Venus Healthcare Homes Ltd

Lotus Lodge

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?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 28 January 2019 and was unannounced. At the previous inspection of this service on 25 May 2016 we found no breaches of regulations and rated them as Good.

Lotus Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service supports adults with learning disabilities and on the autistic spectrum and people with an acquired brain injury. It is registered to provide support to seven people and six people were using the service at the time of our inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service did not have a registered manager in place. There was an acting manager in place and they told us they were in the process of applying for registration with the Care Quality Commission. 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.

During this inspection we found three breaches of regulations. We found health and safety concerns relating to medicines, infection control and cleanliness and food safety. The service had not carried out assessments of people's mental capacity and there was no record that decisions made on behalf of people were in their best interests. The service did not operate effective quality assurance and monitoring systems. You can see what action we told the provider to take at the back of the full version of the report.

Systems were in place to help safeguard people from the risk of abuse and staff were aware of their responsibilities for reporting abuse. There were enough staff to meet people's needs and robust staff recruitment practices were established. Risk assessments were in place setting out how to support people safely.

People's needs were assessed before they commenced using the service. Staff were supported to develop knowledge and skills through regular training and supervision. People were supported to eat a balanced diet and they told us they enjoyed the food. Where required, the service supported people to access relevant health care professionals.

People told us staff treated them well and that they were caring. We observed staff interacting with people in a caring manner. Steps had been taken to support people in relation to equality and diversity.

Care plans were in place which set out how to meet people's individual needs and these were subject to review. People had access to a variety of activities. Complaints procedures were in place and people told us they knew who they could complain to.

People and staff spoke positively about the acting manager at the service and the working culture.

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. Areas of the premises were unclean and presented a risk of the spread of infection. Hazardous substances were not always stored securely. Medicines records were not up to date. Records showed that cooked food temperatures were not routinely checked and that food was stored in the freezer at temperatures higher than guidance to staff stated they should be. The service did not have an effective system in place for checking and accounting for monies held on behalf of people.

There were enough staff working at the service to support people and to respond to them promptly. Pre-employment checks were carried out on staff to help ensure they were suitable to work at the service.

Risk assessments had been carried out which set out how to support people in a way that minimised the risks they faced. Checks had been carried out on the premises and equipment to ensure it was safe for use.

Is the service effective?

Requires Improvement

The service was not always effective. Mental capacity assessments had not been carried out or recorded and it was not clear how decisions were made on behalf of people in their best interests.

The service carried out an assessment of people's needs before the provision of care to determine if it was a suitable setting for the person.

People were supported to eat a healthy diet and were seen to be enjoying their meals during our inspection. The service supported people with their health care needs, including ensuring the had access to appropriate health care professionals.

Is the service caring?

Good

People told us they were treated in a caring way by staff and we observed staff interacted with people in a manner that was

friendly and respectful.

Staff understood the importance of promoting people's privacy, dignity and where possible their independence. The service sought to meet people's needs in relation to equality and diversity issues.

Is the service responsive?

Good

The service was responsive. Care plans were in place which set out how to meet people's assessed needs. These were subject to regular review. Staff had a good understanding of people's individual support needs.

People were supported to engage in various activities and we saw this happening during the curse of our inspection.

The service had a complaints procedure in place which set out who people could complain to and what they could expect to happen if they did complain. People told us they knew who they could raise concerns with.

Is the service well-led?

Requires Improvement

The service was not always well-led. Although quality assurance and monitoring systems were in place, these were not always operated effectively and they failed to identify areas of concern. Furthermore, the service did not have effective systems in place for seeking and acting upon the views of relevant stakeholders.

The service did not have a registered manager in place. However, there was an acting manager who told us they were in the process of applying to register with the Care Quality Commission. Staff spoke positively about the manager and the working culture at the service.

Lotus Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 28 January 2019 and was unannounced. It was carried out by one inspector and an inspection manager.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and notifications of any significant incidents the provider had told us about. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with one person and observed how staff interacted with people. We spoke with five staff; the nominated individual, acting manager, senior support worker and two support workers. We also spoke with a consultant the provider had contracted to work on quality assurance at the service. We looked at three sets of records relating to people including their care plans and risk assessments and we checked medicine records for each person using the service. We examined four sets of staff recruitment, training and supervision records. We assessed the quality assurance and monitoring systems that were in use and looked at some of the policies and procedures. We toured the premises and checked it for cleanliness and maintenance issues.

Requires Improvement

Is the service safe?

Our findings

During this inspection we identified concerns relating to health and safety at the service. We noted that the COSHH cupboard in the kitchen was unlocked and it contained substances that were potentially harmful to people. We also found the laundry room was left unlocked even though it had a sign on the door stating it was to be kept locked. Again, this room contained potentially dangerous substances. COSHH stands for Control of substances that are hazardous to health.

Checks had been carried out around the premises and on the equipment to ensure it was safe. This included checks on hoists, fire alarm systems and gas and electric supplies and appliances in the building. However, a plug socket in the hallway opposite the kitchen was hanging slightly from the wall and the radiator cover in the hallway outside the laundry was broken. We did not see any exposed wiring. This had not been recorded by staff, which potentially put people at risk. The nominated individual contacted us after the inspection to tell us these maintenance issues had been addressed.

The London Fire Brigade had visited the service and wrote to them on 4 July 2018. The letter included some key areas of improvements required to be completed by 12 September 2018. We found most of the required improvements had been made. For example, Personal Emergency Evacuation Plans had been implemented and suitable systems of fire maintenance were in place, both requirements made by the Fire Brigade. However, we found that one required improvements had not been made. There was no emergency exit signage on the front door although the nominated individual told us this was an emergency exit, and they said they would address this issue.

Staff told us they had to undertake training in the safe administration of medicines before they were allowed to provide support with medicines. Medicines were stored in locked medicine cabinets inside a locked and designated medicines room. This room was temperature controlled and the temperature was checked daily. This meant medicines were kept at the correct temperatures.

Medicine administration record [MAR] charts were in place for people. For most people these had been provided by the suppling pharmacist and included the name, strength, dose and time of each medicine to be given. However, for one person the service had printed off its own MAR chart from the internet that was for use by 'Girl Scouts, Heart of Michigan'. This chart did not have any dates on it although the acting manager told us it was for the week the inspection was on and the week immediately prior to that.

Staff were expected to sign the MAR chart after they had given each medicine. We looked at the MAR charts for the month of January for three people and found 15 unexplained gaps where staff had not signed to indicate the medicine had been given. The acting manager told us they were not able to account for those gaps. This meant it was not possible to verify if these medicines had been administered or not. Further, these gaps had not been reported to senior staff and the senior staff only became aware of them when we highlighted them during our inspection.

We asked the acting manager if they could identify the amounts of each medicine held in stock through the

medicines records and they said they were unable to do this. This meant it was not possible to verify the amounts of medicines held in stock to check if they were the correct amounts, ad therefore show whether or not the medicines had been administered as prescribed.

Some people had been prescribed medicine on a 'PRN' [as required] basis. For most of these there were guidelines in place to advise staff on when to administer them. However, one person had been prescribed paracetamol on a PRN basis and there was no guidance available about when that should be administered. The person lacked the capacity to inform staff when they require this medicine. Therefore, there was a risk the person may not have been given this when they required it or they might have been given it when not required.

Fridge and freezer temperatures used for food storage were checked daily. There was a form for recording the daily freezer temperature which stated, 'If it is too warm [above -18°C] refer to the person in charge.' The records showed that on 19 different days in January 2019 the recorded temperature was above -18°C, but there were no recorded actions on any of these occasions. Cooked food temperature recording sheets were also in place, but with multiple gaps. In January 2019 records showed cooked food temperatures were only checked on 20 and 27. There were no dates in December 2018 where cooked food temperatures had been recorded.

In a kitchen cupboard we found an opened bottle of barbecue sauce. There was no date of opening but the use by date was 1 December 2018. There was an open packet of bacon in the fridge, poorly wrapped in tin foil, dated 10 January 2019. There was also an uncovered, onion which had been cut open [no date] and a cut chilli with no date, poorly wrapped in tin foil.

The acting manager and nominated individual told us that all areas of the service, including the kitchen, were cleaned daily. A hygiene and infection control monitoring form was in the kitchen. This recorded that the kitchen was cleaned on the 24 November 2018 and since then there was only a record of it being cleaned one further time on 15 December 2018. On the day of inspection, we found the kitchen was dirty, with crumbs and marks on all work surfaces. The double oven had one section out of order and there was an out of order hob and toaster as well, all with dirt present. There was a lot of dried food down the sides of the units either side of the oven. There were cracked tiles on the kitchen worktop which had not been repaired and damage to the wooden worktop around the kitchen sink. This area was black with what appeared to be mould. Chopping boards in the kitchen were stained and dirty with old food and there was damage to multiple kitchen units, particularly on the bases. The provider had employed someone to work as a consultant on quality assurance matters from an outside agency. This person told us, "From an environmental point of view we know there is an issue. In terms of the kitchen we know it is a bit tired."

Other areas of the premises were also found to be unclean. The staff toilet was very dirty with marks to the flooring and sink, as well as the bin lid being broken off. The cleaning sheet had not been signed since 24 November 2018. The downstairs bathroom was also unclean. There were marks on the floor, around the sink, mould on the grouting and rust around the toilet base and a metal soap storage rack. The cleaning sheet had only been signed on seven occasions since 25 November 2018. In the laundry room both the washing machine and dryer were not clean, covered in marks and what appeared to be old soap powder. There was a laundry monitoring sheet which was last completed on 25 May 2018 with the comment, 'Tidied and partly cleaned.' There were marks to walls throughout the service, particularly outside the kitchen. There were what appeared to be food marks on the wall and light switch throughout the inspection. There was evidence of damp on the hallway ceiling outside the medicines room. Poor hygiene practices around the service increased the risk of the spread of infection.

Accidents and incidents were recorded but there was no system in place to review these and document follow-up actions/lessons learnt. The acting manager told us that they reviewed every incident in the system and provided the staff with feedback and updates via handover and supervision, but this was not recorded.

Poor management of medicines and infection control procedures meant that people's health, safety and welfare were potentially at risk and constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The service had a safeguarding adults procedure in place which made clear their responsibility to refer any allegations of abuse to the local authority and CQC. Staff had undertaken training about safeguarding adults and were aware they had a duty to report any concerns. One staff member said, "We should be whistle blowing to the manager. If it was the manager the allegation was about we would call you people [meaning CQC]." Another staff member said, "I would tell my manager and if they do nothing about it I would take it to [host local authority]." In addition to the safeguarding adults procedure there was a whistle blowing policy. This made clear staff had the right to whistle blow to outside agencies such as CQC.

The service held money on behalf of people. This was kept in a locked safe that only senior staff had access to. However, there were not effective systems in place to sufficiently reduce the risk of financial abuse occurring. Record keeping in relation to people's money was of a poor standard. For example, the record for one person stated they should have £59.60 in the safe but in fact they had £63.55, for two other people records showed what money had been spent but there was no running total of how much money the person was supposed to have. This meant it was not possible to check they had the right amount. For another person the balance was recorded and was accurate, but this had not been checked since the 14 January 2019, two weeks before our inspection. The nominated individual told us staff checked the money at the end of each day and sent them a phone message to say it had been checked. However, there was no record of anyone's money being checked and accounted for on a daily basis. The nominated individual told us they would implement systems to ensure people's money was checked and accounted for each day.

Risk assessments were in place for moving and handling and staff had undertaken training about supporting people using a hoist. Staff were knowledgeable about how to do this. One said, "You have to check it is the right sling size, everybody has their own sling." They added that people had been assessed to ensure they got the correct sling size. Other areas of risk, such as falls, mobility and behaviour which may challenge were identified.

On occasions some people exhibited behaviours that challenged the service. Staff had a good understanding of this and were able to explain how they supported people to become calm. For example, by speaking with them in a soothing and calm manner and offering them a cup of tea. They told us that one person on occasions threw cups at people so they used plastic cups to minimise the risk of harm.

Staff told us that staffing levels were sufficient and they had enough time to carry out their duties. One member of staff said, "Yes we are enough. If someone phones in sick they will find cover." Another staff member said, "Everyone is one to one with someone, so we have enough time." A person using the service said, "There are quite a lot of staff, they are all nice people." We observed there were enough staff working at the service on the day of inspection to meet people's needs.

Robust staff recruitment practices were in place. Staff told us that checks were carried out on them before they commenced working at the service. One staff member said, "They did my DBS, they got references from my old work place." DBS stands for Disclosure and Barring Service and is a check to see if staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. Records

confirmed appropriate checks were carried out on staff. This meant the service sought to employ suitable staff.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. Records showed that for most people a DoLS authorisation had been made in line with legislation. The care plan for the most recent person to start using the service, dated 5 December 2018, stated that an application should be made for a DoLS authorisation for them. However, this had not been made at the time of our inspection. We discussed this with the acting manager who said they would prioritise doing this. After our inspection the nominated individual told us the application had now been made.

The service had not recorded any mental capacity assessments for people nor had any best interests decision meetings been recorded. Care plans did not address the issue of capacity in a comprehensive manner. For example, the care plan for one person simply stated, "Staff need to act in my best interests as I am not capable of making decisions." There was no information to show how it had been assessed that the person was not capable of making decisions. The nominated individual told us that staff routinely carried out assessments of people's mental capacity but that this was not recorded. This meant that where care was provided without people's consent, a proper assessment of their capacity and a record of decisions being made in people's best interests was not in place. This constituted a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff told us they supported people to make choices where they had the capacity to do so. For example, speaking about helping a person with their breakfast, a staff member said, "[Person] can talk, they will let you know what they want, they will tell you they like Coco Pops so we give them that." One person told us they were able to make choices, for example about what they wore. They said, "I say [to staff] I like wearing the Man Utd top and they give me it."

After receiving an initial referral, senior staff carried out an assessment of the person's needs. The acting manager said, "We went to do the assessment, myself and (nominated individual)." The purpose of the assessment was to determine what the person's support needs were and if the service was able to meet those needs. The acting manager told us they met with people's families and professionals involved in their care as part of the assessment process to get as full a picture of the person as possible. The acting manager said, "We include families for them to tell us things we don't know about." The person's family were invited to visit the service before decisions were made about moving in or not. Records of assessments showed they covered needs related to mental and physical health, personal care and activities.

Staff were supported to develop skills and knowledge relevant to their roles. On commencing employment at the service staff undertook an induction training programme. This included shadowing experienced staff to learn how to support individuals and a mixture of on-line and classroom based training. One newly recruited member of staff said of their shadowing experience, "They showed me what I should do, they showed me each of the clients." They told us the shadowing was for a week. They also said of their induction, "I did on-line training which included an assessment (to demonstrate they had understood the training). I did medication, safeguarding, manual handling, mental health. They came here and gave us training on how to use the hoist. The nurses came and trained us on how to use the PEG." PEG stands for percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. Another staff member said, "I did shadowing, I watched how people work here." Staff told us and records confirmed that they had regular one to one supervision meetings with the acting manager. One staff member said, "Every month [we meet], we talk about if you are happy with how everything is going, how are the residents. It's very helpful."

People were supported to eat a balanced diet. One person described their lunch on the day of inspection as, "Lovely." We observed people enjoying their lunch on the day of inspection. Where people required support with eating this was done in a sensitive manner at the pace that suited the person. The service had worked with other agencies such as the speech and language therapy team and the distract nursing team to ensure people's nutritional needs were met in a safe way.

People told us they were supported to access health care professionals. One person said, "I have a physio, they came last Monday." The same person said, "They will sort it out for me [medical appointments], I had an appointment this morning." The service worked closely with the district nursing team. for example, where people used PEG feeding this was overseen by the district nursing team and they had provided training to staff about how to provide support with this. We saw that people were supported to access other health care professionals including GP's and speech and language therapists. We noted that one person was supported to attend a medical appointment on the day of our inspection.

Hospital Passports were in place for people. These included information about the person that would be relevant to hospital staff in the event of the person being admitted to hospital. They included information about their medical condition, prescribed medicines and how the person communicated. We saw for one person that their Hospital Passport contained some additional information which was not recorded within the rest of the care plan. For example, it stated food allergies to beans/pulses, rice and milk, which was not recorded in the care plan. The section regarding the person's likes/dislikes were also much more detailed than the rest of the care plan. For example, it stated they liked baking cakes, feeding the ducks, having their nails painted and going to Tesco to buy flowers. We discussed this with the acting manager who said they would make sure the care plan was updated to include this information to ensure people received appropriate support both at the service and in hospital.

Health Action Plans were also in place for people. These included details of what support the person required to promote good health. However, we saw that for the person who most recently moved to the service much of the plan had not been completed. We discussed this with the acting manager who told us they would address this issue.

Good

Is the service caring?

Our findings

People told us they were treated respectfully by staff. One person said, "They are nice, no problems with them whatsoever." The same person told us they valued their privacy, saying, "I like being in my room watching telly" and told us staff took them to their room when the asked them to.

Staff were aware of how to support people in a way that promoted their privacy and dignity. A staff member told us, "We close the door [when providing support with personal case]." The same staff member added, "They have rights to their choice, their choice of food or clothing." Another staff member said, "I let them know what I am about to do. I give them care how I would like to have personal care. I make sure the door is closed." The same staff member told us that for the most part people lacked the ability to manage their personal care, but added where they could they were supported to do so. They said of one person, "They can brush their teeth for a little bit but because of [medical condition] they can't do it for long." Another staff member said, "We are working hard and taking good care of them." We observed staff interacted with people in a friendly and respectful manner. People were seen to readily approach staff and to be relaxed in their company.

Care plans included personalised information about how to support people with their communication needs. For example, the care plan for one person said, "[Person]communicates via facial expressions, using their hands and making noises. They clap their hands and smile when they are happy. They turn their head away and push staff away when they don't want to engage."

Each person had their own bedroom which included ensuite washing and toilet facilities which helped to promote their privacy. Bedrooms contained personal possessions such as televisions and items of religious significance. Bathroom doors had locks that included an emergency override device which helped to promote people's privacy in a way which was safe.

One person was supported to attend a place of worship and supported to eat foods that were in line with their religious beliefs. Another person attended a centre for people of their shared ethnicity. People were supported to visit their family, and friends and relatives were welcome to visit people at the service. One person told us, "My [relative] comes to visit me and I phone them." The acting manager told us no one using the service at the time of inspection identified as LGBT, but said if someone did, "We would support that, we would get in touch with LGBT groups." This meant the service was seeking to meet needs around equality and diversity issues.

Good

Is the service responsive?

Our findings

People told us they received support that was responsive to their needs. One person said, "They are quite efficient [at providing support with a specified task relating to their personal care]."

Care plans were in place which set out how to support people. The covered needs related to mobility, safeguarding, skin integrity, nutrition and personal care. Care plans were subject to regular review. The acting manager told us, "We normally review care plans every three months. Sometimes if their needs are urgent, we do it every month." Records confirmed plans were reviewed. However, reviews were not always effective. Care plans were not always up to date. For example, the care plan for one person sated they should wear glasses at all times. We noted they were not wearing glasses on the day of inspection. The nominated individual told us this was because they did not like to wear them but this information was not recorded in the care plan.

Care plans included information about activities people enjoyed. For example, the care plan for one person stated, "I like to draw with my sketcher pads. I like to listen to popular music and watch television. I want staff to massage my hands and feet regularly." One person told us, "I am going to the pub later" and we noted that staff supported the person with this activity. The same person also told us, "Sometimes I go to the gym and sometimes to the park. They took me to the cinema, I enjoyed it." Records confirmed activities took place.

The acting manager told us they arranged for six of the residents to go on holiday together to a specialist holiday home, suitable for their complex needs. They reported that people and staff enjoyed this and the acting manager showed us photos from the holiday, showing smiling people and staff. They told us they would print these pictures and display them within the service.

When asked who they could talk to if they had any problems, one person replied, "The manager." The service had a complaints procedure in place which included timescales for responding to complaints received and details of who people could complain to if they were not satisfied with the response from the provider. There was a compliments and complaints file in place. No records had been made of the service receiving any complaints or compliments since our previous inspection.

At the time of inspection no one using the service was in the end of life stages of care. People's care plans did not address end of life issues in any depth. For example, the care plan for one person simply stated on the issue of 'death and dying', "To be discussed with family." The nominated individual told us the relatives of some people did not want to discuss this subject, but this had not been recorded in people's care plans. After the inspection the nominated individual contacted us to say they had raised this subject again with relatives but they still did not want to engage with it. The nominated individual said this had been recorded in people's care plans.

Requires Improvement

Is the service well-led?

Our findings

We found that systems that had been established to monitor the quality and safety of care and support provided were not effective. A monthly health and safety monitoring form was completed. Some issues were identified through this but the serious issues around the state of the kitchen and other areas of the home were not picked up. It also failed to identify that there were gaps in monitoring charts in the kitchen and other areas of the service. There was no action plan in place to show how the issues that had not been identified would be addressed.

A monthly medication audit was last completed in January 2019. However, this failed to identify any medicines concerns, even though we found concerns with medicines records during our inspection. The past four audits completed by the acting manager or senior staff, all contained the same scores and wording. All answered N/A to 'Is there evidence of administration of topical produces and nutritional feeds on the MAR?'. However, some people had been prescribed nutritional supplements.

There was also an infection control folder which was not used fully. Some cleaning logs were in place. A 'Weekly environmental cleanliness checklist & audit tool' template was in the file, but not in use.

There were copies of residents in place. These were not dated and there was no evidence of analysis or an action plan as a result of the responses. The survey was in an easy read format but consisted of 40 questions. People using the service had either an acquired brain injury or profound leaning disability and a 40 question survey was potentially not suitable for people. Comments had also been entered, as if the person in question had given a verbal answer to the question. This was discussed with the acting manager and nominated individual who stated it was likely that carers helped them complete the form and wrote the answers as they knew people well. They agreed that it may appear they were making assumptions, therefore would review their practice when they next completed reviews.

Staff surveys were also in place, dated 01 February 2018. There were mixed responses and again, a lack of analysis or action planning. Some staff comments included, "No value and appreciation for our work", "Staff are not allowed to speak out." On 9 February 2018 there was also a suggestion recorded on a log to 'Consider a telephone survey for friends, family and professionals.' There was no evidence to show how this suggestion would be taken forward. A professional feedback form was in place, with one positive response.

The lack of effective quality monitoring processes and systems for seeking and acting on the views of relevant people constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The service did not have a registered manager in place. There was an acting manager who told us they were in the process of applying for registration with the Care Quality Commission and records confirmed this. They were supported in the running of the service by their line manager, the healthcare director of the provider, who was also registered with CQC as the nominated individual.

People spoke positively about the acting manager, one person said the acting manager was a, "Nice person." Staff also spoke positively about the acting manager. One staff member said, "[Acting manager] is tolerant, they encourage us. They are very strict on what we should do, nobody [staff] should be sitting around. They give everyone respect, when they come in in the morning they check every resident." Another staff member said, "They are a good manager, they treat people fairly and respects everyone here and makes sure we are doing our jobs." A third staff member said of the acting manager, "A really nice person, really hard working. If we do something wrong they will call us to have a meeting, they are very supportive."

Staff also said there was a positive working atmosphere at the service. One staff member said, "We always work as a team." Another staff member said, "We help each other, there is always someone there to help you."

Staff told us they attended team meetings. One member of staff said, [Acting manager] will call everyone to a meeting. They will give us their appraisal and say what you need to improve on." Another member of staff said, "Staff meetings are when the manager gets us together to make sure we are doing the job properly." There were records of monthly staff meetings where important information was shared and key learning topics discussed. The nominated individual showed us that they used a WhatsApp group for the acting manager to share daily reports about what was going on at the service with the provider management group.

The provider had employed a consultant from an outside agency to provide support with quality assurance. They told us, "I have a plan to start doing that [quality assurance and monitoring visits to the service]." However, they had not commenced with this at the time of inspection.

The nominated individual and acting manager told us they worked with various other agencies to develop good practice. These agencies included the British Institute of Learning Disabilities, the Kings Fund, the Royal Autistic Society and Skills for Care. The nominated individual also said they attended care provider forums run by two of the local authorities who commissioned care from the service.

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 11 HSCA RA Regulations 2014 Need for consent Where people lacked the capacity to consent to the care provided, mental capacity assessments and best interests decisions had not been carried out or recorded by the registered person. Regulation 11 (1) (2) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care was not provided in a safe way for service users. Arrangements were not effective to ensure the proper and safe administration of medicines. Effective systems were not operated for assessing the risk of, and preventing, detecting and controlling the spread of infections. Hazardous substances were not always stored securely. Regulation 12 (1) (2) (d) (g) (h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. Systems and processes were not operated effectively to seek and act on feedback from relevant persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and

improving such services. Regulation 17 (1) (2) (a) (e) (f)