Speciality Care (Rehab) Limited

Rosehill Rehabilitation Unit

Inspection report

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Date of inspection visit:
11 June 2018
15 June 2018

Date of publication:
27 July 2018

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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Rosehill Rehabilitation Unit is a care home without nursing, providing neuro-rehabilitation services for people with an acquired or traumatic brain injury, or long term health conditions such as motor neurone disease. The service provides accommodation for up to 16 people. The service is owned and operated by Speciality Care (Rehab) Limited, which is part of the Priory Group. The Priory Group have 420 services across the UK, of which 13 are registered with the Commission to provide neuro-rehabilitation services.

The service had last been inspected in October 2015 and had previously been rated Good.

We carried out this unannounced comprehensive inspection on 11 and 15 June 2018. On the day of our inspection there were 10 people living at the service.
There was a new management structure in place. This consisted of, a manager who was in the process of applying to be registered with the Commission. 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. As well as a deputy manager and a senior occupational therapist. The management team were supported by the senior management, which included an operations manager, quality improvement facilitators and Priory regulatory inspectors.

Prior to our inspection we had received concerns about the management, leadership and culture of the service. So as part of our inspection we looked at the concerns which had been raised.

The vision and strategy for the service was in the process of being reviewed by the provider. We were told by the manager that Rosehill Rehabilitation Unit had in the past not always delivered its purpose, of enabling and empowering people in their recovery. Therefore a new management team had been recruited to drive improvement and fulfil its purpose.

Whilst the new management team displayed a commitment to improving and developing the service, the provider had not ensured that those in charge of the service had knowledge of the Health and Social Care Act 2008. In addition, the provider had not ensured the management team had been given an induction to the organisation. This meant they were not aware of important policy and procedures.

People lived in a service which was not effectively monitored by the provider to help ensure its quality and safety. The most recent quality audit which had been carried out by the provider in May 2018 had not identified the areas which we had found requiring improvement, as part of our inspection.

The provider's organisational values were not known by the management team or by the staff. This meant the staff had not been effectively told of what the culture of the service was expected to be, in line with the provider's philosophy and ethos.

Overall staff, relatives and professionals spoke positively about the new manager, however some staff felt

the manager's individual approach to staffing matters, did not always create a positive culture.

People were not always protected from risks associated with their care, because records were not always accurate or in place, to help provide guidance and direction to staff, about what action to take. Staff had not received the appropriate training when risks were associated with people's care. The management team took immediate action to update people's care records, and arrange for staff to receive relevant training.

People lived in a service whereby the environment was assessed and reviewed to help ensure ongoing safety. The providers own internal health and safety audit had identified some areas required improving, such as improving the Environmental Health kitchen rating. Fire checks were carried out on a weekly basis to ensure the fire alarm worked.

People were supported by sufficient numbers of staff. The manager told us a staffing dependence tool was used which helped to calculate the correct staffing levels, but expressed there was always flexibility. The manager explained there were some staff vacancies, but recruitment was ongoing and they had recently been successful in appointing three new members of rehabilitation staff.

People were supported safely with their medicines. People's medicines were stored safely and records were accurate. Learning from mistakes, was used to help improve the service. However, the management team were not aware of the National Institute of Clinical Excellence (NICE) guidelines for managing medicines in care homes, this meant they were not up to date with best practice requirements.

People were protected from abuse. The management team and staff had a good understanding of what action to take if they were concerned a person was being abused, mistreated or neglected.

People were protected by infection control procedures. Staff wore personal protective equipment (PPE) as required and the service was clean and odour free.

Overall, people had a care plan in place to help provide guidance and direction to staff about how to meet their health and social care needs. However, people's care plans were not always specifically detailed about their individual needs. For example, one person had dementia, but did not have a care plan regarding this. The management team told us they were in the process of updating care plans to a new format, and had recognised that documentation was not always available or accurate.

People's care records did not always demonstrate they were being supported to eat and drink enough to maintain a balanced diet. However, following our first day of inspection, the manager told us they had taken immediate action to implement new records, and that monitoring processes were now in place by the management team, to ensure records were being completed as required.

Staff described how they had made a positive impact on people's lives, by explaining how people's mobility and mental health had made steady improvements. Relatives were complimentary of how staff recognised people's limitations, but still offered encouragement and empowerment when appropriate. Relatives told us they felt involved in their loved ones care.

Opportunities for social engagement were being reviewed because the management team had recognised people were not always being socially stimulated. Therefore, a new activity co-ordinator had been employed to help ensure people's interests were taken into account and social activities were tailored to people's individual needs.

People's wishes for the end of their life were not always recorded, which meant people's preferences may not be respected. Staff had also not received training in how to support people at the end of their life, which meant, people may not receive effective support.

People's complaints were positively listened to and used to improve the quality of the service. Relatives told us they felt confident to complain or raise concerns, and explained how the manager always tried to deal with things promptly.

People were not always supported by staff who had received training in subject's relating to neuro-rehabilitation, acquired or traumatic brain injury. Staff had received training the provider had deemed to be 'mandatory', in subjects such as fire, first aid, manual handling and data protection and confidentiality, however this had not always been completed.

Staff, were complimentary of the support they received. The manager told us, supervision of staff practice, and one to one meetings had not been carried out for over two years. But there were plans in place to implement these again. Unlike management staff, all other staff received an induction into the organisation.

People's consent to care and treatment was sought in line with the Mental Capacity Act 2005 (MCA). DoLS application had been made when required and Best Interests meetings had taken place when a person lacked the mental capacity to make a decisions, for example having their medicines covertly (hidden in food). However, such decisions had not been reviewed regularly, for example one had not been reviewed since 2014. It is important decisions are reviewed regularly to ensure people's human rights are protected.

People and their families were being actively encouraged to be involved in decisions relating to care and support. One relative was highly complimentary of the way they were kept informed and involved in their loved ones care.

The service worked positively with health and social care agencies to help ensure people received effective care and treatment, and lived heathier lives. People's records demonstrated how psychology and physiotherapy reviews had prompted changes to how people were supported. An external professional told us, they found staff to be helpful and responsive to any advice given, and staff generally, had a good knowledge of people.

People lived in a service which had been suitably adapted to meet people's individual needs. People's communication needs were known by staff and effectively met. However, whilst there was some pictorial signage through the service, to help ordinate people, the provider had not fully considered the Accessible Information Standard (AIS), because people's care plans were only available in a written format. The Accessible Information Standard (AIS) states that people with a disability or sensory loss are given information they can understand, and the communication support they need.

People received care and support from staff who displayed kindness. People and relatives expressed staff were always kind and compassionate. Staff and the management team, spoke incredibly fondly and passionately about the people they cared for, and described them "As an extension of their own family" and as "Special people".

Overall, people's privacy and dignity was respected. Interactions relating to personal care were carried out in the privacy of people's bedrooms. However, people's personal information relating to their weekly social activities was displayed in the dining area to remind staff about people's daily routines. However, consideration had not been given to people's confidentiality and dignity.

Overall, people's independence was promoted and physiotherapy and occupational therapy plans were in place. Overall, people's spiritual and religious needs were known, so they could be supported to continue with any practices, important to them.

We found four breaches of regulation. We also recommended the provider implements the National Institute of Clinical Excellence (NICE) guidelines for managing medicines in care homes and that the provider takes account of the Accessible Information Standard (AIS).

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

Aspects of the service were not always safe.

People were not always protected from risks associated with their care.

People were supported by suitable numbers of staff.

People were supported safely with their medicines.

People were protected by infection control procedures.

Learning from mistakes, was used to help improve the service.

People were protected from abuse.

Is the service effective?

Requires Improvement

Aspects of the service were not always effective.

People were not always supported by staff who had received training to meet their individual needs.

People's care records did not always demonstrate that they were being supported to eat and drink enough to maintain a balanced diet.

People's consent to care and treatment was sought in line with the Mental Capacity Act 2005. However, when Best Interests decisions had been made, these had not always been reviewed. Which meant people's human rights may not be protected.

People's care and treatment was delivered to help ensure effective outcomes for people.

The service worked positively with health and social care agencies to help ensure people received effective care and treatment, and lived heathier lives.

People lived in a service which had been suitably adapted to meet people's individual needs.

People's communication needs were known and met effectively.

Is the service caring?

Good

The service was caring.

People received care and support from staff who displayed kindness.

People and their families were being actively encouraged to be involved in decisions relating to care and support.

Overall, people's privacy and dignity was respected and their independence was promoted.

Is the service responsive?

Requires Improvement

Aspects of the service were not always responsive.

People received personalised care and support; however their care records did not always accurately reflect the care they needed. This meant that people may not always receive a consistent approach.

People's wishes for the end of their life were not always recorded, which meant people's preferences may not be respected.

People's complaints were positively listened to and used to improve the quality of the service.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The vision and strategy for the service was in the process of being reviewed by the provider. However, the provider's organisational values were not known by staff, which meant the culture of the service was not in line with the provider's philosophy of ethos.

People lived in a service which was not effectively monitored by the provider to help ensure its quality and safety.

A new management structure had been put into place to help drive improvement and to support staff. However, the management team were not aware of the Health and Social Care Act 2008.

The provider had not ensured the management team had been given an induction to the organisation. This meant they were not

aware of important policy and procedures.

Overall staff, relatives and professionals spoke positively about the new manager, however some staff felt the manager's individual approach to staffing matters, did not always create a positive culture.

Rosehill Rehabilitation Unit

Detailed findings

Background to this inspection

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

The inspection took place on 11 and 15 June 2018, and was carried out by one adult social care inspector, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses similar services.

During the inspection we spoke with two people and three relatives.

We reviewed four people's care records in detail. We also spoke with six members of staff and looked at the training records for all staff. We also reviewed records relating to the management of the service, these included minutes of meetings, and policies and procedures.

After our inspection, because of identified concerns, we raised three safeguarding alerts with the local authority. We also contacted the community nursing team, a GP, a dietician and local authority commissioners; to obtain their views about the service, where feedback was obtained it has been detailed in the report. In addition, we also spoke with the provider's operations manager about the governance arrangements

Requires Improvement

Is the service safe?

Our findings

People were not always protected from risks because records were incomplete and did not always provide sufficient information to staff on how to manage risks; because risks were not sufficiently well monitored, and because staff had not always received appropriate training.

For example, two people suffered with seizures, however for one person there was no risk assessment in place, and for another person their risk assessment detailed their seizure should be timed, but it did not state for how long. Staff had also not received training in what action to take in the event of a seizure, and staff gave us inconsistent responses as to how they would support both people. The management team told us they would take immediate action to update people's care records, and arrange for staff to receive relevant training.

People who needed to be positioned in bed, in a way that reduced risks to their health, were not always supported in line with their care plan. For example, one person's care plan stated that because of their healthcare needs, they should not be laid flat in their bed, however this had not occurred.

People who had risks associated with their nutrition did not always have them monitored safely. For example, one person was receiving support from a dietician; the dietician had requested to be informed of any further weight loss. We found, the person had been losing weight for a period of three months, and no advice had been sought. Another person required a specialist diet because of swallowing difficulties. However, during our inspection this person was given the wrong type of food, and was observed to cough and choke.

Risks associated with people's nutrition were also not communicated effectively amongst the staff team. For example, when a person was losing weight, their food was not always being fortified as prescribed to increase the calorific content.

The provider had not always ensured risks associated with people's care were effectively managed and mitigated. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Following our first day of inspection, the manager told us they had taken immediate action to help mitigate nutritional risks. They told us a new system had been put into place to record people's weight and to help capture when a person's weight was fluctuating, so prompt action could be taken. Information relating to people's individual nutrition was being updated and shared with kitchen staff. The occupational therapist was working alongside staff at lunch time to support staffs understanding of people's nutritional needs and to monitor staff practice.

People lived in a service whereby the environment was assessed and reviewed to help ensure ongoing safety. The providers own internal health and safety audit had identified some areas required improving, such as improving the Environmental Health kitchen rating. So action was being taken to address this.

Completion of the action plan was being overseen by the management team and the quality improvement facilitator. Fire checks were carried out on a weekly basis to ensure the fire alarm worked, and people had personal emergency evacuation plans (PEEPs) in place. These helped to ensure people were correctly supported by emergency services, in the event of a fire. Window restrictors were in place on upper floors, to prevent people from falling from height.

People were supported by sufficient numbers of staff. There were different types of staff that worked with people to help meet their own individual needs, these included occupational therapists and physiotherapists, rehabilitation assistances, and clinical and social psychologists. The manager told us a staffing dependence tool was used which helped to calculate the correct staffing levels, but expressed there was always flexibility. The manager explained there were some staff vacancies, but recruitment was ongoing and they had recently been successful in appointing three new members of rehabilitation staff. Staff and relatives told us there was enough staff, and explained that when temporary agency staff were used, the manager always tried to ensure the same staff were requested, as this helped to reduce people's anxieties and helped with the continuity of people's care.

People were asked on a weekly basis at a 'voices forum' if they felt safe, and no one had raised any concerns. Staff also told us how they observed people's body language or facial expressions, daily for signs that they may feel anxious, and then spent time with them to reassure and/or obtain their views.

People were supported safely with their medicines. The management team told us how an external pharmacy audit in 2017 had identified areas requiring improvement, so as a team, they had spent a lot of time making changes to the medicine system. People's medicines were stored safely and records were accurate. However, the management team were not aware of the National Institute of Clinical Excellence (NICE) guidelines for managing medicines in care homes, this meant they were not up to date with best practice requirements. One example of this was that whilst staff had undertaken training to administer medicines, they had not had their ongoing competency assessed to make sure their training was continually embedded into practice.

We recommend the provider implements the National Institute of Clinical Excellence (NICE) guidelines for managing medicines in care homes.

Learning from mistakes, was used to help improve the service. For example, as a result of a safeguarding alert which had been raised by the service, the management team had made changes to the administration of medicines. This had included increasing the number of senior staff on duty, to help ensure staff could fully concentrate on their responsibilities relating to medicines. In addition, they had also implemented body mapping records to record skin changes.

People were protected from abuse. The management team and staff had a good understanding of what action to take if they were concerned a person was being abused, mistreated or neglected. Overall, staff had received training in the subject of safeguarding, however for staff who had not completed the training, the manager explained there was a plan in place to get everyone trained in the coming months. There was a safeguarding policy in place, however the policy referred to safeguarding procedures relating to the Priory Group as a whole, and did not make reference to local information, such as the role of Torbay Council. This meant when staff referred to the policy, they may not know who to make contact with.

People were protected by infection control procedures. Staff wore personal protective equipment (PPE) as required and the service was clean and odour free. Bathrooms had a good supply of soap and paper towels. The manager carried out a weekly 'quality walk round' which helped to review infection control standards

and highlighted any areas for improvement. Overall staff had completed infection control training, however for those who had not, a plan was in place to ensure completion took place, within the coming months.

Requires Improvement

Is the service effective?

Our findings

Rosehill Rehabilitation Unit is a care home which provided neuro-rehabilitation services for people with an acquired or traumatic brain injury, or long term health conditions such as motor neurone disease. However, people were not always supported by staff who had received training that supported them to carry out their role and support people with brain injuries effectively. Staff had received training the provider had deemed to be 'mandatory', in subjects such as fire, first aid, manual handling and data protection and confidentiality.

Staff had not always completed training, and at the time of our inspection the provider had an organisational mandatory training completion rate of 69%. The manager told us they were in the process of formulating an action plan relating to training, and would be providing staff with 'protected' training time, to help them complete it.

The provider had not always ensured staff received training to meet people's individual needs safely and effectively. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff felt they had enough training and were complimentary of the support they received. The manager told us supervision of staff practice, and one to one meetings had not been carried out for over two years. But there were plans in place to implement these again.

Management staff did not receive induction training, but all other staff received an induction into the organisation. This helped staff to become aware of the provider's policy and procedures. The care certificate had previously been implemented, but in an inconsistent way, so a review of its use was currently being undertaken by the management team. The care certificate is a national induction, and aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care.

People's care records did not always demonstrate they were being supported to eat and drink enough to maintain a balanced diet. For example, one person's care plan stated they needed to drink a certain amount of fluid. However, there were gaps in care records which meant it could not be determined whether the person had been given the required amount. Following our first day of inspection, the manager told us they had taken immediate action to implement new records, and that monitoring processes were now in place by the management team, to ensure records were being completed as required.

People's care records were not always an accurate account of the care and support they received. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People's consent to care and treatment was sought in line with the Mental Capacity Act 2005 (MCA). The 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).

For example, people's care plans detailed the importance of staff seeking a person's consent before providing support. Staff and managers had a good understanding of the legislative framework. DoLS applications had been made when required and Best Interests meetings had taken place when a person lacked the mental capacity to make a decisions, for example having their medicines covertly (hidden in food). However, such decisions had not been reviewed regularly, for example one had not been reviewed since 2014. It is important decisions are reviewed regularly to ensure people's human rights are protected.

People's care and treatment was delivered to help ensure effective outcomes for people. People received a pre-assessment review prior to moving into the service, to help ensure their needs could be met. The service worked positively with health and social care agencies to help ensure people received effective care and treatment, and lived heathier lives. People's records demonstrated how psychology and physiotherapy reviews had prompted changes to how people were supported. For example, as a result of one review, one person's emotional and physical wellbeing was being supported more robustly. An external professional told us, they found staff to be helpful and responsive to any advice given, and staff generally, had a good knowledge of people.

People lived in a service which had been suitably adapted to meet people's individual needs. For example, people who were not independently mobile had tracking hoists to help enable them to move from room to room. There was wheelchair access internally and externally, and a lift that went to upper floors.

People's communication needs were known by staff and effectively met. Some people used word boards and facial movements to help communicate. Staff told us, how they were also observant of people's changing body language to determine what they were saying.

Whilst there was some pictorial signage through the service, to help ordinate people, the provider had not fully considered the Accessible Information Standard (AIS), because people's care plans were in only available in a written format.

We recommend the provider takes account of the Accessible Information Standard (AIS) to help make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

Good

Is the service caring?

Our findings

People received care and support from staff who displayed kindness. People and relatives expressed that staff were always kind and compassionate. Relatives told us they were always warmly welcomed when they visited, and offered tea or coffee. They also told us, they could visit at any time.

Staff and the management team, spoke incredibly fondly and passionately about the people they cared for, and described them "As an extension of their own family" and as "Special people". Staff showed through there interactions a kind and caring manner, for example gently touching a person's hand to provide reassurance, to help reduce their anxiety. Appropriate humour was also used, and people were seen to positively respond and laugh to staffs engagement.

People and their families were being actively encouraged to be involved in decisions relating to care and support. One relative was highly complimentary of the way they were kept informed and involved in their loved ones care. Relatives were being asked to be part of care reviews, however this was not always documented.

Overall, people's privacy and dignity was respected. Interactions relating to personal care were carried out in the privacy of people's bedrooms. Staff, were vigilant when they observed people's clothes to be stained, and supported them to change them.

People, who wanted to spend personal time on their own, were supported to do this, and given the privacy they needed. Care plans were also in place to help guide and direct staff, as to what action they needed to take to promote a person's privacy, at this time.

People's personal information relating to their weekly social activities was displayed in the dining area to remind staff about people's daily routines. However, consideration had not been given to the location of this information to protect people's confidentiality and dignity.

Overall, people's independence was promoted. Physiotherapy and occupational therapy plans were in place to help facilitate independence. The manager told us, the ethos for independence and rehabilitation had been lacking, so action was being taken to change the culture of the service. Making sure people were effectively supported, empowered and encouraged, and where possible to move onto to a more independent lifestyle.

Overall, people's spiritual and religious needs were known, so they could be supported to continue with any practices, important to them. The manager told us, how they were working to improve their relationship with the local churches. One person had previously liked to go to church; however there was not a consistent approach by staff to help remind the person of the day, so that they could request to go. The manager told us she would take action to ensure staff, were asking the person each week.

Requires Improvement

Is the service responsive?

Our findings

Overall, people had a care plan in place to help provide guidance and direction to staff about how to meet their health and social care needs. Care plans were also in place when professional advice had been sought and recommendations made, such as by physiotherapists, occupational therapists and psychologists. However, people's care plans were not always specifically detailed about their individual needs. For example, one person had dementia, but did not have a care plan regarding this, which meant they may not be responded to in a personalised way. In addition, one external professional commented that they found care records disorganised, which meant they struggled to find the necessary information, pertaining to a person's care. The management team told us they were in the process of updating care plans to a new format, and had recognised that documentation was not always available or accurate.

Opportunities for social engagement were being reviewed because the management team had recognised people were not always being socially stimulated. Therefore, a new activity co-ordinator had been employed to help ensure people's interests were taken into account and social activities were tailored to people's individual needs. For example, one person had recently visited a local area they were fond of, and people had been out for fish and chips and to their favourite shops. The gardener at the service told us how he encouraged people to join in with buying and potting up plants.

People's wishes for the end of their life were not always recorded, which meant people's preferences may not be respected. When care plans were in place, there was limited information about how people wanted to be supported. Staff had also not received training in how to support people at the end of their life, which meant, people may not receive effective support.

People's end of life preferences, were not always known. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff described how they had made a positive impact on people's lives, by explaining how people's mobility and mental health had made steady improvements. Relatives were complimentary of how staff recognised people's limitations, but still offered encouragement and empowerment when appropriate. Relatives told us they felt involved in their loved ones care, with one relative telling us "They always keep me informed". We were told by the management team that people and relatives were involved in the creation and review of their care plan, however this was not documented. The manager told us they would take action and look at ways this could be reflected.

People's complaints were positively listened to and used to improve the quality of the service. For example, as a result of a complaint, staffing and medicine arrangements had been changed within the service. Relatives told us they felt confident to complain or raise concerns, and explained how the manager always tried to deal with things promptly. When a complaint had been raised formally in writing, the provider followed their complaints policy. Letters written were detailed and contained an apology.

Requires Improvement

Is the service well-led?

Our findings

The vision and strategy for the service was in the process of being reviewed by the provider. We were told by the manager that Rosehill Rehabilitation Unit had in the past not always delivered its purpose, of enabling and empowering people in their recovery. Therefore a new management team had been recruited to drive improvement and fulfil its purpose. The team included the manager, a deputy manager and a senior occupational therapist. The management team were also supported by a senior management, which included an operations manager, quality improvement facilitators and Priory regulatory inspectors.

Whilst the new management team displayed a commitment to improving and developing the service, the provider had not ensured that those in charge of the service had knowledge of the Health and Social Care Act 2008. Nor were they aware of essential guidance such as the National Institute of Clinical Excellence (NICE) guidelines for managing medicines in care homes, and the Accessible Information Standard (AIS). This meant, the provider did not have effective systems in place, to help ensure those with accountability and responsibility had the correct knowledge base to be able to safely manage the service.

The provider had not ensured the management team had been given an induction to the organisation. This meant they were not aware of important policy and procedures. Whilst, the management team, were complimentary of the support they received from the providers senior management team, they explained how they were still trying to understand the providers internal systems and process, for example the training database. We spoke with the operations manager about this. They told us the management team had not been informed that they had not received an induction to the service; and further explained that they had all worked for the organisation for some time. This demonstrated that the provider did not have a system in place to effectively identify when staff required an induction into the service.

People lived in a service which was not effectively monitored by the provider to help ensure its quality, safety and sustainability. The process by which the provider monitored the quality of the service involved a quality improvement facilitator and/or a Priory regulatory inspector completing a monthly visit, and carrying out an audit on aspects of the service. The audit had been designed in line with the CQC inspection methodology and rating framework. However, the most recent audit which had been carried out in May 2018 had not identified the areas which we had found requiring improvement, as part of our inspection, and had been given a service rating of Good. This meant the providers system to help identify when improvements were required had not been effective.

Whilst the provider did have a system in place to monitor health and safety, there were no other internal systems to monitor other aspects of the service, such as people's records, care, training and the management of medicines. This meant the provider had failed to identify people's reducing weight loss. In addition, risks associated with people's care were not always known or mitigated, staff had not received training to meet people's individual needs safely and effectively, and people's records were not always an accurate reflection of their care.

At the time of the inspection the manager decided to implement a Deprivation of Liberty (DoLS) check list,

because when asked, the team did not know if there was anyone living in the service, who had an approved DoLS application in place.

The manager explained that they were aware documents were not always in place, and the reason for this was that since being employed at the service, they had prioritised people's care, over paperwork. Whilst, the quality of people's care is paramount, documentation should be in place to demonstrate the safe and effective care people received. This demonstrated the provider did not have a robust strategy in place, to help with the effective improvement and delivery of the service.

We spoke with the operations manager about the governance arrangements at the service. They told us there was a monthly meeting at the service, to discuss the overall management of the service, and action plans had been created to drive improvement. The operations manager was open and transparent, and explained that they had already identified areas that required improvement, and had been discussing these with the manager.

The provider's organisational values of; putting people first, being supportive, acting with integrity, striving for excellence and being positive were not known by the management team or by the staff. This meant the staff had not been effectively told of what the culture of the service was expected to be, in line with the provider's philosophy and ethos.

The provider did not have effective systems in place to ensure the effective monitoring of the leadership, culture and quality of the service. This a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection we were informed of immediate changes that had taken place. These included the implementation of a new system to ensure a training oversight of staff, and the management of people's nutrition and weight loss.

Overall staff, relatives and professionals spoke positively about the new manager, however some staff felt the manager's individual approach to staffing matters, did not always create a positive culture. Staff explained that at times she had shouted and spoke angrily towards them. The manager told us of a situation where she knew her behaviour had not been acceptable. So as a result of this, they had shared this with their line manager, and had apologised to the staff team. The operations manager told us, they had listened to staff feedback, and as a result of this, they were arranging for a 'listening group' to be facilitated by the provider's human resources team. The 'listening group' would give staff the opportunity to openly share their views and feelings about the culture of the service. Feedback would be used to help develop the service and improve the culture.

There was a confidential whistleblowing telephone number that staff could contact, if they wanted to raise any concerns about staff conduct. Whilst the majority of staff felt a recent whistleblowing concern had been handled professionally, some staff told us they felt the manager had tried to find out, who had raised the concerns, therefore spoke to staff on a one to one basis. We spoke with the manager about this, who agreed they had individually spoken to staff, but this had been to share the concerns which had been raised, the outcome and emphasise the management team's open door policy.

People and their relatives were asked for their feedback and views about the service in an informal way, through discussion. One relative told us they had been asked to complete a survey a long time ago, which asked for their comments about different aspects of the service. The manager explained how they were looking at new ways to engage with people, and use feedback to help drive improvements and change at

the service. In addition, they told us how they had recently invited local authority Commissioners into the service, to share their plans for the future.

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 9 HSCA RA Regulations 2014 Person-centred care Regulation 9 (1) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's end of life preferences, were not always known.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not always ensured risks associated with people's care were effectively managed and mitigated.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1) (2) (1) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's care records were not always an accurate account of the care and support they received. The provider did not have effective systems in place to ensure the effective monitoring of the leadership, culture and quality of the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not always ensured staff received training to meet people's individual needs safely and effectively.