

Trustcare Management Limited

Rookhurst

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 26 May and 3 June 2015. It was unannounced.

Rookhurst provides care for up to six people who are living with a learning difficulty, this may include people with Autistic Spectrum Disorder, behaviours that challenge and people living with mental health conditions. At the time of the inspection there were five adults living at Rookhurst. The home is owned by Trust Care Management Limited who also provided supported living services.

Rookhurst was a domestic-style, two-story house, which was situated in a quiet residential road. People's bedrooms were provided on both floors. There was a living room and a dining room on the ground floor, as well as a large garden to the rear of the building.

Rookhurst was last inspected on 27 May 2014 and no breaches of regulation were found. We performed this inspection because we had received information of concern relating to people's care and welfare from more than one source.

Summary of findings

The service had a registered manager who had been appointed since the last inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had not ensured there were enough staff on duty to follow people's agreed care plans and enable people to choose what they wanted to do.

Staff had not been trained in areas which were specified in people's care plans. Staff had been provided with training in other relevant areas such as first aid and infection control.

People did not have some of their care needs documented in their care plans. This meant there was not a consistent approach when supporting people. Where people's care needs were documented, care plans were not always followed by staff.

The provider's audit had not identified where improvements needed to be made in the service, this included people's care plans and staff deployment.

Activities were provided to people but they were not always provided using a planned approach and were subject to staff availability.

Improvements were needed in the management of medicines in relation to certain areas, such as prescribed skin creams. Other areas were safe, such as when people were given their medicines to take when they went out of the home.

There were both environmental and individual risk assessments. Issues relating to fire safety were in the process of being addressed.

The service sought feedback from people, which was mainly positive. However one person had reported on the difficulty of using a wheelchair on the drive. The drive continued to be uneven, and there was no action plan to address this.

There had been an increased turnover in staff. Although newer staff were less familiar with the service, there were also benefits, managers reported new staff had brought in different ways of working. All staff had been recruited using safe systems.

Staff were positive about the improvements made by the new registered manager, particularly in relation to the benefits for people living in the home. The new manager had also addressed a range of other areas, including making sure people had been referred to the Local Authority under Deprivation of Liberties Safeguards. All staff spoken with reported they received regular supervision and they found the manager supportive when they raised issues.

Staff had a good understanding of their responsibilities for keeping people safe and knew how to alert relevant authorities if they identified a person might be at risk of harm. The provider had ensured staff were trained in The Mental Capacity Act 2005 and understood their responsibilities under this Act.

People's privacy was respected. Staff supported people's diversity and individual choice. People were supported in maintaining links with their families.

Menus had been revised with both people and staff, to include principals of health eating. The mealtime had a comfortable, family atmosphere.

Staff knew how to support people's medical needs and referred people for specialist advice when needed.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report. Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Rookhurst was not always safe.

There were not enough staff on duty to ensure people's care plans were followed and they could make choices about what they wanted to do.

Systems for medicines management were safe but improvements were needed in relation to certain aspects including administration of skin creams.

People were protected against potential risk and safeguarded from harm.

Staff were recruited in a safe way.

Requires improvement



Is the service effective?

Rookhurst was not always effective.

Staff did not have the knowledge and skills they needed to provide people with all areas of their care.

People's capacity was assessed and consideration of the Deprivation of Liberties Safeguards were considered where relevant.

People's health care needs were managed effectively.

Menus had been revised with people and staff to support the principals of healthy eating.

Requires improvement



Is the service caring?

Rookhurst was not always caring.

Some people were unable to choose what they wanted to do in their own time frame.

Staff were caring and considerate to people in other areas including appreciation of people's diversity. People's privacy and dignity was respected.

Requires improvement



Is the service responsive?

Rookhurst was not always responsive.

Some people's care needs were not included in their care plans, other care plans were not followed, so staff did not always respond consistently to people.

People were supported in going out of their home and to maintain close links with their families. The complaints procedure was in a format which was approachable for the people living in the home.

Requires improvement



Is the service well-led?

Rookhurst was not always well led

Requires improvement



Summary of findings

The provider's quality audits had not identified areas which needed attention, including care planning and staffing levels.

Staff spoke favourably about the improvements in the culture of the service since the new manager came in post. They also gave a range of examples of how this change in culture had been of benefit to the people living in the home.

Rookhurst

Detailed findings

Background to this inspection

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

The inspection took place on 26 May and 3 June 2015. It was unannounced. The inspection was undertaken by two inspectors, one of whom was an expert in learning difficulties, including supporting people who experience behaviours which challenge.

Before our inspection we reviewed the information we held about the home, including the previous inspection report. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which

the provider is required to tell us about by law. We did not request a provider information return on this occasion. This was because of some of the information received led us to inspect at an earlier date than originally planned.

We met with all of the five people who lived in the home and observed their care during the first day, including the lunchtime meal. We inspected the home, including the medicines' room, kitchen and some people's bedrooms. We spoke with four of the staff, two of whom had been newly employed, the registered manager and a regional manager. We also received information from an operations manager following the inspection.

We 'pathway tracked' three of the people living at the home. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we reviewed the records of the home. These included staff training and supervision records, medicines records, risk assessments, audits and policies and procedures.

Is the service safe?

Our findings

People cared for in the home were living with a learning disability, many of them had difficulties with verbal communication. People indicated they felt safe by their body language and by responding to us using non-verbal ways such as smiling and nodding.

Staff and the registered manager reported there were three members of staff on duty during the day time to ensure the safety of people. At night, there was one waking member of staff and another who slept in. Staff told us some of the people could show behaviours which challenged, so they needed that number of staff on duty to support people if this occurred.

The provider had not ensured they had enough staff on duty for people to choose when they were able to benefit from 1:1 time, as funded by their local authority, and enable people's care plans to be followed. A person had a daily schedule which set out lots of opportunity for them to get out of the house and go for long walks. The schedule stated they were to go for a long walk or catch a public bus during the morning for seven days a week. This did not happen when we inspected. Staff all told us how much the person enjoyed their walks and how beneficial they felt they were for them. We looked back in records to see if this situation was specific to the day of inspection but it was not. Records showed the person had not received their care as planned for the majority of the last two weeks. We asked staff if the situation we observed was normal and were told it was. We asked why the person was not able to go out, and were told one of the three members of staff on duty was out with another person that day. This meant they could not follow the person's care plan and what suited the person's care needs, because it would be unsafe to leave one member of staff with the other three people. The person's records showed observations such as those we made during the inspection were a regular occurrence. This was also confirmed by staff.

Staff told us the last staff meeting had been cancelled due to shortages of staff. One member of staff told us the new registered manager had "Been fighting" for more staff. They said they felt their concerns about staffing levels had not been taken up by the provider.

The lack of appropriately deployed numbers of staff are a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home supported people with their medicines, this included skin creams and prescribed toothpaste. One person was prescribed a skin cream twice a day, but their medicines administration record (MAR) showed it was only being administered once a day. The registered manager did not know why this was. Other people's skin cream or toothpaste MARs were not consistently completed. The home's medicines policy did not have a section relating to actions to be taken in relation to administration of prescribed skin creams or other similar medicines for people. The medicines policy also did not include guidance on hand-written instructions on MARs. This is necessary due to potential errors which may be associated with verbal instructions for medicines administration. We saw there were hand-written medicines instructions on the MARs. They had not been signed and countersigned to verify the handwritten instructions were the prescriber's intentions. These are areas which require improvement.

All other systems relating to giving people medicines were safe. This included safe and secure storage of medicines. There were clear systems for people to receive their medicines when they went out of the home, with a full audit trail. Where people were prescribed medicines on an 'as required' basis, there were clear protocols available to staff to show when people should be given such medicines and how often. One person was prescribed medicines to be given in an emergency. There were clear instructions of when such medicines were to be given and the actions staff were to take. The registered manager reported the person had not needed this medicine since they had been in post.

The service had risk assessments relating to the environment, and for people. This included a fire risk assessment. This was not comprehensive. We saw five fire doors did not close properly into their door frames on the first day of the inspection. This could have put people at risk in the event of a fire, as they would not be protected from fire and smoke inhalation. This had been rectified by the second inspection day. Checks on the functioning of fire doors had not been included in routine fire safety checks. Records showed other fire safety systems were regularly checked and actions taken if deficits were identified.

Is the service safe?

People had individual fire evacuation plans. Four of the five people had a personal fire evacuation plan completed. All of the four fire evacuations plans stated the same sentence, that in the event of a fire, the person 'would not know how to exit the building.' The registered manager reported they had identified this was a generalised approach to supporting people in the event of a fire. They were planning to develop individual fire evacuation plans, based on people's needs. People had individual risk assessments relating to other areas of their life. For example a person had a risk assessment about when they went swimming. This outlined the risks to the person and how such risks were to be reduced.

Staff confirmed some of the people could show behaviours which challenge, including shouting or throwing objects. Staff understood such actions could make other people feel unsafe, and they needed to make sure they took prompt action if this happened, so people felt safe. People were calm throughout the inspection days. Staff said while there were occasions when people showed behaviours that challenge, this did not happen every day.

Staff had a clear understanding of their responsibilities for keeping people safe from harm or abuse. They had a good understanding of the types of abuse and when to report any concerns. This included an awareness of concerns about unexplained bruising and clear documentation about such bruising. Staff were also aware they needed to be vigilant about any changes in people's demeanour from how they normally were. They said such changes could

indicate the person felt at risk. Staff knew about the provider's whistleblowing policies. One member of staff said they had used it in the past because of concerns about a person and would use it again if they needed to.

We had been told before the inspection about a high turnover in staff. The registered manager confirmed nearly all of the staff including herself, had come in post during the past twelve months. The registered manager said they were awaiting two more staff to come into post, in the meantime some staff were prepared to work longer hours and they were "Borrowing" from other services owned by the provider in the area. This was happening when we visited. Both staff and managers felt the service had benefited in some ways from the turnover in staff. One member of staff said the "Fresh faces" had meant staff were prepared to "Work differently" and were not "Set in their ways".

The provider had a separate human resources department which managed recruitment processes. The registered manager reported this ensured an efficient recruitment process, so they knew all prospective staff had already received appropriate pre-employment checks, including criminal records searches, two references and employment history, before they were interviewed. The registered manager reported they interviewed all prospective staff to assess their suitability for their role, prior to making the decision to employ. The home had its own transport and where people were able to drive, relevant checks were made about their safety to drive the vehicle. These and all other relevant records were maintained in full, on individual staff files.

Is the service effective?

Our findings

People were not able to verbally tell us about staff skills and knowledge to meet their needs, so we made observations of how staff met people's needs. Staff did not always provide effective care to people. A person's care plan stated staff were not to bring 'negative attention' to what they did or said 'as it may reinforce the behaviour'. The person's plan stated in order to reduce their behaviours that challenge, 'I need staff to be trained in positive behaviour' (PBS). We saw staff telling the person if they had not behaved appropriately, contrary to this care plan. The person's records also showed this. For example their record stated they had started to slap staff, walking off and grabbing staff bags. The record stated staff said 'No' and they could not go on the bus when they were displaying such behaviours. We observed staff warned a person about self-injury in a way which did not support them. We heard staff say "You have got to be good if you want to go out today, so no (X behaviour)". Although this was said in a friendly tone, the person looked upset at this suggestion. The person's care plan instructed that staff should not use such threats about activities the person wanted to do, as it did not reduce such self-injurious behaviours. We reviewed the person's records from the last week and found that on days high levels of self-injury were noted, the person received similar verbal responses from staff. None of the staff were aware of positive behavioural therapies when managing self-harming behaviours, to ensure the person received the individual caring approach their care plan documented they needed. We asked staff if they had received PBS training, and were told "No".

We looked at the training plan to find out about training for staff in PBS. This showed two staff, one of whom was the manager, had been trained in preventing and managing challenging behaviours. None had been trained in PBS. We looked at the provider's training plan. Despite the recent high turnover in staff, the provider had not included PBS training in their plan, to ensure all staff had received the training they needed to support this person in accordance with their care plan.

One of the people was living with diabetes. Their care plan stated all staff were to be trained in diabetes to make sure the person was supported in the way they needed. We asked two of the newly employed staff about training in diabetes. They both said they had not been trained in the

area. We asked them about normal blood sugar levels for the person, but they did not know what they were. The person had a care plan. It did not state the blood sugar levels for the person or what staff were to do if they were outside these levels. The training plan did not include training staff in the management of diabetes. People living with diabetes can become rapidly unwell, for example if they develop an infection. Staff did not have the training, information or knowledge to ensure they could effectively support the person in such an event.

The training plan also did not include training on supporting people living with autistic spectrum disorder or mental health needs, despite the service caring for two different people who had a diagnosis of these conditions. Staff were keen to attend training if it was available. One of the new members of staff we spoke with was very enthusiastic. They said "I don't think there's any training I don't need." This was because they had not worked in this field of care previously.

Issues relating to lack of appropriate support and training for staff in meeting people's needs are a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service provided a flexible induction programme for new staff. We asked two new members of staff about their induction. They both reported they had been shown key areas, such as fire safety and had also spent time reading people's care plans and getting to know everyone. One new member of staff said they had asked for an additional two days working supernumerary as they had not worked in this field of care before. They said registered manager had been happy to agree to this. They said the registered manager "Really did take the time to listen," during their first supervision session.

Training for staff in key areas including infection control, basic first aid and food safety had been provided over three days for all staff, starting on 27 May 2015. Staff said they had found this training useful because it involved a range of areas they needed to support them in providing safe and effective care to people. The registered manager had ensured all staff had received supervision since they came in post, to support them in their role. All of the staff said they found the manager was supportive during supervision.

Is the service effective?

All staff said they had found recent training in the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards (DoLS) had supported them in their understanding of the area. A best interests decision meeting was in the process of being set up to support a person who may have developed additional medical needs, to enable them to have necessary tests, as part of investigation into their symptoms. Since the registered manager came in post, they had identified there had been a lack of referrals in the past to the local authority for consideration under DoLS. They had addressed this for all of the people living in the home and were currently awaiting a response from the local authority.

Staff knew how to support some people's medical needs. We observed staff noticed when a person's breathing changed. They quickly responded by encouraging the person to stand, so they could adjust their chair and correct their sitting position. People were referred to relevant professionals when needed. For example staff described a person to us as showing more "Exaggerated behaviour." It was clear from discussions with staff, and the person's records that they had been promptly referred to external

healthcare professionals. The learning disability speech and language therapist (SaLT) had assessed people who had eating and swallowing support needs. The support the people required was well documented, and included regular review. Records showed staff provided support in line with the SaLT's advice.

All people had free access to the kitchen. People who were able to use a kettle were able to make their own hot drinks. There had not been any adaptations to the kettle or type of hot water dispenser to enable people with additional physical difficulties to make hot drinks themselves. We observed a lunch time meal; it was a relaxed, family-like occasion with staff being available to support people when they needed assistance. The people clearly enjoyed eating their meal in this atmosphere. The registered manager told us they had fully reviewed menus with people and staff since they came in post, to promote healthy eating choices. Their aim had been to reduce carbohydrate and increase fruit and vegetables. There was a fruit bowl in the kitchen where people could help themselves if they wanted. There was also a good supply of fresh vegetables in the fridge.

Is the service caring?

Our findings

Staff on duty supported people in a caring, friendly and cheerful manner. Staff used calm, low voice tones to support some people, as was specified as the preferred way to speak with them in their care plan. Other people responded well to a more jolly approach, which we saw provided. People responded to this caring approach from staff, smiling and communicating in a relaxed manner.

However, the provider did not ensure people were supported in choosing what they wanted to do. Two people were funded for 1:1 care for four hours a day each. For one of these two people, the purpose of this 1:1 time was to support them becoming more independent in their daily life and going out into the community. This was because before admission to Rookhurst they had spent a period of their life in an institutional-style setting. Because of this, the person was not used to being able to make choices when they wanted to. If staff were not available to support them as needed, the person would not be able to make progress in increasing their independence in making choices. These people were not able to choose when they took their 1:1 time, as it depended on staff availability.

However we observed staff supported people in the way they wanted in their day to day lives on other occasions and also supported them to choose what they wanted to do. People walked round the home as they wanted to. One person remained in their room for much of the time, as they were reported to prefer to do. A person looked unsure when walking in one part of the home. The member of staff who was with them said "Don't worry, I'm still here with you," and the person became more confident in what they were doing. A member of staff said a key area was not to

rush people, supporting them in the way they wanted, so they felt relaxed in the home. Another member of staff said their approach to supporting people was that it was "Their choice, their home."

People could have their bedrooms in the way they wanted. With their permission, we went into some people's rooms. They were all very individual to the person, reflecting their likes, interests and preferences.

All personal care was performed behind closed doors. The registered manager reported they employed enough staff of each gender to ensure people could receive personal care from a member of staff of their own gender, if that was what they wished.

The registered manager supported people's diversity. One of the people smiled and indicated to us how happy they were with their hair-style. The registered manager said the person had wanted their hair done in a way which reflected their ethnicity and they had been able to find a hairdresser who had the skills to do this.

Staff knew about the local area. This enabled them to support people in choosing where they wanted to go. For example a member of staff told us about a person who enjoyed areas where there were cliffs looking out over the sea. Because they knew the locality, the member of staff knew about the areas they could take the person to, when supporting them in their choice.

The registered manager reported, while many of the people had families who did not live close by, they maintained regular contact with them by phone and email, to support them in advocating for the person. Records showed regular contacts with people's families took place. All people also had named social workers who could also advocate for them. The registered manager was fully aware of how to access external advocacy services for people, if needed. Currently this was not necessary.

Is the service responsive?

Our findings

We observed how people's needs were responded to throughout the inspection. A person was wearing protective clothing. We asked the person why they wore it and they were able to tell us, using indication, that it was to stop harm from self-injury. We saw the person could remove the protective item when they wanted. Staff encouraged the person to put it back on when they removed it. We asked staff what the plan said about supporting the person to keep the protective item on or not. Staff said they did not think it was in the plan. Two staff reported the person wore the clothing because of certain behaviours. However two other staff reported the reasons were due to a different type of behaviours. The person's records showed they had been measured for this clothing in December 2014. The person had a care plan, which had been drawn up in March 2015. The plan did not mention the presence or use of the protective clothing.

A person's care plan stated staff should use the person's 'Now/Next' picture symbol folder to support them. We did not observe any staff use this picture communication system for activities. When we asked the registered manager about this, the communication system was in the office, not with the person. The person's care plan also stated being told 'No' or 'Wait a minute' were triggers for challenging behaviour. When the person said they wanted to go out that day, they were told "Got to be good if you want to go out today". The person waited over two hours to go out to do their chosen activity and looked progressively more upset.

A person's care plan stated they felt they were 'Overweight and need support to lose weight.' Their care plan stated they needed a healthy diet, with no further information, such as involving the person in a structured programme to lose weight or strategies for supporting them, such as changing eating habits and increased exercise or involvement of other agencies. We asked a member of staff what weight the person was aiming for. They did not know. Another member of staff showed the weight aimed for was only documented on a wipeable whiteboard, not in their care plan. This member of staff confirmed the person did need support from staff in losing weight but did not know of specific strategies planned to support the person.

One of the people's plans was mostly about personal and health care, there was very little about their day to day

activities and what would benefit them. There was no plan about developing skills in day to day activities, such as becoming more independent in household activities, to promote their independence. Staff said the person had the potential to be able to do this, if appropriately supported.

We observed three people in the main lounge area during the morning. They spent most of their time in front of the TV with a member of staff, sometimes going into the kitchen to make drinks. Staff chatted with people in a friendly way, but two of the people were not actively engaged in anything. One person who was able to make themselves hot drinks independently did so frequently, which can be a symptom of boredom where a person who is living with a learning disability does not have enough to occupy them. Their care plan documented activities they needed to be involved with, it was not followed during the morning.

Issues relating to not caring for people in a way which meets their needs is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Questionnaires were sent out to people's relatives regularly. The last questionnaire had been sent out in March 2015. Nearly all comments were positive. However one relative had raised the issue of finding it difficult to push their relative's wheelchair over the bumpy surface of the drive. The drive continued to have an uneven surface when we visited. We asked the manager how the service would be responding to this comment because there were two people who had been assessed as needing a wheelchair when they went out. They said they did not know what the provider's plans were. This is an area which required improvement.

The service had their own transport, which could be used to take people out. When we inspected, there were no staff on duty who were able to drive. However during the afternoon a member of staff came from another service who was able to drive and all of the people were able to go out in the car for the afternoon. A member of staff described how one person really enjoyed going out in the car for a drive.

One person had family living close by. Staff told us they regularly went home to their family and stayed with them overnight. Other people's families lived at more of a

Is the service responsive?

distance. The manager reported due to this, there were no relatives meetings, but they and the rest of the staff kept in regular contact with people's families by phone and email. This was clearly documented.

The service had complaints procedures which were written in a format which was approachable to people who were

living with a learning disability. This had been made available to all of the people living in the home. The manager reported no complaints had been made during the past year.

Is the service well-led?

Our findings

People were not able to comment verbally on the management of the service. Staff told us of improvements since the registered manager came in post. One member of staff told us a person's behaviours that challenged had reduced because the registered manager had put a "More relaxed," less "Controlling" regime in place. Another member of staff told us about a person who used to remain most of their time in their room, who now came out much more into the communal areas. This was because they felt "More comfortable" there, due to the changes made by the new registered manager.

There were systems for auditing the quality of the service. These were not always effective. The home was visited regularly by a regional manager from the provider's group. The last report of a visit was dated in April 2015. The report identified areas for action and made comments relating to findings. The report stated under 'Are any decisions about the use of restrictive practice or restraint very clearly documented and agreed?' The provider's quality assessment stated 'N/A' to the prompt question. A person had used protective clothing which had the potential to restrict or restrain them since December 2014. This had not been identified in the quality assessment.

We asked the registered manager how they evaluated care and if they read people's daily notes to evaluate the support being provided. They said they read people's monthly summaries, not people's daily notes. This meant the registered manager had not audited where daily notes showed people's care plans were not being followed. For example one person's care plan stated that being asked to wait increased their behaviours that challenged. A daily report for the person, documented they had been asked to wait for an hour after they had been told they would be going out. The records stated the person showed restless behaviours. This was not an isolated occurrence. The lack of review of such daily records meant that staff were not following the person's care plan this had not been identified. Where other incidents occurred, these were not used to examine what factors may be increasing or decreasing challenging behaviour.

The quality assessment used by the provider did not have any trigger question in relation to adequacy of staffing levels or if care plans were being followed. The assessment had not identified where people's plans for activities were

not being followed, due to there not being enough staff on duty. Although the April 2015 assessment had identified issues relating to attention needing to be paid to cleanliness, the fact that staff were performing cleaning as well caring roles and supporting people with 1:1 care, had not been identified. During the inspection, we observed some areas which needed attention to cleanliness. This included a wheelchair which a person used to go out in which was unclean, including encrusted food debris, and the stairs which were in need of vacuuming. The registered manager said staff had not had time to perform these cleaning roles as well as their other caring roles. This had not been identified during the provider's audits.

The provider used a dependency measure in relation to people's needs. This measure related mainly to people's physical care needs. There was no dependency measure used relating to people's needs for support with the development of daily living skills or management of behaviours that challenge, to support the provider in accurately assessing if the staffing levels were adequate to meet people's current needs.

After the inspection we were sent information by a regional manager which included information about staffing levels and meeting people's needs. They stated their approach was to focus on 'collaborative working' seeking to meet people's 'needs innovatively and promoting choices'. They stated they reviewed all plans monthly and also as required, so they could 'respond to changing needs effectively'. This information did not consider documentation in people's care plans and daily records and observations such as those we made at this inspection about people's detailed care plans for going out of the home not being followed, to assess the suitability of staffing levels.

Issues relating to governance are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However the provider's most recent audit had identified a range of other areas which they would be addressing, this particularly related to the home environment, to ensure it was a pleasing, homely environment for people to live in. They also audited the meals service, to make sure people continued to participate in food shopping and be involved in what they ate and drank.

Is the service well-led?

The registered manager had identified a range of areas and taken action since they came in post. This included making sure staff were up to date with being supervised, introducing healthy eating options for meals and having the garden cleared, for people to enjoy and access more easily.

The service maintained records for each person. These were kept securely. Staff completed people's daily records in detail, throughout the day, as events occurred. These provided a comprehensive report of what people had done each day, their mood, any behaviours that challenge and actions taken by staff to support them. Records were written in non-judgemental style.

The service had a detailed statement of purpose, mission statement and philosophy of care. This emphasised establishing strong relationships with people, enabling them to lead a fulfilled life and achieve their highest potential. Staff we spoke with were aware of the aims of the service and reported on how they strived to treat people as individuals. Staff also said the culture of the service had changed with the new registered manager. They said she had ensured a more "Open" and "Realistic" approach to support of people, and management of the service. Staff were very enthusiastic about their role, one member of staff saying "I love working here, everyone's great."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care People who use services did not receive care which was appropriate, reflected their needs and reflected their preferences. Regulation 9(1)(a)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance There were not systems or processes which operated effectively to assess, monitor and improve the quality and safety of the services provided and mitigate the risks relating to the health, safety and welfare of service users and others. Regulation 17(1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing There were not sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed who had received appropriate training to enable them to carry out the duties they were employed to perform. Regulation 18(1)(2)(a)

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.