HF Trust Limited

Walberton (South Coast)

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 19 May 2015 and was unannounced.

The home provides care and accommodation for up to 33 people with a learning disability. These were aged from 31 to 67 years of age and had medium to high needs. The service was provided in three properties on a site which has landscaped grounds. The properties were as follows: Melrose houses up to 13 people and there were 10 people living there at the time of the inspection, Russett accommodates up to 18 and had 11 people living there and Fortune accommodates two people and had two people there at the time of the visit. Twenty three people were accommodated in total at the time of the inspection. Each of the properties had communal lounges and dining rooms. All bedrooms were single and seven had an en suite bathroom with a kitchen so people could be more independent. The provider ran a workshop and small apple juice production facility nearby which people could attend if they wished; this is

Summary of findings

not registered with the Commission and was not inspected. The home had a staff team of 22 care staff and a team of staff who worked occasional shifts as part of a bank staff team.

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

There were a number of areas of the home where redecoration was needed and where cleanliness needed to be improved. This included floor coverings in bathrooms and toilets as well as carpets. There was an odour of urine in two toilets which had spread to adjoining corridors. Paintwork on windows was in particular need of attention.

Staff were aware of safeguarding adults procedures and their responsibilities to report any concerns they had. People said they felt safe at the home and relatives also said people were safe at the home. Health and social care professionals said staff reported any concerns to them and that staff were safety conscious.

Care records included assessments of any risks to people and corresponding action staff should take to reduce these risks. These included details about people's behaviour which presented a risk and for supporting people who were at risk when going out in the community.

There were sufficient numbers of staff on duty, although one of the cottages should have had two staff on duty but only had one at the time of the inspection. Pre-employment checks were made on newly appointed staff so that only people who were suitable to provide care were employed.

People's medicines were safely managed. Staff were trained and assessed as being competent to handle and administer medicines.

People told us they were supported by staff who were well trained and competent. Staff had access to a range of relevant training courses and said they were supported in their work.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff were aware of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). There were policies and procedures regarding the assessment of people who may not have capacity to consent to their care and the registered manager knew when these procedures needed to be used.

People were supported to eat and drink and to have a balanced diet. There was a choice of food and people said they liked the food. Special dietary needs were catered for and nutritional assessments carried out when this was needed so people received appropriate support.

People's health care needs were assessed and recorded. Care records showed people's physical health care needs were monitored and that people had regular health care checks.

Staff treated people with kindness and had positive working relationships with people. People were consulted about their care and said they were listened to. Staff acknowledged people's right to privacy and people were supported to develop independent living skills.

Care needs were reassessed and updated on a regular basis. Care plans were completed for each person and reflected how people liked to receive care. The support people received was based on each individual's needs and was tailored to reflect people's preferences. People were supported to attend a range of activities including work schemes, day care and leisure pursuits.

The complaints procedure was available in the home and was in a format that could be easily understood by people. A record was made of any complaints along with details of how the issue was looked into and resolved.

Staff were committed to a set of values which included compassion and promoting equality and respect for people. The registered manager and staff empowered people to be involved in decision making in the home and in their daily lives.

A number of audit tools were used to check on the effectiveness of care plans, medicines procedures, and, the environment.

Summary of findings

We found a breach 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 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?

Good

The service was safe.

Staff knew how to recognise, respond and report any suspected abuse of people.

People's needs were assessed where any risk was identified and there was guidance for staff to follow so people were safely cared for.

Sufficient staff were provided to meet people's needs.

Checks were made that newly appointed staff were suitable to work with people in a care setting.

Medicines were handled and administered safely and staff were trained to support people with them.

Is the service effective?

Requires improvement

The service was not effective.

Areas of the home's environment were poorly maintained and not always clean.

People were supported by staff who were well trained and had the skills to provide effective care.

People agreed to the care and treatment they received. Staff were aware of the policies and procedures for assessing people's capacity when they were unable to consent to care and treatment as defined in the Mental Capacity Act 2005 Code of Practice.

People were supported to have a balanced and nutritious diet and the staff liaised with health care services so people's health was assessed and treatment arranged where needed.

Is the service caring?

Good

The service was caring.

People were involved in decisions about their care and staff listened and acted on what people said.

Staff treated people with kindness and dignity and had respect for people they cared for. They showed a commitment to caring for people and ensuring people were treated well.

People were supported to develop independence and their privacy was promoted.

Summary of findings

Is the service responsive?

Good

The service was responsive.

People received personalised care which took account of the varying needs of people so support was tailored to each person. People's care needs were reviewed and changes made to the way care was provided when this was needed.

People felt able to raise any issues with the provider which they said were acted on.

There was an effective complaints procedure which people, and their relatives, were aware of. Complaints were investigated and responded to.

Is the service well-led?

Good

The service was well-led.

The quality of service was provision was audited and checked and action plans implemented where needed.

Staff demonstrated a set of values which included compassion, human rights and respect for people.

The management and running of the home was open and transparent. People and their relatives were consulted and had opportunities for contributing to the development of the service.

Walberton (South Coast)

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. The inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 May 2015 and was unannounced.

The inspection team consisted of an inspector and an Expert by Experience, who had experience of services for adults with a learning disability. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

During the inspection we spoke with eight people. We also spoke with eight staff and the provider's operations manager. Following the inspection we spoke to four relatives of people who lived at the home.

We looked at the care plans and associated records for six people. We reviewed other records, including the provider's internal checks and audits, staff training records, staff rotas, accidents, incidents and complaints. Records for five staff were reviewed, which included checks on newly appointed staff and staff supervision records.

We spoke with a consultant psychiatrist and a social worker who visited the home on a regular basis to provide advice and support to care staff. These people gave us their permission to include their comments in this report.

This was the first inspection of this service with this provider. The service was previously inspected on 4 June 2013 when it was operated by a different provider. At that inspection the service was meeting our standards.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. For example, one person said, "I feel at home and very safe here, I like to talk to staff and they listen to me." Relatives also told us they considered the home a safe place for people. People said there were enough staff although one person said they sometimes had to wait for assistance in the morning. Another person said staff were sometimes too busy to talk to, but added staff listened when they had time. People said they were supported with their medicines.

Staff were aware of the need to protect people's rights and knew how to protect people from possible abuse and harassment. They said they had opportunities to raise any issues about people's safety at staff meetings or at supervision meetings with their line manager. We looked at the service's policies and procedures regarding the safeguarding of people, which included guidance for staff on the signs of possible abuse and the different forms abuse may take. The staff had access to the local authority safeguarding procedure. The registered manager had attended a recent safeguarding conference run by the local authority so they were updated on any developments in safeguarding procedures. Staff training records showed staff received training in the safeguarding of adults and staff confirmed they attended this training. Staff told is they would report any concerns about people's safety to their manager and were aware they could also contact the local authority safeguarding team. Staff said people received safe and reliable care. Relatives also said they considered the service was a safe place for people to live.

Social services' staff told us the registered manager and staff had a good awareness of safeguarding procedures and reported any concerns in a timely way. The staff were also said to cooperate with any safeguarding investigations and took appropriate action so people were safe. A record was maintained of any concerns raised or incidents reported to the local authority safeguarding team. These included details about the concern, any outcomes from the safeguarding investigation plus learning to improve the safety of people.

There was a system for supporting people with their finances. This included a series of checks and audits as well as arrangements with banks and building societies so people's money was secure. Records were maintained of any monies held on behalf of people for safekeeping. A sample of these records was checked and the balance of money recorded matched the amounts held for individual people.

People's needs were comprehensively assessed and these included assessments where it was identified people may be at risk. These included people's finances, mobility, behaviour and for attending activities both inside and outside the home. Appropriate support was recorded in care plans so people were safely supported to complete activities such as going out in the community. These included the numbers of staff needed to support people. Records showed these were reviewed and updated following any incidents. For example, one person's needs were reassessed following a fall and equipment put in place so the person was safely supported and monitored. Care records also had guidance for supporting people should they need to evacuate the building in the event of a fire. The operations manager and staff told us how they liaised with occupational therapy services so people were assessed and the right equipment provided so people were able to carry out activities they wished. Social services staff told us how the staff were safety conscious and diligent in making referrals to occupational therapy services so people were assessed and the correct equipment provided.

Cleaning chemicals were not safely stored and were accessible to people in one room. When this was brought to the attention of the staff action was taken to securely store them.

Each of the three residential units had their own staff team. The provider and staff told us how staffing levels in each unit were provided to meet the needs and numbers of people. The staffing levels were flexible and could be changed to meet people's changing needs. Staffing levels were also reviewed by the management team at their monthly inspection audits. One to one staff support was provided where this was assessed as needed. The service provided at least one staff member for six people. Staffing levels were planned in advance and recorded on a staff duty roster. The service used agency staff and staff from their own pool of staff who worked occasional hours to cover for any vacancies. The provider and staff told us they tried to have the same agency staff so people would know them and there would be continuity of care. The operations manager gave us the numbers of agency staff hours used in the previous week. These were not excessive.

Good

Is the service safe?

Health and social care professionals said they considered the staffing levels as being adequate to meet people's needs. Staff said levels of staff were sufficient to meet people's needs but one staff member said only two staff were on duty for a shift on a recent Saturday when there should have been three. This was considered an isolated incident. A relative commented that there had been a number of staff changes which had caused some disruption to their relative as they preferred to have support from a consistent staff team. In one of the units on the day of the inspection there was only one staff member on duty in one house when there should have been two. This was due to unforeseen circumstances. The one staff member on duty left the house leaving one of the inspection team and a person alone and without staff support. This was for a period of approximately five minutes. Even though this was for a short period the absence of staff increased the risks of there not being adequately supervised. This was discussed with the provider who recognised this was an oversight by the staff member and was not indicative of staffing arrangements.

Pre-employment checks were carried out on newly appointed staff and staff were interviewed to check their suitability for care work. Staff confirmed their recruitment included reference checks and an interview. Application forms were completed by staff and these included an employment history for the staff member. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. The DBS maintains records of any criminal convictions or where staff are not suitable to work in a care setting. The registered manager had taken action using formal disciplinary procedures where the safety of people was affected. Appropriate referrals of individual staff were made to the Disclosure and Barring Service (DBS) when this was needed.

People told us they were safely supported by staff with their medicines. There were policies and procedures regarding the management and handling of medicines. Records were maintained when staff supported people with their medicines. This included staff recording their signature on a medicines administration record each time they supported someone with their medicines. A sample check of these records and the stocks of medicines showed people received their medicines as prescribed. People were supported to be independent with their medicines if they were assessed as safe to do so. Each person had a medicines care plan called, "How I like my medication to be given." Staff received training in medicines procedures as part of their induction when they started work. Staff competency to handle and administer medicines was assessed before they did this unsupervised, which included direct observations of staff handling medicines. Records of these observations and assessments were recorded. Staff confirmed these assessments of their competency took place and were renewed annually. The service had a system for checking medicines procedures and taking action where there any errors occurred.

Requires improvement

Is the service effective?

Our findings

The environment was poorly maintained and was not clean in all areas. A relative, and one of the people living at the service, referred to a number of repairs needed. The person living at the home pointed out where plaster work and paintwork needed attention and felt this was not being prioritised. A number of wooden bedroom window frames were either in need of repainting or the wood was rotten and needed to be replaced. Flooring was stained and damaged. This included stained carpets in communal areas and bedrooms as well as worn and stained vinyl flooring in toilets. There was an odour of urine in the hall way of two houses near a communal toilet. Staff thought the odour was coming from the vinyl flooring or the carpets in the halls. There was general wear and tear such as worn varnish on doors and peeling paintwork in people's accommodation. The provider's maintenance department had completed a list of repairs which were needed and these were extensive. Thirty six areas of repair were needed in Melrose unit, nine in Fortune and twenty five in Russett. The list referred to the works being put forward for completion but it was not known when this would be completed. This meant people were living in an environment that did not fully promote their dignity.

The provider had not adequately maintained the premises so that it was clean, secure and suitable for its purpose. This was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were supported by staff who had the right skills and treated them well. Relatives also said staff were skilled in working with people and had a good awareness of people's needs and preferences. Relatives described the staff as committed and hard working in ensuring people got the support they needed. People said they were supported to have a healthy diet and enjoyed the food.

Staff told us they received induction training before they started work with people. Staff said this included a period of 'shadowing' more experienced staff. Staff said they were supported well during the induction period, which involved a variety of training. One staff member, for example, said of the induction training, "It was very detailed and informative I found it good and it prepared me well in my new post." Records of the staff induction included training in medicines, fire safety, food safety, moving and handling and infection control. Staff competency was assessed in practice areas such as medicines. These training courses were 'refreshed' each year or six monthly for fire safety.

Each staff member had a learning and development plan, which included details of the staff member's training needs as well as training courses they would like to attend. Training completed by staff was recorded on an online management tool and gave details of how many staff in each of the residential units had completed courses considered essential for their role. This allowed the home's management to monitor training so staff completed the required courses. Staff also had access to training in nationally recognised courses such as the National Vocational Qualification (NVQ) and the Diploma in Health and Social Care. The provider told us 50 % of staff were trained to NVQ level 2 and that other staff had completed NVQ level 3 and 4 as well as qualifications in management. Four of the six members of the management team had management qualifications. Staff described the training as being of a good standard and a member of staff who was part of the pool of staff who worked occasional hours said they had the same training as permanently employed staff.

The provider told us the service's policy was for each staff member to have at least 10 individual supervision sessions a year. Staff confirmed they had regular supervision and felt supported in their work. Records of supervision were well maintained and showed the supervision sessions were structured and that staff could add items to be discussed.

Staff were trained in working with people who had behaviour needs. This training was accredited with the British Institute of Learning Disabilities (BILD) and a staff member was qualified to train staff in these techniques which promoted people's rights whilst keeping them safe. This staff member said they worked with the provider's specialist advisor in supporting people with their behaviour needs so care plans reflected current guidance and good practice. Details about how people were supported with their individual's behaviour needs were recorded in their care plans. A member of the social services team who placed and monitored a person's stay at the home described the staff as skilled in working with people's behaviour needs.

Requires improvement

Is the service effective?

Staff were trained in the Mental Capacity Act 2005 and had a good awareness of this legislation and the associated guidance in the Mental Capacity Act 2005 Code of Practice. This legislation sets out the procedures to be followed if people do not have the capacity to consent to their care and treatment. People were consulted and had agreed to the support they received. The staff and management team were aware of when they needed to assess anyone's lack of capacity to make certain decisions and when a 'best interests' care plan was needed. The provider said the staff worked with the local authority when people needed a 'best interests' care plan and made applications to the local authority if they considered someone's liberty needed to be restricted for their own safety. At the time of the inspection the provider had referred people to the local authority for consideration for a DoLS authorisation but none of these had been processed.

People were able to choose the food they ate and were supported to have a healthy diet. Relatives said people were appropriately supported so have a balanced diet. Records showed people's nutritional needs were assessed and specialist advice sought form a speech a language therapist when needed. People's food and fluid intake was monitored by the use of charts where this was appropriate. Menu plans were displayed so people knew about the meals on offer. Support with meal preparation was based on people's needs and what they preferred. Some people liked to cook with staff and showed us their menu plan and the cooking they did. One person for example told us, "I have a healthy eating plan and I am on a diet, staff are then able to go out and buy my food." Another person said, "We have our own food menus and put down what we like."

People were supported to access health care services. Records showed people received annual health checks as well as checks with their dentist and optician. More specialist health care assessments were recorded in people's records such as health care checks at local hospitals and surgeries. On the day of the inspection staff were discussing people's needs with a visiting consultant psychiatrist. The consultant psychiatrist said people were well cared for.

Good

Is the service caring?

Our findings

People told us they received care from staff who were kind, caring and compassionate. Comments included, "I feel the staff are very helpful to me," and, "The staff treat me well. They are kind. Friendly. I like the staff." Another person said the home was a "marvellous place to live." People said they were consulted about their care and were able to be independent with staff support. Relatives were very positive about the way people were cared for. This included reference to the home being a "happy" place and that staff were kind, understanding, patient and calm. Relatives said the staff and management team had good working relationships with them and people. Staff were said by relatives to know people's needs well. For example, one relative said, "They know her needs so well. They care for her beautifully." A social worker said staff were open, friendly and had positive relationships with people. This professional commented that staff had an approach which made people feel valued, adding this makes client "feel valued and that he's important."

Staff had a positive attitude to their work. A member of the management team said how they were passionate about their work. Other staff said their approach was based on respecting and valuing people, making them feel valued, treating people as individuals and promoting people's dignity. Staff were observed interacting with people in a warm and friendly manner. This included staff supporting and responding to people who were in discomfort. People were seen to be comfortable when approaching staff and staff responded to people with warmth and humour, which in turn led to people smiling and laughing. Staff were calm and patient when supporting people. People were given time to express themselves as staff were observed to interact with people in a patient manner. Staff were aware of people's care needs and preferences and said they had access to information about people in care plans.

People were supported to attend activities which reflected their choice and their own beliefs. For example, people's religious faith and preference to attend local church services was acknowledged by supporting people with this.

Staff said they listened to people and that people were consulted about their care, which was based on individual needs and preferences. Care records showed how people were involved in making decisions about their care. Care plans were written in a person centred way which means the person's needs and preferences in how they wish to be supported were the main focus. Care records also contained guidance for staff on how to communicate with people.

Communication aids were used to enable staff to consult and find out what people needed and preferred. These included pictorial displays of daily activities and the choice of meals. People showed us how they used these picture displays so they could make choices and so they knew what they were doing. We noted the picture diagrams were not always clear and one display was tatty and was not easy to read. Picture diagrams of meals in one display were not used but were available in the office and the menu plan was typed which would have limited use to people. Care records also contained guidance for staff on how to communicate with people.

People had their own rooms so they could spend time on their own and in private. Bedroom doors had locks which people used for security and privacy and this included the use of technology so people could lock and unlock their door without the use of a key. Staff were observed to ensure people were supported with personal care in the privacy of bedrooms. Some people had their own apartment which included a kitchen and bathroom so they could develop their independent living skills. People described how staff supported them to be independent and a social worker said they service was good at acknowledging people's choices and preferences in promoting independence.

Relatives said how they were made to feel welcome at the home, that staff were friendly, and how their views were taken account of. A social worker said how the staff were good at establishing links with people's families. A relative told us how they also felt supported by the staff and that this had helped them and their relative who lived at the home to deal with emotional issues. This relative said staff were skilled in providing emotional support to people which in turn had a calming effect as well as increasing people's confidence to lead a fulfilling life. Relatives said how they were able to visit when they wanted.

Good

Is the service responsive?

Our findings

People confirmed they were consulted about their care and that they were supported in the way they preferred. People said staff listened to what they said and that they had discussions about their care needs, which included care reviews. Relatives told us care was personalised to reflect each person's needs.

People said they had opportunities to attend a range of activities including day care, holidays, concerts and work schemes. Leisure pursuits and interests were arranged to reflect each person's wishes and their level of needs. Relatives said people had a good quality of life and attended numerous activities.

People and relatives said they were able to raise any issues or concerns they had at meetings with staff or by using the complaints procedure. Relatives said they were encouraged to express their views and said any concerns were acted on and resolved.

People's needs were assessed and reviewed. Records show people were consulted and involved in assessing their needs and in devising care plans. These also showed how care was 'person centred' with the person's needs and preferences as central to any decisions. Person centred care was emphasised in the service's approach to care and there were written policies and procedures for this. Support for people was tailored to reflect the level and type of support for each individual person. For example, each person had a care plan of their daily routines for the morning, day and evening. These reflected the support the person needed as well as the person's preferences. Staff told us the care plans provided the information they needed to provide the appropriate care.

Care plans also showed there was an emphasis on supporting people to develop and maintain skills, such as cooking, attending activities and for looking after themselves. There was guidance for staff on how to respond to care needs as well as emotional and behavioural needs. A relative told us how they and their relative who lived at the home were both supported with a bereavement. Staffing levels were arranged in response to people's individual needs. For example, a social worker told us one person was supported to move into their own apartment in one of the houses where the staff input and care was arranged to promote the person's independence. The service was said to be good at providing a flexible approach to supporting people which was tailor made to meet people's needs and choices as well as being good at promoting people's independence. Another person received support in their own flat with dedicated support from staff on a one to one basis. Staff were observed to respond to people's changing needs and to their requests.

People were observed using the communal areas of the home and going to the two occupational facilities of a woodwork shop and a small apple juice factory. People said how they enjoyed attending these facilities and were able to show us some of the work they produced. There were also opportunities for people to attend activities in the community such as work, leisure pursuits and holidays. People were assessed regarding their leisure and interests and care was provided in response to this. Health and social care professionals said staff were good at providing a range of activities which people found useful and enjoyable. People were also supported with their activities and interests in their house such as making jewellery and scrap books. People showed us their rooms and items related to their interests such as rock band memorabilia from concerts they had attended. A relative commented how their relative who lived at the service benefitted from and enjoyed living with other people. Holidays were arranged for people based on what people chose.

The provider's complaints procedure was available for people in an easy read format. People also said they were able to raise concerns with staff at their house meetings or at one to one meeting with staff. People were also asked if they had any concerns by completing a monthly questionnaire. There was system of logging any complaint made along with details of the service's investigation and findings. There were set time periods for responding to complaints which were also recorded in the log. Written responses were made to complainants with details of the findings of the investigation into their complaint.

Good

Is the service well-led?

Our findings

The home's management promoted an open culture where people and relatives could discuss issues about the home. Relatives said they were encouraged to attend the relatives' meetings where they were able to take an active role in discussing any concerns or future plans for the home. They said the provider's management were open and transparent about any future considerations for the service. People told us they were able to raise any issues or concerns they had at the regular house meetings. People said their views were listened to and acted on.

A monthly feedback questionnaire was provided to people to ask their views on the quality of the service they received. This included asking people's views on the choices available, the food, if they were treated with dignity and respect and if the activities were satisfactory. People were also encouraged to contribute to the provider's national service users' forum called, 'Voices To Be Heard,' where policy issues were discussed with people. A representative from the home attended these meetings to put forward people's views. People were also supported to sit on the board of a local hospital trust and to take part in a local advocacy group. Families were also consulted and involved in decision making. A relative told us how they chaired the relatives' meetings and how the management of the home were approachable and committed to involving families in decisions about the home. Relatives' and professionals views were also sought by the use of survey questionnaires. The findings of these surveys were collated with an action plan of how any matters raised were being addressed.

Staff told us they felt able to raise any concerns they had as the home's management were approachable and listened to them. Regular staff meetings were held where staff discussed people's care and the running of the home. The views of staff were also sought by an annual staff survey.

Staff were committed to promoting a set of values which included compassion, respect, dignity and equality. Staff said they treated people as individuals and involved people in any decision making. These values were evident in how staff interacted with people and in the comments made by relatives. Staff were aware of the need to protect people from harm and when they needed to use the provider's whistleblowing policy to report any concerns.

The home had a registered manager who was supported by the provider's operations manager. There were team managers assigned to each of the three houses so staff had management support available to them. The provider also supported staff at the home with advice and training in care practices such as for managing behaviour needs and person centred care.

The provider used a number of audits and checks on the quality of the service provided to people. These included financial audits plus health and safety checks. The team managers for each of the three residential units carried out a monthly audit using all of the CQC key lines of enquiry (KLOE).

These included action plans for staff where it was identified improvements were needed. For example, one team manager's audit identified staff appraisals had not been carried out and there was an action plan for this to be done.

Incidents and complaints were looked into and the home's management took action to make improvements and to learn from any investigation findings.

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 15 HSCA (RA) Regulations 2014 Premises and equipment **The provider had not ensured the premises and equipment used by people was properly maintained, fit for purpose, clean, hygienic and secure. Regulation 15 (1)(a) (b) (c) (e) (2)**