White Cliffs Lodge Limited

White Cliffs Lodge

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?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on19 March 2015, was unannounced and was carried out by one inspector and a specialist advisor.

White Cliffs Lodge is privately owned service providing care for up to 15 people with different learning disabilities. There were 11 people living at the service at the time of the inspection. The care and support needs of the people varied greatly. The accommodation comprises of two adjacent buildings. In one of the buildings there are six purpose built self-contained flats. There were five people living in this part of the service and they were able to make their own decisions about how they lived their lives. They were able to let staff know what they wanted. They were encouraged and supported to be as independent as possible. Some of them were able to go out independently. In the other building there was single occupancy accommodation for six people. The people in this part of the service needed more assistance and support with their daily activities. Some of them were not able to communicate using speech but used sign language or body language to express themselves.

Summary of findings

There was registered manager working at the service. 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 and associated Regulations about how the service is run.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The registered manager showed that they understood their responsibilities under the Mental Capacity Act 2005 and DoLS. Some of the people had decisions made by doctors and other specialists involved in their care and treatment. Mental capacity assessments and decisions made in people's best interest were not always recorded. At the time of the inspection the registered manager had applied for DOLs for five people and was waiting the outcome from the local authorities who paid for the people's care and support.

Safeguarding procedures were in place to keep people safe from harm. On two occasions these procedures had not been followed by the registered manager. They had not alerted the local authority safeguarding team which they should have done as part of those procedures. We have made a recommendation that the service follow their own and the local authority safeguarding policies and procedures.

People told us they felt safe at the service; and if they had any concerns, they were confident these would be addressed quickly by the registered manager or the deputy manager. The staff had been trained to understand their responsibility to recognise and report safeguarding concerns and to use the whistle blowing procedures.

Staff did not have all the support they needed to make sure they could care safely and effectively for people at all times. Staff had not received regular one to one meetings with a senior member of staff. Staff had completed induction training when they first started to work at the service and had gone on to complete other training provided by the company. There were regular staff meetings. Staff said they could go to the registered manager at any time and they would be listened to. A system of recruitment checks were in place to ensure that the staff employed to support people were fit to do so. There were sufficient numbers of staff on duty throughout the day and night to make sure people were safe and received the care and support that they needed. People said there was enough staff to take them out to do the things they wanted to.

People had an allocated key worker. Key workers were members of staff who took a key role in co-ordinating a person's care and support and promoted continuity of support between the staff team. People knew who their key worker was. Staff were caring and respected people's privacy and dignity. People were involved in activities which they enjoyed.

Before people decided to move into the service their support needs were assessed by the registered manager to make sure they would the service would be able to offer them the care that they needed. Each person had a care plan which was personal to them and that they or their representative had been involved in writing. The care plans contained the information needed to make sure staff had guidance and information to care and support people in the way that suited them best. Plans for behaviours that challenge supported positive behaviour. Potential risks to people were identified and full guidance on how to safely manage the risks was available. People received the individual support they needed to keep them as safe as possible. People's care and support was reviewed every year.

On the whole people received their medicines safely and when they needed them and they were monitored for any side effects. People received appropriate health care support. People's health needs were monitored and referrals made to health care professionals if any concerns were identified.

People were offered and received a balanced and healthy diet. They could choose what they wanted to eat and when they wanted to eat it. People looked healthy and had a wide range of foods to cook and prepare. When people were not eating well the staff made sure they were seen by dieticians and their doctor. Supplement food and drinks were given to them so they maintained their weight and stay healthy. People's rooms were personalised and furnished with their own things. The rooms reflected people's personalities and individual tastes.

The complaints procedure was on display in a format that was accessible to people who used the service. Feedback

Summary of findings

from people, their relatives and healthcare professionals was encouraged and acted upon wherever possible. Staff told us that the service was well led and that the management team were supportive and approachable and that there was a culture of openness within White Cliffs Lodge which allowed them to suggest new ideas which were often acted upon.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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?

Requires improvement 

The service was not consistently safe

People had not been fully protected from abuse and harm as safeguarding policies and procedures had not been consistently followed. Staff knew how to protect and keep people safe.

People's medicines were managed safely.

Risks to people were assessed and guidance was available to make sure all staff knew what action to take to keep people as safe as possible.

There was enough skilled and experienced staff on duty to make sure people received the care and support they needed. Recruitment procedures ensured new members of staff received appropriate checks before they started work.

Is the service effective?

Requires improvement 

The service was not consistently effective.

Staff did not have regular one to one meetings or appraisals with the registered manager or a senior member of staff to support them in their learning and development.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) but people's mental capacity to consent to care or treatment was not fully assessed and recorded.

Staff had an induction programmes when they first started to work at the service. There was on-going training programmes for staff.

When people had specific physical or complex needs and conditions, the staff had contacted healthcare professionals and made sure that appropriate support and treatment was made available. People were provided with a suitable range of nutritious food and drink.

Is the service caring?

Good 

The service was caring.

People and relatives said people were treated with respect and dignity, and that staff were helpful and caring. Staff communicated with people in a caring, dignified and compassionate way.

People and their relatives were able discuss any concerns regarding their care and support. Staff knew people well and knew how they preferred to be supported. People's privacy and dignity was supported and respected.

The staff involved people in making decisions around their care and support.

Summary of findings

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in developing their care plans and people were listened to when they said how they wanted their care to be provided.

People were encouraged and supported to develop their skills and interests, and to enjoy outings and their hobbies.

People and their relatives said they would be able to raise any concerns or complaints with the staff and registered manager, who would listen and take any action if required.

Is the service well-led?

Good

The service was well –led.

The provider and registered manager had provided the required oversight and scrutiny to support the service.

The staff were aware of the services ethos for caring for people as individuals and putting people first. The registered manager led and supported the staff in providing compassionate and sensitive care for people; and in providing a culture of openness and transparency.

There were systems in place to monitor the services progress using audits and questionnaires. There were plans for improvements. Records were suitably detailed, and were accurately maintained.

White Cliffs Lodge

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.

This inspection took place on 19 March 2015 and was unannounced. The inspection was carried out by one inspector and a specialist advisor. The specialist advisor was someone who had clinical experience and knowledge of working with people who have a learning disability.

We looked at previous inspection reports and notifications received by the Care Quality Commission. Notifications are information we receive from the service when a significant events happened at the service, like a death or a serious injury.

During the inspection we spoke with five people, seven staff members and the registered manager. We spoke with two relatives at the time of the inspection. We looked at how people were supported throughout the day with their daily routines and activities. We looked around the communal areas of the service and some people gave us permission to look at their individual flats and bedrooms.

We assessed if people's care needs were being met by reviewing their care records and speaking to the people concerned. These included five people's care plans and risk assessments. We looked at a range of other records which included four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

We last inspected this service on 21 May 2013. At that inspection no concerns were identified.

Requires improvement

Is the service safe?

Our findings

The provider had policies and procedures for ensuring that any concerns about people's safety were reported. There were two incidences of concern. One which had been reported to the registered manager and the second one had been identified by the registered manager. The registered manager had started their own internal investigation. They had not followed procedures by firstly reporting them to the local council safeguarding team who would have discussed the issue and then a decision would have been made on how to proceed.

People were not fully protected from abuse as policies and procedures were had not been consistently followed.

We recommend that the service follow their own safeguarding policies and procedures and those of the local safeguarding authority.

People told us that they felt safe at living at the service. People looked comfortable with other people and staff. People said that if they were not treated well they would report it to the registered manager who would take them seriously and take action to protect them. Staff explained how they would recognise and report abuse. Staff had received training on keeping people safe. They told us they were confident that any concerns they raised would be listened to and fully investigated to ensure people were protected. Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly.

Medicines were stored securely in each person's bedroom. People said they received medicines at the right time and if they needed support the staff helped them. Staff accompanied each person to their room to support them to take their medicines in private. Each person had an individual medicine record chart showing their personal details and the medicines they were prescribed and when they should take them. People received the medicines when they needed them. Staff talked to people before giving them their medicines and explained what they were doing. They asked if they were happy to take their medicines. Staff waited for people to respond and agree before they gave them their medicines.

Medicines were ordered from the pharmacy each month. Staff checked all medicines to ensure that they matched with the medicines administration record (MAR) printed by the pharmacy. Most medicines were administered using a monitored dosage system or "blister packs". This meant that the name of the medicine and the person for whom it was prescribed was written on each medicine pack. This helped to make sure that people were given the right medicine as prescribed by their doctor. MAR charts were completed and clear guidance was in place for people who took medicines prescribed "as and when required" (PRN). Staff had received training in how to administer medicines safely and they received yearly updates to make sure they remained safe when giving people their medicines.

Potential risks to people in their everyday lives had been identified, such as when undertaking household tasks, attending to their personal care, monitoring their health and when they were going out in the community. Each risk had been assessed in relation to the impact that it had on each person. There were risk assessments for when people were in the local community, using transport and also whilst in the service. Guidance was in place for staff to follow, about the action they needed to take to make sure that people were protected from harm. This reduced the potential risk to the person and others. People could access the community safely on a regular basis. When some people were going out they received individual support from staff who had training in how to support people whose behaviour might be challenging. There was a reduced risk of people receiving unsafe or inappropriate care because potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards.

People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible. This included maintaining a clear account of all money received and spent. Money was kept safely and was accessed by senior staff. People's monies and what they spent was monitored and accounted for. People could access the money they needed when they wanted to.

Accidents and incidents were recorded by staff and reported to the registered manager. Each incident contained information about what had occurred. It also contained the triggers to the event, the outcome for the people involved and any lessons learnt. The information was sent to an independent quality team to rate the risk and analyse the accidents and incidents that occurred. If any concerns were identified the registered manager was

Requires improvement

Is the service safe?

contacted immediately so staff could support the person differently in future to minimise the risk of the incident reoccurring. The registered manager could access the reports at any time to look at the analysis and for any trends or patterns.

The staff carried out regular health and safety checks of the environment and equipment. This made sure that people lived in a safe environment and that equipment was safe to use. These included ensuring that electrical and gas appliances at the service were safe. The lift and the hoist had recently been serviced. Regular checks were carried out on the fire alarms and other fire equipment to make sure it was fit for purpose. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire.

There were enough staff on duty to meet people's needs and keep them safe. People who could told us, that the staff were always available when they needed them. Staff told us there were enough staff available throughout the day and night to make sure people received the care and support that they needed. The duty rota showed that there were consistent numbers of staff working at the service. The number of staff needed to support people safely had been decided by the authorities paying for each person's service. Some people required one to one support at all times whilst others were supported in smaller groups. There were arrangements in place to make sure there were extra staff available in an emergency and to cover for any unexpected shortfalls like staff sickness. On the day of the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs. The registered manager had made sure extra staff were available to give 24 hour individual support to a person who was in hospital.

Staff were recruited safely to make sure they were suitable to work with people who needed care and support. Staff recruitment showed that the relevant safety checks had been completed before they started work. The registered manager interviewed prospective staff and kept a record of how the person performed at the interview. Records of interviews showed that the recruitment process was fair and thorough. Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of work.

Requires improvement

Is the service effective?

Our findings

People told us that the staff looked after them well and the staff knew what to do to make sure they got everything they needed. People had a wide range of needs. Some people's health conditions were more complex than others. People and their relatives told us that they received good, effective care. They said that staff had the skills and knowledge to give them the care and support that they needed. Relatives told us: "We are lucky to be here at this home as the staff know exactly what to do."

The registered manager of the service had knowledge of the Mental Capacity Act 2005 (MCA) and the recent changes to the legislation. Staff had some knowledge of and had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS). However the staff team were not able to describe the changes to the legislation and they had not completed a mental capacity assessment themselves. They were unable to discuss how the MCA might be used to protect people's rights or how it had been used with the people they supported.

The registered manager was aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest. The was no evidence that the input of advocates had been sought and involved in making decisions for people if they did not have someone to speak on their behalf. The registered manager had considered people's mental capacity to make day to day decisions but there was limited information about this in their care plans There were no recognised mental capacity assessments in place to determine whether people had capacity or not to make decisions. When people's behaviour changed and there were changes made to their medicines, these decisions were made by the right clinical specialists with input from the staff, but where people lacked capacity to give consent to these changes there was no mental capacity assessment available and no best interest decision making record.

Not all decisions about care support and treatment had been made in line with the recent legislation. This is a breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had not had regular one to one meetings with the registered manager or senior member of staff. Some staff told us that they had never had an appraisal and others told us they could not remember. There were no records available to show that staff had received an annual appraisal. Staff did not have the opportunity to privately discuss their performance and identify any further training or development they required. The performance of the staff was not being formally monitored according to the company's policies and procedures. This had been identified by the company at the last their quality assurance visit in December 2014.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they did feel supported by the register manager and the deputy manager. They said that they were listened to and were given the support and help that they needed on a daily basis and their requests were acted on. There were regular staff meetings where staff could discuss any issues, concerns and ideas that they had. At these meetings they were able to talk about different ways of improving the care and support that people needed.

Staff told us that they had an induction when they began working at the service. Staff initially shadowed experienced colleagues to get to know people and their individual routines. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs.

People were supported by staff who had the skills and knowledge to meet their needs. Staff were able to tell us what training courses they had completed. The registered manager kept a training record which showed when training had been undertaken and when 'refresher training' was due. Staff told us that they felt supported and that the training was good. Regular training updates were provided in subjects, such as, moving and handling, first aid and

Requires improvement

Is the service effective?

infection control. Most staff had completed training courses on epilepsy, learning disability and autism. Staff were encouraged to attend other specialist training relevant to their roles

The staff team knew people well and knew how they liked to receive their care and support. The staff had knowledge of people's medical, physical and social needs. Staff were able to tell us about how they cared for each person to ensure they received effective individual care and support. They were able to explain what they would do if people became restless or agitated. Sometimes they took people out for a drive to support them and had done this at night when necessary.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. When people had problems eating and drinking they were referred to dieticians. People who had difficulty communicating verbally were seen by the speech and language therapists so other ways of communicating could be explored. If a person was unwell their doctor was contacted. People were supported to attend appointments with doctors, nurses and other specialists as they needed to see them.

People said the meals were good and they could choose what they wanted to eat at the times they preferred. Staff were aware of what people liked and disliked. People could help themselves to drinks and snacks when they wanted to. Staff included and involved people in all their meals. Some people could prepare their own meals and some people required support. Several people confirmed they could go and get snacks and drinks from the kitchen without support and there was a range of foods to prepare and cook. People often went out to eat in restaurants and local cafés. If people were not eating enough they were seen by the dietician or their doctor and were given supplementary drinks and meals. They weight was monitored regularly to make sure they remained as healthy as possible.

Good

Is the service caring?

Our findings

People and their relatives told us they were involved in planning their care and always asked about the care and support they wanted to receive. One person said, "I do have a care plan and I can change things when I talk to my key worker". A key worker is a member of staff allocated to take a lead in coordinating someone's care. They were member of staff who the person got on well with and were able to build up a good relationship. Whenever possible people were supported and cared for by their key worker. They were involved in peoples care and support on a daily basis and supported people with their assessments and reviews. People discussed aspects of their care with their key worker and other staff. They said that they worked together with the staff to make sure they got everything they needed. People said that they liked the staff team that supported them and that they were able to do as much as possible for themselves. Staff were kind, considerate and respectful when they were speaking with people and supporting them to do activities.

The staff had a good knowledge of the people they were caring for. Staff said that they kept themselves update about the care and support people needed by reading people's care plans. The key worker system encouraged staff to have a greater knowledge, understanding of and responsibility for the people they were key worker for. Key workers were assigned to people based on personalities and the people's preferences. People could choose if they wanted care and support from a male or female staff member. People were able to tell us who their key workers were. If people wanted to change their key- worker for any reason this was respected. Key workers and other staff met regularly with the people they supported and discussed what they wanted to do immediately and in the future. There were weekly meetings to discuss what people wanted for their meals and who wanted to go and buy the food.

People's ability to express their views and make decisions about their care varied. To make sure that all staff were aware of people's views, likes and dislikes and past history, this information was recorded in people's care plans. When people could not communicate using speech they had an individual communication plan. This explained the best way to communicate with the person like using Makaton or observing for changes in mood. Makaton is a type of sign language used by some people with learning disabilities and those that communicate with them. Staff were able to interpret and understand people's wishes and needs and supported them in the way they wanted.

Staff supported people in a way that they preferred and had chosen. There was a relaxed and friendly atmosphere at the service. People looked comfortable with the staff that supported them. People and staff were seen to have fun together and share a laugh and a joke. People chatted and socialised with each other and with staff and looked at ease. People and staff worked together in the kitchen to prepare drinks and meals. Staff encouraged and supported people in a kind and sensitive way to be as independent as possible. Staff asked people what they wanted to do during the day and supported people to make arrangements. Staff explained how they gave people choices each day, such as what they wanted to wear, where they wanted to spend time at home and what they wanted to do in the community. The approach of staff differed appropriately to meet people's specific individual needs. People were involved in what was going on. They were aware of what was being said and were involved in conversations between staff. Staff gave people the time to say what they wanted and responded to their requests.

When people were at home they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms or flats, this was respected by the staff team. When people wanted to speak with staff members this was done privately so other people would not be able to hear. People could have visitors when they wanted to and there was no restriction on when visitors could call. People were supported to have as much contact with family and friends as they wanted to. People were supported to go and visit their families and relatives were also collected by staff so they could visit people at the service.

Everyone had their own bedrooms which included a wet room or bathroom. Their bedrooms and flats reflected people's personalities, preferences and choices. Some people had posters and pictures on their walls. People had equipment like exercise bikes, computers and music systems so they could spend their time doing what they wanted. All personal care and support was given to people in the privacy of their own rooms. Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included

Good

Is the service caring?

explaining to people what they were doing before they carried out each personal care task. People, if they needed it, were given support with washing and dressing. People chose what clothes they wanted to wear and what they wanted to do.

When people had to attend health care appointments, they were supported by their key worker or staff that knew them well and would be able to help health care professionals understand their communication needs.

Good

Is the service responsive?

Our findings

People said they received the care and support that they needed when they wanted it. The staff worked around their wishes and preferences on a daily basis. They told us that they talked with staff about the care and support they wanted and how they preferred to have things done. Relatives said that they could not fault the care and that staff went over and above what was expected of them. When people first came to live at the service they had an assessment which identified their care and support needs. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best.

Staff were responsive to people's individual needs. Staff responded to people's psychological, social, physical and emotional needs promptly. Staff were able to identify when people's mental health or physical health needs were deteriorating and took prompt action. The service was busy on the day of the inspection. There was a decorator painting in the hallway and two inspectors were at the service. The staff were concerned that a person would be upset by all the activity and strange faces. Arrangements were made to take the person out for the day so that they would remain calm and not experience any distress. This approach was routinely used to support the person. When people were ill and had to go to hospital the registered manger made sure there was a staff member with them 24 hours a day so they had support they needed and a familiar face in a strange environment.

Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, behaviours, communication, continence, skin care, eating and drinking. People's life histories and details of their family members had been recorded in their care plans, so that staff could get to know about people's backgrounds and important events. Relationships with people's families and friends were supported and encouraged. One person told us that they visited their family and the staff went with them. Other people were supported to keep in touch with their family by telephone.

People's care plans were reviewed monthly by their key worker and a summary was done of their care needs to make sure that staff had the correct guidance to follow. Some people were not able to communicate using speech and used body language, signs and facial expressions to let staff know how they were feeling. Staff explained how they looked out for changes in people's body language and facial expressions to identify any changes in their health and well-being.

People's independence was supported and most people went out and about as they wished.

Everyone told us they were able to make choices about their day to day lives and staff respected those choices. Key workers or other staff were responsible for arranging and supporting people with their social activities. Some people were able to go out on their own. Other people needed two staff to support them in the community. Everyone worked together to respond to people's individual needs to make sure people got the help and support they needed. People told us that they enjoyed what they did. People regularly went horse–riding and swimming if they wanted to. Other people preferred to go shopping or out for walks. People regularly went out for lunch. They were looking forward to going to the disco that evening. People's birthdays were celebrated in the way they wanted. Some people preferred to stay at home and others went out for the day. Holidays and weekends away were organised and there were pictures in peoples care plans so people could reminisce and talk about what they did. Sometimes people decided to remain in their rooms for long periods of time. Staff encouraged them to come to the communal areas to socialise and eat their meals but respected their wishes if they chose not to do this.

A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. The complaints procedure was available to people and written in a format that people could understand. If a complaint was received this was recorded and responded to and records showed the action that was taken to address the issue. People and relatives said that the registered manager and staff were approachable and said they would listen to them if they had any concerns. A relative said that communication was good and the service kept them informed of their relative's care at all times. As a result they felt involved in their relative's care and knew about any concerns or issues. They told us they did not

Good

Is the service responsive?

have any complaints but would not hesitate to talk to the registered manager or staff if they did. One person told us, "The staff listen to me. I know who I would go to if I was worried about anything".

Good

Is the service well-led?

Our findings

People, relatives and staff told us the service was well led. They said that the registered manager was approachable and supportive and they could speak to her whenever they wanted to. People and their relatives told us the registered manager listened to what they had to say and 'sorted things out' if there were any problems. The staff said the registered manager always dealt with issues in a calm and fair way. On the day of the inspection people and staff came in and out of the office whenever they wanted to. There was clear and open dialogue between the people, staff and the registered manager. Despite the constant demands, the registered manager remained calm and engaged with people and the staff.

The registered manager and staff were clear about the aims and visions of the service. People were at the centre of the service and everything revolved around their needs and what they wanted. When staff spoke about people, they were very clear about putting people first. Staff talked about supporting people to reach their full potential and be part of the local community. The registered manager knew people well, communicated with people in a way that they could understand and gave individual and compassionate care. The staff team followed their lead and interacted with people in the same caring manner. Staff said that there was good communication in the staff team and that everyone helped one another. They said that the service could only operate for the benefit of the people who lived in it with good team and management support.

Staff said that the registered manager was available and accessible and gave practical support, assistance and advice. Staff handovers between shifts highlighted any changes in people's health and care needs. Staff were clear about their roles and responsibilities. They were able to describe these well. The staffing structure ensured that staff knew who they were accountable to. Regular staff meetings were held where staff responsibilities and roles were reinforced by the registered manager. The registered manager clearly stated in the minutes of meetings the expectations in regard to staff members fulfilling their roles and responsibilities. Staff had delegated responsibility for auditing and monitoring key areas within the service like fire arrangements and medicines. The registered manager had recognised the challenges of the service and was taking action to manage these.

There were effective systems in place to regularly monitor the quality of service that was provided. People's views about the service were sought through resident meetings, key worker meetings and reviews, and survey questionnaires. The last survey was sent to people and their relatives in July 2014. The registered manager audited aspects of care monthly such as medicines, care plans, health and safety, infection control, fire safety and equipment. The locality manager, who was the providers' representative, visited monthly to check that all audits had been carried out and supported the registered manager and the staff team. They completed an improvement plan which set out any shortfalls that they had identified on their visit. This was reviewed at each visit to ensure that appropriate action had been taken. The compliance and regulation manager from the company visited the service twice a year. The last visit had been in December 2014. They used the Care Quality Commission (CQC) methodology as a guideline for the audits and checks to ensure compliance with legislation. During their visit they looked at records, talked to people and staff and observed the care practice at the service. A detailed report was produced about all aspects of care and treatment at the service. It identified any shortfalls which were added to the service improvement plan so the registered manager could address the shortfalls and make improvements to the service.

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 11 HSCA (RA) Regulations 2014 Need for consent The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them. Regulation 11(1) (3) (4)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered person did not have suitable arrangements in place to ensure that persons employed for the purpose of carrying out the regulated activity were appropriately supported by receiving appropriate supervision and appraisal. Regulation 18 (2) (a).