Conquest Care Homes (Norfolk) Limited

The Oaks & Woodcroft

Inspection report

2a Dereham Road
Mattishall
Dereham
Norfolk
NR20 3AA

Tel: 01362858040
Website: www.craegmoor.co.uk

Date of inspection visit:
30 December 2019
06 January 2020

Date of publication:
26 February 2020

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**

Summary of findings

Overall summary

About the service
Oaks and Woodcroft is a residential care home providing personal care to up to 12 people aged 18 and over. There were 11 people at the time of the inspection. People using the service had a physical and or learning disability including autism and dementia. Accommodation is provided in two single story houses.

The service has not been fully developed or designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This would help ensure that people who use the service could live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using this service did not always benefit from a well-planned and co-ordinated person-centred support that was appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 12 people. This is larger than current best practice guidance. However, accommodation was split accommodating six people in each house. The two houses had separated communal facilities and a large shared drive way and gardens. The size of the service did not have a negative impact on people and the building design was in line with other residential dwellings in the area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found
There were not always enough staff to meet people's individual needs. Agency staff were regularly deployed at the service to cover vacancies but at times the service ran short and there was a high number of vacant hours.

People had their physical care needs met but there was limited opportunity for people to engage in regular activity or opportunity to pursue their interests and go out individually. Some people had one to one funding but at the time of our inspection the service was not deploying staff effectively to ensure people got the support agreed in line with individual funding.

Staff roles and responsibilities were not being fully carried out because senior staff were spending time covering staff hours rather than carrying out some of their other administrative duties.

Care plans were difficult to navigate and were not updated when people's needs changes which exposed people to the risk of receiving care which was not appropriate to people's needs.

We recently inspected another service with the same provider, registered manager, area and regional manager. At this service we identified significant issues with their records and care plans and were assured

that these were being reviewed and new templates were being introduced. However, we found similar issues at this service which meant that lessons were not being learned.

Recruitment processes were adequate, and staff had an induction and probationary period. Staff training was provided but there was limited role specific training. Supervision and appraisals were carried out but there was limited evidence of direct observations of practice outside staff's probationary period. Not all staff training was up to date but was being addressed.

Risks were not effectively managed because record keeping was poor and there was insufficient management and oversight of risk and staff practice.
The environment was mostly suited to people's needs but the gardens were not fully accessible and there were a number of minor environmental hazards identified during our inspection.

Staff understood what constituted abuse and actions they should take. The registered manager worked with the local authority with any investigation. Incident management was not sufficiently robust and governance processes were not adequately developed. Events affecting the health and welfare of people using the service were not always notified to the Care Quality Commission as required.

Medicines were managed effectively and administered by staff who had received appropriate training. Daily audits helped to determine if medicines had been given as prescribed and any errors could be quickly rectified reducing any risk of harm to people. The use of prescribed medicines for 'as required use' was not being monitored.

People had complex health care needs and feedback from health care professionals was the service had been fragmented at times and the staff did not always act on professional advice.

People were supported to eat and drink in sufficient quantities and staff kept a daily record but there was no clear overview or regular review of people's needs. This meant changes in need or risk factors might not be identified in a timely way.

Staff were caring but we found they worked long hours and worked alongside agency staff which meant they could not always allocate duties. This could potentially impact on the level of care they could give and acknowledged that people did not have the same level of opportunity to pursue their interests as they had previously.

The service was not effectively managed, and the oversight of the service was poor which meant people did not get the care they needed, and staff were not appropriately supported.

Rating at last inspection
The last rating for this service was Good (published 03 August 2017)

Why we inspected

This was a planned inspection based on the previous rating.
The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. and found four breaches of regulation. There were breaches for Regulation 9, Person centred care, Regulation 12, Safe care and

treatment, Regulation 18, Staffing, Regulation 17, Good governance and Regulation 18 Notifications of other incidents.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Oaks & Woodcroft on our website at www.cqc.org.uk.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

The Oaks & Woodcroft

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector who was at the service for two separate days and was accompanied on the first day by an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Oaks and Woodcroft is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Before the inspection we reviewed information we already held about this service. This included share your experiences and notifications which are important events the service is required to tell us about. The provider completed a Provider Information Return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and one relative. We carried out observations and spoke with seven staff. This included, the registered manager, deputy manager, the service manager, a senior support worker, a support worker, an agency staff member and the staff member responsible for maintenance. We reviewed records in relation to recruitment, staff employment, medicines, management and oversight and looked at one care plan in depth and referred to, other records briefly when reviewing risk and medicines.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people were not always safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● Some people could tell us what they would do if they were worried or frightened but for others, staff would need to anticipate their needs. We found people's behaviour was poorly recorded and staff did not record incidents in full detail or look for explanations for changes in people's behaviour which could be indicative of something wrong. We saw examples from records which described people as anxious most of the day and saw that people could react to each other's behaviours which at times could make people feel unsafe.

● Some safeguarding concerns were recorded and reported to the necessary authorities as required. We were however not confident in the governance processes or the standard of record keeping. Senior staff were not confident in using the computer operating systems where important data was recorded. We found documentation poor and oversight poor which meant we were not assured things were always reported as required.

●An ongoing review of an open safeguard had not yet been concluded but found records to be poor, another incident had not been reported to the safeguarding team but had been reported to other health care professionals.

● Staff received training to help them recognise what might constitute abuse and what actions they should take, and staff were confident the senior management would take the right action.

Assessing risk, safety monitoring and management

●Risk assessments and care plans documented people's needs and risks associated with their care. We found however that staff had not reviewed people's needs in a timely way and did not reflect changes to people's needs in all available documentation. For example, personal evacuation plans had not been updated when a person became immobile and needed full assistance to evacuate in an emergency. Choking risks were not clearly identified. Records did not accurately reflect people's needs and could result in omissions to their care.

●Records were also contradictory which could mean potentially people might receive the wrong care. investigation.

Using medicines safely

● Protocols were in place for the use of 'when required' medicines. Some medicines were used to lower anxiety, but we found guidance was poor and staff were administering medicines without sufficient regard to behavioural guidance or taking into account other factors which could reduce anxiety. The service did not complete regular PRN audits to ensure certain medicines were not being overused.

●Staff reported inadequate numbers of staff trained to administer medicines and told us this meant staff sometimes had to work over their shift and the times of medicine administration varied due to staffing. We were unable to establish any impact but were concerned this could mean people did not always receive

medicines in line with prescribing times. Delays in administering certain medicines at night such as pain relief was also a concern as the service only currently had one-night staff trained to administer medicines.

The provider did not have an adequate overview of risk or ensure people were not put at risk by unsafe care. We also had concerns about safe administration of people's medicines in line with their needs. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Medicines were documented to show when and how they should be administered including regular administration and medicines required for occasional use.
● Daily audits helped ensure medicines had been administered as required and meant staff could respond promptly if an error had occurred.

Staffing and recruitment

●Staff were not sufficiently employed in line with people's individual needs. One staff told us, "There are not enough staff, staff are tired, the deputy is very supportive and manager nice enough but there is no top down support. People's needs have increased significantly, and reviews are mostly not up to date."
●Staffing levels were being maintained as far as possible by using agency staff as required. We however had concerns that staff worked long hours and staff sickness meant shifts were not always covered. Staff told us they did not always provide one to one support to people as commissioned. One person had no additional one to one funding but was requiring two staff to meet their needs safely. This was being addressed through commissioning but was having an impact on other people's hours as not everyone was getting their hours.

The provider had not ensured there were enough staff available who were deployed effectively in line with people's assessed needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff recruitment was ongoing to fill a high number of staffing vacancies. The service had sufficiently robust procedures in place to help ensure staff were appropriately vetted and were suitable to work in care. Checks included references, work history, proof of identify and a disclosure and barring check to ensure potential staff had not committed an offence which might make them unsuitable.
●Recent audits had been completed on staff records and identified any gaps for staff employed historically. These gaps were being rectified but not all staff records were accurate.
●The provider assured us that recruitment was ongoing and robust and new staff were being appointed subject to the necessary employment checks being undertaken. The registered manager told us staff retention was good, but some staff had recently left because their work-related performance had not been satisfactory.

Preventing and controlling infection

● Specific cleaning staff were not employed, but care staff completed cleaning schedules, and these were recorded. Although staff told it was difficult to provide care and carry out domestic chores we found both homes to be clean and organised.
● Staff received training to help them understand infection control and there were adequate procedures in place to reduce the risk of cross infection. Staff were observed adhering to these practices.

Learning lessons when things go wrong

● The service held safety debriefings following any adverse event or incident. We reviewed these and were concerned that although there was a description of each incident, there was not a clear analysis of it to review if staff took the correct actions and followed all available guidance. It did not reflect what could be learnt from the incident or if the measures already in place were effective.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● Assessments were completed to establish people's level of need, but the service had not ensured all assessments and subsequent document was up to date and reflected people's needs. Guidance was in place from relevant professionals, but it was not clear that staff followed all the available guidance to ensure people were safe and had their needs met in the safest way possible. For example, behavioural guidance talked about the least restrictive options and strategies staff should try but there was limited evidence from daily notes and incident records that staff were doing this.

Staff support: induction, training, skills and experience

●We were not confident all staff had the necessary skills and experience for their role. Not all training was up to date although rates of completion had increased. We found however some staff had not completed key training which was relevant to the people they supported. For example, in a staff file it was recorded that they had completed training to help them manage' challenging behaviour' but when we fully checked their records we found they had not.

●We found people's behaviour was sometimes poorly managed and recorded which meant staff did not have the necessary skills. The service had also not ensured enough staff were trained to give medicines when needed.

●Training for the forthcoming year had been scheduled and some training booked. Staff supervisions had not always been provided in line with the organisations schedule, but this had improved. Staff were receiving annual appraisals of their performance.

●Staff completed a satisfactory induction, but we found historically staff had not always had a robust induction and there was minimal evidence of additional role specific training for more senior staff and person specific training was not in place for everyone.

Staff did not have the necessary skills and competence to meet the assessed needs of people they were supporting and for their specific job roles. This is further evidence of a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet

● People had documented dietary needs, but some information was contradictory, and staff also gave us contradictory information which could increase the risk for people at the service not getting their dietary needs met or risks of choking fully mitigated. A recent incident had been referred to the safeguarding team and we are waiting for the outcome which is linked to people's dietary needs and changing care needs

●Staff supported people with their dietary preferences and people had limited involvement in food shopping, and meal preparation which helped to promote their independence.
●Assessments had been completed by other specialists such as speech and language therapists and guidance were in place about swallowing and the texture of the food.
●A diary was kept of people's fluid and food intake and where there were weight concerns referrals were made and people were given supplements and homemade milkshakes. It was not clear what level of oversight there was of people's nutritional needs because care plans were not fully up to date, and reviews were not happening regularly.
●People told us they liked the food. One person said," I like the food, I am having pasta bake, staff do all of the preparation for the meal." Another said, "Foods nice, making a pie for tea." A third said, "Yes, menus give you a choice always something I like." We observed lunch and people were given a choice of sandwiches, several people did not want this, and alternatives were sought.

Staff working with other agencies to provide consistent, effective, timely care
●We had concerns from health care professionals about the timeliness of referrals and guidance not always being followed. Confidence in the service had at times dipped and this was partly attributed to staff changes.

Supporting people to live healthier lives, access healthcare services and support
●People had varying needs, and these had changed over time. We had concerned that barriers to health care had not always been overcome and noted some people had not had regular access to some of the primary care services they needed. For example, some people did not have yearly trips to the dentist and it was noted in one complaint that one person had poor oral health. People also took regular medicines which could have an impact on their oral health. People's records did not clearly indicate how the provider had tried to address gaps in health care provision.
●Staff confirmed that although the local learning disability team and local GP were good they struggled to access other services and there had been several concerns about people missing appointments which could be indicative of wider issues such as poor record keeping and deployment of staff.
●We noted that where people had refused to access services or services had been recommended these were not always followed up in people's notes, so we could not see what actions the service had taken to meet people's needs.

Adapting service, design, decoration to meet people's needs
● Premises were mostly suitable for people's needs and were on one level with no stairs to negotiate. The outside space/ gardens needed attention and although there were plans for a sensory garden the garden was overgrown, with uneven paving stones which presented a trip hazard.
●Uneven paving was noted for anyone walking between the two bungalows which was not ideal for wheelchair users or those with mobility issues. The garden was level at the rear of Woodcroft bungalow, but the ground level rose up behind the Oaks bungalow requiring a set of steps with handrails limiting access.
●We also raised a concern that staff were walking between the two bungalows through the back door without asking people's consent to enter the premises and leaving doors open which meant people were exposed to cold drafts. At least one person told us they were cold, and we commented on the temperature whilst at the service.
●One person's needs had changed, and they had moved accommodation which better suited their needs and they had access to an accessible shower.
●A sensory room had been created in one of the bungalows from money donated and this was used throughout the day. We found the rest of the environment needed some redecoration and was largely plain and unstimulating. Staff told us of the plans to redecorate and create sensory artwork.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People had mental capacity assessments in place which were task specific and consent was recorded where possible
● Staff told us everyone at the service had a deprivation of liberty in place and had been assessed as not safe to go out independently. Restrictions were also in place for people's safety, such as a locked kitchen and laundry. We did however observe people having access with supervision. We asked the registered manager for additional information about DoLS referrals and not all had been approved but were being followed up and there was a tracker in place to show when they had been chased and when the approved DoLS were to expire.
●Best interest meetings were held to record decisions made where people did not have the capacity to understand or retain information relevant to the specific decision.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people were not always supported or treated with dignity and respect and were not involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

● Choices were offered and made by people who were able to express their needs. One person mentioned they had a key member of staff who oversaw their care needs but staff told us the key worker system was not fully operational because some staff had recently left. This also meant reviews and house meetings had not recently taken place and it was not evident how people were supported to make decisions about their care.

●People told us some went on holidays and this was agreed with them and their preferences sought in terms of who they wanted to go with and where they would like to go. A couple of people went to a day centre and several people had activities provided at home such as drumming and music sessions. We found however records suggested people spent long periods of time of inactivity or people refusing activities. Staff said as people were getting older they wanted to do less but we could not see what different options staff had explored with people.

Respecting and promoting people's privacy, dignity and independence

● We found staff were respectful and spoke with people in appropriate ways. We found however staff were busy and did not always give people the time they needed to enhance their wellbeing. A number of people accompanied staff on a shopping trip on the day of inspection. This was done independently for each bungalow. People were also offered opportunity to go out, but staff's approach was to take a group out some of whom had individually allocated hours. Staff did not adequately promote people's choices because they were focussed on meeting the need of everyone rather than focussing on what everyone needed.

● Through day centres and college people were encouraged to develop daily living skills and use them to support the staff with preparing meals, washing up and cleaning to promote the development of their skills, independent living and personal responsibility, dependent upon everyone's ability. Improved staff ratio would also allow for more opportunities for activities which were not evident during the inspection. We saw in one case the persons record said they go to the day service, when in fact they had not been for a-long time and this had not been reviewed in line with their changing needs.

Ensuring people are well treated and supported; respecting equality and diversity

●Although staff treated people well there was little observation of staff practice or clear management oversight to ensure the service was continuously managed well and in the interest of people using the service. The culture and ethos of the service was poor as it did not enable people to live in a way that took into account their needs and preferences and ensured practices were always the least restrictive.

●Most staff working at this service had been doing so for a long time and expressed a genuine interest in the people they supported and spoke of their well- being and said they did all they could to ensure people's

needs were met. We observed people moving freely around the service and being supported with their personal care. Some people had sensory toys and were seated comfortably in line with their mobility needs. One person was helping with their morning routines and staff took into account their wishes.

● Through our observations staff regularly interacted with people and took time to adapt their communication to the needs of each individual, demonstrating their knowledge of the people they were working with.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- The service was not planned around people's individual needs and preferences and staffing hours were not utilised effectively.
- Some people attended regular activities and staff supported them to help ensure their social needs were met but this was affected at times by staffing levels and staff felt there was not always enough for people to do. People told us how they spent their time which included for some watching television and going out locally. One person told us "I help washing up and with my laundry, I go out to Nansa in Norwich and make stuffed animals. There is a music teacher who comes here plays the guitar. Like to watch films." Nansa is an independent charity which helps people develop independent skills and engage in meaningful occupation. The activity board was not up to date and staff could not tell us what was planned.
- The service did not ensure people were safe because conflicts between people were not effectively managed. Not all staff were trained in managing and reducing conflict.
- Care documentation was not cross referenced, and we were not assured that staff were taking into account behavioural guidelines and protocols before administering PRN medicines. This was prescribed when necessary. We were not confident staff understood how to engage with people and how to support their behaviours at times of high anxiety, stress or boredom.
- Care documentation did not fully reflect changes in people's needs and paperwork was difficult to navigate. Reviews were not held as soon as changes were noted, and information was incomplete and at times contradictory. We were not confident that the complexity of people's needs were fully understood by all staff or that staff had the necessary competencies to meet everyone's needs.
- Staff could not always access the care services they needed for people but did not follow this up or consider the impact this might have on people's ongoing health. Actions were not always carried forward on the suggestion of health care professionals or referrals followed up.

People's needs were not reassessed or recorded accurately to reflect changes in their needs. Care was not sufficiently delivered around their individual needs to ensure they had sufficient opportunity to pursue their interests and hobbies. This is evidence of a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People had one-page profiles and communication plans. This helped establish how people communicated their needs and what if anything helped them to do this. For example, where people used signs, gestures or other body language staff were made aware. Staff were taught some simple signs used by some people using the service.
●We observed people being given choices with staff showing people different options and asking them to choose. Some people were clearly able to express themselves where others needed time to process information. We found some staff had a hurried approach which did not help people process information, so they could make a timely decision.
●A staff member told us they used now and next cards to help people predict what was happening and understand their routines.
● There were plenty of signs for the fire equipment and fire exits, but people could have been better supported with easy read signs on the cupboards in the kitchen to encourage independence. There was good easy read information and a snapshot profile of each person for agency and new staff to follow.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
●During our inspection staff sickness was impacting on people's opportunity to take part in planned activity in the community. We did however observe some spontaneous activities taking place and planned activities across the week. We found these were limited in scope and some people's access to activities were reduced because of the availability and deployment of staff.

Improving care quality in response to complaints or concerns
● The service had a complaints procedure which was accessible, and complaints logged showed the date received and how it was responded to and any actions taken. Several cited poor care received but had been adequately responded to. However, actions taken were in response to the specific complaint and we could not see how they influenced the wider service delivery.

End of life care and support
●Staff supported people with a range of needs and health care conditions. Staff had some basic training in end of life care, but this was not linked to accredited training. At least one member of staff had a background in palliative care, but the service had not identified staff who would have oversight for key areas of practice based on their knowledge and experience. Records were completed about peoples advance wishes, arrangements before and after death but information was not robust and did not take into account people's preferences to help staff provide care in a person-centred way.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

●We found governance to be poor. There was no overarching system for us to be able to determine incidents, accidents over time and what the service were doing to try and reduce these and to ensure the ongoing safety and wellbeing of people using the service.
●Investigation reports were completed but the registered manager could not pull a report off showing us data over time which would indicate the number of accidents, incidents or significant events. Where an incident had occurred, there was no evidence that this had been signed off by senior management to ensure appropriate actions had been taken.
●Staff in a senior position did not know how to input data using the systems designed to report and escalate incidents so senior management could review them. This meant there were delays in information being inputted and reviewed which reduced the ability of senior management to respond.
● Audits were in place to help assess the safety and suitability of the premises and any remedial actions required. Although the property was mostly well maintained there were areas of the property which required attention and reduced people's safety and access.
●Staffing had not been utilised effectively in line with people's needs to help promote their safety and well - being. The service had not ensured that they could continue to meet peoples changing needs through regular review and ensuring staff had the necessary competencies required. Shortfalls in service delivery had not been flagged up with the local authority to help ensure unmet need could be addressed.
●The provider did not keep accurate, up to date records so we could not be assured people received the care they needed in relation to their health, care and welfare.

The provider had failed to ensure there were effective systems in place to monitor the service and mitigate risks to people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●The service had not routinely notified us of incidents affecting the health and safety of people using the service. For example, there was a person in hospital at the time of our inspection. We had not been notified or told about the circumstances leading up to their admission. We were not confident the service were adequately recording incidents and learning from them.

The provider had failed to ensure that the Care Quality Commission was informed of incidents, accidents

and notifications in a timely way. This was a breach of Regulation 18: Notifications of other incidents Care Quality Commission (Registration) Regulations 2009.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● The service was managed on the good will of its staff who worked long hours and covered shifts at short notice. The service had a registered manager who since employment had been responsible for both this and another service which they said impacted on their ability to have adequate oversight and make all the improvements they had wanted in a timely way. This had been impacted further by vacancies, changes in the staff team and staff who were said to be underperforming.

●The manager had been trying to promote a more positive culture, but staff had not always had the supervision of their practice in a timely way and senior staff had not had sufficient support around their professional development and had not always carried out their duties as required by regulation.

●Omissions in care were subject to a safeguarding investigation which was ongoing.

● The manager was being supported by a service manager who was new to post. We found however insufficient progress had been made towards the action plan and lessons learnt from one registered service to the other were poor. For example we visited one of the other providers services and found peoples needs and risks were poorly documented and were assured this was being addressed. We found however care plans had not been reviewed at this service in light of those findings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The service kept data which reflected people's experiences and had processes for dealing with complaints and concerns about the service. They were transparent in their responses to these. There was however poor engagement and sharing of information with wider stakeholders and family members. Regular meetings had not been established. Gaps in service provision in line with people's assessed needs were not clearly communicated.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

●Staff engaged with people and people spoke about having friends and going out in the community. People did not have regular opportunities to engage with others and expand their network of support.

● The service used feedback to improve the service and there was a you said we did board showing what had been identified. Surveys were issued to gain people's feedback, but these provided limited information and the service had not considered how else they could engage with people to get their views of the views of their family.

Continuous learning and improving care

● Audits determined levels of compliance and action plans were in place showing service priorities. There had been an increased commitment to improve this service and have greater senior management support.

● The service was working hard to ensure they had the right staff in place who were able to meet the needs of people using the service. People were able to voice their opinions, but some people would need considerable support to do this. House meetings had stopped taking place and we did not see regular input from key members of staff who would have oversight of a person's care.

Working in partnership with others

●Evidence showed the service referred people to the learning disability partnership and GP as appropriate and when people's needs had changed. This meant they were working in partnership with other services but

feedback from health care professionals raised some concerns about the continuity of care people had received.

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 18 Registration Regulations 2009 Notifications of other incidents The service did not notify us of incidents as required by regulation

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not receive the care around their individually assessed needs and care was not sufficiently personalised.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have robust systems in place to assess the safety and quality of the service provision and ensure people received an appropriate service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured there were enough staff available who were deployed effectively in line with people's assessed needs. Regulation 18.