Turning Point

Turning Point - Willes Road

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

This inspection took place on 16 October 2015 and was unannounced.

Willes Road is registered to provide accommodation and personal care for up to six people who have a learning disability or autistic spectrum disorder. The home has a lounge, kitchen, communal bathroom and two bedrooms on the lower ground floor. There is a further kitchen, lounge and dining area on the ground floor. The rest of the bedrooms are on the first floor. There were five people living in the home at the time of our inspection.

There was a registered manager in post. 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. The registered manager had been at the service since August 2015. They were receiving support from a registered manager from another home within the provider group. This manager is referred to as the 'supporting manager' in the body of the report.

Summary of findings

The home had been through a period of several months when there was a lack of consistent managerial oversight. Since the new management team had been in post, they had identified areas where considerable improvements needed to be made. Whilst some action had been taken, further improvements were required to ensure people received a quality of care that met their individual needs.

There were not always enough suitably trained staff to keep people safe and meet people's preferences. Staffing numbers had been reduced, although there had been no identified change in people's needs. We could not be confident the reduction in staff had fully considered people's needs and staff skills, especially as the service was using a high number of agency staff.

There was a programme of training, but it was not always linked to people's care needs so staff had the skills needed to support people effectively. Although staff had completed training in positive behaviour management, they told us they required a higher level of training to support them in managing people with behaviours that were challenging.

Staff were trained in safeguarding people and understood their obligations to protect people from abuse. However, some incidents in the home had not been identified as presenting potential safeguarding issues and had not been reported to the local authority as required. Some incidents that had been reported, had not been reported to us in accordance with the provider's obligations.

Risk assessments were in place that identified risks to people's health and wellbeing. The new management team had identified that risk management plans needed to be more detailed and robust so staff had the information they needed to manage risks in a more positive way.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act if a person was not able to make a decision.

People were offered a variety of nutritious home cooked meals and were supported with their nutritional needs. Staff supported people to attend appointments with other health professionals to manage their healthcare needs.

Staff were aware of where people were, and attentive to their needs. There were friendly interactions with people, and staff spoke respectfully and explained what they were doing as they supported people. Staff ensured people maintained relationships with those who were important to them.

Staff tried to be responsive to people's social needs, but due to staffing levels people could not always go out when they wanted to. Staff felt this impacted on people's wellbeing.

Care plans were in the process of being reviewed to ensure they contained more detail and recorded people's preferences about their care and routines. The reviewed care plans gave detailed guidance for staff on how to deliver care to meet people's needs.

There had been some improvements carried out in regard to the maintenance and refurbishment of the premises. However, these were on-going and there remained areas where improvements were needed.

Staff were pleased to have a new registered manager in the home, but it was clear the previous few months had been difficult for staff who felt demotivated. The management team recognised that staff morale was low and that staff needed more support to feel valued.

During our inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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 always enough staff to meet people's complex needs and to support them safely in the home and in the community. Some incidents in the home had not been identified as presenting potential safeguarding issues. Staff did not always have the information they needed to manage behaviours that could cause upset or distress to people or others. People received their medicines as prescribed.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff did not receive the support and training they needed to meet the specific needs of the people living in the home. Procedures were in place to act in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were supported with their nutritional needs and referred to a range of suitable healthcare professionals as required.

Is the service caring?

Requires improvement

The service was not consistently caring.

Staff were respectful and respected people's right to privacy. Staff supported people to achieve goals that promoted their independence around everyday tasks in the home. People were encouraged to maintain relationships with those closest to them and relatives were welcome to visit. Staff morale was low and staff did not always feel they were listened to.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

Due to staffing numbers, people could not always go out when they wanted to. Care plans were being reviewed to ensure they contained the information necessary to support staff in meeting people's needs in a way they preferred. There had been no complaints received at the service, but some people were not clear about the complaints process.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

There had been a period where there was a lack of consistent managerial oversight of the home. A registered manager was now in place, but there were a number of areas where a need for improvement had been identified. Some improvements had been made, but further improvement was still required to ensure people received a quality of care that met their individual needs.

Turning Point - Willes Road

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 16 October 2015 and was unannounced. The inspection was undertaken by one inspector.

We reviewed the information we held about the service. We looked at information received from external bodies and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. At our inspection visit we found instances where we had not received notifications.

Due to their complex needs people were not able to share their views of the service provided. We therefore spent time observing how they were cared for and how staff interacted with them so we could get a view of the care they received. We also spoke with two relatives.

We spoke with the registered manager, a supporting manager from another service within the provider group and five staff members. We reviewed two people's care plans and daily records to see how their support was planned and delivered. We reviewed records of the checks the staff and management team made to assure themselves people received a quality service.

Requires improvement

Is the service safe?

Our findings

People were not able to tell us whether they felt safe in the home. However, we saw that people approached staff for support and assistance and moved around the home as they wished. Both relatives we spoke with were confident their family members were looked after and kept safe.

We spoke with five staff, all of whom expressed concerns about staffing levels. They told us that due to people's complex needs, they all required one to one supervision in the home to keep them safe and ensure their needs were fully met. Two people required the support of two staff members when they were outside the home. Staff told us that until recently, staffing had been based on a ratio of one member of staff to each person, but this had been reduced to four staff during the day. There was a floating member of staff who could provide 17 hours extra care each week. We asked staff what impact this had on the people living at the home. Responses included: "We are supposed to be one to one, but when there isn't, we have to bounce off each other and muddle in. [Person] can't always have two to one so they can't go out or can only go out for short periods, but it should be their right to go out when they want." "[Person] is two to one in public. They are only getting two to one maybe twice a week. They have only been out once this week, hence their behaviours get worse. That is why they are in bed today, because they can't go out. Their behaviours have got drastically worse since the staffing issues." "From 6.00pm to 10.00pm tonight there will only be three staff. They say it is safe. If there are three staff, it is not safe."

Staff told us that due to the number of staff vacancies there had been a high use of agency staff. Although staff understood the difficulties the provider faced in recruiting staff, they also described the impact on their work practice and how some people struggled with a lack of consistent staff. Comments included: "I think it is a major impact. A lot of these guys like consistent faces. Luckily we tend to use the same ones (agency staff), but new faces can impact." "I think it is okay if you get the consistency. When you get people who are new, I think that with [person], they don't respond well with personal care with new people and they have been known to show old behaviour and not co-operate with personal care."

We discussed staffing levels with the registered manager. They confirmed that the service had been reliant on agency staff for a significant period of time. New staff had been recruited, but some staff vacancies remained. The week before our inspection visit the service covered 160 hours with agency staff. The registered manager acknowledged this could have an unsettling effect on people, but told us they tried to use the same agency staff to provide some consistency. The provider was still recruiting and hoped to fill all the vacancies over the next few months.

Due to the high costs of agency staff, the provider had reassessed staffing levels and implemented a different shift pattern so staffing reflected when people's needs were higher. The registered manager told us they would continue to assess staff skills and the relationships between people and staff to ensure they were safe. However, they accepted this would mean there were occasions when there were only three or four staff in the home which impacted on how often people could go out when they wanted to. They told us, "It is going to impact certainly with service users accessing the community. They were going out pretty much every day and it is going to impact on that." They also accepted this could affect behaviours if people could not go on outings which helped them remain calm and at ease with themselves. They went on to say, "Once we get staff recruited and agency levels go down, staffing levels will go up."

We were concerned that staffing numbers had been reduced while people's dependencies had remained the same. As people could not go out as frequently as they had done previously, this in turn had impacted on their behaviours which meant they required a higher level of supervision. However, there were less staff to provide that supervision and support. Staffing levels were based on staff availability and costs rather than the needs of people living in the home.

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

There were procedures to protect people from abuse. Staff spoken with were aware of the safeguarding procedures and knew what action to take to protect people should they have any concerns. The manager providing managerial support to the home told us, "I think the safeguarding training is good, but I think there should be on-going training for safeguarding and reporting. I think there needs to be more consistency for what they are seeing as safeguarding and what is not." When we looked

Is the service safe?

through the record of incidents that had occurred, we identified one incident which had caused significant risk to the person involved, staff and members of the public. Another incident involved missing medication that required stringent checks. Neither of these had been recognised as potential safeguarding issues. They had not been referred to the local authority safeguarding team to ensure any risks could be reviewed and managed to ensure people's needs were met. The first incident had been viewed as part of the person's behaviour rather than considering the impact on others. The service had informed us of another recent safeguarding investigation when prompted to do so by the local authority, but had failed to notify us of other referrals.

This was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding services from abuse and improper treatment.

The provider checked staff were suitable to support people before they began working in the home. This minimised risks of abuse to people. For example, we saw recruitment procedures included checks made with the Disclosure and Barring Service (DBS) prior to their employment. The DBS is a national agency that holds information about criminal records.

Risk assessments were in place that identified risks to people's health and wellbeing. Where risks had been identified, there were management plans to minimise the risks. We looked at one person's risk management plans which were to be reviewed monthly. There had been no reviews since December 2014. This person's risk assessment for behaviours that challenged stated they should be supported one to one at all times. This was not happening on the day of our visit. Staff expressed concern that the management plans in place did not always give them enough information to manage any escalation of behaviours. One staff member said, "There is nothing in place to say what to do. There is nothing written up." The new management team confirmed they had identified that risk management plans needed to be more detailed and robust so staff had the information they needed to manage risks in a more positive way. They had commenced work on updating risk assessments and behavioural management plans which would support staff in keeping people, themselves and others as safe as possible.

We checked whether the environment was safe for people. We looked at one of the communal bathrooms. We saw the seal between the bath and the tiles needed to be replaced. There was no seal between the floor covering and the skirting boards, some of which were broken. This meant there was trapped dirt in the gap which could not be cleaned effectively. The bath and toilet were stained. One person had just had a bath and we saw another person's clothes in a heap on the floor, together with their communication passport. People's toiletries were all kept together on a shelf in the bathroom. The stairs leading to the lower ground floor were badly lit and the lights in the corridor above were not working. This meant it was not always a hygienic or safe environment for people.

We looked at how medicines were managed and found people received their medicines as prescribed, but there were some areas where improvements to the management of medicines were required.

Each person had their own medication folder which contained a list of their medication, what it was for and any potential side effects. We looked at three people's medication records. Administration records showed people received their medicines as prescribed, although we identified two occasions when staff had not signed to confirm they had given a person their medicine.

Some people required medicines to be administered on an "as required" basis. There were protocols for the administration of these medicines to make sure they were given safely and consistently. However, some of the protocols were not kept in people's medication folders which meant they were not always easily accessible for staff to refer to.

Staff had completed medicine training but some staff had not been "signed off" as competent by the manager to administer medicines. One staff member told us, "One morning all three staff who were in were not medication trained so if anyone needed PRN medication, we couldn't give it." The registered manager confirmed there had been an occasion when this had occurred, but rotas now ensured there was always a competent person to give medicines on each shift.

The provider had taken measures to minimise the impact of unexpected events. Each person had their own fire evacuation plan so staff and the emergency services would know what support people needed in the event of an

Requires improvement

Is the service safe?

emergency. The registered manager told us there was a business contingency plan should the home become uninhabitable, but that it needed to be reviewed because it was two years out of date.

Requires improvement

Is the service effective?

Our findings

Relatives had no concerns about the care their family members received and thought staff knew what they were doing.

During our discussions with the management team they told us they had concerns about the quality of induction new staff had received when starting work at the home. They told us that induction now consisted of a week of training at the provider's local office and then a period of shadowing more experienced members of staff. They told us this had not been happening which had not supported new staff to get to know people's needs and establish a relationship with them. They explained, "New staff weren't getting the support in the home to get to know people and to shadow. I think they were thrown into it." They told us one new starter had been given a keyworker role on their first day and said, "New staff would not be given a keyworker role now because a relationship hasn't developed." One staff member described their induction and said, "It wasn't the best or the most professional." Another staff member said, "Because we were short staffed, I don't think they had the proper induction they needed and shadowing because they were thrown into the deep end. I think that is why some of the incidents happened."

There was a training programme in place. Staff gave mixed responses about the benefits of the training they received. One staff member said, "I don't think it is that good. They scrape by on the bare minimum." Although staff had completed training, it was evident they were not always putting their learning into practice. For example, we observed a staff member collect soiled bedding from a bedroom and carry the bedding in their arms as opposed to in a plastic bag. These unhygienic practices meant there was a potential risk of the spread of infection.

Looking at the training records, we could see the training provided only covered the basics for delivering safe and effective care. Staff required further training specific to the needs of people living in the home. For example, two people living in the home had a diagnosis of autism. Staff had not received training in how to support people living with autism. Most of the people in the home used variations of Makaton to communicate. Staff had not received training in the effective use of Makaton. One staff member told us, "We have picked things up along the way but Makaton training would be quite good."

Some people could become upset, distressed or agitated and display behaviours that could cause concern to others and themselves. We were told that due to the behaviours, some staff lacked confidence to support those people or take them out into the community. One comment was, "Some (staff) are nervous around some service users and some are really confident." Whilst staff told us they had received training in positive behaviour management (PBM), they said it was at only a basic level involving distraction and did not assist due to the unpredictability of behaviours. They said that further training at a higher level would give them the skills to manage challenging situations so they felt more confident. "We have had PBM training but I think we need the higher training. " "Personally because the behaviours have got worse, we need some restraint training. Breakaway techniques don't work."

The registered manager and supporting manager agreed there were gaps in staff skill sets. They told us, "I think there should be a higher level of understanding communication. If we worked on the communication we could meet their needs better and have a more consistent approach." They went on to say, "Staff will be receiving positive behavioural management level three. It is the only home in Warwickshire that will have it (within the provider group). It has been identified as a high priority and we are hoping to have it done in the next month to six weeks."

Staff told us they received supervision, but we had mixed responses about how often it was happening. Supervision provides staff with an opportunity to discuss their work practice and any training or developmental need. The registered manager accepted that supervisions had not been happening as regularly as they would wish, but a more structured supervision process was being implemented.

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

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. Although only 50 percent of staff were up to date with their MCA training, the care staff we spoke with understood the requirements of the MCA. Staff told us they supported people to make as many of their own decisions

Requires improvement

Is the service effective?

as they could. Where people were unable to communicate a preference, they did what they thought was best for the person, unless the person declined. Staff told us they were watchful of people's body language and facial expressions to ensure they were respecting their choices.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act if a person was not able to make a decision. For complex decisions, that involved a lot of information to consider, the registered manager told us they would arrange a best interest meeting which would involve the relevant healthcare professionals and those closest to the person. One member of staff told us they had held a best interests meeting for one person who required a medical procedure.

The MCA and DoLS require providers to submit applications to a Supervisory Body for authority to deprive a person of their liberty. Applications had been submitted for all the people living in the home. For one person, there was no record of a capacity assessment on which the application had been based. The registered manager assured us all the capacity assessment records were currently being reviewed, and the appropriate assessment would be completed.

We looked to see whether people received a balanced diet. People were supported to make their own decisions about their meals. Meal times were flexible with one person choosing to have a late breakfast in bed on the day of our visit. Another person refused their meal at lunch time, but a staff member told us, "I will try again later." Where people had specific nutritional needs, there was information available for staff. For example, one person had an allergy to a specific food item. There were risk assessments in place around this allergy. Staff were aware of who required support to maintain a healthy weight. One staff member told us, "For [person] and [person] we encourage healthy snacks in between meals." One person was on a higher calorie diet. Staff adapted meals so they got the extra calories they needed. On the day of our visit we saw one member of staff cooking a lamb tagine for the evening meal. A menu on the wall showed people were offered a variety of nutritious home cooked food.

Staff supported people to attend appointments with other health professionals, such as doctors, chiropodists, and dentists. On the day of our visit, one person was supported by two staff to attend a medical appointment. We were told that staffing levels would be increased to support people to attend appointments with external healthcare professionals.

Requires improvement

Is the service caring?

Our findings

Relatives we spoke with told us they found staff kind and caring. One relative told us, "The staff are lovely. The people are lovely. To me it is like a family home, but I think it needs decorating. The caring and looking after is brilliant." Another relative said, "Very caring, all of them." The registered manager particularly spoke about the caring attitude of staff, saying, "The staff are so caring to these guys. All the staff are lovely with them and they respond." Staff told us they thought it was a caring staff team, "I think staff really care about these guys." One staff member explained that to them, caring was, "Making their life as normal as possible."

However, staff we spoke with expressed concerns around the support they received to carry out their role. They felt their confidentiality was not respected as personal information in one to one meetings had been shared with others. Staff also felt their views about the service were not always listened to.

During our observations we saw staff were aware of people and attentive to their needs. There were friendly interactions with people, and staff spoke respectfully and explained what they were doing as they supported people around the home.

Although there had been a high number of staff vacancies, some of the staff had worked at the home for a number of years and understood people well. Their knowledge provided some consistency of care with the high use of agency staff.

People were encouraged to be as independent as possible and do as much as they were able to for themselves. A 'specific planning outcome tool' (SPOT) was used which identified people's skills and what improvements were needed to enhance their skills. One staff member explained, "One of [person's] SPOTs is to make a cup of tea. Risk assessments are in place to identify any risks and what we need to do to minimise those risks." People who had been assessed as safe to do so, prepared their own drinks and were encouraged to be involved in preparing meals. One relative told us, "I think they are trying to help [person] do things for herself. They helped her cook a meal for me one day." When talking about one person, a staff member told us, "By the SPOT goals, [person] has been able to undress himself. Just to be able to get undressed, run a bath and make a cup of tea is really good for him." People also participated in domestic tasks such as cleaning and helping with the laundry. A relative told us they were very pleased with the care because, "I've seen a big difference. He is more independent." However, staffing levels did not support staff to promote the same levels of independence outside the home.

We saw people were supported with their personal appearance. People were wearing age appropriate clothes and looked individual in their dress. We noted that people had been supported to express their personality, for example by having their hair dyed to a colour of their choosing.

Staff respected people's privacy and dignity. They understood people's need for space and privacy and one person chose to lock their bedroom door at night. When people required assistance with their personal care, they were taken to their room and assisted behind a closed door. We noted one window on the lower ground floor looked directly over an adjacent park and people walking by could look straight into the kitchen. As one person's bedroom door was directly opposite the kitchen, people would be able to see the person move from their bedroom into the bathroom. The registered manager told us they would investigate what action they could take to maintain people's privacy without spoiling the view from the window.

People's bedrooms were individually furnished and the décor had been chosen by people themselves. For example, one person's favourite colour was pink and their bedroom had been decorated in that colour.

People were supported to maintain relationships with those closest to them. Staff took people to visit family and remained with them to support the visits. The registered manager explained, "Staff have excellent relationships with the family members." One relative told us, "I have stayed for Christmas dinner. Sometimes they ask if I would like to stay for tea." Two relatives visited on the day of our visit. We saw they were comfortable in the communal areas and were involved in providing care and support to their family member.

Requires improvement

Is the service responsive?

Our findings

Staff told us they tried to be responsive to people's social needs but found it difficult to always respond when people wanted to go out on a daily basis. One staff member explained, "We try to be, but if you only have four on it is difficult. If [person] wants to go out he can't. If he is deprived of a walk, that is when his depression can come. He likes to walk to clear his head." Another staff member told us, "Perhaps they could get out more, but it is a staffing issue." Another said, "Tonight there are only three staff in so people aren't getting to do the activities they want to do." We asked another staff member how they managed if there were only three staff on duty. They responded, "If there are no incidents and if nobody goes out, it is doable, but it means people can't go out." We were told that the day before our visit, people could not attend one of their regular activities outside the home because there were not enough staff on shift. One staff member said, "That is a frequent occurrence that we can't do activities because there aren't enough staff." They went on to say, "[Person] wants to go for a walk, that is why they are looking out of the window but we haven't got the staff to take them."

When there were enough staff, we saw people were encouraged to participate in activities. One staff member told us they had recently taken someone swimming for the first time which they had really enjoyed. Two people had been to a disco the previous night. One person went shopping and out for lunch on the day of our visit. Each person was supported to go on a holiday of their choosing that met their individual needs and interests. For example, one person liked to walk a great deal and had recently enjoyed a holiday in the Lake District.

Each person had a care plan which informed staff what support they needed and how they preferred that support to be provided. At the time of our visit all the care plans were being reviewed as the registered manager and supporting manager had identified that improvements were required. They explained, "They (care plans) portray a lot of behaviours, but not the person. They are being rewritten to make them more person-centred. They detailed what a person will display rather than why they are displaying behaviours."

We looked at one of the "old" care plans and one of the "new" care plans. We saw the new care plans contained more detail and recorded people's preferences about their care and routines. There was detailed guidance for staff on how to deliver care to meet people's needs. Plans detailed what aspects of their care people could manage for themselves and their likes and dislikes. The registered manager explained, "You can now pick up the plan and provide support. You are no longer looking at the behaviours rather than the individual."

Staff understood the need to monitor moods and behaviours to identify any changes in health so they could respond accordingly. We were told of one person whose behaviours had changed the week before our visit. From observing and monitoring their behaviour, staff identified the person had an earache and they were able to take appropriate action.

There were systems in place for staff to share information through very detailed daily records for each person. This provided staff coming on duty with the information they needed so they could respond to changes in people's physical and emotional needs.

Relatives we spoke with told us they felt involved with the planning of their family member's care and attended meetings to discuss healthcare decisions when these were necessary.

People had information in an easy read format in their care records about who they could talk to if they had a complaint or were worried. Although relatives told us they had no reason to complain, we asked who they would talk to if they did have any concerns. One relative told us, "I would speak to [supporting manager]." They went on to say, "Sometimes when I come in they ask if everything is alright." However, the other relative told us they did not know and that they had raised this when completing a recent questionnaire. We spoke with the registered manager who told us they would arrange for the person to be given a copy of the complaints policy. The service had not received any complaints since our last visit.

Requires improvement

Is the service well-led?

Our findings

Relatives told us they were happy with the care provided at Willes Road. One told us, "He is getting the best care. I wouldn't like to see him moved. They always see to this lot (people) first, that is what I love about it." However, our findings did not always agree with people's views about some aspects of managing the service.

The registered manager had been in post since August 2015. They had previously worked at another service in the provider group so had a good knowledge of the provider's policies and procedures. Before August 2015, the home had been through a period where the previous registered manager had been absent and temporary managerial cover had been in place. Due to concerns about the service, a registered manager from another home had provided managerial oversight since June 2015 and continued to support the new registered manager. Both the registered manager and supporting manager were open about the challenges that faced the service. They told us, "There has been a lot of hard work but there is a long way to go." We were told that apart from staffing issues, one of the main areas of concern was paperwork and records. They went on to say, "This was a service with nothing behind you. There were no care plans or up to date risk assessments. Policies weren't in any order. You name it and it wasn't there. We have come in and are really starting a new service. We are putting order into chaos." We asked how far they felt they had progressed and they responded, "We are quarter the way up the ladder." One staff member said, "Our paperwork was really bad but she (registered manager) has pulled everything up in a short period of time."

Staff had been asked to complete a questionnaire about the service. We saw that many of the issues raised by staff in their responses were the same as those we identified during our inspection. For example, no proper induction into the home and more staff were needed. Staff told us they could also discuss concerns in regular team meetings. One staff member said, "It is the same people who speak in them, but they are good to highlight certain issues we have got." Two staff had commented in their questionnaire that staff meetings had become more productive since June 2015 and gave examples of positive outcomes from those meetings.

However, talking with staff it was clear that the difficulties experienced at the service over the previous six months and the managerial changes had affected staff morale. We asked staff if they always felt listened to. Responses indicated that staff felt that sometimes their voices were not heard. One staff member replied, "Sometimes no, because they have got a lot on their minds."

Four of the staff we spoke with told us they were struggling to feel motivated. One told us, "At the moment, I would say no. It has been a hard few months but I think staff should be listened to and what is said by staff to managers should remain confidential." The supporting manger acknowledged the lack of morale and that this was an area where a lot of managerial support was required. They told us, "I think the staff team have been neglected. Staff need to be supported and feel confident in the care they give these guys because it is really good." One staff member told us, "I am really relieved to have her (registered manager) here and have a managerial presence. They seem very approachable."

The new registered manager had identified areas where the service required improvement and begun to take action. However, the provider's quality assurance systems had failed to identify the issues surrounding the service so action could be taken at an earlier stage. Our inspection identified ongoing concerns that required improvement in the safety of the service and the effectiveness and responsiveness in the care people received.

The provider had not always sent us the notifications they are required to submit to us. It is important we receive all necessary notifications so we can monitor the service and take required action when necessary.

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

We asked the new registered manager whether they felt supported in their role. They told us they did and told us there were new managers in place at area level. They explained, "We have a new management structure in place and the support is there now. They have a vision of how they want the service to be."

People and their relatives had recently been asked to complete a questionnaire about the quality of service provided at the home. One relative had recorded that it

Requires improvement

Is the service well-led?

was cold on the lower ground floor during the winter. The registered manager told us that in response they had the heating system looked at and some parts had been replaced.

One area where people, relatives and staff consistently said there needed to be improvement was in respect of the decoration of the home. There had been some improvements and several of the bedrooms had been redecorated, however, some areas required further improvement such as the bathroom on the lower ground floor. The supporting manager told us there were plans for further refurbishment and funds had been identified to carry out the improvements.

There was a system in place to record accidents and incidents, although the registered manager told us this had not always been effectively implemented. They explained, "I was finding incident reports everywhere but they are now in one place." Accidents and incidents were recorded and analysed at location level and also by the provider's "risk assurance" department. We were told, "Risk assurance will give a handler (person to manage the information) to the incident and then we put in the outcomes about what has been done. Risk assurance will pick up and identify whether more work needs to be done to minimise incidents." We saw learning was now coming out of incidents. For example, following a medication error, new procedures had been put in place to manage receipt of medicines into the home.

We saw data and information was managed appropriately. Records were kept securely in the staff office so that only staff would access them. We saw that staff updated people's records every day, to make sure that all staff knew when people's needs changed.

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 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: There were not always sufficient numbers of staff to meet the individual needs of the people who used the service. Regulation 18 (1) Staff did not always receive the appropriate support and training to enable them to carry out their duties competently. Regulation 18(2)(a)

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 How the regulation was not being met: Systems and processes were not always operated effectively to prevent abuse. Regulation 13(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider had failed to monitor the quality and safety of the service provided, including the quality of the experience of service users in receiving that service. Regulation 17(2)(a)