

Graham Robert Jack

Hazelwood

Inspection report

9 Church Road
St Leonards On Sea
East Sussex
TN37 6EF

Tel: 01424423755

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

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

Hazelwood provides residential care for up to four people with learning disabilities. Hazelwood has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Although the building as a whole was one service, accommodation was provided from a large terraced house which had been separated into two distinct parts. Three people live in the main upstairs part of the house and one person lives in a self-contained basement flat. Both units ran completely independent of each other with separate staff teams. There were four people living at the service at the time of our inspection. Most people needed support with communication and were not able to tell us their experiences but we observed that they were happy and relaxed with staff.

There was a registered manager in post. A registered manager provider is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider is also the manager of the home.

This is the fourth time the home has been rated requires improvement. At the last two inspections August 2016 and December 2017, warning notices were issued in relation to Regulation 17. Breaches were in relation to a lack of managerial oversight of the service and poor systems to ensure good governance. Following the August 2016 inspection, we met with the provider to discuss their report. At our last inspection in December 2017 we found that whilst some improvements had been made, the provider continued to be in breach of Regulation 17. The warning notice issued at that time required the provider to have met Regulations by 4 June 2018. At this inspection we found that whilst some improvements had been made the provider continued to be in breach of Regulation 17.

There continued to be a lack of effective managerial oversight at Hazelwood. The provider had not ensured all areas of record keeping were kept up to date and reviewed at regular intervals. Systems for auditing were not effective as shortfalls were rarely identified and they had not picked up the shortfalls we identified during our inspection. The building had not been maintained and there was no effective plan to ensure this was addressed. For example, there were areas in need of painting and there was a carpet that was torn and a trip hazard. There were no meetings held with staff who worked in the basement area of the service, and no systems to assess the quality of care provided in the basement flat. Record keeping relating to aspects of staff recruitment where potential conflicts had been identified, for example staff related to each other working together had been explored but the outcome had not been documented. The home's fire safety

assessor had made recommendations for actions to be taken as part of the home's fire risk assessment but these had not been addressed and the reasons for this had not been documented.

We made a recommendation to ensure systems improved to enable staff to receive regular training and supervision.

Despite the shortfalls listed above, most of the staff team had worked in the home a long time and had an extremely good understanding of people as individuals, their needs and interests. Some people attended day centres and people were also supported with daily activities both within and outside of the home. Staff were very aware of people's individual needs in relation to activities and supported people in a way that suited them. People were encouraged to develop and maintain skills in relation to daily living tasks. They were treated with dignity and respect. Staff had a good understanding of the care and support needs of people and had they had a good rapport with people.

People were encouraged to make decisions and choices on a day to day basis. Staff were aware that when complex decisions were required further advice and support was needed. Mental Capacity Act 2005 (MCA) assessments were completed as required and in line with legal requirements. Staff knew how to safeguard people from abuse and what they should do if they thought someone was at risk.

In the main house staff meetings were used to ensure that staff were kept up to date on the running of the home, to hear staff views on day to day issues and to provide updates on people's changing needs and support. There were enough staff who had been appropriately recruited, to meet people's needs.

People were supported to attend health appointments, such as the GP or dentist. People had enough to eat and drink and menus were varied and well balanced. Incidents and accidents were well managed. People's medicines were managed safely.

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded. However, since carrying out our inspection the provider submitted an application to cancel their registration and this has been accepted. Any proposed enforcement would therefore not be concluded within the closure timescale.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Systems to monitor the safety and maintenance of the building were not always effective.

Medicines were managed safely. There were enough staff to meet people's needs safely.

Care plans included detailed risk assessments and staff had a good understanding of the risks associated with the people they supported. Staff understood the procedures to safeguard people from abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff training was not up to date in most areas and staff in the main house had not always received regular supervision.

The provider and staff had a good understanding of mental Capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were given choice about what they wanted to eat and drink. People were supported to have access to healthcare services and maintain good health.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and dignity.

Staff had known people a long time and had developed a good rapport with people. People were very content in their surroundings.

Staff talked to people in a way they could understand.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's weights were monitored but there was no analysis of the findings as recommended at the last inspection.

People received support that was responsive to their needs because staff knew them well. People's support plans contained guidance to ensure staff knew how to support them.

People were supported to take part in activities of their choice.

Is the service well-led?

The service was not well led.

Record keeping did not clearly demonstrate the running of the service.

Systems for monitoring and improving the service were not effective.

Staff in the main house had some opportunities to share their views on the running of the home at staff meetings.

Inadequate ●

Hazelwood

Detailed findings

Background to this inspection

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

We visited the home on the 19 and 20 September 2018. When planning the inspection, we took account of the size of the service and that some people at the home could find visitors unsettling. As a result, this inspection was carried out by one inspector. This was an announced inspection. We contacted the home the evening before our visit to let them know we would be coming. We did this because staff were sometimes out of the home supporting people who use the service and we needed to be sure that they would be there.

We did not ask the provider to complete a Provider Information Return as this inspection was brought forward due to its history of repeated breaches of the Regulations. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service. We considered information which had been shared with us by the local authority and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. This included two staff recruitment files, training and supervision records, medicine records, accidents and incidents, quality audits and policies and procedures along with information in regard to the upkeep of the premises. We looked at three people's support plans and risk assessments along with other relevant documentation. We spoke with the provider and three members of staff. People were not able to tell us their views of life at Hazelwood so we observed the support delivered in communal areas to get a view of care and support provided. This helped us understand the experiences of people living at Hazelwood.

Is the service safe?

Our findings

At our last inspection we rated this key question as requires improvement and issued a requirement notice because there were not enough staff to meet people's needs. Following the inspection, the provider submitted an action plan telling us the improvements they would make by May 2018. At this inspection we found the provider was now meeting this Regulation.

At the last inspection in December 2017 the staff office/sleep in room ceiling had been on the health and safety audit as in need of refurbishment since January 2017 but had yet to be completed. This remained the case at this inspection. We identified further maintenance and health and safety matters in need of attention.

As the furniture in one person's bedroom had been moved there were areas that needed painting. The carpet was torn and this presented a trip hazard and a risk of harm to the person occupying the room and to staff. There was a hole in the door of the ensuite and the seal in the ensuite around the toilet was torn and presented a risk in relation to infection control. In another bedroom the wall and ceiling in one area looked damp and the paint was peeling. The wall in the dining room needed repainting and one area appeared mouldy.

The provider had not ensured the health and safety of the building and this is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had personal emergency evacuation plans. They contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency evacuation. Regular fire evacuation drills were carried out to ensure that people and staff knew what to do in the event of an emergency. Drills were regularly evaluated. Although only two of the five staff were up to date with training in fire safety, staff were able to tell us how they would respond in the event of a fire.

Staff had an understanding of different types of abuse and told us what actions they would take if they believed people were at risk. Staff were able to tell us if an incident occurred they reported it to the senior staff member who was responsible for referring the matter to the local safeguarding authority.

Risks to individuals were well managed. Where risks were identified there were appropriate risk assessments and risk management plans. Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. Records showed the staff had analysed the information to assess if there were any actions that could have been taken to prevent accidents and incidents or to minimise the risk of a reoccurrence. For example, one person had been assessed as needing bed rails following a fall from their bed. Lessons were learned and improvements made when things went wrong.

There were good procedures to ensure the cleanliness of the service. All areas of the main house and basement were clean and cleaning schedules were kept that demonstrated the cleaning tasks completed

each day and night. Staff told us they had a plentiful supply of aprons and gloves.

Medicines were stored, administered, recorded and disposed of safely. People's medicines were stored in a cupboard in a locked room. Some people were prescribed medicines on an as required basis. People took these medicines only if they needed them, for example if they experienced pain or were agitated. The temperature at which medicines were stored in the medicine's cupboard were recorded daily to ensure medicines were stored at safe temperatures. Homely remedies were no longer used in the main house.

Safety checks had been completed, such as electrical appliance safety, portable appliance testing and monitoring of water temperatures. The business continuity plan had been reviewed and provided detailed advice and guidance to assist staff in a range of emergencies such as extreme weather, infectious disease, damage to the premises, loss of utilities and computerised data.

At the time of the last inspection there had not been enough staff to meet people's needs and this had been a continuing breach of Regulation. At this inspection we found that staff levels had increased and there were always two staff in the evenings and at the weekends in the main house. There was two to one staffing in the basement throughout the day in line with the person's assessed needs.

Staff recruitment records showed appropriate checks were undertaken before staff began work. This ensured as far as possible only suitable staff worked at the service. Checks included the completion of application forms, confirmation of identity, references and a disclosure and barring check (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk.

Is the service effective?

Our findings

At the last inspection of the home in December 2017 we rated this key question as requires improvement. This was because one staff member had not received training to fulfil the duties of their role. At this inspection we found this staff member had completed most of their training but the remainder of the staff in the main house were out of date with their training.

There were training programmes for the main house and the basement. General training that all staff received included safeguarding, food hygiene, fire evacuation, moving and handling, equality and diversity, health and safety and infection control. In the basement flat, most staff were in date with training in most areas. The exceptions were in relation to the Deprivation of Liberty Safeguards (DoLS) where none of the staff were in date and four of the five staff were out of date with food hygiene training. In the main house four of the five staff were due to complete refresher online training in most areas. The home's medicine's audit highlighted in June 2018 that one staff member needed to update their medicine's awareness training but his had yet to be done and a second staff member was also out of date with this training. The majority of the staff were out of date by a month or two. We assessed that the lack of training had little impact for people as staff knew people well and how to support them.

All staff were expected to complete specialist training in behaviours that challenged. In the basement flat two of the staff were out of date in relation to this training. In the main house only two of the five staff had received this training but these were now out of date. However, most of the staff team had worked at the service for a long time and knew people well and how to support them when they were agitated.

Staff told us they felt supported in their role. However, records in the main house confirmed staff had attended regular supervision meetings up until April/May 2018 and none had been held since. One staff member's last recorded supervision was dated September 2017. Staff in the basement had attended regular supervision meetings. One staff member told us, "I enjoy working here, the team works well together and yes I feel supported but if I ask for anything to be done like maintenance, the response is very slow."

We recommend that the provider has appropriate systems to monitor staff to ensure they remain in date with all training and to ensure staff receive regular support and supervision.

A staff member told us they had received training in equality and diversity. We asked them what impact this training had on their day to day work. They told us about the importance of treating people as individuals and respecting their individual and different needs. For example, they told us one person was "Very quiet and could be easily forgotten as they blended into the background so they made sure time was spent with them individually doing the things they liked to do." Daily records confirmed the one to one support time spent with people.

There were good arrangements to ensure people's health needs were met. People were supported to attend a range of healthcare appointments to meet their individual needs such as GPs and dentists. If a person had an identified condition there was information in their care plan giving advice about the condition and how it

might affect the person. Any specialist health care advice received for example, in relation to medical treatments was included within their care plan documentation. There was a health appointment calendar showing dates of all appointments throughout the year. Each person had a care passport that would be used if they needed to go into hospital. This included, "Things you must know about me," "Things that are important to me" and "My likes and dislikes." This would assist hospital staff to provide care in a person-centred way that suited the individual.

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

Staff demonstrated a thorough understanding of involving people in decisions and asking their consent before providing care and support. This was seen during interactions between staff and people and was also documented within care plans. For example, people's abilities to make decisions in relation to medicines, their finances and consent to care and treatment had been assessed and reviewed regularly. Staff knew people very well and recognised that whilst they were able to give consent for day to day living decisions they may need additional support with understanding more complex decisions, such as issues to do with their health. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Referrals had been made for standard authorisations for those who required them and the home was awaiting the outcome.

People had enough to eat and drink. There was a weekly menu that was varied, nutritious and well balanced. Staff told us it was easy to prepare an additional meal if someone did not eat their meal. People were offered a choice of drinks throughout the day. One person continued to have complex needs around evening mealtimes. Staff continued to use advice provided by the Speech and Language Therapy team to find a way of communicating with the person in a consistent way and in a way the person understood.

People in the main house had access to all areas of the house and garden. They could choose where to spend their time. We saw this when people returned from their day centres. One person chose to be in the lounge area and another chose to spend time in the dining room. Bedrooms had been personalised to reflect as close as possibly known, each person's individual tastes and interests. The lounge and dining areas were homely and decorated with photographs of various activities people had participated in. Staff told us the garden area was used regularly throughout the summer and people enjoyed spending time there. We noted there were fruit bushes, tomatoes and grapes growing in the garden. The person in the basement flat had access to a small patio area to the rear of their flat.

Is the service caring?

Our findings

People were supported by staff who knew them well as individuals. Most of the staff had worked in the home for a long time and they were able to tell us about people's needs, choices, personal histories and interests. Some of the staff had worked with one person before they had moved to Hazelwood. Staff knew what the person liked doing and how they liked to be supported. They talked with the person in a way they could understand and the person told us and demonstrated by their responses that they were happy with the support they received to do the things they enjoyed doing.

Bedrooms had been personalised to reflect each person's individual tastes and interests. People's bedrooms were seen as their own personal area and private to them. Staff told us they always knocked on people's doors and only entered when permission had been given. People's privacy and dignity was respected and staff ensured they kept people covered when they supported them with personal care.

Care plans demonstrated people were encouraged to do as much for themselves as possible to maintain their independence. There was clear advice about what people could do themselves and the areas of personal care they needed support with. People enjoyed helping around the house. Keeping track forms were completed that showed what each person had done independently and if applicable, the level of support they needed to complete tasks. These related to household tasks such as hoovering, laundry and making drinks. This demonstrated people were involved in household tasks and staff supported people to become more independent.

People were supported and enabled to maintain relationships and friendships that were important to them. Two people had relatives who visited them regularly. A third person had an advocate/friend who visited them. One person told us they liked to be taken to meet their friend at a local pub.

People were treated with kindness and compassion. There was a very relaxed and calm atmosphere in the home and staff had a good rapport with people. We observed staff talked and communicated with people in a way they could understand. One person had a hearing impairment and staff spoke clearly to make sure they understood what was said to them.

People's likes and dislikes were included within their care plans and there was some guidance that was very specific to people. For example, in one person's care plan it highlighted the person's choice to regularly stay up late at night and that they liked to lay-in in the mornings. We saw this was respected on the day of our inspection.

Records were stored in the office and only made available to those with a right to see them. Staff told us they had regular opportunities to read through care plans and that care plans reflected people's current needs.

Is the service responsive?

Our findings

At the last inspection of the home in December 2017 we rated this key question as requires improvement. This was because although people's weights were monitored there was no analysis of the findings to determine if professional advice should be sought. In addition, a draft end of life support plan had not been discussed with the person's appointee and the person would not have had capacity to make the decisions stated in their plan. We had assessed that these were areas that required improvement.

At the last inspection we found two people had lost weight and had not been referred to health care professionals when they should have been. At this inspection we noted peoples' weights continued to be regularly monitored and documented in their care plans. However, although weights had been monitored and there had been some improvements in one person's weight, no further analysis had been carried out to determine if weights were within a safe range or if supplements were required. We recommend the provider takes advice from two people's GPs to determine if they are of suitable weight for their height and to assess whether specialist nutritional advice is required.

In relation to end of life care, it was noted that as far as possible, people's wishes in respect of end of life had been assessed. People were not able to contribute their views to this subject. The subject had been discussed with those who had relatives and where possible their views had been sought.

There were procedures to enable people to make a complaint if they wanted to. There was a detailed complaint's policy. There was also an easy read complaint procedure with symbols to assist people if they wanted to make a complaint. Care plans gave advice and guidance on how people communicated their needs if they were unhappy or in pain. The provider told us there had been no complaints.

Care plans contained information about people's needs in relation to personal care, mobility, nutrition, health and personal preferences. Care plans had been reviewed at regular intervals to ensure advice within was up to date and accurate. There was information within care plans that was personal and specific to each individual such as their likes and dislikes. For example, one person liked to watch darts and spend time outside with horses. Another person liked listening to a wide range of music. For example, the Carpenters, Abba, hymn music, classical music, bagpipes and piano and was supported to do so. They also liked to listen to a church service on TV on Sundays and when their advocate was able to take them they liked to attend a church service with them.

People attended a range of activities to suit their individual needs. One person attended a day centre throughout the week and another, four days a week. On the fifth day they received one to one support from staff to do activities of their choice. They went to visit with their relative every other weekend. Two people chose not to attend any formal day care and they were supported to do activities of their choice throughout the week. We were told people made use of their local amenities and were well known within their local area. One person referred to the local pub landlord as their friend and told us they enjoyed going there. They also enjoyed daily trips to their local shops. Staff told us another person enjoyed regular trips to a café in Hastings and they were well known by the staff who chatted to them. This person was a member of the

National Trust and loved visiting castles. They told us they were going on holiday soon and were looking forward to "Pubs and castles."

From August 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Care plans provided detailed advice about how each person communicated. For example, for one person it stated to use 'short sentences, pictures and objects, to repeat sentences twice and to give the person time to process the information.' The guidance stressed the importance of double checking with the person as 'yes' could often mean 'no' and vice versa. Staff were advised to assess facial gestures and body language to help them determine the person's choices.

Is the service well-led?

Our findings

At the last inspection of the service we rated this key question inadequate. At the previous two inspections it had been rated requires improvement in the well led domain. There was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the 2015 inspection we issued a requirement notice and in 2016 a warning notice as the provider did not have effective systems in place to assess, monitor or improve the quality of services provided. At our last inspection in December 2017 we found that whilst some improvements had been made the provider continued to be in breach of Regulation 17 and a further warning notice was issued that required the provider to have met Regulations by 4 June 2018. At this inspection we found that whilst some improvements had been made the provider continued to be in breach of Regulation 17.

The provider is also the manager of the service. As a sole trader there is no requirement for the manager to register with CQC for this position. Although the manager spent time in the home daily, the day to day running of the main house had been delegated to a senior care worker and the manager remained responsible for managerial tasks and oversight of the basement flat.

At the December 2017 inspection the provider had no clear oversight of the service. Whilst the provider told us they met with their senior staff member weekly to discuss the running of the main house we were told these were informal meetings and were not recorded. There were no similar arrangements for them to have meetings with staff who worked in the basement. Since the last inspection the provider had increased their hours of work at Hazelwood. We saw that a book was kept with notes of informal meetings with the senior staff member in the main house. Notes were not detailed and were a description of matters raised by the senior staff member. The notes did not demonstrate that this was a new system that had been introduced to monitor the running of the home. The last home manager's audit for the main house was carried out in September 2017. There were still no meetings held with staff who worked in the basement and no systems to assess the quality of care provided in the basement flat. The provider had no formal systems to monitor the running of the home.

One staff member had been absent from the home for a few weeks. The rota did not show how their hours had been covered but the provider told us they had covered all shifts. This had not been documented. The systems to ensure staff remained in date with training were not effective as most of the staff in the main house were due to update their training and this had not been done. In the main house the systems to ensure staff received regular supervision had not been effective in recent months and although staff felt supported informally they had not received regular formal supervision.

When the fire risk assessment was carried out, the provider had decided not to accept some of the recommendations but had not recorded the reason for not following this advice. The provider told us that since the last inspection they had spoken with the author of the risk assessment to discuss this decision but neither the call nor the outcome of the conversation had been documented.

The last gas safety certificate on file was dated 28 December 2016 and the current certificate could not be

located. The provider rang the gas company and requested another certificate. We had not yet received this at the time of writing this report.

In January 2017 the monthly health and safety audit showed one person's bedroom carpet needed replacing but this had not been done. At this inspection we saw that the bedroom furniture had been moved about and as a result the carpet had been torn and this represented a trip hazard. There were also a number of areas that required painting and further assessment to determine if further decoration or refurbishment was needed. The last health and safety audit dated 12 September 2018 stated everything was in order with the exception of the ceiling in the office. The maintenance and refurbishment plan had last been updated in March 2017. The last environment risk assessment was dated June 2017. This meant there was no up to date or accurate assessment of the building and maintenance.

At the last inspection at least two staff had a second job with another care provider and the provider did not know how many hours they worked at the other settings. There were also some staff who were related that worked together on shift. We asked if risk assessments had been carried out to determine any conflict of interest related but this had not been done. At this inspection the provider told us the senior staff member had contacted staff's secondary employers to check hours of work but this had not been documented. There were no risk assessments for staff that were related working together.

At the last inspection one person had a draft end of life wishes form. This was a very personal document with specific requests, for example in relation to the type of service to be held, the type of music to be played at the funeral and what should happen to the person's belongings and savings. As the person would not have been able to make specific contributions to the discussion we were told the detail had been discussed with the person's friend/advocate but had yet to be discussed with the person's appointee who had power of attorney for their finances. At this inspection we were told this had been discussed with the person's appointee who had stated they would not be involved in such discussions but this had not been documented. We were told another person's relatives chose not to discuss this subject area and stated in the event of death the family would make arrangements. This discussion had not been documented.

The shortfalls in leadership related to assessing and monitoring the service to improve the quality remain a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Service user satisfaction surveys had been carried out regularly for one person throughout 2018 to check they were happy with the care and support they received. Surveys for another two people had been done monthly but this had stopped and the last surveys were November 2017. There was evidence that requests made through this process had been addressed. For example, one person requested magazines and this was now part of their weekly routine to go out and buy a magazine.

Staff meetings were held regularly in the main house and demonstrated staff were updated regularly and had a say in the running of the home. Minutes showed staff were encouraged to discuss their views and there was clarity given on all decisions reached about the best way to support people.

As required at the time of the last inspection the statement of purpose (SoP) had been updated to include details of the basement flat. A SoP sets how the home will operate. Since the last inspection the senior staff member had been issued with a job description that clarified their specific roles and responsibilities.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. We had not received any notifications since our last

inspection. However, were no records in the home that would have met these criteria.