

## Kent County Council

# Wayfarers

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This was an unannounced inspection that took place on 28 September 2017.

Wayfarers offers short and long term residential care for up to 33 older people. The service is set out on one level and is split into two units, each with a communal lounge and dining room, there is also a quiet lounge. The service is located on the outskirts of Sandwich. At the time of the inspection, one unit was closed and there were 16 people living at the service.

There was a registered manager in post, although, they were on long term sick leave at the time of the inspection. There was a recently appointed interim manager in post who was in charge of the day to day running of the service while the registered manager was absent. 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 2008 and associated Regulations about how the service is run. We were supported during the inspection by the interim manager and deputy manager.

Potential risks to people's health and welfare had not been assessed consistently, risk assessments did not contain detailed guidance for staff to mitigate risk and keep people safe. Accidents had been recorded and action had been taken to reduce risks but there were no overall analysis to identify trends or patterns. The provider told us this had been completed since the inspection, we will follow this up at the next inspection.

Staff had completed checks on some of the environment and equipment to keep people safe, for example water temperatures were recorded to mitigate the risk of scalding. However, some areas had not been checked such as portable electrical appliance testing (PAT). Some safety certificates were not available at the time of the inspection. Following the inspection, the provider sent us records to confirm that some checks had been completed since the inspection.

Each person had a care plan that reflected their choices and preferences. The care plans had not been consistently reviewed and when people's needs changed had not been updated to reflect people's changing needs. The interim or deputy manager met with people before they moved to the service to make sure they were able to meet the person's needs.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these had been agreed by the local authority as being required to protect the person from harm. At the time of the inspection no-one was deprived of their freedom or liberties and no applications were required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires, that as far as possible, people make

their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff were working within the principles of MCA, seeking consent from people before providing care and support. However, the assessment of people's capacity had not been recorded, this was an area for improvement.

There were systems in place for monitoring the quality of the service provided, however, these had not been completed consistently or been effective in identifying shortfalls found at this inspection. Records were not accurate or complete. Quality assurance surveys had not been sent out recently, the interim manager had started to meet with people to ask for their views, but relatives and stakeholders had not been asked for their opinions about what the service did well and how it could be improved. Staff had completed a survey for all staff working with Kent County Council and did not show the results relating to Wayfarers.

There were sufficient staff to meet people's needs and keep them safe. Staff were recruited safely and received training to ensure they were able to provide safe and effective care. Staff told us that they felt supported and received one to one supervision from the interim and deputy manager to discuss their practice and development needs. Regular staff meetings were held, staff were able to raise any concerns or suggestions they may have.

People received their medicines safely and when they needed them. Some people were prescribed inhalers to be taken when needed to help their breathing, they had their inhalers with them and took them when they needed to. There were no checks by staff to make sure people were taking the inhaler as prescribed. This was an area for improvement. Following the inspection, the provider sent us updated risk assessments to give staff guidance on how to check people had taken their inhalers as prescribed.

People told us they felt safe living at Wayfarers and staff were kind and caring. Staff treated people with dignity and were genuinely interested in what people had to say. People were asked their thoughts and opinions about the service and encouraged to be involved in developing their plan of care. People told us that the staff helped them to remain independent and offered support in a discreet way.

People enjoyed a choice of healthy meals and told us they had enough to eat and drink. Relatives were invited to eat meals with their loved ones. People's health was assessed and monitored. Staff took prompt action when they noticed any changes or decline in people's health. Staff worked closely with health professionals and followed guidance given to them to ensure people received safe and effective care.

There were limited planned activities, however, staff asked people what they would like to do each day and provided the activity requested. People told us that they enjoyed the activities especially the day trips to local parks and pubs. There was an accessible complaints procedure and people and their relatives knew how to raise concerns. People told us they did not have any complaints.

People were protected from the risks of abuse, discrimination and avoidable harm. People told us they felt safe and would not hesitate to speak with staff if they were worried about anything. Staff knew how to report any concerns, who to report them to and felt confident that action would be taken.

Staff understood their roles and responsibilities. People, relatives and staff told us that the management team were approachable and listened to suggestions and opinions. There was an open and person centred culture within the service.

The interim manager had submitted notifications about important events that happened at the service to

CQC in an appropriate and timely manner and in line with guidance.

It is a legal requirement that a provider's latest CQC report rating is displayed at the service where a rating is given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the reception and on their website.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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 always safe.

Potential risks to people's health and welfare had not been assessed consistently, risk assessments did not contain detailed guidance for staff to mitigate risk and keep people safe.

Staff knew how to recognise and respond to abuse.

Staff were recruited safely and there were enough staff on duty to meet people's needs.

People received their medicines safely and when they needed them.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff understood the principles of the Mental Capacity Act 2005 and offered people choices and respected their decisions.

Staff received one to one supervisions and training appropriate to their role.

People's health care needs were monitored and healthcare professionals were involved to ensure people remained as healthy as possible.

People received a choice of meals and were supported to maintain a healthy diet.

**Good** ●

### Is the service caring?

The service was caring.

Staff knew people well, they knew people's choices and preferences. Staff respected people's decisions.

People were treated with dignity and respect.

People were encouraged to be as independent as possible.

**Good** ●

### **Is the service responsive?**

The service was not always responsive.

Care plans had been reviewed but had not been updated to reflect people's changing needs.

Care plans contained details of people's choices and preferences.

People were able to choose the activities each day, people told us they enjoyed the activities available.

There was a complaints procedure and people knew who to complain to.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

There were systems in place to monitor the quality of the service but these had not been completed consistently or effectively as shortfalls found at this inspection had not been identified.

Records were not accurate or complete.

Staff understood their roles and responsibilities.

People, relatives and staff told us that the management team were approachable and listened to suggestions and opinions.

There was an open and person centred culture within the service.

**Requires Improvement** ●

# Wayfarers

## 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 28 September 2017 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has experience of caring for someone who uses this type of service.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications about important events that had taken place in the home, which the provider is required to tell us by law.

We spoke with 14 people who use the service. Conversations took place in people's rooms and communal rooms. We observed how staff interacted with people when supporting them.

We spoke with three relatives who were visiting people, the interim manager, deputy manager and three care staff. We spoke with two health professionals who visit the service.

We reviewed records including four people's care plans, risk assessments, health records and daily care records. We looked at two staff files, audits, quality assurance, staff rotas and policies and procedures.

The previous inspection was carried out in May 2015 and was rated Good overall.

# Is the service safe?

## Our findings

People told us that they felt safe at the service. People told us, "Yes, I feel safe here, I have everything I need and more". "The most important is that I am safe and I feel safe."

Potential risks to people's health and welfare had not been assessed consistently and staff had not been given detailed guidance to reduce and mitigate risks. Some people were living with diabetes, this was mentioned in their care plan, but there was no guidance for staff as to what signs and symptoms to look for should their diabetes become unstable and they became unwell and required medical attention. There was a risk that they would not receive the medical attention they needed. Staff explained to us how they would support people and that the person had remained well while living at the service.

Some people were living with depression and behaviours that required support from staff. There was no clear guidance to direct staff on how they should respond to the behaviours and what action they should take to support the person and the triggers to the behaviours. It was identified that some people became anxious and distressed but there was no information about how the person presented when they were anxious or distressed. There was a risk that staff would not recognise that the person was anxious and the person would not be offered consistent, effective support.

When people were at risk of choking they were referred to the Speech and Language team (SALT) for guidance. One person's risk assessment did not give instructions on how to prepare their drinks to reduce the risk of choking. Staff told us how they ensured the drinks were prepared correctly and the specific food the person could eat safely. During the lunchtime meal, the person received food and drink as requested by SALT. However, without clear guidance there was a risk the person would not receive drink that reduced the risk of them choking.

When people were at risk of developing pressure sores, the staff worked with health professionals to support people to keep their skin as healthy as possible. People had special equipment, including mattresses and cushions, to help prevent pressure sores. Staff were unsure who was responsible for checking that the mattress was working correctly. There were no directions in the care plan for the correct setting of the mattress and there was no record that the mattress had been set at the correct weight. Pressure relieving mattresses need to be set for each individual's weight to be as effective as possible. The weights for people had been recorded but this was in pounds and ounces, however, the mattress was set in kilos. There was a risk that staff would not know when the setting was wrong. The interim manager said that they would put a chart in place for staff to check the mattresses and start to record people's weight in kilos. Following the inspection the provider told us that clear guidance was now in place and we will follow this up at the next inspection.

Accidents had been recorded and action had been taken to reduce risks but the interim manager did not have an overall analysis to identify trends or patterns to reduce the risk of them happening again. Following the inspection the provider told us that an overall analysis of accidents had been completed. This will be followed up at the next inspection.



The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The interim manager had assessed the care plans and risk assessments the day before the inspection and had identified that they were not detailed enough.

Staff had completed some checks on the equipment used and the environment. Some environmental checks such as legionella and PAT testing were completed by outside contractors, these had not been completed when due. The interim manager told us that they had found that checks had not been completed and had arranged some since they had started but some were still outstanding such as PAT testing. The interim manager had records to show that they had requested the checks to be completed. Following the inspection the provider sent us confirmation that PAT testing had been completed.

There was a fire risk assessment in place, shortfalls had been identified and work was being completed to rectify the shortfalls. Each person had a personal emergency evacuation plan (PEEP) in place. A PEEP sets out the specific physical and communication requirements that each person had to ensure that people could be safely evacuated from the service in the event of an emergency. The PEEPS gave details of people's physical needs but required more information about people's communication and mental health needs such as anxiety which may increase in an emergency situation. This was an area for improvement.

People received their medicines safely and when they needed them. People told us, "We always get our medicine when we need it without fail. We just don't need to worry about that, the staff worry for us." Staff were trained in how to manage medicines safely and their competence to do so was regularly checked. Medicines were stored, managed and disposed of safely. Temperatures in the medicines room and fridge were checked each day to make sure medicines were stored at the correct temperature for them to remain effective.

Some people had medicines prescribed on an 'as and when' basis such as pain relief and inhalers to help people's breathing. There were guidelines in place for each medicine, to ensure that staff knew how and when to give these medicines. Some people had requested to self-medicate their inhalers when required, they had been assessed that they were safe to do this. However, there was no checks in place to ensure that people were taking the medicines as prescribed. This was an area for improvement. The stock of inhalers for each person at the inspection showed that they had not been taking over the prescribed dose. Following the inspection the provider sent us updated risk assessments to give staff guidance on how to monitor people were taking their inhalers as prescribed.

People were protected from the risk of abuse. Staff knew what to do if they suspected any incidents of abuse. The provider had policies and procedures in place for staff to refer to. Staff told us they were confident to raise concerns with the interim or deputy manager and they would be listened to and action would be taken. The staff were aware of the whistle blowing policy and the ability to take concerns to the local safeguarding team, if they felt they were not being dealt with properly. The management team knew when to notify the local authority of any safeguarding team and contacted them for advice when needed.

There were sufficient staff on duty to meet people's needs and keep them safe. People told us staff had time to spend with them, "We are never rushed the staff are really very patient." We observed staff supporting someone to walk, explaining to them to take their time and not to hurry.

There were plans in place to provide cover for sickness and annual leave. The interim manager told us that

agency was used but where possible the same agency staff were booked, so that people knew them. During the inspection there was an agency member of staff on duty. They told us they had been shown round the building and had been introduced to people and given essential information about the people they would be supporting.

Staff were recruited safely. Recruitment files for staff recently employed had an application form, references, full employment history, job description, photo identification and interview questions. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

## Is the service effective?

### Our findings

People told us that staff supported them when they needed care and support. One person told us, "If we need a doctor we can go to them or even better it is arranged for them to come to us." Another person told us, "If I need to go to the hospital I get the royal treatment and all the help that I need."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People were supported to make day to day decisions, such as where they wanted to spend their time and what food and drink they would like. People were able to choose when they had support and encouraged to remain as independent as possible. Staff asked people's permission before providing support and respected people's decisions. During the inspection, people that we spoke with appeared to have capacity to make decisions. Staff were following the principles of MCA. However, the assessment of people's capacity had not been recorded as part of good care planning, this was an area for improvement.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The interim manager and deputy manager understood their responsibilities in relation to DoLS. There had been no applications made in line with the guidelines as none was needed.

People received effective care from staff who were trained in their roles. When staff began working at the service they completed an induction. New staff shadowed experienced colleagues to get to know people, their preferences and routines.

Staff were trained and supported to have the right skills, knowledge and qualifications to give people the support they needed. Staff who did not have experience of providing care to people completed the Care Certificate, this is an identified set of standards that health and social care workers adhere to in their daily working life. Staff were knowledgeable about people's needs and health conditions. There was an ongoing programme of training. Training that staff had completed was recorded and updates were arranged when required. Some staff held level 2 or 3 qualifications in social care or were starting this training. Staff had plans in place to develop their skills.

Staff spoke with confidence about how their training helped them support people and improve their well being. We observed staff supporting people to move around the building safely.

The interim manager and deputy manager worked with staff to ensure staff were working to the required

standard. Staff received feedback about their practice at regular supervision meetings, any changes to practice would be discussed and agreed. Staff told us that they felt supported by the management team and they were able to discuss any concerns they had with them. Staff received an annual appraisal and their development needs for the next year were discussed.

People told us that they enjoyed the food. They said, "We get plenty to eat and drink here. The food is wonderful. I came in weighing next to nothing and I now have to let out my skirts". "There is a really good choice of food at meal times and it is really something for me to look forward to. Tasty food and good jolly company."

Meals were social occasions, people sat together, laughing and chatting with each other. Staff were available to support people if they needed it, joining in with the conversations. People were given a choice of meals and drinks. Catering staff were aware of people's likes and dislikes and ensured that people had any special diets that had been recommended by specialist health professionals.

People told us that they had been involved in deciding the meals that went onto the menu, people had decided that they wanted stew once a week through the winter. People were offered snacks and drinks throughout the day. Relatives were able to eat with their loved ones, during the inspection, a family had a meal together in the quiet lounge, and this was something they enjoyed each week.

Staff monitored people's weight to make sure they remained as healthy as possible. When staff had a concern they contacted health professionals such as dieticians for advice. People had access to specialist health professionals when they needed it. People told us when they needed a doctor staff supported them to see one. Staff worked closely with health professionals, such as community nurses and podiatrists. One health care professional told us that any advice they gave staff followed and that the staff were knowledgeable about the people they cared for.

People said that they were supported to visit the dentist, optician and chiropodist. One person told us, "My eyes are getting worse but I do have regular check-ups for them to make sure nothing is wrong". Another told us, "I went to the dentist last week as my teeth are dreadful, the staff bring me jelly or soup if they are troubling me."

## Is the service caring?

### Our findings

People and relatives told us that staff were kind, caring and respectful. They said, "The staff are angels, they really are. They always go out of their way to make sure we are happy and comfortable", "The staff are both friendly and kind," and "The staff are fabulous they really are, I just couldn't fault them."

Staff treated people with dignity and respect. People were referred to by their preferred names and were relaxed in the company of staff. Staff told us that they got to know people well and understood what was important to them. One person told us, "The girls are all so kind they go out of their way to help and the other day they got a farming magazine especially for me. I was chuffed to bits."

Staff were seen knocking on people's doors and waiting to be invited in. Some people preferred to spend time in their rooms, staff asked them if they would like their doors open or shut, and checked on them during the day. People told us that their privacy was respected, "I like my privacy and that is always respected. No one comes into my room without knocking or asking first and if I say I am not ready they don't come in."

People and relatives told us they were able to visit at any time. Relatives had the opportunity to join people for meals if they wished. Staff knew people well and spent time chatting with them, discussing things that were important to them and their experiences. Staff appeared to be genuinely interested in what people had to say.

People were encouraged to be as independent as possible, people felt safe as they knew staff were always available to help if needed. One person told us, "I do like to try to do things for myself, sometimes I simply can't manage then I know help is at hand and I just have to ask but it is always nice to do things for myself." People's preferences and choices were respected, people told us they were able to decide when they wanted support, "I can have a bath whenever I wish", and "We can come and go to our rooms, or any lounge in the house as and when we please."

Staff responded to people's needs quickly. When people requested support the staff knew what people needed and spoke with them in a discreet way. Staff told us how they promoted people's dignity, "We always make sure people are covered when having a wash and that the door and curtains are closed."

People were encouraged to personalise their rooms with photos and ornaments that are important to them. One person told us, "I don't have my own furniture but I do have all these lovely pictures and photographs to make it feel like home." Another person told us, "I have all my own bits and pieces here and my photos, a bit of home you see."

People's religious and cultural needs and preferences were recorded and respected. Arrangements were made for visiting clergy so people could follow their beliefs.

Records were stored securely, information was kept confidentially. Staff had a good understanding of

privacy and confidentiality and there were policies and procedures in place to underpin this.

## Is the service responsive?

### Our findings

People and their relatives told us they were involved in planning their care and support. One relative told us, "They are very good at calling me if there is anything at all that they feel I should know or if any part their care has to change." One person told us, "They always ask me first when any decisions about my care need to be made and we also ask my son to help too just so we can get it right between us."

Care plans had details about people's health needs but did not give detailed guidance for staff to support people in a way specific to them. For example, one person could become anxious and distressed when they did not know what was happening around them. There was limited information for staff about how to provide the right support, the care plan stated for staff to 'talk to the person'. There was no further guidance about what the person liked to talk about or the signs to look for to indicate that the person was anxious or distressed. Some people required support with positioning themselves in bed or using the bathroom during the night, care plans did not give staff guidance about when or how they should support each person in the way they preferred. Care plans stated 'move people regularly' or 'assist people once during the night to use the bathroom', the guidance was not person centred for each individual.

Care plans had been reviewed regularly but had not been updated to reflect people's needs when they changed. One person had been unwell and required a special mattress to keep their skin healthy. The person's health had now improved, the care plan stated that they still had the special mattress, but the mattress was not on the person's bed. The staff confirmed that the person no longer required the mattress. The care plan had not been updated to reflect the person's needs and the support they currently needed.

The provider had failed to give person centred guidance to staff to meet people's needs. This is a breach of Regulation 9 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When people were considering moving to Wayfarers, the interim manager or deputy manager met with them and their representatives to talk about their needs and wishes. An assessment was completed which summarised people's needs and how they liked their support provided. This helped them to decide if they could meet the person's needs. This information was used as a base for developing people's care plans. People were encouraged to visit the service to look around and see their proposed bedroom. They were able to spend time with staff and others living at the service. This helped people make an informed decision about whether Wayfarers was the right place for them. The interim manager told us that they did not admit people if they could not meet their needs and this was explained to people and their relatives.

Each person had a care plan that contained information about their needs and preferences. People had signed to say they agreed with the care plan and gave consent to photographs being taken. Care plans contained details about when people liked to get up and go to bed and how they preferred to spend their day.

There were limited planned activities, details were displayed on a notice, however, staff asked people each day what they would like to do. During the inspection people decided they would like to play a card game,

this was popular and most of the people in the lounge joined in. People were satisfied with the activities that were offered, people told us, "I was always a bit of loner and never liked to join in with activities but now they make it so appealing I am the first to say yes" and "There is quite a lot going on if you want to join in. It was cards this morning but it changes day to day".

People had been on days out which they had enjoyed. People told us about the trips to the local pub and the time spent in the pub grounds, and the trip to the local wildlife park in taxis. People were keen to plan the next trip. There were regular outside entertainers who came to the service each month this included singing and music, people enjoyed this and told us that they liked to sing along and be involved.

There was a complaints policy on display in the reception hall and available in each person's room, it was written in a format that people could understand. People and relatives told us they knew how to complain and were confident that it would be taken seriously. People and relatives told us that they had not needed to complain. One person told us, "If I wanted to complain of course I would but I have not needed to". A relative told us, "I can honestly say, hand on heart, that we have never felt the need to complain about (my relative's) care." The interim manager told us that there had not been any complaints but any complaints would be investigated and shared with staff so that lessons could be learnt.



# Is the service well-led?

## Our findings

People and relatives told us that they felt the service was well led and that the management team was approachable. One relative told us, "The manager is very approachable."

There was a registered manager in post, they were on long term sick leave at the time of the inspection. There was an interim manager in post, who had started working at the service recently and an established deputy manager.

There were systems in place to audit the quality of the service, however, these had not been completed consistently and had not identified the shortfalls found at this inspection. The provider had completed a quality assurance monitoring visit in April 2016, there had been no formal monitoring visits since. The interim manager told us that there should be a monitoring visit every six months and one was organised for October 2017.

The interim manager had identified that there had been no audits completed to monitor the quality of the care plans and training. There had not been a quality assurance survey sent to people, relatives and stakeholders to give their opinion on the quality of the service provided so improvements could be made. At the inspection the interim manager told us that staff had not completed a survey. Following the inspection the provider sent us the results of the staff survey completed in September 2017. The survey results were for all staff working within Kent County Council and did not show the results relating to Wayfarers.

Records for each person were not accurate or complete, care plans had not been updated to reflect people's current needs, risk assessments did not contain detailed guidance for staff to mitigate risks and support people safely. Environment and equipment records were not complete, checks on some equipment had not been completed and certificates for some safety tests were not available.

Accidents had been recorded and action had been taken to reduce risks but there were no overall analysis to identify trends or patterns. The provider told us that this had been completed since the inspection, we will follow this up at the next inspection.

The provider had failed to assess, monitor and improve the quality and safety of the service, to assess, monitor and mitigate the risks relating to the health safety and welfare of service users and maintain accurate and complete records. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since starting in the post the interim manager had identified that equipment checks had not been completed, these were now in progress. Training needs for staff had been identified and training courses had been booked. People were being asked to complete quality assurance surveys and there were plans to extend this to relatives, staff and stakeholders. The interim manager had identified some shortfalls in the care plans the day before the inspection, there were plans for a new care plan format to be implemented. There was a health and safety action plan in place to rectify the shortfalls that were found.

There was an open and transparent culture that centred on the people living at the service. There were regular meetings and people told us they were encouraged to express their views, one person said, "We are often asked our opinion on things and what's more we are listened to." Another person told us, "We had a vote on what we would like on the menu and I think every single one of us said dumplings so that is what we got."

Staff were encouraged to attend regular meetings to keep up to date with developments and to express their opinions on the service, staff told us that they were listened to. Staff understood their roles and responsibilities and felt supported by the management team, one staff member said "I can go to the management about anything, they listen and help if they can." The management team had an open door policy and relatives, people and staff were made to feel welcome when they wanted to talk to the interim manager or deputy manager. Management and staff were clear about the culture of the service. Staff told us how important it was to encourage people to remain as independent as possible and promote people's well being.

There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard, staff knew where to access the information.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The management team had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.

It is a legal requirement that a provider's latest CQC report rating is displayed at the service where a rating is given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the reception area of the service and on their website.

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 9 HSCA RA Regulations 2014 Person-centred care  The provider had failed to give person centred guidance to staff to meet people's needs.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to assess, monitor and improve the quality and safety of the service, to assess, monitor and mitigate the risks relating to the health safety and welfare of service users and maintain accurate and complete records.