

Henshaws Society for Blind People

Henshaws Society for Blind People - 66 Hookstone Chase Harrogate

Inspection report

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21 December 2016

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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?

Inadequate 

Summary of findings

Overall summary

At the last announced inspection of this service on 8 February 2016 we found that the service required improvement to become safe. This was because the systems for medicine administration did not protect people from the associated risks. We identified this as a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection the registered provider submitted an action plan telling us the action they would take to make the required improvements.

This inspection took place on 15 and 21 December 2016. On the first day of our inspection we gave short notice of our visit the morning we visited. We arranged to visit on the second day when the registered manager would be available to speak with us.

The service is registered to provide personal care and accommodation for up to five people with a learning disability who may have an associated sensory impairment and physical disability. When we inspected there were five people living at the service.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission CQC. 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.

We reviewed the progress made by the registered provider in making sure people were kept safe from the risks associated with medicines management. Improvements had been made to the recording and storage of the systems with regard to managing people's medicines. This meant that the previous breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

During our inspection we identified six breaches in regulations. This related to safeguarding people from abuse and improper treatment, repairs and cleanliness of the premises, staff training and supervision, dignity and respect, the need for consent and the overall governance of the service.

You can see what action we told the provider to take at the back of the full version of the report.

Although management systems were in place to assess and monitor the service, these had not been completed consistently. They were not recorded in a format which could be easily referred to for progression and improvement. The registered provider had failed to make improvements based on recommendations made at our last inspection in relation to safeguarding practice and house repairs.

The registered provider did not have effective systems in place to monitor the care being delivered to people. We found record keeping was inconsistent and management oversight at the service was not effective in ensuring that people were provided with safe, person- centred and inclusive care. Staff did not

have a comprehensive understanding of what constitutes abuse and poor practice; they were not applying the principles of the Mental Capacity Act 2005, to ensure that people's rights were protected.

When we visited there were not sufficient numbers of staff on duty to meet people's individual needs, and to allow people to undertake their chosen activities. We have made a recommendation about reviewing staffing provision to ensure sufficient levels on each shift to meet people's care and social needs.

Staff recruitment was seen at our last inspection to be robust and no issues of concern were raised at this inspection.

A new care planning format was in the process of being implemented when we visited. Records contained information about people's needs, their likes and dislikes and their social history. However, at the time of our inspection information was not being provided in a format that people could easily read or understand. We identified that monthly reviews were not up to date.

People's nutritional needs had been assessed and they were encouraged to help with food shopping and meal preparation. Some people prepared some of their own meals with minimal supervision from staff; they had been provided with specialised equipment to help them to do this safely.

Systems were in place to seek feedback from people who lived at the home, relatives and staff.

There was a complaints procedure. However, we identified that care and welfare issues raised with the registered manager had not been investigated using the complaints procedure. This also raised concerns about the registered manager's leadership and lack of action. We have made a recommendation about the management of complaints.

Following our inspection we met with the nominated individual and the registered manager to discuss our findings and to ascertain the improvements they planned to make to improve the service and ensure the provision of high quality, safe care.

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 always safe.

Improvements had been made to the arrangements for the storage and administration of medicines.

However, we identified shortfalls in relation to the maintenance and cleanliness of the premises and to safeguarding practice.

Staffing levels need reviewing, to ensure people received a safe and effective service that met their individual needs.

Risks associated with people's care were assessed.

Staff were recruited safely in line with the organisation's procedures.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff training was required in a number of topics to ensure staff were sufficiently skilled and knowledgeable to undertake their role effectively.

Staff supervision was not undertaken on a regular basis.

The service was not following the principles of the Mental Capacity Act 2005. We did not see evidence of the service completing mental capacity assessments or best interest decisions.

People were supported to prepare and eat a varied and nutritious diet. Some people prepared their own meals, with assistance from staff when needed.

People had access to health care professionals such as GPs, physiotherapists and dietitians when required.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People were encouraged to be independent. However people were not always treated in a kind or respectful way.

People's privacy was respected.

Is the service responsive?

The service was not always responsive.

People's care needs were not clearly recorded.

People had access to activities however some people felt that their choices were limited because staff rotas were inflexible.

People and their relatives had raised concerns but these had not been investigated using the formal complaints procedure.

Requires Improvement



Is the service well-led?

The service was not well led.

Proactive managements systems were not established.

Monitoring checks were not being carried out in a systematic way to ensure shortfalls were identified and action taken to improve the service.

The registered manager kept the Care Quality Commission informed of any incidents that occurred.

Inadequate



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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 15 and 21 December 2016 and was announced. The inspection was carried out by one adult social care inspector.

Before this inspection we reviewed the information we held about the home, such as notifications we had received from the provider. A notification is information about important events which the provider is required to send us by law. We looked at the Provider Information Record (PIR) submitted in December 2015. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted two local authorities who commissioned services, to ask them for feedback about the service.

We spoke with five people who used the service, three relatives, three care staff and the registered manager. We looked around communal areas of the home and three bedrooms with people's permission. We also spent time looking at care records for three people who lived at the home. We reviewed records relating to the management of the home including the provider compliance audits, staff rotas, supervision and training records.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our last comprehensive inspection on 8 February 2016 we found that the service required improvement to become safe. This was because the systems for medicine storage and administration did not protect people from the associated risks. We identified this as a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. After the inspection the provider submitted an action plan telling us the action they would take to make the required improvements.

At this inspection we found that improvements had been made to the arrangements for handling people's medicines in line with recommendations from the pharmacist. Staff told us that they had completed training on the administration of medicines and we saw the records to confirm this. We found that people received their medicines as prescribed. The date boxes and bottles were opened was recorded on the packaging. When we visited the temperature of the medicines room was being checked and recorded each day to make sure medicines were stored at the correct temperature. The dispensing pharmacist had carried out an advice visit in December 2016 and we identified that the registered manager had taken action based upon what they had said.

At our last inspection we recommended that the service needed to adhere to the organisation's policy and procedure on safeguarding adults from abuse. Since that inspection we had received notification of one safeguarding alert regarding people's finances. Following our inspection the nominated individual told us that investigations into this were completed on 11 July 2016. We checked the personal cash records for people in the service. We saw these were clear and the monies held for each individual tallied with the record of transactions and receipts. On the first day of our inspection we saw that people's cash boxes and bank cards were not stored securely. We asked the care worker to lock the filing cabinet and secure the keys. On the second day of the inspection we saw this had been done.

We saw in the daily care records for one person that staff had told them they could not have breakfast until they had apologised for their behaviour, which they had done. This approach was not recorded as part of the person's care plan and the use of food as a reward or a punishment was not acceptable practice. On another occasion, staff recorded that the person had alleged staff had pushed them resulting in an injury to their head. Staff had not made a safeguarding alert so this had not been investigated appropriately. Instead, staff had dealt with this matter with the person themselves leaving them vulnerable to further allegations. We made a safeguarding referral to the local authority regarding the care of one person living at the service.

We concluded that staff had not followed safeguarding procedures to protect people. This was a breach of regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment.

At our last inspection we identified that some house repairs were not always undertaken in a timely way. We made a recommendation that the service ensured the premises were safe for their intended purpose. At this inspection there were a number of concerns about the physical condition and appearance of the premises and the overall standard of cleanliness. For example, in one bathroom the cord mechanism for the

bathroom blind was missing and tile grouting was dirty and unsightly. There was a hand towel in the staff bathroom and the pedal bin mechanism was broken meaning staff had to lift the lid by hand. These posed a risk of cross contamination. One person told us that the hand wash basin and vanity unit in their relative's bedroom needed replacing and they were awaiting its replacement.

We observed that a smoke detector in the medicines room had been dismantled. The registered manager told us this was as a result of water ingress from a leak causing it to malfunction. They said that the maintenance team were aware of this and repairs were in hand. We wrote to the nominated individual and asked them to ensure that the actions they had taken met the specific requirements of the fire and rescue service. The registered manager has since confirmed the smoke detector has been replaced.

When we visited a door release mechanism to the lounge door was broken and a door wedge was being used to keep this door open. Door release mechanisms are designed to automatically release a door when the fire alarm sounds. This meant that the safety of people using the service and staff may be jeopardised in the event of a fire. Following our inspection the registered manager confirmed that the door guard in the lounge has had its batteries and ferrule replaced so was now working safely.

We found that the premises and equipment were not being cleaned and properly maintained in a timely manner. This was a breach of regulation 15 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. Premises and Equipment.

At a meeting with the nominated individual and the registered manager on 20 January 2017 they told us that the service had difficulty ventilating one room sufficiently because the person liked to keep their window and door closed. The window had a vent fitted and the maintenance team had used mould resistant paint to try and combat the problem. They said the broken blind in the bathroom would be replaced. After our inspection the nominated individual confirmed that the cabinet would be replaced and they hoped to have a new one fitted by the end of Feb 2017.

The registered manager told us that there had been a number of changes within the staff team and the service used agency staff to cover vacancies. They said that the agency staff they used were familiar with people living at the service. This was important because staff often worked alone so it was critical that they knew about people's care needs so that they could provide consistent, safe care.

On the second day of our inspection we observed that people had little to do and staffing levels did not allow for one to one time with people to provide support and activities. People had varying needs and abilities and one person commented they would have to wait to go out because there was only one member of staff on duty. Two other people were in their bedrooms for most of the time although we saw one member of staff who came on duty did spend time with one person.

It was not clear if there were enough staff, or whether staff lacked sufficient drive to encourage people to leave their rooms. The registered manager told us that in their view one staff could provide appropriate support for the five people who used the service. They explained that people attended day services so enjoyed some quiet time when they were at home. However, we saw people responded positively when staff did spend time with them. Another person told us they liked their privacy and liked to spend time on their own in their room. As there was a concern that the lack of staff enthusiasm and proactivity directly impacted on the lack of activity for people, we have recommended that staffing levels are reviewed to ensure people's needs could be flexibly met.

We recommend that the registered provider use a reputable staff tool to review present staffing levels

against people's dependencies.

Risks associated with people's care were assessed, to ensure that people were supported to do the things they wanted to do in a safe way. We saw that where accidents and incidents had occurred these were recorded. However, it was not always clear from people's care records what action had been taken in response to incidents. For example, we saw one person had suffered frequent, unexplained falls. The health care professional who reviewed their care recommended a review of the person's hearing and sight. The registered manager told us that appointments were booked but this was not evident from the records we saw. Information provided to CQC after the inspection demonstrated that follow up appointments had been made as advised, but that further health checks were required to look into the cause.

There were no issues regarding recruitment practice raised at our last inspection. Staff told us that the recruitment process included an application form, references and checks with the Disclosure and Barring Service (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with adults who may be vulnerable because of their circumstances. This helps employers make safer recruiting decisions and helps to prevent unsuitable people being employed.

Is the service effective?

Our findings

Training records highlighted the training considered to be essential by the organisation and the frequency of the staff training. Essential training included safeguarding adults, fire safety, health and safety, moving and equality and diversity. In addition, staff were required to undertake training specific to their role. We found gaps in the training, to meet the care needs of people who were accommodated including people living with autism, epilepsy and dementia. Five staff (62.5%) had not completed autism training; four staff (50%) had not completed epilepsy training. No staff had received training on dementia, however we were told that this had been a relatively recent diagnosis for one person and a dementia awareness session was planned. We were concerned because staff worked with people on a one to one basis in the service and in the community so they needed to be able to recognise signs of deterioration or important changes and respond quickly in an emergency.

From our observations and from people's records we found that staff inexperience had an adverse impact on people's wellbeing. Staff supervision sessions had recently been completed, however records showed these were not taking place for all staff on a regular basis. The registered manager acknowledged these sessions were valuable and enabled them to speak with staff about their performance and professional development. However, they said that the use of agency and supply cover was putting a strain on the existing staff members who had to undertake management tasks while also providing care and support to people living there.

The above demonstrated a failure to ensure that staff were provided with the appropriate training and support needed to meet people's needs safely. This was a breach of Regulation 18 of the HSCA 2008 (Regulated Activities) Regulations 2014. Staffing.

At a meeting with the nominated individual and the registered manager on 20 January 2017 the nominated individual told us of the arrangements in place to ensure staff received support and training to enable them to fulfil their roles effectively. This included training from external providers and from rehabilitation officers in the organisation.

New staff completed an induction period that included training, shadowing existing staff and enrolling for the Care Certificate. The Care Certificate is a set of standards that social care and health workers follow in their daily working life. The registered manager told us that staff completed a workbook and a probationary period before being confirmed as permanent staff. We checked the records of staff who had started work as agency or supply staff and saw that in these cases they had a transition period in which they completed induction training.

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 so that they can receive care and treatment when this

is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals 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. Two people had active DoLS authorisations in place. The registered manager had notified us of these as the law requires.

At our last inspection we saw that the registered manager and staff had completed training on MCA and DoLS. However when we visited two staff required this training and one member of staff required refresher training (37.5% staff).

We found the service was not assessing people's ability to make specific decisions, for example regarding their finances or restrictions placed on people's leisure activities. Examples included people entering into credit agreements over television contracts and the signed 'agreement' in place for one person with the registered manager and the person's keyworker in which the person had agreed not to visit a social club for a period of six months. In addition to this, there was no record of a best interest decision. A best interest decision is a decision made on behalf of a person who is unable to make their own decision and should involve the person's family or friends and other health and social care professionals. This meant that staff were not always following the principles of the Mental Capacity Act 2005 when planning people's support. This was a breach of Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2014. Need for consent.

During our inspection visit we saw people were consulted about their food preferences and people were encouraged, wherever possible, to assist with food shopping and meal preparation. One person told us they could prepare their own meals using the microwave and we saw this happened while we were there. People's dietary needs were recorded in support plans. This included any assistance people needed with food preparation or with eating their meals. For people who needed support we saw they had access to regular drinks and snacks throughout the inspection.

We saw people had access to health care based on the support they required. Records we saw on the day of the inspection demonstrated that health care professionals such as GPs, ophthalmologists, physiotherapists and dietitians were involved appropriately in supporting people with their health care. We saw for one person the physiotherapist had recommended specific aids and advised further health checks, to ensure their mobility was maintained and improved if possible. We saw that arrangements were in place for these to be done.

Is the service caring?

Our findings

We asked people who used the service if they liked the service. Comments we received included, "It is okay," "I like some of the staff," and, "They [The staff] are alright, I suppose."

Several people who used the service and relatives referred to staff changes and said this had impacted people's wellbeing. In speaking with us, one person expressed a strong preference for certain members of staff who they said they got on with really well. They told us that they were not actively consulted about recruitment decisions or had a say about who moved into the home. This meant that people's diverse needs and their views and compatibility were not being taken fully into account and acted upon to ensure all options are considered. One person told us they were unhappy and would like to move. We were told that the person frequently said they didn't like living there. A placement review had been held but the information about this was not readily apparent in their care plan or in the person's daily record. The head of housing and support said that following wider consultation with family and social care professionals a decision had been made the placement would continue.

Relatives told us that staff had not always supported people with their basic care and hygiene needs appropriately. For example, in making sure that people were washed and had clean clothes when they were going out. They said any issues usually occurred when agency staff had been on duty and they had raised these with the registered manager and with the head of housing and support. However, one relative said new staff had been appointed and was hopeful things would start to improve.

When we visited, people were planning for the forthcoming festive holidays and most people were going home to relatives for the holiday period. One person told us they were very excited by this and were looking forward to the break and seeing family.

However, over the two days we visited we saw variable care practice and we were concerned that people were not always treated with kindness and respect. This was evident in some of the care records we saw and from our observations. For example we saw disrespectful comments such as, "I think [Name] was pinching biscuits!" When asked how they provided person centred care one care worker said, "To be honest, they wouldn't be able to tell you." This showed that staff did not have a good understanding of people's individual care needs and preferences. We spoke with the head of housing and support regarding our findings and asked them to investigate.

We observed people were mostly left to follow their own pursuits with staff intervention at mealtimes and when medicines were administered. For example, we saw one person was repeatedly writing their name on a card. Staff came into the room on several occasions, but did not speak with the person or help them. After an hour we asked the person if they would like to put the card in its envelope, which they did. We later saw this person standing in their room rocking from side to side. During the afternoon we saw another care worker who had recently come on duty spend time with this person, which they clearly enjoyed.

Because the day centre was closed for the holidays another person told us they had enjoyed a lie in. They

smiled when we asked what they were having for breakfast and said they fancied cooked eggs, which they needed help to prepare. They were reminded dismissively that it was a week day and therefore staff would not be helping them prepare a cooked breakfast. This meant the person could not change their mind as we had been told at our last inspection.

We concluded that people did not always receive kind, respectful care and treatment. This was a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Dignity and respect.

At a feedback meeting with the nominated individual and the registered manager on 20 January 2017 the registered manager said that the provision of a cooked breakfast at weekends was established practice. After our inspection the nominated individual informed us in writing that people who used the service were involved in the appointment of a senior support worker in May 2016 and also the appointment of the registered manager in January 2015.

We observed some positive interactions and we saw staff reminded one person discreetly to close the door when they were undressing, which protected their dignity. Some people made positive comments to us about the staff. One relative said, "The registered manager is lovely." Relatives told us there were no restrictions to prevent them visiting their family members and some people made frequent visits to see their families. Most people were collected by family for visits and one person travelled independently. For another person their care plan stated, "I like to phone [my relatives] so we share everything we have been up to through the week." This showed us that people were supported to keep in touch with people who were close to them.

Is the service responsive?

Our findings

Relatives informed us they were involved in care planning and the annual care reviews, and one relative said, "We can discuss any issues openly." One person who used the service told us, "It used to be better here, but it is okay."

We looked at care plans and daily records and found the quality of the recording was inconsistent and some were incomplete. We saw a number of entries in people's daily records that were not signed or dated. This made it difficult to ascertain who had made entries and the accuracy of these. We found daily records for one person had not been completed for a seven day period in December 2016. People had a document in their records titled 'My Star Chart', and this included 10 outcome areas with set goals. Three people had not had their star chart reviewed or updated at monthly intervals, so were overdue. This meant that the service could not demonstrate that outcomes for people's care and support needs were identified and met. The registered manager told us about new care plan documentation that was due to be introduced into the service.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support, so they can communicate effectively with health and social care services. We saw records contained information about what was important to each person and their likes and dislikes. For example, one person's record detailed, "This is about me in my home, an environment I am familiar with and with people I know and who know me well. I will need time, support and reassurance in an environment I don't know." However, care plans at the time we visited were not presented in a format that people could read or understand. In addition, they had not been updated to specify what the additional support measures were so that unfamiliar staff coming into the service would understand how to provide safe, consistent support. We asked one person about their access to records and they said that staff read their care plan out to them so it was not a problem.

The relatives we spoke with said they were involved in reviews. For some people the commissioning authority told us that their review consisted of a written report from the service. We spoke with staff regarding people's individual care and support needs. Staff told us they were assigned to work individually with people as keyworkers and they had monthly one to one meetings to check on people's progress. One relative said, "[Name] has a new keyworker and they have developed a good relationship." The registered manager told us that because of staff changes they had been acting as keyworker for three people, but they had not been able to maintain their regular meetings because of their other management tasks.

People told us they usually followed an active programme at the Arts and Craft Centre, which was operated by the registered provider and they were engaged in plenty of leisure activities outside of the home. A relative told us that the staff in the service, together with support from the staff at the centre had been the, "Making of [Name]." For example, they told us that the person collected the daily bulletin from the centre office and visited each department, to relay the news and important information about the day. They said

they would never have believed the person would have been capable of this before they moved into the service.

Most people needed support to go out, but said that sometimes they were bored and the staff were too busy to accompany them. Our observations on the second day of our inspection were that the staff could not always respond flexibly to people's choices about what they wanted to do. The activities within the service were based on supporting people with independent living skills, such as supporting people to clean and assistance with cooking skills. One person showed us their photograph album, which staff could use to help explain the activity they were going to undertake such as washing and folding the laundry. Another person had a staff photo board in their room, so they would know who was on duty.

Three people gave us permission to view their rooms and we saw these were comfortable and personalised with evidence of their hobbies and interests.

There was a formal complaints procedure. People we spoke with said they were aware of the formal complaints procedure, and said would have no difficulty in raising any concerns. We checked the complaints book kept in the service. We identified that some issues we were told about had not always been addressed using the complaints procedure. Two people told us about a number of concerns they had raised concerning the lack of care their relative received. Another person had raised concerns. One relative told us that the registered manager listened and reacted to their concerns and were confident that they would act to resolve these. Another relative told us they had raised their concerns through the complaints procedure. This was on-going when we visited. We checked the complaints book and saw that none of the issues raised with us had been recorded as a complaint.

We recommend that the service seek advice and guidance from a reputable source, about the management of and learning from complaints.

Is the service well-led?

Our findings

We received differing views about the management and culture of the service. Some people told us they thought the service was good and they were happy with the management arrangements. A social care professional told us the registered manager was proactive. Others however raised issues regarding the changes to key personnel and they told us the changes had impacted people's wellbeing and it had been a difficult transition for everyone concerned. However, one relative said they were hopeful that this situation would soon improve as people became accustomed to the new staff. The registered manager reported, "Different staff attitudes make it difficult to provide consistent, positive care." A relative told us that the registered manager was open about the difficulties the service was experiencing. They said, "Their [the registered manager] honesty is deeply refreshing."

Although we identified improvements to medicines management in the service, we found that appropriate action had not been taken in response to all the recommendations and advice given at our last inspection in February 2016. We found issues in relation to safeguarding, the environment, staff training, and complaints at this inspection. Following our inspection, the head of housing and support informed us of mentoring arrangements they had arranged to support the registered manager at this time.

The registered provider's quality assurance systems were not effective as they had not picked up on the issues we identified at this inspection. There was a schedule of audits titled 'provider compliance audits', to ensure the safe and smooth running of the service. We checked the schedule for the provider compliance audits for 2016 and saw that over 40% of scheduled audit checks had not been completed as scheduled. This meant that systems were not effectively monitored to check on the quality and safety of the services provided to people and drive continuous service improvement.

In addition to the above checks we saw that the staff completed further daily, weekly and monthly checks for cleaning, and safety checks such as hot water temperature checks. We saw gaps in these checks also. For example, following a safeguarding issue the registered manager told us that a daily audit was made of people's monies. However, when we checked the cash records we noted that audits had not been completed daily as we had been advised.

We identified that records were inconsistently completed and confusing to follow. For example, action points on the provider compliance audits did not always contain a timescale for completion and maintenance requests were kept separately making progress on action points difficult to measure. There was inconsistency in staff recording practice including how staff signed and dated records. We found that the lack of adequate record keeping was adversely affecting the safe and smooth operation of the service.

We found that people who used the service and their relatives were not actively consulted about their preferences regarding the running of the service. Staff meetings and supervision sessions were not being carried out systematically, to make sure staff were working safely and in a consistent way. We found culture and attitude issues at the service and the registered manager was not always setting staff the best example

in the way they approached issues.

Effective management systems to assess, monitor and improve the quality and safety of the service were not in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulation 2014. Good governance.

At a meeting with the nominated individual and the registered manager on 20 January 2017 the nominated individual told us auditing processes had been reconfigured to ensure none of the registered managers would audit their own service. They informed us of further plans to develop the audit processes further to include a new post with a focus on contract compliance and auditing. In addition to these changes, arrangements had been made for an experienced registered manager from another service to provide mentorship and support.

The registered provider was required to have a registered manager as a condition of their registration, and the service had a manager who was registered with the Care Quality Commission. This meant that the registered provider was meeting the conditions of their registration. The registered manager was supported by a care worker who had additional responsibilities. On the first day of the inspection we found this care worker did not have good knowledge of the systems and processes in the service. We spoke to the registered manager about this and they explained that they were new in role. They told us they planned to complete further training with them to ensure they could undertake the additional responsibilities with confidence. We saw that staff training needs had been highlighted and arrangements were in place for new staff to undertake the training they needed.

The staff we spoke with described the register manager as supportive. Staff said that it was a small staff team so they felt that they were kept informed about matters that affected the service by talking with the registered manager. The registered manager told us that they planned to give additional support to the senior care worker so they could undertake regular audits.

The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred.

At our last inspection in February 2016 we saw evidence to confirm that maintenance certificates were up to date. No concerns were identified during this inspection.

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 10 HSCA RA Regulations 2014 Dignity and respect Service users were not always treated with dignity and respect. Regulation 10 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider was not assessing people's ability to make their own decisions. We did not see records of best interest decisions to demonstrate that the registered provider was acting in accordance with Mental Capacity Act 2005. Regulation 11(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not protected by the safeguarding processes in place. Staff had failed to recognise and report safeguarding issues so that they could be investigated appropriately. Regulation 13 (1)(2)(3)(4)(c)
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 15 HSCA RA Regulations 2014
Premises and equipment

People were not living in premises that were maintained to a good state of repair and cleanliness. Repairs were not undertaken in a timely way.

Regulation 15 (1) (a) (e)(2)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

Systems and processes were not established and operating effectively to assess, monitor and improve the quality and safety of the service provided, and to act on feedback on the service. Records were inconsistent and some were incomplete.
regulation 17 (1) (2)(a)(b)(c)(e)(f)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

People were not protected by staff who had received suitable training and support to fulfil their role effectively.

Regulation 18 (2) (a)