Care Quality Commission

Evans Care Limited

The Whitehouse

Inspection report

1 Chichester Drive West
Saltdean, Brighton, East Sussex BN2 8SH
Tel: 00 000 000

Date of inspection visit: 24 November 2015
Date of publication: 26/01/2016

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

Overall summary

This inspection took place on the 24 November 2015. The Whitehouse was last inspected on 7 November 2013, where concerns around record keeping were identified. The Whitehouse is registered to accommodate up to 14 people who require support with their personal care. They specialise in supporting older people. Accommodation was arranged over three floors. On the day of our inspection, there were 10 people living at the service.

There was a registered manager in post. 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.

There were systems in place to evacuate people and deal with emergencies. However, the service had no formalised individual evacuation plans for people, or robust business continuity procedures to follow. This placed people at risk should an emergency take place.

Staff told us they felt supported and had informal development plans to enhance their skills and knowledge. However, we were informed by staff and the registered manager that regular formal supervision meetings had not been taking place for care staff.

Summary of findings

The provider undertook some quality assurance audits to ensure a good level of quality was maintained. However, despite having systems in place for the recording of incidents and accidents, they were not monitored and analysed over time to identify emerging trends and themes, or to identify how improvements to the service could be made. Up to date policies and procedures were not readily available to provide clear guidelines for staff to follow.

People were not actively involved in developing the service. Other than the complaints process, there were no formal systems of feedback available for people, their friends or relatives to comment on the service and suggest areas that could be improved.

Statutory notifications had not been submitted to CQC by the provider. A notification is information about important events which the provider is required to tell us about by law. Notifications in relation to these relevant events had not been sent to the CQC.

The registered manager was responsible for managing two homes in the group and split their time between both. This arrangement of the registered manager having oversight of both homes was not robust, and had resulted in a reduction in quality and effectiveness of day to day practices at the service.

We have identified the issues above, as areas of practice that require improvement.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, “Yes, we’re all safe here, they are very good”. When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, including diabetes management and the care of people living with dementia.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. One person told us, “The food is excellent and the staff are very friendly and hardworking”. People were advised on healthy eating and special dietary requirements were met. People’s weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People chose how to spend their day and they took part in activities in the service and the community. People told us they enjoyed the activities, which included bingo, quizzes, musical events, arts and crafts and themed events, such as fish and chip meals being delivered. People were encouraged to stay in touch with their families and receive visitors.

People told us they felt well looked after and supported and stated that staff were friendly and helpful. We observed friendly and genuine relationships had developed between people and staff. One person told us, “The care is wonderful”. Care plans described people’s needs and preferences and they were encouraged to be as independent as possible.

People knew how to make a complaint. They said they felt listened to and any concerns or issues they raised were addressed. Risks associated with the safety of the environment and equipment were identified and managed appropriately.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, where managers were always available to discuss suggestions and address problems or concerns. One member of staff said, “I feel completely confident in my manager and that they would support me. We are a good team, we support each other. If there was something I was struggling with, all my colleagues would help me”.

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?
The service was not consistently safe.

Requires improvement

The provider had not ensured the service had suitable risk assessments and measures put in place to ensure people's safety in an emergency.

Staffing numbers were sufficient to ensure people received a safe level of care. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations. Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Is the service effective?
The service was not consistently effective.

Requires improvement

Staff received training which was appropriate to their role and responsibilities. However, formal systems of monitoring performance and personal development, such as supervision meetings had not been taking place.

Staff had a good understanding of peoples care and mental health needs. Staff had received essential training on the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and demonstrated a sound understanding of the legal requirements.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Is the service caring?
The service was caring.

Good

People felt well cared for, their privacy was respected, and they were treated with dignity and respect by kind and friendly staff.

People were encouraged to increase their independence and to make decisions about their care.

Staff knew the care and support needs of people well and took an interest in people and their families supported them to provide individual personal care.

Is the service responsive?
The service was responsive.

Good

Summary of findings

People were supported to take part in a range of recreational activities both in the service and the community. These were organised in line with peoples' preferences. Staff supported people to maintain relationships with family members and friends.

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

People told us that they knew how to make a complaint if they were unhappy with the service.

Is the service well-led?

Requires improvement 

The service was not consistently well-led.

Incidents and accidents had been recorded, but were not monitored for any emerging trends or themes. Formal systems for people to provide feedback were not available. Up to date policies and procedures were not in place to provide clear guidelines for staff to follow.

The service had not been routinely providing CQC with required notifications. Management arrangements for the registered manager to manage two homes were not effective.

People commented that they felt the service was managed well and that the management team was approachable and listened to their views. Staff felt supported by the management team and told us they were listened to. Staff understood what was expected of them.

The Whitehouse

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.

The inspection took place on 24 November 2015. This visit was unannounced, which meant the provider and staff did not know we were coming.

One inspector and an expert by experience in older people's care undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before our inspection we reviewed the information we held about the service.

We observed care in the communal areas and over the two floors of the service. We spoke with people and staff, and observed how people were supported during their lunch. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including five people's care records, four staff files and other records relating to the management of the service, such accident/incident recording and safety documentation.

During our inspection, we spoke with six people living at the service, two care staff, the registered manager, the deputy manager, the cook and the provider.

Requires improvement

Is the service safe?

Our findings

People said they felt safe and staff made them feel comfortable. One person told us, "Yes, we're all safe here, they are very good". Everybody we spoke with said that they had no concerns around safety. However, we found areas of practice that require improvement.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. Regular fire alarm checks had been recorded, and staff told us they knew what action to take in the event of a fire. However, the service did not have any personal emergency evacuation plans (PEEP) in place for people. The service was arranged over two floors and had people with varying levels of mobility and cognition living there. PEEP's explain the method of evacuation to be used by a person in each area of a building, and takes into account their mobility, their ability to recognise danger and any other appropriate and relevant details to assist them to evacuate the building. The provision of a fully integrated PEEP system improves safety for everyone using the building, whilst identifying any weaknesses in any existing evacuation plans.

Additionally the service had no business continuity plan. The aim of a business continuity plan is to instruct staff and provide a reference tool for the actions required during or immediately following an emergency or incident that threatens to disrupt normal activities. These plans assist with the continuation of providing residential care, by minimising the impact of any damage to people, staff, premises, equipment or records.

We raised these concerns with the provider and registered manager, who told us that both individual PEEP's and a business continuity plan would be developed and implemented for the service. We were told by staff that there were systems in place to evacuate people and deal with emergencies. However, the lack of formalised individual plans and robust systems to follow placed people at risk of harm should an emergency take place at the service. We have identified these as areas of practice that need improvement.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place.

Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. We also saw safe care practices taking place, such as staff supporting people to mobilise around the service. We spoke with staff and the registered manager about the need to balance minimising risk for people and ensuring they were enabled to try new experiences. A member of staff told us, "One person goes out for a daily walk, and others regularly use the garden". They added, "Risk assessments are reviewed regularly, people can choose to take risks".

Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. The registered manager told us, "We have enough staff in place to deliver the care needed". We were told, when required, existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave. Feedback from people indicated they felt the service had enough staff and our own observations supported this. A member of staff told us, "There are enough staff. We are a small service and there is enough time to sit and have a chat with people". Another member of staff added, "As we're a small home, we all help each other out. On the whole there are enough staff here".

Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

We looked at the management of medicines. Care staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered

Requires improvement

Is the service safe?

medicines as well as temperature checks of the medicines fridge. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

We observed a member of staff administering medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Nobody we spoke with expressed any concerns around their medicines. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Requires improvement

Is the service effective?

Our findings

People told us they received effective care and their individual needs were met. One person told us, "I'm in the best place, I'm well looked after". Another person said, "They provide very good support to me here in the home". However, despite the positive feedback we received, we identified areas of practice that needs improvement.

Staff told us that they received support and professional development to assist them to develop in their roles. We asked staff if they received regular supervision meetings and an annual appraisal. Supervision is a system of meeting formally to ensure that staff have the necessary support and opportunity to discuss any issues or concerns they may have. However, we were informed by staff and the registered manager that regular formal supervision meetings had not been taking place for care staff. Care staff we spoke with appeared vague about when they had last received supervision or when their next one was due. Staff were not unduly concerned that formal supervision had not been taking place. One told us, "There is no formal supervision, but it isn't an issue for me". Another added, "I had it at the last place I worked, but not since I've been here". However, we raised this with the registered manager who was aware of the situation and told us they had prioritised that one to one supervision sessions were implemented and brought up to date.

Regular and good supervision is associated with job satisfaction, commitment to the organisation and staff retention. Supervision is significantly linked to employees' perceptions of the support they receive from the organisation and is correlated with perceived worker effectiveness. The emotionally charged nature of care work can place particular demands on people in the field. It is therefore important to provide regular opportunities for reflective supervision. We have identified the above as an area of practice that needs improvement.

Staff had received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised. They also received training specific to peoples' needs, for example around diabetes and the care of people with dementia. The deputy manager told us, "Care staff receive mandatory training over a 12 week period. This can be extended and is signed off by me". They added, "Training is ongoing for staff. We use a mixture of internal, external and online training". Staff told us that training is encouraged and is of good quality. Staff also told us they were able to complete further training specific to the needs of their role, such as National Vocational Training (NVQ).

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. 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. Staff told us they explained the person's care to them and gained consent before carrying out care. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. The registered manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty.

People had an initial nutritional assessment completed on admission, and their dietary needs and preferences were recorded. This was to obtain information around any special diets that may be required, and to establish preferences around food. There was a varied menu and people could eat at their preferred times and were offered alternative food choices depending on their preference. Everybody we asked was aware of the menu choices available.

We observed lunch. It was relaxed and people were supported to move to the dining areas or could choose to eat in their bedroom or in the lounge with a table in front of them. People were encouraged to be independent throughout the meal and staff were available if people required support or wanted extra food or drinks. People ate at their own pace and some stayed at the tables and talked

Is the service effective?

with others, enjoying the company and conversation. All the time staff were checking that people liked their food and offered alternatives if they wished. People were complimentary about the meals served. One person told us, “The food is excellent and the staff are very friendly and hardworking”. Another said, “The food is very good, we don’t want for anything”. We saw people were offered drinks and snacks throughout the day, they could have a drink at any time and staff always made them a drink on request.

People’s weight was regularly monitored, with their permission. Some people were provided with a specialist diet to support them to manage health conditions, such as diabetes. We saw that details of people’s special dietary requirements, allergies and food preferences were recorded to ensure that the cook was fully aware of people’s needs and choices when preparing meals.

Care records demonstrated that when there had been a need was identified, referrals had been made to appropriate health professionals. One person said “The doctor who comes in is very good”. Staff confirmed they would recognise if somebody’s health had deteriorated and would raise any concerns with the appropriate professionals. They were knowledgeable about people’s health care needs and were able to describe signs which could indicate a change in their well-being. One member of staff told us, “One resident was as white as a sheet the other day, so I told the manager”. We saw that a dentist was visiting the service on the day of our inspection to provide check-ups and if people needed to visit a health professional, such as a GP or an optician, then a member of staff would support them.

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had been developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and that their independence was promoted. One person told us, "They're very kind here". Another person told us, "The care is wonderful".

Interactions between people and staff were positive and respectful. There was sociable conversation taking place and staff spoke to people in a friendly and respectful manner, responding promptly to any requests for assistance. We observed staff being caring, attentive and responsive and saw positive interactions with good eye contact and appropriate communication. Staff appeared to enjoy delivering care to people. A member of staff told us, "I really like the residents and we get on so well. I leave here at night and feel like I've really helped".

Staff demonstrated a strong commitment to providing compassionate care. We saw that one person was suffering from a cold. Members of staff continually offered new tissues and ensured that the old ones were taken away. They spoke softly and calmly to the person and reassured them that they would feel better soon and to ask for anything they needed. It was clear that the staff knew this person well and could recognise ways to make them feel better. From talking with staff, it was clear that they knew people well and had a good understanding of how best to support them. They were able to talk about the people they cared for, what they liked and the things that were important to them. One member of staff told us, "We know what people like. For example one person hates coconut biscuits and another likes to have a few slices of toast in the evening at the moment, as they are staying up a bit later writing their Christmas lists".

People looked comfortable and they were supported to maintain their personal and physical appearance. For example, people were well dressed in their individual styles. A member of staff told us, "We get to know people really well. We call them by the names they prefer. We have one resident who really takes pride in her appearance, we make sure she has the right cardigan and broach on that makes her happy". We saw that staff were respectful when talking with people, calling them by their preferred names.

We saw staff upholding people's dignity, and observed them speaking discreetly with people about their care needs, knocking on people's doors and waiting before entering. One person told us, "We all get on very well, we're like a big family".

The staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection we observed people being given a variety of choices of what they would like to do, where they would like to spend time and empowered to make their own decisions. People told us they that they were free to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed and how and where to spend their day. Staff were committed to ensuring people remained in control of their lives and received support that centred on them as an individual. One member of staff told us, "We always give people choices. Even everyday things like choosing their clothes. I'll say, 'What do you want to wear today, what colour do you fancy, what type of mood are you in?'". People were able to make decisions about their care, for example, one person had decided that they did not want a door on their on-suite bathroom. They had discussed this with staff and were aware of the possible privacy implications, this decision had been respected. A member of staff gave us another example whereby after a visit from the dentist, they had explained to a person that they had a chipped tooth. Staff explained the benefits and outcomes of having the tooth fixed, but they decided they didn't want the procedure carried out, which was respected.

Staff supported people and encouraged them, where they were able, to be as independent as possible. A member of staff told us, "We have one resident who is very particular about the polish they used on their furniture. We managed to find some of the polish for her and now she enjoys polishing and cleaning the furniture in her room". Another member of staff said, "We always encourage independence, for example when somebody is having a wash, we'll give them the flannel and ask if they want to do what they can themselves". The registered manager added, "We find out about people as individual and respect their abilities and what they want to do for themselves". Visitors were also welcomed. The registered manager told us, "People can visit as and when they want, they can also come and stay".

Good

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. One person told us, “There is nothing they don’t want to do for you”. Another said, “The care is what makes a good place, and this is a good place”.

People were regularly involved in activities at the service, which included bingo, quizzes, musical events, arts and crafts and themed events, such as fish and chip meals being delivered and a tea dance organised to meet residents of another service in the group. One person told us, “There are a few activities going on. I join in with the bingo, it’s alright”. Staff supported people to maintain their hobbies and interests. For example, one person had a keen interest in football and playing cards, we saw that football matches on television and card games were made available to them. We were told that another person was very reluctant to leave their home and come to the service, as they were worried about leaving their cat behind. A member of staff decided to take in the cat to their home and now brings videos of the cat in for the person to enjoy. People attended church services on a Sunday and we saw that colouring books were made available for one resident who enjoyed them. Activities were recorded in a book that detailed who attended and what they thought of the activity. This enabled the staff to plan and provide activities that people were interested in.

Staff responded to people’s needs and wishes, for example, we saw one person discussing with the provider the possibility of bringing a piano into the service. The provider responded very positively and began talking about where it might fit and not pose a risk. The person was very pleased with this and clearly felt valued and listened to. Another person told us, “I have a lovely room, they helped me bring my own bed in. The changed my curtains within a couple of days when I asked them to and they installed a grab rail for me on the same day that I asked”. Staff also encouraged people to maintain relationships with their friends and families. The registered manager told us, “We have one resident who is going on holiday with their family abroad soon”.

Staff ensured that people who remained in their rooms and may be at risk of social isolation were included in activities and received social interaction. We saw that staff set aside time to visit people who stayed in their rooms on a one to one basis. One member of staff told us, “For people who stay in their rooms, we make time to sit with them and perhaps play cards or paint their nails. We always encourage them to join in the activities, but it is their choice if they don’t want to”. A member of staff also told us how one person liked to stay in their room and listen to Radio Four, but staff were instructed to always let them know what was going on, in case they changed their mind and wished to join in. This member of staff made sure that they knew when the preferred activities were going ahead, so that they could inform the person beforehand.

We saw that people’s needs were assessed and plans of care were developed to meet those needs, in a structured and consistent manner. People confirmed they were involved in the formation of the initial care plans and were subsequently asked if they would like to be involved in any care plan reviews. Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.

Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people’s healthcare needs and the support required to meet those needs. Care plans contained detailed information on the person’s likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. For example, one person’s care plan stated that they would like brown toast in the morning, with their marmite served in a separate dish, so that they could spread it themselves. Another care plan informed staff that on occasion the person may present behaviour that challenged others, and gave them guidance and instruction on techniques to follow to best deal with the situation. The registered manager told us that staff ensured that they read peoples care plans in order to know more about them. We spoke with staff who confirmed this was the case and gave us examples of people’s individual personalities and character traits.

People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed

Good

Is the service responsive?

by the manager. One person told us, “I have a booklet in my room that tells me how to make a complaint. Not that I need to be told how to complain”. There had been no formal complaints about the service. However, we saw that the procedure for raising and investigating complaints was available for people, and that systems were in place to investigate, respond and analyse complaints in order to improve the service delivered.

Requires improvement

Is the service well-led?

Our findings

People and staff spoke highly of the service and staff commented they felt supported and could approach the management team with any concerns or questions. One person told us, "I couldn't under any circumstances improve on it". Another person added, "The owner is a gentleman, a very nice person". However, despite the positive feedback we received, we identified areas of practice that need improvement.

The provider undertook some quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included health and safety, medicine management and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. For example, an audit of medicine management identified that the service required a new medicine fridge, which had been purchased. We also saw that an external consultant had been used in recent weeks to identify areas of improvement at the service. However, further quality review and auditing systems needed to be introduced. For example, mechanisms were in place for the recording of incidents and accidents. Staff understood the importance of recording all incidents and accidents. Documentation included information regarding the nature of the incident/accident and who was involved, and it was clear that following each incident, action was taken. However, we could not see what action had been taken in relation to analysis of trends over time, so that patterns with common causes could be identified and prevented. Providers and registered managers are required to have systems and mechanisms in place to enable them to identify patterns or cumulative incidents. The information gathered from regular audits, monitoring and feedback is used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered and minimise risks for people.

People were not actively involved in developing and improving the service. Other than the complaints process, there were no formal systems of feedback available for people, their friends or relatives to comment on the service and suggest areas that could be improved. Satisfaction surveys were not given to people, and residents and relatives meetings did not take place. Having formal systems of feedback enables providers to receive a snapshot of what is important to people, what is going well and what could be improved upon. Analysis of feedback enables providers to demonstrate the quality of their service, create actions to respond to feedback and drive improvement.

Statutory notifications had not been submitted to CQC by the provider. A notification is information about important events which the provider is required to tell us about by law. The provider told us since their previous inspection, they had raised a safeguarding alert and that on two occasions a person using the service had sadly passed away. Notifications in relation to these relevant events had not been sent to the CQC. The provider told us that they were unsure whether they had been required to provide us with this information.

Policies and procedures available for staff to use were not up to date. For example, the policies around equal opportunities, dignity and privacy and the assessment of needs were based on previous regulations. We raised this with the provider, who was aware that the policy and procedure documentation was out of date and stated that they were in the process of implementing new policies and procedures in line with current legislation and best practice.

The registered manager was responsible for managing two homes in the group and split their time between both. It was clear this arrangement of the registered manager having oversight of both homes was not robust and had resulted in a reduction in quality and effectiveness of day to day practices at the service. Feedback received from staff was that the registered manager was not 'visible' in the service. One comment included, "It's hit and miss how often the registered manager is here, it's not good operating like this with them going backwards and forward between two homes". We raised this with the registered manager and provider, who told us that they had recognised that the current situation was not effective and were in the process of making alternative arrangements. The provider said, "We want to make improvements, put the right systems in place and support staff".

We have identified the issues above, as areas of practice that need improvement.

We discussed the culture and ethos of the service with the registered manager and staff. They told us, "We make the residents happy. This is their home, a safe and happy place to live. It's not our home, it's theirs". A member of staff said,

Requires improvement

Is the service well-led?

"The atmosphere is brilliant, everything is so relaxed and calm. I'd happily let any one of my relatives live here". Another added, "There have been good friendships formed here between the staff and the residents". In respect to staff, the registered manager added, "I feel that things are coming together over the past month. The team is pulling together and I feel that staff can approach us". Staff said they felt well supported within their roles and described an 'open door' management approach. One said, "The provider and management are approachable, they listen to us. I have had good experiences with the management, I can go to them with any problems". Another added, "I feel completely confident in my manager and that they would support me. We are a good team, we support each other. If there was something I was struggling with, all my colleagues would help me".

Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with management. The registered manager told us, "I feel that I am approachable and hands-on". They added, "Staff are accountable for their actions, they are responsible". A member of staff said, "You can raise and issues with the provider or manager and they listen to us. I've found the provider very approachable. We didn't like the iron we have to use, so we told him and we're getting a new one". Another said, "We are listened to and the care is good. The staff said the home needed more activities and this happened".

The service had a strong emphasis on team work and good communication and sharing of information. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. Staff commented that they all worked together and approached concerns as a team. One member of staff said, "We have handovers between shifts that are detailed and regular staff meetings where we can talk openly". The registered manager added, "The staff communicate well in handovers and staff meetings".

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. We were told that whistle blowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services.

The registered manager informed us that they were supported by the provider and kept informed of up to date sector specific information, such as any new legislation and good practice guidelines within the sector. Information was also made available for staff, including guidance around moving and handling techniques, the MCA, and updates on available training. We saw that the service also liaised regularly with the Local Authority and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery.