

# Parkcare Homes (No.2) Limited

# Roseneath Avenue

## Inspection report

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Date of inspection visit:  
17 May 2023  
12 June 2023

Date of publication:  
08 September 2023

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Roseneath Avenue is a residential care home providing personal care for up to 6 people living with a learning disability and/or autistic spectrum disorder. At the time of the inspection, there were 6 people living at the home. Each person had a large flat within the home consisting of a bedroom, living and kitchen area and a bathroom and contained everything the person needed to live independently.

### People's experience of using this service and what we found

#### Right Support:

People were supported by staff to pursue their interests. The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative. Staff did everything they could to avoid restraining people. The service recorded when staff restrained people, and staff learned from those incidents and how they might be avoided or reduced. The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their needs. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcomes. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this. At the time of the inspection, there was a high usage of agency staff. We found concerns around the lack of training and supervision regular agency staff.

#### Right Care:

Staff had training on how to recognise and report abuse. However, we found some concerns around how safeguarding issues were identified and managed. Whilst staff had training around safeguarding, we found safeguarding concerns were not always identified and managed appropriately. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People who had individual ways of communicating, using body language, sounds, pictures and symbols could interact comfortably with staff and others involved in their treatment/care and support because staff had the necessary skills to understand them. People's care, treatment and support plans reflected their range of care and support needs.

### Right Culture:

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, including advocates, were involved in planning their care. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 21 December 2018)

### Why we inspected

The inspection was prompted in part due to concerns received about safeguarding and staffing. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Roseneath Avenue on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Enforcement

We have identified 3 breaches of regulation in relation to managing safeguarding concerns, ensuring regular agency staff were appropriately trained and supported and the governance of the home.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Roseneath Avenue

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 1 inspector, a CQC senior specialist in learning disabilities and autism, a CQC pharmacist and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience supported the inspection by making telephone calls to relatives of people living at Roseneath Avenue to gain their feedback.

#### Service and service type

Roseneath Avenue is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Roseneath Avenue is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. However, at the time of the inspection,

the registered manager had been off for a period of time and the inspection was supported by a senior support worker, the operations director and associate director for quality and governance.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with a senior support worker, 4 care staff, the operations director, the associate director for quality and governance sites in the south-east and 3 relatives. We also spoke with 3 people and observed 1 person who was unable to verbally communicate with us. We also used observations to see how people interacted with staff to gain an understanding of their experience of care. We looked at 6 people's medicines records, 2 people's care plans and risk assessments, 4 staff files including recruitment, records of accidents and incidents, numerous auditing processes and other documentation related to the running of the home.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Whilst systems were in place to identify and raise safeguarding concerns, we found instances where this had not been done.
- During the inspection we found concerns around how safeguarding issues were identified and managed. We found one person had an inappropriate aspect of their intimate personal care, which could potentially cause harm, documented in their care plan. We raised a safeguarding concern about this which was investigated immediately. However, this should have been recognised by the provider as a potential safeguarding concern.
- A person we spoke with raised a potential safeguarding issue and the senior member of staff said the person had a history of making allegations against staff. However, this was not documented in their care plan and there was no risk management plans around this. Allegations were not considered as potential safeguarding issues and were not documented to check for any patterns to enable learning.

We found no evidence that people had been harmed however, the lack of recognising and raising safeguarding concerns placed people at risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the concerns found around safeguarding, the home did raise other safeguarding issues and informed the local authority and Care Quality Commission.
- People told us they felt safe living at Roseneath Avenue. One person said, "I am safe here at Roseneath." We received mixed feedback from relatives and comments included, "I think [relative] s safe" and "They just do the basic care."
- Staff had training on safeguarding and understood how to raise concerns. A staff member said safeguarding was, "Physical abuse, mental, emotional. I would follow the correct process so I would speak with the resident, in a way they were able to respond, report to the manager, operations director and then start the safeguarding process."

Staffing and recruitment

- Whilst there were enough staff to support people, we found there was a high usage of agency staff. On the day of the inspection, there were 5 regular agency staff and 5 permanent staff. The operations manager told us the home was in the process of recruiting more permanent staff and permanent staff were due to start in the near future.
- We received mixed feedback about the continuity of care people received. Some relatives told us people

had regular staff working with them and said, "The staff are great, he gets 2 to 1. Every time I see [relative], they have two staff with him." However, other relatives said there was no continuity for people. A relative said, "There is no consistency with staff. There's a vast turnover of staff, they change frequently." For people with a learning disability and/or autistic spectrum disorder, change can cause distress and it is important for people to have regular staff to help build good working relationships and positive outcomes.

- Prior to the inspection we received information around a person not always having 2:1 care during the day, which was their required staffing level. A relative also commented there had been several occasions when they had visited, and the person only had 1:1 support. Where people have a minimum staffing level, this is because this is what has been put in place to help keep the person safe. Staff rotas showed for the previous two weeks, people had received the right amount of staff support they required.
- Staff were recruited safely. Staff files showed a range of employment checks including two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). A DBS informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.

#### Assessing risk, safety monitoring and management

- People benefited from a clear assessment of their personal risks.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Risk assessments provided staff with clear information on how to safely support people.
- Staff had been trained in the use of restraint. We found this was rarely used. People were restrained only where evidence demonstrated it was necessary, lawfully justified, used for the minimum period of time, had a justifiable aim, was in the person's best interest, and that it was used in a safe and proportionate way. Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- All restrictions of people's freedom were documented, monitored and triggered a review of the person's support plan.
- People had clear personal evacuation plans in case of a fire. These documented what type of support the person would need in the event of a fire.
- The home had up to date maintenance checks for gas, electrical installation and fire equipment. Staff understood how to report any maintenance issues regarding the building.

#### Using medicines safely

- People received their medicines safely and on time.
- People could take their medicines in private when appropriate and safe.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Where people had medicines given as needed to help with anxiety, they were aware of what the medicines were for. One person told us, "My PRN (as needed medicine) helps me calm down."
- Staff had received training on safe medicines administration and management. Following training, staff had a competency assessment to ensure they were safe to administer people's medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.



- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Whilst we were assured of overall infection control, we found a person's mattress smelled very strongly of urine. We raised this with the operations director and a new mattress was immediately ordered. However, the person had been sleeping on this mattress which made their environment unpleasant. This is discussed further in the well-led section of this report.

#### Visiting in care homes

At the time of the inspection there were no restrictions on people having visitors. Visitors were encouraged to contact the service before visiting, as people may be out for activities or appointments. A relative told us, "When we go, we ring the doorbell and it's answered quickly, actually [person's] usually ready and waiting for us, she knows when we're coming!"

# Is the service effective?

## Our findings

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

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

Staff support: induction, training, skills and experience

- We were not assured regular agency staff working with people were appropriately trained and supported to effectively care for people.
- We found agency staff who had been working at the home for between 6 and 12 months had not been adequately trained to support people with complex learning disabilities and autism.
- Regular agency staff were not provided with any training, supervision or assessment of competence in working with people with complex needs. For example, regular agency staff had not been trained in a specific condition a person they consistently worked with had, which could affect how effectively they supported the person. This could place the person at risk of harm.
- The operations director told us the provider checked agency staff training before they started working to ensure they had training in learning disabilities. However, we found of the 2 staff working the day of the inspection, 1 had no record of any training in learning disability or autism and there were no documents, including no information on training, for the second staff member.

We found no evidence that people had been harmed however, the lack of appropriate training and support for regular agency staff placed people at risk of harm. This was a breach of regulation 18 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the associate director for quality and governance told us arrangements to appropriately support regular agency staff would be reviewed and said, "We are aware and want to strengthen our learning with regards to agency colleagues."
- Relatives felt staff understood people's care and support needs. One relative said, 'The staff seem kind and well trained, she'd let me know if not. I mean, she's non-verbal but we'd know. She stands up for herself.'
- Permanent staff received regular supervision and appraisal to support them in their role. Staff told us how important and supportive their supervision was. A staff member said, "I felt it [supervision] was a good time for me to talk about the service, my progress within the service and get any support I needed."
- When new staff started working at the home, there was a robust induction period before staff were part of the regular rota system.
- It is expected that providers ensure staff working with people with a learning disability and/or autism provide training that meets the staffs needs to enable them to support people appropriately. All permanent staff had received training in working with people with a learning disability and/or autistic spectrum disorder and the provider had a suite of training around this including, autism and communication, autism and sensory experience, autism and supporting families, stress and anxiety and managing behaviour that

communicates distress. 63% of the staff team had completed the Oliver McGowan eLearning. This is a specific training around how to appropriately support people with a learning disability.

- Where people had a specific diagnosis, such as Prader willi syndrome, all staff had completed training, so they understood how this affected people.

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

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after.
- Staff completed functional assessments for people who needed them and took the time to understand people's behaviours.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- People could have a drink or snack at any time, depending on special dietary needs, and they were given guidance from staff about healthy eating. A relative said, "They're [staff] trying to keep her on a healthy diet."
- Each person had their own flat with a kitchen where staff could support people to cook meals. Where people were unable to cook, meals were prepared for them according to their preferences. Relatives commented, "He's got his own kitchen in there and they cook him his meals or get him a snack. They get him everything he needs" and "They cook with her in her little flat."

Adapting service, design, decoration to meet people's needs

- The service was designed to meet people's individual needs.
- Each person had their own self-contained flat which they were able to decorate in a way that reflected their personalities. The design, layout and furnishings in a person's home supported their individual needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed
- Multi- disciplinary team professionals were involved in and made aware of support plans to improve a person's care.
- The service ensured that people were provided with joined-up support so they could travel, access health centres, education and or employment opportunities and social events.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We checked any conditions related to DoLS and found for one person, a condition around ensuring daily activities and accurate recording of what they had done was not being completed. However, other conditions such as medicines reviews had been completed. We raised this with the associate director for quality and governance who told us this would be reviewed going forward.
- Where people were subject to DoLS, there were clear systems in place to ensure these were renewed in a timely manner.
- Staff empowered people to make their own decisions about their care and support.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff knew people well and a relative commented, 'I have [person] every other weekend and when I take him back, he runs out to meet them with a big smile on his face. They [staff] do it too! I can see it's not fake. He knows them and they know him.' Another relative said, 'He's happy there, I mean how do you keep someone happy away from home? But they do.'
- Staff were mindful of individual's sensory perception and processing difficulties.
- People felt valued by staff who showed genuine interest in their well-being and quality of life.
- Staff members showed warmth and respect when interacting with people. Relatives said, 'They [staff] are very kind and caring and they know him very well' and 'They're kind and caring, they do everything!'
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.

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

- People were given time to listen, process information and respond to staff and other professionals.
- Staff supported people to express their views using their preferred method of communication.
- People were enabled to make choices for themselves, and staff ensured they had the information they needed.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. A relative said, 'They inform on anything they're planning doing. They involve me all the time.'
- Staff supported people to maintain links with those that are important to them.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence.
- Staff knew when people needed their space and privacy and respected this.
- People were encouraged to be as independent as possible for them in their activities of daily living. Staff encouraged people to help with their laundry and involve them in preparing meals. A staff member said, 'We involve her in cooking.'

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

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

- Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people.
- Staff provided people with personalised, proactive, and co-ordinated support in line with their communication plans, sensory assessment and support plans. However, we did find one person's care plan did not adequately assess their cognitive and sensory needs. We raised this with the associate director for quality and governance who told us this would be reviewed.
- Staff made reasonable adjustments to ensure better health equality and outcomes for people. This included ensuring people with sensory sensitivities were supported in a way which was comfortable to them.
- Staff offered choices tailored to individual people using a communication method appropriate to that person.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs.
- The service met the needs of people using the service, including those with needs related to protected characteristics.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed when people were referred and reviewed regularly to ensure staff understood people's communication needs.
- Staff ensured people had access to information in formats they could understand
- People had individual communication plans/ passports that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- Staff ensured people had access to information in formats they could understand

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Overall, people were supported to follow their interests and take part in activities which were meaningful to them. However, we found for one person over the course of the previous month, their activity had been going for a walk daily in the garden. This is not a meaningful activity as people generally had access to the garden. We raised this with the associate director for quality and governance who told us activities as a whole were being reviewed and there was a focus of increasing meaningful activities for people. An audit from April 2023 also noted activities were being reviewed.
- During the inspection, we observed people choosing what they wanted to do for the day including going to the cinema, out for lunch and mini golf. A relative said, "They tell me what they're going to do and he tells me too!" and "They [staff] take him on holiday."
- Staff provided person-centred support with self-care and everyday living skills to people.
- People who were living away from their local area were able to stay in regular contact with friends and family. A relative said, "I live in [place] and he's in London so he comes to me every second weekend and we go on holidays and at Christmas he comes home."

#### Improving care quality in response to complaints or concerns

- There were processes in place to manage and respond to any complaints.
- Relatives told us they knew how to make a complaint. A relative said, "I'd definitely be okay to complain. I have no problem with that, no issues there."
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- As documented in the safe section of this report, safeguarding concerns were not always recognised and managed effectively.
- The provider had failed to ensure regular agency staff were adequately trained and supported.
- A person's mattress which smelled strongly of urine, had not been identified during the auditing process. Although a new mattress was ordered after inspectors raised this as a concern, this should have been identified by the regular audits carried out.
- Whilst managers understood duty of candour, there was one incident where the home had not been open and honest with relatives following an incident and subsequent safeguarding concern. The operations director was aware of the concern, and this had been discussed with the inspection team prior to the inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the home. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- The provider invested in permanent staff by providing them with quality training to meet the needs of all individuals using the service.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Most relatives were positive about the care and outcomes for people living at Roseneath Avenue. One relative said, 'I'll be honest with you, the most important thing above anything else is they love him and they do, and that's what he needs, we all need that. It ain't about wages, they really care. I actually feel gifted that he is there, so do all the family. It is a huge reassurance to us and I'm so glad we found it.' However,



another relative told us they were worried about the lack of activities for their relative.

- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.
- Managers promoted equality and diversity in all aspects of the running of the service.
- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenges and welcomed fresh perspectives.
- Management and staff put people's needs and wishes at the heart of everything they did.
- Staff encouraged people to be involved in the development of the service.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. A relative said, "We do get questionnaires, we get them in the post."

Continuous learning and improving care; Working in partnership with others

- The provider kept up to date with national policy to inform improvements to the service.
- The home was supported by the provider's quality assurance team. The associate director for quality and governance explained Priory uses 'the golden thread of excellence' which meant, "Having the ability to demonstrate we can address things in real time. Such as the quality walk arounds (auditing process), are people actively engaged? It should not be a tick box. It should be about ensuring any improvements can be identified and addressed."
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The provider was responsive to concerns raised during the inspection.
- The service worked closely with healthcare professionals such as speech and language therapists, learning disability teams and psychologists to maintain and improve people's wellbeing. People were also supported to access routine healthcare in a timely way.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Systems and processes were not always being operated effectively to investigate, immediately becoming aware of, any allegation or evidence of such abuse.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to assess, monitor and mitigate the quality and safety of the services provided in the carrying on of the regulated activity.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Regular agency staff had not received such appropriate support, training and supervision as is necessary to enable them to carry out the duties they are employed to perform.