Agenda Item No. 8

Audit Committee –24th February 2014

Hollybank Intermediate Care Unit – Care Quality Commission Warning Notice.

1. **Summary of report**:

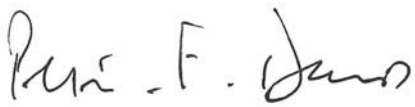
1.1 To provide Audit Committee with the background whereby The Care Quality Commission served a Warning Notice to Hollybank Integrated Intermediate Care Unit.

2 Background papers:

CQC Warning Notice 27.12.13
CQC Inspection Report 19.12.13
Hollybank Action Plan

3 Recommendation

3.1 That the Audit Committee notes and endorses the Hollybank Action Plan, as set out in Appendix 1.



PETER DAVIS
Head of Community Care

4 Background

4.1 A Care Quality Commission, (CQC), Warning Notice is a formal notification that a regulated service is failing to comply with relevant requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (the Regulated Activities Regulations 2010). It results in the publication of a warning served upon a registered provider of a Care Service. They would usually be served if a provider failed to address their concerns regarding any particular Outcome or Regulation set out in the Essential Standards of Quality and Safety which are drawn from the Health and Social Care Act 2008. The notice is issued under Section 29 of the Act.

4.2 The warning relates to the registration of the Registered Manager of the unit to carry on the regulated activity at or from Hollybank House.

4.3 Hollybank House is registered for: Accommodation for persons who require nursing or personal care.

4.4 Hollybank House has functioned as an Intermediate Rehabilitation Unit integrated with health since October 2012 when the service transferred from its original site at Rushall Mew's with the staff team transferring under TUPE from Housing 21 to the Local Authority.

4.5 In July 2013 a CQC Unannounced Inspection identified three areas where action was required to improve.

- Management of Medicines
- Supporting Workers
- Assessing & Monitoring Quality of Service Provision

4.6 An action plan (attached as **Appendix 1**) was put in to place to improve these three areas and the team worked toward these goals.

4.7 On the 11.12.13 an unannounced inspection by CQCs pharmacist took place at Hollybank to review Management of Medicines. The unit was compliant in its management of medicines.

4.8 On the 19.12.13 CQC made another unannounced inspection culminating in the Warning Notice stating the unit was failing to comply with Regulation 23(1)(a) which states:

4.9 Supporting Workers.

23(1) The registered person must have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard, including by-

(a) Receiving appropriate training, professional development, supervision and appraisal;

4.10 The Service responded with the following explanation to Care Quality Commission.

4.11 With reference to the Inspection report 19th December and subsequent Warning Notice.

4.12 Supporting Workers:

4.13 In terms of Supervision and Appraisal of staff and the CQC advice from the July 13 inspection there had been significant activity and improvement throughout August to October. The Supervision planner evidences one officer having completed supervision with all of her team whilst another had completed with 8 of the 9 members of her team. The data however identifies 2 officers who appear to be struggling to ensure supervision is completed with approximately 50% of their teams.

4.14 It is important to note that supporting workers would extend to the senior team and it is clear from the data that the drop in performance in recent months for the two officers in particular coincides with periods of illness and absence and in one case bereavement.

4.15 In analysing the data it is indicative that perhaps a traditional approach to one-to-one supervision may not be the most effective means given Hollybank is an extremely busy Intermediate Care unit where in recent months, (Winter Pressures), the general turnover would account for between 8 and 10 admissions per week, approaching 50%, which would also therefore account for the same number of discharges and the associated administrative work undertaken by the senior team.

4.16 Senior Managers will look at a mix of one-to-one supervision, group supervision and time management as well as effectively covering the duties of absent officers as they occur.

4.17 In terms of appraisals the registered manager and the senior team have worked well with the Local Authorities Workforce Development Team to adopt the new appraisal process which has been commenced. Five being completed between the 10th and 16th of December.

4.18 Senior Management will monitor and support the progress of the appraisal process and reviews. Likewise, one to one supervision and group supervision will be monitored initially on a weekly basis.

4.19 Additionally Managers and administrators will re-visit the recording matrix in terms of better use of the comments section against any postponements and action to prioritorise those staff who may have missed supervisions for a significant length of time.

4.20 Training

4.21 In regard to training, it is somewhat disappointing that the Training Matrix, which is readily available, was not shared on the day of inspection. Whilst this was discussed, the registered manager states that no request was made to view it, this is unfortunate as I believe this would have given the Inspector far more assurance.

4.22 Over the last three months the team have worked extremely hard to address a number of training needs. This has included significant work by the registered manager to establish stronger links and dialogue with hospital pharmacy services and a policy change where 7 days medication is supplied rather than 30. Equally it was necessary to change our local pharmacist to facilitate an improved service and a commitment to training where the previous pharmacist had cancelled training sessions. As a result, 45 of 54 applicable staff have received medication training throughout October.

4.23 In terms of other areas of training, The approach to these areas has been to train the senior team and night care teams at the higher Fire Warden and First Aider levels ensuring 24/7 cover and the added bonus of having trained nursing staff available to support. This allows us to prioritise training such as Safeguarding, as mentioned in the report, whereby 54 staff have been trained or refreshed in the last 6 months. Similarly, in recent months 57 staff have received training in Infection Control and 19 in Moving and Handling during December. It is also important to note here that the vast majority of our staff team are vastly experienced and have completed many of the mandatory training courses several times whereby many are refreshing which is different to staff being ignorant of the subject area. Additionally, when one considers the integration of the team, in terms of moving and handling, staff are effectively trained by the therapy staff specifically for each individual service user, demonstrating that the staff do indeed have the skills and knowledge to meet the individuals needs.

4.24 Progress on the whole is very encouraging and discussions are taking place with the authorities Workforce development team regarding a greater availability of moving and handling courses and a programme jointly developed by the unit relating to dementia. Workforce development are also working with us to widen the training potfolio in terms of: Risk Assessment, Report Writing and Positive Risk enablement.

4.25 Members of the staff team continue to be booked on to Safeguarding training, food hygiene and training in fire safety is currently being planned.

4.26 I would hope that this representation contains sufficent information to assure CQC with the undertaking that the supervision and support of the team will be fully compliant by the date indicated by CQC. 28th February 2014.

4.27 The Care Quality Commission upheld their discision to issue a Warning Notice and have since recieved a reviewed Action Plan from the unit.

4.28 Additionally CQC have agreed to meet in the comming weeks to better understand the service as its current registration is that of a Residential Home whilst its activity is not. Many of the Outcomes identified within the Essential Standards of Quality and Safety are based on an individual residing in a Care Home whilst the average stay at Hollybank for a period of rehabilitation is just 17 days.

4.29 Ultimately the unit has to accept that despite evidencing regular full staff meetings, unit meetings, welfare visits and commencing an appraisal programme four months earlier than we had stated to CQC, it did not meet its own targets for the formal supervision of all of its staff team.

4.30 In terms of training the staff team were disappointed that their effort in training 45 staff in medication, 54 staff in safeguarding and 57 and 19 in infection control and people handling had gone unrecognised as did the staffing pressures and opportunity to release staff and the availability of courses.

5. Assurance

The Audit committee should be assured that Managers, though disappointed to receive this notice, have responded positively. We now have in place all of the formal records required by the Care Quality Commission and we do not expect a repeat of this notice of requirement.

6. Resource and legal considerations:

6.1 The activity of the unit is essential within the 'whole-systems' approach to rehabilitation and timely hospital discharge within Walsall's integrated care pathways. The loss of registration where activities may cease, even for a short period of time, would be highly problematic, impacting upon the quality of care for the 21 service users directly affected but also the ability of the Manor Hospital to discharge patients and the availability of acute hospital beds.

6.2 Discussion is on-going with the Walsall's Workforce Development Team in terms of the availability of courses delivered on-site to maximise the ability of the unit to take advantage of training and to reduce the cost in covering staff absent whilst training.

7. Performance and risk management issues:

7.1 Performance and risk management is a feature of the attached action plan which will be monitored by the Responsible Person (Peter Davis) to ensure future compliance.

8. Equality Implications:

8.1 None directly arising from this report.

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Service Manager Integrated Intermediate Care.
☎ 01922 650353
✉ brodrickl@walsall.gov.uk

Walsall Council

Appendix 1

Summary Action Plan for Hollybank Intermediate Care Unit					
Overall Action identified within the QAIT	**Specific action/s outcomes to be met**	**Success Measured by**	**Agreed & who accountable for action**	**Realistic timescales for completion and Trackable**	**Action satisfied Y/N**
Training (CQC Outcome 14)	**Moderate Impact** The training matrix is showing a healthy compliance level with both mandatory and specialist agreed areas of training. Workforce Development working closely to meet units needs. Training matrix consolidated to clearly show mandatory training with frequency where priority will be given. Staff competencies developed to meet the services needs are supported with ongoing evaluation in both working practice and knowledge.	People Moving People Training in place for all staff to remain in date on 3yr cycle. First Aid training in date for specific staff to ensure 24/7 cover, Food Safety in Catering awareness, Health & Safety awareness, Report Writing and Mental Capacity Act awareness built into training plan.	Home Manager and Service Manager	Review progress monthly with all areas agreed by April 2014	On going
Supervisions/Appraisals (CQC Outcome 14)	**Moderate Impact** Appraisals commenced with a 6 month plan of dates communicated to staff noted. Supplementary supervision documentation shows that this is being managed by the appropriate officer with any areas raised as requiring further input supported by the service. Supervision record matrix to include welfare visits to evidence	Supervisions policy adhered to. Appraisals within a schedule of management shared with staff to be arranged Matrix cross matched with evidence noted in staff files.	4 x Senior Officers, Deputy Manager & Home Manager	Supervision compliant for all staff 24th Feb 2014. Review progress monthly to ensure progression and support.	On going

	continued staff support where identified.				
Report writing (CQC Outcome 4)	**Moderate Impact** • 10% of the care profiles are randomly audited by Hollybanks manager using an agreed audit form. Feedback is given via supervision so they can be comprehensively completed in that all information is included to inform the pathway of reablement and care plans are written in a person centered way. • Additionally the service users have not always received intervention from a relevant health care professional where this has been a demonstrated need identified in the risk assessments and care plan have been referred appropriately.	• Care and treatment plans will be reviewed and training given to staff to ensure they involvement from families/carers, respect religious and cultural needs and ensure easy read versions are available. Care and support plans will be given to each client and explained in full. All care profiles will include all relevant information and the care plans will be written in a person centered manner following training. Ad-Hoc audit by the home and deputy manager using an agreed audit form will be managed on a regular basis. All will score in excess of 95%. • For all clients to have documented evidence that the staff have requested intervention should their care plan or risk assessments identify a need for this. (i.e. if the MUST score demonstrates the need for a dietician then a referral should be made and the time/date and person to whom this referral is made should be	Home Manager & Deputy Manager plus seniors	• Review progress monthly with all areas of responsibility agreed by March 2014 • Review training progress for all staff monthly over a 12 month transition period • As soon as a concern is identified and this will be checked during the audit process Any weight loss is subject to an action plan and this is included in the QA for that month. • Quality outcomes will feed into MDT meeting	

		clearly documented.) This will be identified on audit and by daily handover.			
Policies and Procedures (CQC Outcome 14)	**Minor Impact** New folders have been put in place for all staff to read, review and evidenced via their signature plus date that they are working to them. The work is progressing well with discussion in staff supervision and unit monthly meetings	Signature sheet, staff meeting and supervision notes evidence that ownership of Hollybanks local policies are being managed and for each unit staff group are in progress	Home Manager Deputy Manager Team Leaders plus all staff	Transition over a 12 month period 2014	

Signature of Service Manager:	Signature of Registered Manager:
Date 16th January 2014	Date 16th January 2014
Implementation date: All 4 Actions Currently Active	Review date 31st January 14 (On-going review in line with the plans timescales)

CQC Representations
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Telephone: 03000 616161
Fax: 03000 616171

RECORDED DELIVERY

Mr Paul Sheehan
Chief Executive
Walsall Metropolitan Borough Council
Civic Centre
Darwall Street
Walsall
West Midlands
WS1 1TH

27 December 2013

The Care Quality Commission
The Health and Social Care Act 2008
WARNING NOTICE:
Walsall Metropolitan Borough Council

Regulated activity – Accommodation for persons who require nursing or personal care

Our reference: RGP1-1150138850
Account number: 1-101668390

Dear Mr Sheehan

This notice is served under Section 29 of the Health and Social Care Act 2008.

This warning notice relates to your registration to carry on the above regulated activity at or from the following location(s):

Holly Bank House
Coltham Road,
Short Heath, Willenhall,
Walsall,
West Midlands,
WV12 5QB

We are notifying you that you are failing to comply with the relevant requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (the Regulated Activities Regulations 2010).

The Regulated Activities Regulations 2010

You are failing to comply with Regulation 23 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which states:

Supporting workers
23

(1) The registered person must have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard, including by –

(a) Receiving appropriate training, professional development, supervision and appraisal;

Why you are failing to comply with this regulation:

1. On 19 December 2013, Amanda Hennessy, Compliance Inspector of the Care Quality Commission visited Holly Bank House, Coltham Road, Short Heath, Willenhall, Walsall, West Midlands, WV12 5QB

2. During the inspection we spoke with the registered manager, deputy manager and seven staff employed by the service to determine the arrangements which were in place to support workers.

3. The seven staff we spoke with told us that they had received medication training and moving and handling training and that communication training was arranged for January 2014. Staff told us that one of the manager's roles was to ensure that arrangements were in place to ensure that staff received the training they needed. The registered manager told us that a staff training matrix was available but this was not made available to us during our inspection. A recent quality audit of the service had been undertaken by Walsall Council's Quality Assurance team this identified that staff had not consistently received required mandatory training such as fire safety and safeguarding and updates to this training when required. We could not be assured that staff received all the training they needed to ensure that they had the skills and knowledge to meet people's needs.

4. You are failing to deliver care and treatment to service users safely and to an appropriate standard as suitable arrangements have not been put in place to ensure that staff received appropriate training and professional development.

5. The registered manager told us that support staff should have one to one meetings with their manager every six to eight weeks. Three of the seven staff we spoke with said that they had one to one meetings with their manager every six to eight weeks. Four staff we spoke with told us that they either had infrequent supervision or no supervision at all. We asked the registered manager for records of staff supervision for those staff we spoke with. The registered manager showed us a plan of supervision sessions on the computer. We saw that the staff supervision plan identified a target that supervision meetings with individual staff members should take place every six to eight weeks. We looked at these records with the registered manager and saw that the service had failed to consistently meet these targets for supervision meetings for four staff of the seven we spoke with.

6. The registered manager told us that two of the four managers did ensure that the staff they managed had a six to eight weekly meeting. However this was not the situation for other managers, who had not achieved the targets for staff supervision. The registered manager told us of examples when staff did meet with their manager due to personal difficulties but records of this were not updated to form part of their supervision. The registered manager was unable to explain why when staff had not received a supervision meeting a further meeting was not arranged to ensure that staff received supervision regularly. Computer records the registered manager showed us identified that two staff had not had a one to one meeting with their manager for more than a year. This meant that suitable arrangements were not in place to ensure that staff were supported in relation to their responsibilities , to enable them to deliver care and treatment to service users safely and to an appropriate standard.

7. The provider sent us an action plan in July 2013 which stated, "In terms of annual appraisals we are not in a position in terms of available capacity to address a full appraisal process. Within the authority this normally commences in April with a 6 month review in October. We understand that the present appraisal process is under review and we anticipate an alternative process by April 14".

8. The registered manager told us that new appraisal documentation was available and that staff appraisal was in the process of being implemented. None of the seven staff we spoke with during our inspection had received an annual appraisal. We did not see any records to demonstrate that an appropriate annual appraisal of these staff members had taken place in the staff files that we reviewed

9. You are failing to take proper steps to ensure that persons employed for the purposes of carrying on the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard. You are failing to provide support to your staff in the form of appraisal or supervision of working practices, appropriate training and professional development or enabling staff from time to time to obtain further qualifications appropriate to the work they perform.

You are required to become compliant with Regulation 23 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, by 28 February 2014.

Please note: If you fail to achieve compliance with the relevant requirement within the given timescale, we may take further action to make sure that you achieve compliance.

We will notify the public that you have been served with this warning notice by including a reference to it in the inspection report. We may also publish a summary more widely, but will not do so if there is a good reason not to.

If you think that the notice has been wrongly served on you, you may make representations to us. This could be because you think the notice contains an error, is based on facts you consider to be inaccurate, that it should not have been served, or is an unreasonable response to the situation it describes. You may also make representations if you consider that for these or any other reason, the notice should not be more widely published.

Any representations should be made to us in writing within 10 working days of the date this notice was served on you. To do this, please complete the form on our website at: www.cqc.org.uk/warningnoticerepresentations and email it to: HSCA_Representations@cqc.org.uk

If you are unable to send us your representations by email, please send them in writing to the address below. Please make it clear that you are making representations and make sure that you include the reference number RGP1-997319266.

If you have any questions about this notice, you can contact our National Customer Service Centre using the details below:

Telephone: 03000 616161

Email: HSCA_Representations@cqc.org.uk

Write to: CQC Representations

Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

If you do get in touch, please make sure you quote our reference number RGP1-1150138850 as it may cause delay if you are not able to give it to us.

Mr Andy Davey
Compliance Manager

Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Holly Bank House

Coltham Road, Short Heath, Willenhall, Walsall, WV12 5QB

Tel: 01922710524

Date of Inspections: 19 December 2013
11 December 2013

Date of Publication: January 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Management of medicines	✓ Met this standard
Supporting workers	✗ Action needed
Assessing and monitoring the quality of service provision	✗ Action needed

Details about this location

Registered Provider	Walsall Metropolitan Borough Council
Registered Manager	Mr. Bernard Peter Blackburn
Overview of the service	Holly Bank House provides short term or interim care for up to 21 people. Interim care provides people with additional support to enable them whenever possible to return to their own home or find them suitable alternative accommodation.
Type of services	Care home service without nursing Rehabilitation services
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Holly Bank House had taken action to meet the following essential standards:

- Management of medicines
- Supporting workers
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 December 2013 and 19 December 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff, reviewed information given to us by the provider and were accompanied by a pharmacist. We reviewed information sent to us by commissioners of services.

What people told us and what we found

We last visited Holly Bank House in June 2013 as part of our scheduled programme of inspections. This inspection found that: improvements were needed to ensure that people were protected against the unsafe practice in relation to medicines; staff did not receive appropriate training, evidence of supervision and appraisal and checks about the quality and effectiveness of the service were unavailable.

After our inspection the provider of the service sent us an action plan that detailed the improvements that would be made. As part of this inspection we checked that the stated actions had been undertaken to ensure that risks to people were minimised.

Our Pharmacy Inspector visited on 11 December 2013 and checked arrangements that were in place to ensure that the management of people's medicines was safe and appropriate. We found required improvements had been made and people's medicines were managed safely and appropriately.

We visited the service again on 19 December 2013 to check that staff were supported to deliver care and treatment to people who used the service safely and to an appropriate standard. We found that the service had again failed to meet this requirement and we are currently considering what action will be taken against the provider.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 06 February 2014, setting out the

action they will take to meet the standards. We will check to make sure that this action is taken.

Where we have identified a breach of a regulation during inspection which is more serious, we will make sure action is taken. We will report on this when it is complete.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Our inspection of 26 June 2013 raised concerns that people had not been fully protected against the risks associated with medicines. The provider wrote to us telling us how they were going to address to issues raised.

Our Pharmacy Inspector visited the service on 11 December to look at the service's arrangements for medicines and to check that the service had made the improvements needed. We found that the service, as part of their plan to improve the management of medicines at Holly Bank House, had developed a Medication Policy and Procedures document that was specific to their practices and needs. We found that all staff had been issued with a copy of the policy and procedures. An assessment to determine if they had read and understood the policy and procedures document had been undertaken. A knowledgeable staff team that are aware of the safe procedures for the management of medicines should ensure that people are protected against the risks associated with the unsafe use of medicines.

Appropriate arrangements were in place in relation to obtaining medicines. We found that the majority of people were admitted to the home from hospital and as a consequence they brought their medicines with them. We found that there was a thorough process for checking the medicines and any queries were taken up with the hospital. We also found that there was an effective system for obtaining medicines once the hospital medicines had run out. We found no evidence of delay in ordering people's medicines. The arrangements for obtaining medicines should ensure that the people who used the service were able to receive the medicines that they needed.

Arrangements were in place in relation to the recording of medicines. During this inspection we looked at three medicine administration records, where staff were carrying out the administration process. We looked at the medicine records to determine whether they showed if people had received their medicines as prescribed by their doctor. We found that the service on the whole was able to demonstrate that people had received their

medicines as prescribed. We also looked at the monitoring processes in place for two people who were administering their own medicines and found that the records demonstrated that they had taken their medicines as prescribed. Appropriate arrangements for the recording of medicines is an important factor in protecting against risks associated with the management of medicines. The provider may wish to note that the use of a carry forward system to account for medicines from the previous supply would enable the monitoring of the medicines to be carried out more easily and effectively.

Medicines were kept safely. We found that people's medicines were stored in locked cupboards in their rooms. We found that the service monitored the temperatures of each room on a daily basis and could demonstrate that the medicines were being stored at the correct temperature. The keeping of medicines securely and at the correct temperature ensured that medicines were not used inappropriately and ensured that they worked effectively to treat the conditions they were prescribed for.

We found that all of the care staff who were involved in the management of medicines had recently completed a comprehensive training programme on the safe handling of medicines. Through a close working relationship with their local community pharmacist we found that the service had developed a new competency assessment programme and was in the process of reassessing all of the staff. Well trained and competent staff will promote the protection of people against the risks associated with unsafe use of medicines.

Supporting workers ✖ Action needed

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was not meeting this standard.

Systems required improvement to ensure that people were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

We have judged that this has a moderate impact on people who use the service. This is being followed up and we will report on any action when it is complete.

Reasons for our judgement

Our inspection of 26 June 2013 found that staff were not supported to deliver care and treatment to people safely and to the required standard. The provider wrote to us telling us how they were going to address the shortfalls identified.

The essential standards of quality and safety state that the registered person should ensure that staff are properly supported to provide care and treatment to people who used the service. They should be trained, supervised and appraised.

Staff we spoke with told us that they felt some improvements had been made since our previous inspection of the service. Staff told us that they had regular monthly staff meetings, unit meetings and that they had improved training opportunities. Staff told us that they had received medication training and moving and handling training and that communication training was arranged for January 2014. Staff told us that one of the manager's roles was to ensure that arrangements were in place to ensure that staff received the training they needed. The registered manager told us that a staff training matrix was available. The training matrix was sent to us after our inspection but identified that not all staff had received the required training. A recent quality audit of the service had also been undertaken by Walsall Council's Quality Assurance team. This identified that staff had not consistently received mandatory training such as fire safety and safeguarding or updates to this training when required. This meant that staff may not have the skills and knowledge to meet people's needs.

Staff told us that they now had monthly staff meeting and also regular unit meetings which had not previously taken place. Staff told us that if they were unable to attend the meeting, other colleagues would tell them what was discussed and that notes of the meeting were available for them to read. Staff told us that meetings included information about improvements needed. Staff told us senior staff from the service and senior managers from the council attended these meetings. This meant that staff were made aware of the requirements of the service and the needs of people they supported.

All the staff we spoke with said that if they had any problems they were able to discuss these with a manager. One staff member said: "If I had a problem I would go to the office". Another staff member said that they had a problem with working arrangements and they had discussed this with a manager. Changes had subsequently been made to their working arrangements.

The registered manager told us that support staff should have supervision meetings with their manager every six to eight weeks. Three of the seven staff we spoke with said that they had one to one meetings with their manager every six to eight weeks. Four staff we spoke with told us that they had just one supervision meeting since October 2012 and records confirmed that this was the case. We saw that the service had a computer record of a staff supervision plan which identified a target that supervision meetings with individual staff members should take place. We looked at these records with the registered manager and saw that the service failed to meet targets for supervision meetings consistency. We were told that two of the managers did ensure that the staff they managed had six to eight weekly meetings. However that was not the situation for other managers, who had not achieved the targets for staff supervision. The registered manager told us about examples of staff meeting with their manager due to personal difficulties, but records of this were not updated to form part of their supervision. The registered manager was unable to explain why when staff had not received a supervision meeting further meetings had not been arranged. Computer records which the registered manager showed us identified that two staff had not had a supervision meeting with their manager for more than a year. This meant that suitable arrangements were not in place to ensure that staff were appropriately supported to deliver safe and appropriate care.

The provider sent us an action plan in July 2013 which stated: "In terms of annual appraisals we are not in a position in terms of available capacity to address a full appraisal process. Within the authority this normally commences in April with a 6 month review in October. We understand that the present appraisal process is under review and we anticipate an alternative process by April 14". The registered manager told us that new appraisal documentation was available and that staff appraisal was in the process of being implemented. None of the seven staff we spoke with during our inspection had received an annual appraisal. We acknowledge the provider's comments however staff must receive supervision and appraisal to ensure that they deliver care and treatment to an appropriate standard.

Assessing and monitoring the quality of service provision ✖ Action needed

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

Improvements were needed to ensure that there was an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Our inspection of 26 June 2013 found that there was insufficient evidence to demonstrate there was an effective system in place to regularly assess and monitor the quality of the service provided. The provider wrote to us telling us how they were going to address the shortfalls identified.

During our last inspection of the service we were told that accidents and serious untoward incidents were recorded and were sent for review by Walsall Local Authority. At this inspection the registered manager and deputy manager told us that they received action plans to make required improvements when needed. However there was no information to show how incidents and accidents were summarised and when needed 'lessons learned'.

The provider of the service wrote to us after our inspection and told us: "The process currently is that the accident is recorded on the accident form, any immediate risks are minimised as assessed by the reporting manager. All accident forms are reviewed by the registered manager and signed off with any particular actions recorded. These forms are forwarded to the council's health and safety unit and a report particular to the area or unit is produced on a quarterly basis. Rates of incidents and trends are therefore highlighted and analysed. These reports are available to the Head of Service, Service managers and the unit managers. With regard to Individual accident or incidents we do take a 'lessons learned' approach and share information via senior team meetings and full staff meeting".

The registered manager and deputy manager also confirmed these arrangements. This meant that there was an effective system in place to analyse and monitor incidents and accidents to protect people when possible from harm.

During our last inspection we were unable to see a record of the complaints the service had received. The registered manager
and deputy manager told us that all complaints were sent to Walsall local authority to be

logged. The registered manager and deputy manager told us that information about the complaint was sent to a senior manager and they would then be asked to investigate and respond to the complaint. There was no summary of complaints that had been seen and how and when they had been responded to.

The deputy manager told us that since our last inspection they had recorded any concerns raised and summarised any action taken.

During both this and the previous inspection the deputy manager told us that there was an on-going review and regular updating of support plans to minimise any risks to people. We saw evidence of these audits during our inspection. We were told that staff had 48 hours to rectify any shortfalls and managers checked this. Records we saw also confirmed this action This meant that people had a plan of care that identified their needs to minimise the risk of them not receiving appropriate care and support.

We were told that regular medication audits were undertaken. The records we looked at confirmed this. We saw that when needed actions that were undertaken to protect people from the unsafe or inappropriate management of medicines.

People who received support and treatment at Holly Bank House stayed for an average of 21 days. We were told that people were asked to complete a questionnaire when they were discharged. These questionnaires were returned to Walsall Healthcare. The registered manager told us that he thought a report was available that detailed the findings of the questionnaires. The registered manager told us that he would ensure that he obtained a copy of the report to ensure actions were undertaken to address any improvements that were identified. We will look at this again during our next inspection of the service.

We were told that a quality audit inspection had recently been undertaken by the Walsall Quality team. We were sent the report of the audit which identified that several improvements were still required following our previous June 2013 inspection. We asked the registered manager to forward us the action plan in response to this report to demonstrate how and when improvements would be made. This action plan has not been forwarded to us and therefore we are unable to judge whether appropriate and timely actions are being undertaken. We will review this again to ensure that required improvements are made during our next inspection of the service.

We saw that there were targets for staff supervision, however these were not being met.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010** **Assessing and monitoring the quality of service provision**
	How the regulation was not being met: The registered provider did not have an effective system in place to regularly assess and monitor the quality of the service provided Regulation 12(1).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 06 February 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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