood the requirements of the Act. The registered manager had made eight DoLS applications to the

Requires improvement

Is the service effective?

Supervisory Body and five had been authorised, and conditions were being complied with. The service had correctly notified the Commission when authorisations had been granted.

Requires improvement

Is the service caring?

Our findings

A relative said, “There is good care, they are so kind and (family member) is well looked after”. Most people were unable to tell us directly of their experiences so we observed interactions between them and staff over the duration of our visit. We observed one interaction, which did not provide privacy or dignity to a person who required support with their individual health needs. This person had a PEG feeding tube, which needed to be reinserted. Although screens were available around the service, should a person require support in communal areas, these were not used. The person was supported by staff and the registered manager in the communal lounge where three other people were also present. We discussed this with the registered manager and they said they would highlight to the rest of the staff team the importance of providing people with care, which was dignified and respectful. We have identified dignity is an area that requires improvement.

We observed times when staff were focused on tasks and, because of this, little social engagement took place with people. Over the duration of an hour observation, people in the lounge had brief interaction with staff when they came in and out of the room. People did not have much stimulation, the television was on, but no one appeared to be paying attention to it. One person had a bag with their belongings, which they would look through, but other people were not offered any magazines, books, sensory equipment or objects of interest while they sat in the lounge.

We observed a staff member provide assistance to a person with their health needs, which was respectful and dignified and screens were used to protect this person’s dignity. Staff spoke with people in a caring way and had good rapport with them. Staff had a good understanding of how to communicate with people when their verbal communication was limited. Some staff had received specialised training in alternative communication to help them understand and engage with people better and we saw staff used these methods during the inspection. When people chose to be alone, staff respected this. A visitor told us, “I think (person I visit) is happy here we see progression. (Person) has a good relationship with staff”.

When people were supported to take their medicines staff did this in a respectful way. They explained what medicine the person was receiving and spoke to the person throughout to ensure they were happy and comfortable. The relatives we spoke with gave very positive feedback about the service and treatment their loved one received. One relative told us, “I’m happy with the home, no problems, staff are good, facilities are good. We phone up the manager and say when we will come. We can whenever we like”. Another relative said, “I’m very happy, we visit every three to four weeks, we have no problems with the home”.

We observed the registered manager explaining to two people about the CQC poster they had been asked to put up for people to see. The registered manager said to the person, “This person in the corner is from CQC and doing an inspection today, this is how you speak to them or you can speak to them today”. When people needed involvement from advocacy services this was provided. One person had received advocacy support in relation to a DoLS application, which had been made and in the purchase of a new wheelchair. People’s bedrooms had been decorated in a personalised way with photographs, cuddly toys and one person had a fish tank.

Staff said they had asked a person if they would like to join them for dinner at Christmas. Usually this person would take their meals alone, but on this occasion they chose to join the other people. Staff said this was a positive step for the person and they supported this social interaction. Photographs of this event had been taken and kept in the persons individual care plan.

Requires improvement

Is the service responsive?

Our findings

One relative told us, "It would be nice to have more staff and do more activities. They can't get out, not enough staff on. I think more staff are needed for activities so people can get out". One person's daily service records showed they had not been outside of the service for the whole of December 2015. One staff member said, "People don't get to go out enough. It's hard to facilitate this when there's not enough staff to facilitate". A vehicle was available for people, but only two drivers were available, which meant outings would be further restricted. The registered manager told us that if people wanted to go out in the vehicle two staff needed to be available, one to drive and the other to escort. One staff member told us, "Not enough staff here. The needs are high; we can't get people out much".

We asked a staff member how they felt the service could improve, they responded, "Man power (staffing) would be high on the list. If you haven't got that you haven't got anything. We could then facilitate one to one time. More staff would be more needs based, it's really hard for people to try new things here, but comes down to staffing". At our last inspection we found that people were not engaged in activities and were mostly in the lounge with the television or DVD on. At this visit we found it to be much the same. We observed people in the lounge for an hour where they did not appear to be watching the television. They were not offered anything additionally to occupy them. We did observe on the second day of the inspection a staff member doing some arts and crafts with people. One person was doing puzzles in the second lounge; this room also had bean bags and a computer for people to use. Two people attended a day centre and were dropped off and picked up by staff. People could pay to receive massages/ aromatherapy or take part in music and dog racing sessions in the service if they wished, external organisers came in to do this. One person was visited once a week by an external social care professional to work on their life skills or go for walks. Two people had gone on holiday to a caravan park in October for four nights and one person had gone on holiday with their relative.

There was no structure to demonstrate that people were receiving a full activity programme to meet their needs. Records were kept of the activities people had participated in which included: watching TV, pamper bath, bed rest, sort out clothes, and room clean, there lacked opportunities for people to engage in activities outside of the service. Apart from the people who received one to one hours or attended the day centre an activity planner was not in use to arrange weekly outings for people. No staff had been made responsible for activities and there was no evidence people were involved in making decisions about the outside activities they wished to participate in. One staff said, "It's hard to facilitate if person would like to go out without planning". Another staff said, "I haven't seen an activity rota".

The provider had not ensured people's social needs had been assessed or met. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had good guidance in their care plans about their daily routines, which were regularly reviewed. Guidance included what time people preferred to get up and how they preferred to receive their personal care. This was reflected in the daily notes records. The service had done some good work with one person who had specific needs; there had been a lot of work with this person to help them manage their anxieties and behaviours. Progress had been well recorded in their folder, which included photographs. Peoples care plans included an overview of their needs and wishes, communication, religious wishes, what was important to them, end of life plans, personal histories, what they could do independently, goals and dreams, my time and personal money. A pen picture gave a clear overview of the person's basic needs. This also identified how the person preferred to be addressed, which demonstrated the service was thinking about the person in an individual way. Guidance was clear in its description about how people should be supported. There was a key worker system in place. Key workers were responsible for monthly reviews of people's care plans and sending a copy of their review to the person's relatives where appropriate. Review logs were used well to document what changes had been made to people's care plans and documents were updated every six months. People received a six monthly care review conducted by the service as well as an annual review where the person relatives and case managers would be invited to attend.

People were protected by a robust complaints procedure. There was a complaints procedure in place for people and their representatives. A relative told us, "Most of the time

Requires improvement

Is the service responsive?

they can resolve complaints verbally. I have been told about the paper work for this". Another relative said, "I can raise complaints if I need to and they are listened to". People had access to an easy read complaints policy located on a notice board in the communal lounge. The policy provided details about who to complain to and where the complaint could be referred to if the service had not responded in a satisfactory way. The document listed the details of other organisations, which could be contacted for support. People had a complaints risk assessment in their care file if they were unable to raise complaints due to communication difficulties. One complaint had been made in 2015. The registered manager had responded to the complainant in writing to address their concerns. The service had received six compliments in 2015. Compliments included "Well done and thanks for the picture of (person)", and "Well done to all the staff on (persons) progress".

Requires improvement

Is the service well-led?

Our findings

One relative told us, "I'm always kept informed by the manager, there are no problems with that". Another relative said, "The manager is good, they listen to any concerns". It was considered by some members of staff that communication between management and staff could be improved. One staff commented, "There needs to be more responsibility given to the support workers. It's like them and us (seniors and support workers)". Another staff member said, "The manager is not always quick to respond to things, they have a lot to do". The values of the staff was clear in that they wanted to support people in a caring and person centred way, but due to lack of staff numbers care was task led and people were not given more opportunity to experience new social interaction. The registered manager recognised this as a key challenge to the service and said, "Activities are the same as the last inspection, not improved. Peoples needs have changed, but the funding hasn't. We have tried to recruit, but not worked out, we are actively recruiting".

Records were not robust. It was difficult to understand records we were presented with around people receiving their one to one hours. A clear staff rota was not available or reflective of what hours the staff were completing; the registered manager showed us a diary, which they used to write in staff hours, however, the information was not clear. Staff were completing a weekly hour's total log and another document to record how people had received their allocated hours. The two documents did not match up and the registered manager told us that staff had not been completing them properly. We were able to track activities people had completed in the daily service records. This system of auditing people's allocated hours was not effective as it had not been identified that people often missed the additional hours they were funded for.

Records were not accurately completed, reviews to monitor this were lacking. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not protected by effective checks and audits. Audits were made on the medicines by the dispensing chemist, senior staff and registered manager. However, there were some gaps in the safety checks, which had not been identified in the internal audits. These included the fire alarm, extinguishers, emergency exits, escape routes and emergency lighting checks. There were also gaps in the water temperature checks throughout September and October 2015. Audits had not been made to monitor the cleanliness of the service, which had been raised as a concern in the previous inspection.

The service had improved the way it reviewed documentation, which had been raised as an area to improve at the last inspection. However, although reviewing was more frequent the reviews conducted had failed to identify that some of the risk assessments were not accurate or that some staff practice, as also witnessed at this inspection, were not an accurate interpretation of what was described in the assessments. This indicated some practices were not embedded into everyday care and support and reviews of risk assessments and observational checks of staff practice had not identified or addressed these concerns. New staff had not had their competency checked to ensure they were working effectively

This inspection highlighted shortfalls in the service that had not been identified or addressed by monitoring systems in place. Some of the shortfall had been identified at our last inspection and remained of concern at this inspection.

The failure to provide effective systems or processes to assess, monitor and improve the quality and safety of services was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities).

Monthly staff meetings were arranged for staff to attend and discuss what was working well and what could be better. The registered manager used this as an opportunity to discuss mistakes within the team, what went wrong and how lessons could be learnt. Staff said people were offered the opportunity to be involved in service user meetings, which the senior would arrange. Most people had complex needs, which meant communication could be difficult. Staff would look for signs in the person body language and changes in their behaviour to assess if they were unhappy or wanted to communicate something important to them. In the lounge was a notice board, which had information about DoLS guidance, how to complain and a service user guide, which were all in an easy read format. Because people could not read they were reliant on staff to communicate this information to them. Staff involved

Requires improvement

Is the service well-led?

people in simple decisions, such as what they would like to eat and one staff said, "We hold up different clothing and some people point. Most people won't make a choice; one person will smile (to indicate choice made)".

Senior management visited to conduct a review and complete a service improvement plan; the last review had been in November 2015. This review identified areas the service needed to improve and timescales for meeting the improvement identified. Other audits had been conducted and a document called "operational performance monitoring tool" evidenced that the service was being reviewed internally, so improvements could continue to be made. Relatives told us that they frequently received questionnaires to complete where they were asked to give their view about the service and what could improve. Questionnaires had been sent to relatives and feedback had been analysed in August 2015. Feedback was positive and covered areas, such as information sharing, accommodation provided, accessibility, facilities, food and beverages and care and support provided. A relative had also sent in a letter complimenting the service. The compliment said "We have seen nothing, but a positive and loving environment for all residents". A relative told us how the registered manager had responded well to a situation, which they wished to be improved. They told us, "I had a long talk with the manager; we have sorted it out now". A monthly report was written and sent to people's relatives to keep them updated about the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had failed to do all that was reasonable practicable to mitigate risks. Safety checks had been missed to ensure equipment and systems were effective in keeping people safe Regulation 12(1)(2)(a)(b)(d).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment There was a lack of cleanliness and effective measures had not been implemented to monitor this. Regulation 15(1)(a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The provider had not ensured people's social needs had been assessed or met Regulation 9(3)(a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had not ensured effective systems or processes were in place to assess, monitor and improve the quality and safety of services. Records were not accurately completed, reviews to monitor this were lacking. Regulation 17(1)(2)(a)(b)(c).

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider has continued to provide insufficient numbers of suitably qualified, competent, skilled and experienced staff to fully meet people's needs. The provider had failed to deploy staff with sufficient training Regulation 18(1)(2)(a).