European Care Lifestyles (B) Limited

Oakhurst Nursing Home

Inspection report

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Ratings

Overall rating for this service	Inadequate
Is the service safe?	Inadequate
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Inadequate

Overall summary

Oakhurst Nursing Home provides accommodation and nursing care for up to 30 adults with complex mental health problems. The service is located in the Manningham area of Bradford close to the local shops and other amenities.

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.

We inspected Oakhurst Nursing Home on the 19 November 2014 and the visit was unannounced. Our last inspection took place in April 2014 and at that time we found the home was not meeting three of the regulations we looked at. These related to the safety and suitability of the premises, respecting and involving people who use

Summary of findings

services and assessing and monitoring the quality of the service. We asked the provider to make improvements and following the inspection they sent us an action plan outlining the work to be completed including timescales.

During this inspection we found people were becoming more involved in their care and treatment and held regular meetings with the registered manager. The people we spoke with told us they enjoyed living at the home and the support workers encouraged them to make choices and decisions about their lifestyle.

However, we found systems and processes to keep people safe were inadequate. For example, we found staffing levels were not always being maintained at a safe level. This meant people were at risk of not receiving the care, support and treatment they required.

We also found the support workers we spoke with were unable to clearly demonstrate they had skills and experience to safeguard the health and welfare of people who used the service.

We found that in relation to the premises there was still a significant amount of work to be completed before the service provided people with a safe and comfortable place to live. Building work was in progress at the time of the inspection to achieve this. However, there was no consideration through risk assessment to identify and minimise the hazards associated with the work, equipment, lack of access, noise and emotional concerns it might cause people who used the service.

We saw that arrangements were in place that made sure people's health needs were met. For example, people had access to the full range of NHS services. This included GP's, hospital consultants, community mental health nurses, opticians, chiropodists and dentists. We saw medicines records were clear and accurate. We checked all people's medicines against the corresponding records and these showed that the medicines had been given correctly.

However, we found the quality assurance systems were inadequate as many of the shortfalls highlighted in the body of this report relating to people's health, well-being and safety had not been identified by the providers as areas that required improvement.

We also found the service was not meeting the requirements of the Deprivation of Liberty Safeguards. This legislation is used to protect people who might not be able to make informed decisions on their own. This was because the manager had failed to comply with the conditions on one person's Deprivation of Liberty safeguards authorisation which were imposed on the 16th May 2014..

We found three breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 came into force on 1 April 2015. They replaced the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. 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?

Inadequate

The service was not safe. The service was not operating with the minimum safe staffing levels set by the provider.

We found the support workers we spoke with were unable to clearly demonstrate they had skills and experience to safeguard the health and welfare of people who used the service. This meant people may not receive the level of care and support they required.

We found the provider and manager had not completed appropriate risk assessments to ensure people who used the service were kept safe during the extensive building work being carried out.

Is the service effective?

Requires Improvement

The service was not always effective. People told us the way their care, treatment and support was delivered was effective and they received appropriate health care support. However, we looked at a sample of staff training records and although they were up to date the staff we spoke with did not consistently demonstrate a good understanding of the training topics we asked them about.

We also found the service was not meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). This legislation is used to protect people who might not be able to make informed decisions on their own.

Is the service caring?

Requires Improvement

We found the service was not always caring. Staff knew people well and worked to create a homely and relaxed atmosphere within the constraints of the building and staffing levels.

However, the manager told us the service needed to move away from the institutional type of care and treatment people currently received to a more inclusive model of care which empowered people to take more control of their own care and treatment.

Is the service responsive?

Requires Improvement

The service was not always responsive. On the day of our inspection the low staffing levels of one trained nurse and two support workers did not allow for any level of interaction that would lead to a stimulating or therapeutic environment.

Staff involvement from our observations only entailed attending to people's immediate daily living needs.

Summary of findings

Is the service well-led?

The service was not well led. We found a number of concerns during the course of our inspection which had not been identified by the provider or manager. This showed a lack of robust quality assurance systems.

We also found that although the manager had their own ideas about the how the service would be developed in the future there was no overall organisational strategy about the type of care, treatment and support the service would provide.

Inadequate

Oakhurst Nursing Home

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[BR1] to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 19 November 2014 and was unannounced. The inspection was carried out by three inspectors. One inspector was also a specialist advisor for people living with mental health problems and complex needs. There were 16 people living at Oakhurst Nursing Home on the day of inspection including one person on respite care.

We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing care and support being delivered. We looked at four people's care records, medicines administration records (MAR) and other records which related to the management of the service such as training records, policies and procedures.

We spoke with six people who used the service, two support workers, the registered manager, a registered nurse, the estates manager, the maintenance man, the administrator and two catering staff. We looked around the building including bedroom accommodation, communal bathrooms and toilets and the lounges and dining room.

Before the inspection we reviewed the information we held about the home. This included information from the provider, notifications and speaking with the local authority safeguarding team and commissioning service. Before our inspections we usually ask the provider to send us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the provider to complete a PIR on this occasion.

As part of the inspection process we also spoke with two healthcare professionals who visited the service on a regular basis.

Inadequate

Is the service safe?

Our findings

The registered manager told us to ensure people's safety and to provide the level of support they required there needed to be one registered nurse and three support workers on duty during the day and one registered nurse and one care worker at night. The registered manager told us that during the day the service was not safe with less than three support workers on shift due to people's complex needs and the size and layout of the building. We also saw a recent audit completed by a project manager employed by the organisation which confirmed that during the day three support workers were required to deliver a safe service.

However, when we checked the rota on the day of inspection and spoke with the administrator we found only two support workers were on shift, therefore the service was operating unsafe staffing levels. The registered manager was not aware that the service was operating with only two support workers on duty until we pointed it out to them.

We found other instances where the service was not maintaining the staffing levels senior management had concluded were necessary to keep people safe. For example, the rota showed on the 7th November 2014, there were only two support workers on the late shift, on 27 and on the 28 October 2014 there were only two support workers on duty all day. In addition, on the 30 and 31October and the 1 November 2014, there were only two support workers on the late shift. This matter was discussed with the registered manager who admitted that there were problems with maintaining staffing levels.

The registered manager told us that due to the lack of staff they had been covering nursing shifts which meant there was not always a consistent level of management hours per week. They told us there were vacancies for nursing and support workers and they were also recruiting a Registered Mental Nurse (RMN) who would become deputy manager and clinical nurse lead. They said this would allow greater time to be devoted to reviewing the performance and practices of both nursing staff and support workers. However, the registered manager acknowledged that their inability to maintain staffing levels at the present time did have a negative impact on the service people received.

In addition, the two support workers we spoke with did not have a good understanding of the training courses they had undertaken. This meant they were unable to clearly demonstrate they had skills and experience to safeguard the health and welfare of people who used the service.

We found that the registered person had not protected people against the risk of not having sufficient numbers of suitably qualified, competent, skilled and experienced staff on duty. This was in breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check and at least two written references were obtained before staff started work. Where nursing staff were employed, the service checked they were registered to practice.

Staff disciplinary procedures were in place and the manager gave examples of how the disciplinary process had been followed where poor working practice had been identified.

The care plans we looked at demonstrated individual risk assessments were carried out either before people were admitted or immediately afterward. There were risk assessments in place which identified the risks for the individual and how these could be reduced or managed. We saw risk assessments relating to such matters as mobility and nutrition. We saw that one person had been assessed for risks associated with their known bouts of physical and verbal aggression. The risk analysis noted the common predisposing factors associated with their aggression. The plan documented factors and actions which mitigated the risk and care plans showed outcomes of actual events. We saw that the outcomes of particular incidents were used to modify the risk assessment. This demonstrated a reflective practice in the risk assessment process.

We initially looked around the premises with the registered manager and saw since the last inspection some areas of the home including the communal areas and corridors had

been decorated and re-carpeted. However, we identified a number of maintenance issues and therefore a second tour of the premises was carried out with the estates manager and a member of the maintenance staff.

We saw significant building work was still being undertaken to the exterior of the property and scaffolding was in place around the building to allow the roof to be retiled and other essential maintenance work to be carried out. The estates manager told us because the building was grade 2 listed they had experienced some unforeseen problems when they had removed the existing roof which had resulted in rain water entering some of the accommodation on the upper floors of the building.

We saw in one person's room the ceiling light did not work due to a problem with the electrics caused by the water ingress. On the lower ground floor of the building we noted a strong smell of urine and areas of damp. We saw that people who used the service were still occupying rooms on this floor and it was not until this matter was discussed with the registered manager that people were offered alternative accommodation. The registered manager told us the area was damp because the flat roof above needed to be repaired. We had identified this as an area of concern during our last inspection however the estates manager told us that a timescale for this work to be carried out had still not been agreed.

In other bedrooms we found stained carpets and worn furniture which required replacing. In one room we had to leave the hot water tap running for four minutes before the water became tepid. We were told by the maintenance man that there was nothing they could do and it had always been like that. This meant the person occupying the room did not have access to a ready supply of hot running water.

We saw Health and Safety risk assessments were in place in relation to the project to satisfy the Construction (Design & Management) 2007 Regulations. However, there were no service specific risk assessments which considered the risks to the health, safety and welfare of people who used the service from the works. There was no consideration through risk assessment to identify and minimise the hazards associated with the work, equipment, lack of access, noise and emotional concerns. Appropriate risk assessments need to be carried out as construction work can have a marked detrimental effect on people with a mental illness especially those with paranoid schizophrenia who are prone to persecutory beliefs.

We found the registered person had not ensured that people were protected against the risks associated with unsafe or unsuitable premises. This was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection we received confirmation from the estates manager that six bedrooms had been prioritised for refurbishment before Christmas 2014 and other bedrooms would be refurbished on a rolling programme. We also received a breakdown of the capital expenditure the organisation had committed to upgrade the building and the facilities available to people who used the service.

We saw that one person with significant visual impairment had a personal emergency evacuation plan in place in case of fire. The support workers we spoke with knew of the plan and the part they had to play in enacting it.

We looked at a sample of medicines and medication administration records (MAR) for people living at the home as well as the systems for the storage, ordering, administering, safekeeping, reviewing and disposing of medicines. We saw medicines were stored securely and the medication trolley was stored securely when not in use. Temperatures were taken daily of the room in which medicines were stored along with daily recording of fridge temperatures. All temperatures were within safe limits.

We found there were adequate stocks of each person's medicines available with no excess stock.

The home had policies, procedures and systems for managing medicines and copies of these were available for nurses and support workers to follow. Medicines records were clear and accurate. We checked all people's medicines against the corresponding records and these showed that the medicines had been given correctly.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These

Inadequate

Is the service safe?

medicines are called controlled medicines. At the time of our inspection no person was receiving controlled medicines but the home had the facilities to safely manage this type of medicine if required.

Creams and ointments were prescribed and dispensed on an individual basis. The creams and ointments were properly stored and dated upon opening. All medication was found to be in date.

The MAR sheets identified a record of any allergies. Arrangements for the administration of PRN (when needed) medicines protected people from the unnecessary use of medicines. We saw records which demonstrated under what circumstances PRN medicines should be given and the registered nurse demonstrated a good understanding of the protocols in place.

The provider had policies and procedures in place to protect people from abuse. We spoke with two support workers and found that although they knew the signs of abuse they were not aware of their obligations within the local safeguarding authority's multi-agency procedure. The provider therefore could not assure themselves that these procedures would be followed properly in the event of abuse being identified or suspected.

Requires Improvement

Is the service effective?

Our findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We were told that one person using the service was subject of an authorised deprivation of liberty.

We saw that the person had received a mental health assessment from a consultant psychiatrist along with a mental capacity assessment conducted by a registered nurse with appropriate training. Due to the person living with a mental disorder a consultant psychiatrist had confirmed that the person was not liable to be detained under the Mental Health Act (1983) (MHA) either by in-patient detention or a community treatment order nor was the person subject to guardianship under the MHA. We saw evidence that a Best Interest meeting had taken place which had included two of the person's nearest relatives.

The authorisation for DoLS, as held in the care plan, was authorised on the 16th May 2014 and contained conditions which the nursing home through its manager had to comply with. We spoke with the registered manager who had no knowledge of the conditions which, as a consequence, had not been actioned. The conditions required the manager to refer the person to their GP with the request for the GP to action a multi-disciplinary review of the person's physical health needs which should lead to reasonable adjustments being made. The lack of action in this respect had potentially reduced the person's ability to maximise their ability to have as healthy and fulfilling a life as possible.

People who used the service said they had individual choice at the home and their choices were respected. Comments included, "I like to go to my room and listen to 60's music", and, "I sometimes watch a film in my room and other times I watch a film with other people in the lounge."

People also told us staff always obtained their consent before they assisted them with care and treatment. One person said, "Works well for me in here, its easy going here, staff are nice, lots of residents like it. I don't really do much but we can go out on trips if we want and we are free to leave when we want. Staff take us to the shops if we want."

We saw that consent was given for people to be photographed for the purpose of identification and consent given to share confidential health issues with other health care providers. In all cases the consent was signed by the person concerned or a relative and countersigned by the requesting member of staff. We saw evidence in care records that people had been made aware of access to health campaigns such as 'flu injections in the run up to winter.

We spoke with two support workers about the use of restraint. They were able to describe de-escalation techniques which meant that physical restraint was never used in the home. The registered manager told us they did not use restraint in the home and had a 'walk away' policy in place. The support workers also told us they were aware of the whistle blowing policy and felt able to raise any concerns with the registered manager knowing that they would be taken seriously.

We saw nutritional risk assessments were routinely carried out and people's weight was monitored on a monthly basis. We saw people who used the service had input to menu planning through the "residents" meeting held with the registered manager on a monthly basis. The registered manager told us as a result of listening to people they had since taking up post introduced a new luncheon menu and had changed from purchasing mainly frozen to fresh produce. We spoke with two members of catering staff who told us the new menus appeared to be working well and they always provided people with an alternative if they did not like what was on the menu.

People we spoke with told us they enjoyed the meals provided and there was always a good choice. Comments included, "The food is good here but if I want I can order a take-away" and "The food is good and you can choose what to eat from the menu."

Records showed that arrangements were in place that made sure people's health needs were met. We saw evidence that staff had worked with various health care providers and made sure people accessed other services in cases of emergency, or when their needs had changed. This included GP's, hospital consultants, community mental health nurses, opticians, chiropodists and dentists.

As part of the inspection process we spoke with two healthcare professionals who told us they had no concerns about the care and support provided and staff always

Requires Improvement

Is the service effective?

followed their advice and guidance. However, both healthcare professionals said that people would benefit from a more therapeutic environment including a chance to participate in a planned programme of rehabilitation.

We looked at a sample of staff training records and found that they were up to date and staff had access to a range of training. This included topic specific to the needs of people who used the service such as mental health awareness, schizophrenia, conflict resolution and the Mental Capacity Act (MCA) and Deprivation of liberty Safeguards (DoLS). In addition, we saw all new staff completed induction training and mandatory training including health and safety, moving and handling and safeguarding of vulnerable adults.

We saw training was provided either by staff attending training courses or by e-learning. Competency assessments were completed at the end of some of this training to ensure staff had developed the correct skills and knowledge. However, the support workers we spoke with did not consistently demonstrate a good understanding of the training topics we asked them about including safeguarding vulnerable adults, MCA and DoLS. This was of concern as they were supporting people who had complex mental health problems and many had no-one to act independently on their behalf.

Requires Improvement

Is the service caring?

Our findings

People who used the service all said staff were kind and friendly. One said, “[Name of staff] is a good person who looks after me.” People told us they were happy living at the home. Comments included, “I like it here; I wouldn’t want to go anywhere else”, and “I have never regretted moving into the home, everything at the moment is first class.”

Care records contained information which showed care needs had been discussed with people who used the service and/or their relatives. However, the registered manager told us that engagement with relatives was poor due to apparent disinterest or that family contact had been lost many years before. We saw that the registered manager had written to all known relatives of people using the service informing them of their appointment and inviting them to the home for a social event. However, no relatives had accepted the invitation.

The registered manager said following the last inspection they had tried to involve people who used the service in the care plan process but most were not interested. There was evidence the manager had tried to promote engagement through resident and relative meetings but with limited success.

We saw some information had been made available to people who used the service in an easy read format to promote their understanding of the day to day management of the service. However, the registered manager acknowledged that the service still had some way to go before all documentation was fit for purpose and promoted understanding and engagement with people who used the service.

The registered manager told us that "they were also trying to move away from the custodial type of care and treatment people currently received at the service, which was task led to a more inclusive model of care. However, they told us this would be a slow process which would involve reviewing care practices, retraining the staff team and empowering people who used the service to take more control of their own care and treatment."

We saw all people at the home appeared at ease and relaxed in their environment. We saw that people responded positively to staff with smiles when they spoke with them. We observed that staff included people in conversations about what they wanted to do. People looked well cared for, clean and tidy.People appeared comfortable in the presence of staff. We saw staff treated people kindly, having regard for their individuality.

Throughout our inspection, we saw that staff respected people’s privacy and dignity when they were supporting people with personal care. They responded quickly to any requests for assistance and support but the interactions were normally task orientated. We saw that the nurse on duty was patient and gave encouragement when supporting people to take their medicines. People were able to do things at their own pace and were not rushed.

We spoke with the registered manager about the need to engage with an advocacy service to ensure people were independently represented. We were told by the registered manager that attempts to engage advocates had on occasions met with hostility from people who used the service. Care plans indicated this to be the case. However, we were told that a person had been appointed an Independent Mental Capacity Advocate as defined in the Mental Capacity Act 2005. The care file evidenced this to be correct. Whilst the person appeared to have no understanding of the appointment it was clear that the appointment was relevant as they had no-one who could be appropriately consulted when making a decision and they did not have the capacity to make a decision alone.

Requires Improvement

Is the service responsive?

Our findings

We looked at the care records for four people who used the service. These showed us that an assessment of the person's needs had been carried out and their care plans were developed from the information gathered through the assessment process. We saw care plans related to mobility, communication, challenges to care, cognition, continence, night support and weight. We saw condition-specific care plans to address the needs of people with diabetes and where the help of other health care professional was needed. For instance the care plan noted the need for one person with diabetes to attend the diabetic retinopathy clinic.

All care plans defined the goals and objectives the care plan sought to achieve, the support needed to achieve the goal and the outcome of care. The care plan demonstrated that care plans were under constant review the last full review having taken place on 26th October 2014.

During our inspection we saw that some people had a regular routine which entailed going into town shopping for personal items. Other people however appeared not to have any structure to their days on a regular basis and sat around neither engaging with other people or staff. Staff involvement from our observations only entailed attending to these people's immediate daily living needs. We saw no stimulating interactions between staff and these people either in a group or individual setting.

Our inspection required one-to-one discussion with some people at the home. We spoke at varying length with six people. All six people were happy to speak with us and in two cases our conversations were led by the people we were speaking with rather than ourselves. One person with whom we spoke in the morning actively sought us out on two further occasions during the day to continue the conversation. We did not see staff taking the opportunity to encourage people to participate in conversations nor did we see that people had the ability to participate in either spontaneous or planned activities on a regular basis, designed to promote health and mental well-being. On the day of our inspection the low staffing levels of one trained nurse and two support workers did not allow for any level of interaction that would lead to a stimulating or therapeutic environment being available.

Health and care services are legally required to make 'reasonable adjustments' for people with a mental or physical illness under the Equality Act (2010) to ensure equal and fair treatment and promote independence. We were told one person had been the subject of verbal abuse by a neighbour. The registered manager had taken steps to stop the discrimination and explained to the person the needs of people with a mental illness. This demonstrated the manager was complying with the terms of the Equality Act (2010) in denouncing discrimination.

We saw one person with a significant visual impairment. Whilst the person had not been certified blind or partially sighted by a consultant ophthalmologist, the person had a disability as they had both a loss of sight and a mental impairment that had a substantial and long-term effect on their ability to carry out normal day-to-day activities. Their care plans showed no reference to ensuring the person would be assessed to ensure they had the same level of understanding as a sighted person. For instance we saw important signs around the home designed to keep people informed about the service. We saw no evidence that the person with impaired vision had being given the ability to be kept equally informed.

We saw that each person had a 'Hospital Passport' which recorded all key issues relating to their care and treatment which hospital staff would need to know in the event of an emergency. The documents were, with one exception, well completed. In one case an authorised Deprivation of Liberty Safeguards (DoLS) was not recorded. Furthermore we noted that the passport was not dated which could lead hospital staff to question the current validity of the document.

We looked at the complaints policy which was available to people who used the service, visitors and staff. The policy detailed how a complaint would be investigated and responded to and who they could contact if they felt their complaint had not been dealt with appropriately. The registered manager confirmed the complaints procedure was available in an easy read pictorial format and could be provided in other formats or languages if required. The registered manager also told us they operated an open door policy and people who used the service, visitors and staff were aware they could contact them at any time if they had a problem.

We looked at the complaints register and saw that no complaints had been received since the last inspection.

Requires Improvement

Is the service responsive?

However, we saw a visit report completed by the project manager employed by the service in October 2014 which showed a complaint had been received by the service in September 2014 which needed to be recorded and dealt with in line with the procedures in place. The registered manager told us the complaint had been made while they were on leave and staff had failed to follow procedure.

The people we spoke with told us they had no complaints about the service but knew who they should complain to. One person said, “If I have a problem I go to see the nurse on duty or speak with the manager.” Another person said, “I like living here if there is any trouble it is quickly sorted out.”

Inadequate

Is the service well-led?

Our findings

We found there was a lack of robust quality assurance and audit processes. The problems we found during the inspection and highlighted in the body of this report had not been identified by the registered manager or provider prior to our visit.

For example, the registered manager had failed to maintain adequate staffing levels and was unaware there were only two support workers instead of three on duty on the day of inspection until this was pointed out to them. In addition, although records showed the staff we spoke with had received training relevant to their role they did not consistently demonstrate a good understanding of the training topics we asked them about.

The registered manager had also failed to comply with the conditions on one person's Deprivation of Liberty Safeguards authorisation which had been imposed on the 16th May 2014 and was again unaware the conditions were in place until we pointed this out to them. This meant the person may not have received the care and treatment they required to lead a full and active life.

We saw the care plans and risk assessments in place were reviewed on a regular basis however we found there were some isolated, yet significant, shortfalls in the consistency of information provided. For example, for one person who was known to have a visual impairment there no mention of the person's poor eye-sight in their care plan. This meant no risk assessments had been carried out to ensure they received the same level of information as a sighted person.

In relation to the extensive building working being carried out at the service we found the provider and registered manager had failed to make sure comprehensive risk assessments had been completed which considered the risks to the health, safety and welfare of people who used the service.

We saw the building wok had been discussed at the health and safety meeting held with the heads of department working within the service on the 8 October 2014 and had been discussed at the residents' meetings. However, no specific risk assessments had been put in place to ensure people's safety.

We also found that some rooms occupied by people who used the service had been affected by the work being carried or had other long standing maintenance issues. The registered manager acknowledged people should not have to live and sleep in such conditions but had done nothing to address the matter until it was brought to their attention at the time of the inspection.

We saw a range of audits were carried out by the registered manager or designated members of staff and the service was visited on a regular basis by a project manager employed by the organisation. We looked at a visit report dated 15 September 2014. The report showed they had toured the building on the 5 September 2014 and highlighted the work needed to be carried out to bring the bedroom accommodation up to acceptable standard. However, it was apparent during our review of the accommodation that much of this work remained outstanding.

We also looked at their last visit report available dated the 6 October 2014 which showed that following a recent internal audit the service overall had been rated as adequate although some areas of improvements had been highlighted. This included responding to a complaint made in September 2014 which had not been dealt with in line with the organisation's complaints procedure. However, when we looked at the complaints register and untoward incident log we found no action had been taken to resolve this matter.

The registered manager confirmed they were working through the action plan in place however it was apparent that further work was required before the service had an effective quality assurance monitoring system in place.

This demonstrated the provider did not have systems in place to assess and monitor the quality of the services provided or to identify, assess and manage risks to safety and well-being of people who used the service.

We found that the registered person had not protected people against the risk of not operating an effective quality assurance monitoring system. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the future plans for the service with the registered manager and they told us they were unsure what care model the service used at the moment but they did have some plans to develop it as a respite and outreach

Inadequate

Is the service well-led?

service. They said at the moment the service was like a, "Warehouse" and they wanted to change it into something more therapeutic. The registered manager was unclear what plans the organisation had for the service or if they shared their views. There was no evidence that best practice guidance had been used to develop a care model such as the National Institute of Clinical Excellence (NICE) guidelines on mental health care.

We were told by the manager that a new regional manager had been appointed by the organisation in October 2014 who would have line management responsibility for the service. However, the registered manager said between February 2014 when we took the post and October 2014 there had been no regional manager in post. This told us they had received support from the regional manager covering Scotland who had visited the service and the regional manager covering the North West area who had not visited the service but had spoken with them on the telephone.

The registered manager confirmed that in the absence of a regional manager, not all the agreed audit programmes designated to be carried out by senior management had been undertaken. This meant there was a risk that quality issues would not be promptly identified and rectified.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Staffing** The registered provider did not take appropriate steps to ensure that at all times there were sufficient numbers of suitably qualified, skilled and experienced staff on duty.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **Safety and suitability of premises** The registered person had not ensured that people were protected against the risks associated with unsafe or unsuitable premises.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Assessing and monitoring the quality of service provision.** The registered provider did not have suitable arrangements in place to regularly assess and monitor the quality of the services provided and to identify, assess and manage risks.