

Streatfeild House Limited

Streatfeild House

Inspection report

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27 June 2016

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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?

Requires Improvement 

Summary of findings

Overall summary

We inspected Streatfeild House on 24 and 27 June 2016. This was an unannounced inspection. The service provides care and support for up to 22 people living with a range of learning disabilities and a variety of longer term complex healthcare needs such as epilepsy and diabetes. Several people have been living at the service for over 20 years. There were 20 people living at the service on the day of our inspection.

We last inspected Streatfeild House on 28 January 2014 where we found it to be meeting all the legal requirements within the areas we inspected.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Although people told us they felt safe living at the service we found the provider had not taken adequate steps to ensure people's safety in relation to fire risks, medicines and checks on staff suitability to work within the service. We found kitchen staff had not consistently followed basic food hygiene principles.

Peoples' access to a communal activities room was impacted due to its dual use as a meeting room. The registered manager was aware of this issue and was working to resolve it.

The provider had systems in place to monitor and drive improvements in the quality of the service; however we found shortfalls with areas of quality assurance which meant the provider did not have consistent oversight of the service. Some records in relation to staff documentation were not complete.

Staff were knowledgeable and trained in safeguarding and knew what action they should take if they suspected abuse was taking place. Appropriate training was provided to ensure staff were confident to meet people's needs.

It was clear staff had spent considerable time with people, getting to know them, gaining an understanding of their personal history and building rapport with them. People were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

Staff received training and had an understanding of the Mental Capacity Act 2005 and were seen to act in accordance with its principles.

People's needs had been assessed and detailed care plans developed. Care plans contained risk assessments for a wide range of daily living needs. For example, nutrition, falls, and epilepsy areas. People consistently received the care they required, and staff members were clear on people's individual needs. Care was provided with kindness and compassion. Staff members were responsive to people's changing

needs. People's health and wellbeing was continually monitored and the provider regularly liaised with healthcare professionals for advice and guidance.

People told us staff were kind and we observed positive interactions between people and staff. Staff had a clear understanding of their roles and spoke enthusiastically about working at the service and positively about senior staff.

People were provided with opportunities to take part in activities 'in-house' and to access the local and wider community. People were supported to take an active role in decision making regarding their own daily routines and the general flow of their home.

The provider had a complaints policy; this was displayed in a communal area. People and their relatives told us they knew how to complain.

We found breaches in Regulation. You can see what action we told the provider to take at the back of the full version of this report.

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 always safe.

Although most aspects of people's medicines were managed safely there were not clear guidelines for staff to follow for people using 'as required' medicines.

We found some basic food hygiene principles had not been consistently followed.

Not all staff had undergone appropriate checks to ensure they were safe to work within care sector.

There were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The layout of the service meant a communal area was not consistently available to people.

Mental capacity assessments were undertaken for people and their freedoms were not unlawfully restricted.

People received appropriate support which ensured they ate and drank enough.

Care staff had undertaken essential training as well as additional training specific to the needs of people and had regular supervisions with their manager.

People had access to external healthcare professionals such as their GP when required.

Is the service caring?

Good ●

The service was caring.

People felt well cared for and were treated with dignity and respect by kind and friendly staff. They were encouraged to make

decisions about their care.

The staff knew the care and support needs of people well and took an interest in people and their families to provide individual personalised care.

Care records were maintained safely and people's information kept confidentially.

Is the service responsive?

Good ●

The service was responsive.

People were supported to take part in a range of activities both in the home and the community. These were organised in line with peoples' preferences. Family members and friends continued to play an important role and people spent time with them.

People and their relatives were asked for their views about the service through questionnaires and surveys.

There were systems in place to respond to comments and complaints.

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

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The provider had some systems for reviewing the quality of service however these had failed to identify some areas of concern we found.

Some staff documentation records were not up-to-date.

Staff felt supported by management, said they were listened to and understood what was expected of them.

Streatfeild House

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.

We inspected the service on the 24 and 27 June 2016. This was an unannounced inspection. One inspector and one expert by experience undertook the 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.

We reviewed the information we held about the home, including previous inspection reports and the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. 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.

During the inspection we reviewed the records at the home. These included staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We looked at five care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and how they obtained their care and treatment at the home. 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 spoke with ten people and four relatives to seek their views and experiences of the services provided at the home. We also spoke with the provider, two deputy managers, five care staff and one member of ancillary staff.

We observed the care which was delivered in communal areas and spent time sitting and observing people in areas throughout the home and were able to see the interaction between people and staff. This helped us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us they enjoyed living at Streatfeild House and always felt safe both in communal areas and their private rooms. However we found occasions where the provider had not taken adequate steps to protect people's safety.

We found risks related to fire exit safety which had not been effectively managed. Fire exits should be able to be opened immediately and easily to allow rapid evacuation. Two fire exits close to the communal lounge required keys to open them; however the keys were not kept in the door. One door's key was kept close to the door however the other was held at the top of a nearby flight of stairs. Senior staff told us these keys were not kept in these doors as there was risk people may remove them. However this meant that a rapid exit would not be possible. The provider's 2014 fire risk assessment identified that, 'all door locks and fasteners on final exits (were) easy to open.' The provider told us they would take immediate steps to review the risk assessment and liaise with a fire prevention officer to seek alternative suggestions for a more rapid exit from these doors.

People told us that they were supported by staff with all aspects of their medicines. We found many aspects related to the management of medicines were well managed however some areas required improvement. For example, we found the good practice guidance of recording the temperature of areas where medicines are stored was not being completed for non-refrigerated medicines. This meant the provider could not be assured medicines were stored in line with the manufacturer's temperature guidelines. The effectiveness of some medicines can be affected if they are stored in an environment that is too hot or cold. There were no systems in place to ensure specific medicines, should they be required were stored in line with regulations.

Some people living at Streatfeild House had been prescribed PRN 'as required' medicines. These are medicines which may only be required occasionally such as for the relief of pain. The provider did not have PRN guidance or protocols in place to support staff with the management of these medicines. Protocols provide clear guidelines as to when people may require PRN and identify visual cues for those people who do not verbally communicate. Other information may relate to providing information as to when a person may require a higher or lower dose. Staff were not consistently recording on people's care documentation as to why PRN had been given. It is good practice to record the specific reason PRN medicines is provided so as any patterns can be identified.

One person who had been assessed at risk of skin breakdown was using a specialist pressure relieving airflow mattress. We found their mattress was set incorrectly for their weight. This meant the equipment may not be as effective at protecting this person's skin integrity. During our inspection senior staff demonstrated they had requested advice from external health care professionals regarding the correct setting however were awaiting a response. Following the inspector raising this as a concern senior staff obtained clarification from a health care professional as to how to correctly calculate the setting.

We found examples within the home's kitchen where safe food hygiene principles had not been consistently followed. For example we found several consumable and perishable items stored in the fridge which had

not been marked with the dates they were opened. This meant there was an increased risk that people may consume out of date food which could cause them harm. Once hot food has been prepared it is good practice for it to be probed tested to determine its temperature, records identified this was not being done consistently. This meant the provider could not be assured all hot food had been heated to the appropriate temperature prior to serving.

The above issues related to people's safety were a breach in Regulation 12 HSCA (Regulated Activities) Regulations 2014.

The Disclosure and Barring Service check (DBS) helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Although all permanent staff had current DBS checks in place we found two contractors who regularly undertook work at the service did not. There had been no assessment undertaken to mitigate the risks of these people working at the service unsupervised. These staff had unsupervised access to all areas of the service and therefore required a DBS. The provider gave assurances that DBS checks would be immediately sought for these staff. This meant adequate recruitment checks had not been undertaken and is a breach of the Health and Social Care Act 2008 Regulation 19 (Regulated Activities) Regulations 2014.

Care staff were able to identify their responsibilities to keep people safe from harm or abuse. They had a clear understanding of the different types of abuse. Care staff told us they had confidence senior staff would take appropriate action if they raised concerns relating to potential abuse. One member of care staff told us, "I know they (senior staff) would take my concerns seriously." Care staff told us if they were not satisfied with the response from senior staff they would refer issues to the local authority or the CQC.

People told us there were sufficient staff available to assist them. One said, "Staff are here 24hrs. If I have a problem I go to the staff and talk to them." A relative said, "There are always staff available when required, never noticed any concerns with this." During our inspection staffing levels matched what was planned on the staff rota. During the night there were two care staff on the premises. The registered manager predominately worked in an administrative function and was based in their office; however staff told us they were visible throughout the day. Staff told us they felt there were adequate numbers of staff to keep people safe. Call bells were seen to be answered promptly and people were supported safely by care staff whilst moving around the home.

Suitable checks had been undertaken to ensure the safe routine management of the environment including areas such as electrical systems and legionella. Maintenance and servicing of equipment such as fire alarm, portable appliance testing (PAT) and boiler were seen to be routinely undertaken. Staff were clear on how to raise issues regarding maintenance. One member of staff told us, "Things don't get left for long if something is broken we report it and will get fixed quickly."

People's support plans contained assessments for a wide range of daily living needs. For example, seizures, falls, and skin pressure areas. Risk assessments included clear measures to protect people, such as the use of sensor alarms fitted to beds for people who required them. Staff demonstrated they were clear on the level of support people required for specific tasks. One staff member told us, "We know people's capabilities and adapt tasks so as they are safe but can be as involved as much as they choose to be." There were procedures in place for fire; these included personal emergency evacuation plans (PEEP). Staff told us they had attended training in fire safety and could identify their role within an emergency. There were systems in place to check the fire alarm and equipment operated effectively.

Is the service effective?

Our findings

On the first day of our inspection one person was having a care review with their social worker; senior staff told us that, due to limited available space these private meetings were undertaken in the home's activity room. The meeting lasted over two hours which meant the activities room was unavailable for people during this time. The PIR identified this issue had been considered as an area which required attention. The PIR stated, 'Our aim over the coming year is to ensure the layout of the home offers more flexibility in order to meet individual needs of service users, and also to provide areas for residents to sit with family and friends in private.' This is an area that requires improvement.

People received effective care from appropriately trained staff. One relative told us, "I am always impressed with the quality of staff, very on the ball. Certainly know what they are doing." When new staff joined the care team at Streatfeild House they underwent an induction. The induction training incorporated a period of time shadowing more experienced staff. One staff member told us, "Because of my previous experience I felt confident quite quickly but I could have spent more time shadowing." Another staff member said, "Training here has always been helpful for me, I do feel confident supporting our clients." Training covered areas such as infection control, moving and handling, dementia, challenging behaviour and mental health awareness. Throughout our inspection we saw staff applied their training whilst delivering care and support. One staff member said, "The training here is very good, always face to face which is much better for me to learn." We saw that staff assisted and addressed people in a respectful manner and were aware of people's potential anxiety and triggers. We observed that people who required additional time to respond to questions were afforded this by staff. One staff member told us, "I can always spot the relevance of training which makes it more interesting."

People spoke positively of the food they ate. One person said, "I like having a fry up, egg bacon and sausage or fish and chips. If you want something else you can always have it." Everyone we spoke with told us, they had enough to eat and drink. Positive feedback included, "Very good food, always plenty". Menus had been planned to both cater for people's choices and incorporate healthy food choices. Staff spent time on a one to one basis to establish people's preferences. Dining tables were set up neatly with flowers and condiments were available. Most people ate communally in the home's dining room however people could choose where they wished to eat and this decision was respected by staff. People were given time to enjoy their food, with staff ensuring they were happy with their meals. Food was served in an efficient manner and people were encouraged to drink fluids.

People's nutritional risk had been assessed and reviewed and reflected when people may require additional support or more careful monitoring if they were deemed at risk of weight loss. People who required their weight to be monitored had been weighed regularly and staff were aware that any changes in people's weight required prompt action. There was clear information available for kitchen staff on people's nutritional requirements and where appropriate this reflected the guidance from health care professionals such as speech and language therapists (SALT).

Care staff had received training and demonstrated an understanding of the principles of the MCA and gave

examples of how they would follow these in people's daily care routines. Care staff were aware any decisions made on behalf of people who lacked capacity had to be in their best interest. During the inspection we heard staff ask people for their consent and agreement to care. For example we over heard a staff member ask a person if they could assist them to sit more comfortably, the person declined assistance and the staff member respected their wishes. We heard another staff member ask a person, "Are you ready to take your medication?"

Staff were able to explain the implications of Deprivation of Liberty Safeguards (DoLS) for people they were supporting. DoLS forms part of the MCA. The purpose of DoLS is to ensure that someone, in this case living in a care home, is only deprived of their liberty in a safe and appropriate way. We saw the registered manager had made applications to the authorising body. Where an authorisation had been granted the conditions were adhered to by staff.

Most staff told us they had undergone supervision there were comprehensive meeting meetings which identified clear themes of discussion such as senior staff observations of practice and training requirements. Staff who had had supervision told us they found this helpful. All staff told us the registered manager and senior staff were approachable and felt supported in their roles. One staff member told us, "This is the best home I have ever worked in; I really feel part of a team."

People received effective on-going healthcare support from external health care professionals. People commented that they regularly saw their GP, chiropodist and optician. Friends and relatives told us staff were effective in responding to people's changing health care needs. Staff recognised that people's health could change quickly especially for people living with a progressive conditions, such as dementia. One staff member told us, "I can tell if a resident isn't well as their behaviour changes, I will always report and record it." A relative told us that when they make suggestions or observation regarding their relatives care, senior staff would always investigate, they said, "The deputy prints articles from the internet for me to read and will sit and talk things through, so reassuring."

Is the service caring?

Our findings

People were treated with kindness and consideration in all aspects of their day-to-day care. People and their relatives told us they were satisfied with the care and support they received. One person said, "The staff here are really, really good, always kind to me. A relative said, "We all feel so fortunate that my sister is living here."

We saw that people's individual preferences and differences were respected. We looked at all areas of the home, including people's bedrooms. Rooms held items of furniture and possessions which people had prior to moving into the home and there were personal mementoes and photographs on display. People told us about how they have chosen wallpaper and colour schemes for their rooms. People were supported to live their life in the way they chose. One person told us, "I get lots of choices, but I always make my own decisions." One person told us, "They involve me in everything they do". Another said, "I just do as I want to, the way it should be, I choose when I get up and when I go to bed." One staff member said, "Everyone is different. We respect their choices, we don't treat everyone the same." Staff supported people and encouraged them, where they were able, to be as independent as possible. For example we saw staff encouraging people to stand independently whilst remaining close by should support be required. A staff member said, "By slowing down and being patient I am often surprised how much clients can do for themselves."

We saw strong bonds had formed between staff and people, there was rapport which was underpinned by the staff's knowledge and understanding of people's needs. Staff strove to provide care in a happy and friendly environment. One person said, "This is my home, I have always felt at home here." We heard staff patiently explaining options to people and taking time to answer questions. There was laughter and good natured exchanges between staff and people throughout our inspection. One person said, "I do love some banter, like a laugh and a joke." The staff approach was thoughtful and caring. Staff were seen discreetly checking with people if they required the use of the toilet. We observed a staff member tell a person their clothes had been ruffled whilst sitting and asked if they would like support.

People looked comfortable and were supported to maintain their personal and physical appearance. For example people were seen talking about items of jewellery they were wearing. Men had been supported to dress smartly in line with their prescribed preferences in their care documentation. People told us that staff were caring and respected their privacy and dignity. People were consulted with and encouraged to make decisions about their care.

People's care plans contained personal information, which recorded details about them and their life. 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 preferences and personal histories. The staff member told us, "People's likes and dislikes are recorded; we get to know people well because we spend time with them." People and or their relatives confirmed that they had been involved with developing care plans.

People told us they felt staff respected their privacy. One person said, "Staff always knock the door before

they come in. I have a key for my door and I can lock it if I want to." Another person said, "If I am going to discuss medical or bank things I always go into the office with my keyworker and the manager. Some things are best discussed privately."

Care records were stored securely in a locked cabinet. Information was kept confidentially and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality. Visitors were welcomed during our inspection. A relative told us they could visit at any time and were always made to feel welcome. One told us, "I feel part of the home; I have a cup of tea and have a chat with anyone who is around, so lovely."

Is the service responsive?

Our findings

People and relatives told us they felt involved in their care and that of their family member; relatives told us they were updated with any changes or issues that affected care. People's care plans clearly identified support needs and reflected individual preferences for all aspects of daily living. A staff member told us, "I find support plans really helpful, particularly when a new resident joins us or something has changed with a client." Care plans contained a detailed assessment of people's individual needs and clearly identified how these should be met. Care documentation provided clear guidance for staff for areas such as mobility, nutrition, personal care and hygiene, continence and communication. People's likes and dislikes identified where people were able to make choices and retain control in aspects of their daily routines such as clothing and meals. All care plans were regularly reviewed by senior staff. Where people had been assessed for more complex support needs care plans including photographs of equipment and best practice advice.

Staff had a good understanding of people's individual needs and said they were given time to ensure care documentation was up-to-date. One staff member told us, "There is a fair bit of paperwork but it doesn't get in the way of supporting residents." We saw daily care records provided clear informative descriptors of people's mood, behaviours and how they had spent their time. Staff told us there was a section within care documentation that was the 'go to' section if they had been off duty for a few days. One staff member told, "Important sections are colour coded which means important information jumps out, such as medication changes." We saw within one person's daily care notes it stated; they 'were on a rest day today and chose to stay in bed to rest.'" A staff member said, "This person knows their body best and if that means a day resting up then that's what they will do."

People were provided with opportunities to take part in various 'in-house' activities and to access the local and wider community. One person told us they enjoyed the visiting pet therapy sessions. Another said they looked forward to the pamper sessions. Another person took pleasure in showing us some of their art works which were displayed in the home's activity room. We saw consideration was given to people's music and television preferences. People were asked what they wanted to watch or listen to and came to a decision based on the most popular choice. We saw people relaxing in the lounge undertaking various pastimes such as reading a newspaper, completing a puzzle, drawing and knitting. People commented positively on the home's courtyard garden. One person told us how much they had enjoyed a recent fund raising garden party, they said, "It was really busy and we raised lots of money." People were seen to return to their room at a time that was decided by them. One person said, "I like to have a nap in the afternoon." Senior staff told us that a member of staff was usually rostered to enable people to have access to one to one staff time. On both days of our inspection we saw people going out for periods of time, one person came from the town centre and told us, "I've been for a haircut and stopped for a pint on the way back." Another person assisted the home's cook on a shopping trip to a local supermarket. On the second day of our inspection people enjoyed a pamper session, where lights were dimmed and essential oils were available and people had a range of treatments such as foot baths. People were seen to be pleased to engage in many of the home's daily tasks such as laying tables, putting cutlery away and routine paperwork administration such as paper shredding. We saw people return from their regular external day centre, they were warmly greeted on their return by both staff and people and visitors. One person told us, "I have had a good day today, nice to see

my other friends at my day centre."

A staff member told us the service worked hard to encourage people to be involved with their families and friends. They said, "Keeping strong links can be really important and can lift people's spirits." A relative told us, "I visit all the time, I enjoy coming here, it feels like my second home." One person told, "I look forward to seeing my family."

Effective systems had been established to collect feedback from people and their relatives. We reviewed meeting minutes from the most recent 'residents' meeting'. This demonstrated it was well attended and provided people with the opportunity to have input into the running of the service. For example ideas and opinion was recorded regarding food choices. People were reminded how to make a complaint if they were unhappy with any aspects of living at Streatfeild House. Families were surveyed for their opinion. The responses from the most recent survey were all seen to be positive. The registered manager had ensured relatives who were unable to visit the service regularly were posted out a form.

The provider operated a key worker scheme. A key worker is a named member of staff with additional responsibilities for making sure a person receives the care they need. As part of people's regular care reviews with their keyworker they discussed what they enjoyed doing and capture ideas for future. The keyworker review form was available in various formats to ensure people with communication difficulties could remain involved as much as possible. The registered manager had also surveyed people individually and as a result of feedback ensured people who wished to vote in a national referendum were supported to do so.

The provider had a clear complaints policy this was available for people. People's care documentation identified how and when staff had covered this information via the key worker meetings. In the previous 12 months there had been one complaint which was seen to have been responded to appropriately and in a timely manner in line with the provider's policy. A relative told us they were clear on who and how to raise concerns with. They said, "There are always senior staff around but I also see the owner here regularly."

Is the service well-led?

Our findings

People, staff and relatives spoke positively about the service's leadership. However we found some areas related to leadership of the service required improvement.

There were a range of quality assurance systems in place; however the effectiveness of some at driving improvement was not consistent. For example the health and safety room audit, which was completed to check people's rooms, had not been effective at ensuring repair work was undertaken in a timely manner. Areas within people's room that required attention had been highlighted however it was not clear how the identified improvement was communicated to the maintenance staff for repair, or when this would happen.

The registered manager had not established clear lines of accountability with regard to the leadership in the home's kitchen. There were three different cooks working on rotation along with other staff who prepared meals when the cooks were not working. It was not clear who was taking overall responsibility for overseeing good practice and cleaning routines. Although the registered manager undertook a monthly audit of the service, which looked at all aspects of the home, this had not identified or addressed the concerns we found.

We found some records related to staff member's personnel files had not been completed in a timely manner. For example a staff member who had been in post since the beginning of February did not have references in place; they also had not provided a complete employment history on their application form. Although they had undergone supervision there was no evidence on the status of their three month probation review to establish if they had been successfully completed or extended. The registered manager had managed a performance issue related to a staff member however there was no evidence this had been followed up via a formal meeting or letter six weeks after the event.

We found other quality assurance processes which had been effective at providing oversight of the service such as medicines and care plans audits. The registered manager's monthly audit, although not completed in May, had provided them with clear actions and timelines for improvements. For example they were in the process of updating policies and procedures and identified in their audit how and when they had communicated these updates to staff.

All staff told us they enjoyed working at Streatfeild House and felt supported in their roles. One staff member told us, "This is a by far and away the far the best home I have ever worked at." A senior staff member said, "Our staff turnover is very low and the culture is like one big family." A relative said, "This place has been a blessing, the staff are faultless and so attentive." We asked staff about the values of the home. The overriding feeling was that it was a 'homely service.' One staff member said, "This feels like a proper home from home, all the clients are relaxed and such a nice feel to the place." Staff were positive and spoke highly of the management and their leadership. One staff member told us, "I know I could approach them about anything and they would make time for me." Care staff demonstrated a clear understanding of their roles and lines of accountability. One staff member told us, "I wouldn't want to work anywhere else now; if I had a concern I know I could always go to the manager."

Senior staff told us they felt "very well supported" by the both the registered manager and provider. They said, "I can pick up the phone at any point and get support and guidance or just run something past them." The registered manager had established clear protocols to support staff for 'out of hours'.

We found the provider and senior staff were responsive to our comments and feedback throughout the inspection and actioned multiple areas during the inspection and sent an actions plan immediately after demonstrating how they intended to address all of the areas of concern we identified.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
	The provider had not taken steps to manage risks related to fire exits.
	The provider had not ensured equipment used to keep people safe was not accurately set.
	The provider had not ensured there were safe systems for management of medicines.
	The registered provider had not ensured people's safety had been protected by adequately mitigating the basic hygiene risk connected with people's food. Regulation 12(2)(b)(e)(g)(h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
	The registered provider had not established effective recruitment procedures which ensured persons employed were of good character.
	Regulation 19(1)(a)2