B Pell and Mrs L Pell

Country Home Care

Inspection report

2 Sedgebrook Cottages,
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Plaxtol,
Kent, TN15 0QU
Tel: **01732 810821**

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Ratings

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

Overall summary

The inspection took place on 02 and 03 September 2015 and was unannounced. Country Home Care is a small care home located in Plaxtol near Tonbridge providing accommodation and personal care for up to five people with learning disabilities.

The home is a semi-detached property set out over three floors, with bedrooms on the ground and first floors. At the time of our inspection there were five people living at the home. Some people were living with mobility difficulties and most people had communication needs. The home was also the permanent residence of the providers, one of which was the 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. We found one 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

People were given their medicines correctly however we found that people's medicines were not stored and disposed of safely in accordance with best practice guidance and not all staff had received up to date training to ensure safe administration and handling of medicines.

Staff were confident and knowledgeable in how to protect people from abuse and harm. They were aware of the procedures to follow and were clear about their responsibilities.

Risk assessment were person centred and gave staff clear concise guidance regarding people's individual needs. They included both measures to reduce identified risks and guidance for staff to follow to ensure people were protected from harm. Accidents and incidents were recorded and monitored and action was taken to reduce the risks of recurrence.

Staffing levels were based on people's support needs and we saw that there was sufficient staffing to meet people's needs. Records showed that recruitment procedures were followed to ensure staff were suitable to work with people.

Staff knew people well and provided effective support that was based on detailed guidelines written in people's individual care plans. Staff received guidance, support and training according to people's needs.

We observed that staff sought people's consent before providing care and support. However where people could not give their consent, the requirements of the Mental Capacity Act 2005 were not consistently met. We have made a recommendation about this.

People were supported to eat a balanced diet that met their needs and preferences. Staff were knowledgeable about people's dietary requirements.

People received care and support that promoted their health and wellbeing. People received medical assistance from healthcare professionals including, opticians, chiropodists and their GP.

People were treated with kindness and compassion and the culture of care was person centred. Relationships between people and staff were strong and people were respected and treated with dignity. People were encouraged to be involved and staff knew and acknowledged people's strengths.

People's care was based on their preferences, and likes and dislikes. People led active lives and were supported to undertake a range of activities. People's care plans were reviewed regularly and updated when their needs changed to ensure they received the support they required.

Staff and relatives told us how much they admired and valued the leadership and vision provided by the registered manager. Staff felt supported and able to contribute ideas. Quality assurance systems were in place, however we found that not all systems were robust enough to effectively monitor maintenance and safety. We have made a recommendation about this.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's medicines were not stored and disposed of safely in accordance with best practice guidance and not all staff had received up to date training to ensure safe administration and handling of medicines.

Staff were knowledgeable and confident about their responsibilities and the procedures to follow to keep people safe.

Risk assessment were person centred and gave staff clear concise guidance regarding people's individual needs.

There were sufficient staff deployed to safely meet people's needs and to enable people to take part in a range of activities. Staff recruitment processes ensured staff were suitable to work with people.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about people's individual requirements and received support and guidance to effectively deliver care.

People's capacity to consent was assessed informally and staff sought people's consent before providing care and support. However where people could not give their consent, the requirements of the Mental Capacity Act 2005 were not consistently met.

People received care and support that promoted their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion and the culture of care was person centred.

Relationships between people and staff were strong and people were respected and treated with dignity.

People were encouraged to be involved.

Is the service responsive?

Good

The service was responsive.

People's support was personalised to reflect their wishes and what was important to them.

Care plans and risk assessments were reviewed and updated when people's needs changed.

Summary of findings

People were supported to have active lives and to maintain relationships with family and friends.

Is the service well-led?

Good

The service was well-led

There was an open culture. Staff felt supported and were confident that they could discuss concerns. People's relatives valued the approach taken by the registered manager and her staff.

Quality assurance systems were in place although we found that not all systems were robust enough to effectively monitor maintenance and safety.

Country Home Care

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.

The inspection was undertaken by one inspector on 02 and 03 September 2015 and was unannounced.

Before the visit we looked at whether we had received any notifications. A notification is information about important events which the provider is required to send us by law. We also spoke with the Local Authority to gather information about the service.

We spoke to 4 people's relatives about their experiences of using the home. We also spoke with the registered manager and provider and four staff. We examined records which included people's individual care records, five staff files, staff rotas and staff training records. We sampled policies and procedures and examined the provider's quality monitoring systems. We looked around the premises and spent time observing the support provided to people within communal areas of the home.

Requires Improvement

Is the service safe?

Our findings

Relatives told us that people were safe, "I consider he is very safe there" and "They keep him safe, he is secure in his chair, he is always monitored to make sure he is ok- it's a wonderful place."

People required support to take their medicines. However we found that medicines were not safely stored. Medicines were stored in a locked cupboard in a conservatory that the registered manager said sometimes got very hot. As no temperature checks were made it was not possible to ensure that they remained safe to use and had not been affected by heat. When medicines required refrigeration the registered manager told us they stored these in an unlocked container in the fridge. This meant that they were accessible to other people and therefore a potential risk. We were shown a box of medicines that were waiting for disposal and these were stored unlocked in a person's bathroom. This meant that those people who were able to walk freely and independently around the home were potentially able to access them.

Staff knew which medicines people were prescribed and were able to describe how they safely administered them. One staff member told us, "I make sure they are safe. For example when giving medication that it's the right time, right person etc." However not all staff that administered medicines had received up to date medication training to ensure they had the knowledge and skills to handle medicines safely. Some staff had not received training since starting work at the home and others had not been updated since 2012. We were shown people's Medication Administration Records and could see that people received their medicines as prescribed.

The registered provider had not ensured that there was safe storage and administration of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

The home had a copy of the local authority's multi-agency safeguarding vulnerable adult's policy, protocols and guidance. This policy is in place for all care providers within the Kent and Medway area and provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff had signed that they had read it and staff we spoke with had a clear understanding of their responsibilities. They told us they would not hesitate to report any concerns. One member of staff said, "I have a duty of care towards the clients; every aspect of their life, that they are not exposed to maltreatment or neglect." Another told us they would report; "Anything I saw that was making the person looked after uncomfortable or unhappy-I have a duty to make sure that they are not being abused." We saw that staff used a pictorial sheet to ask people whether they felt sad, happy and safe and this had been used regularly and people's responses recorded. Care records included information on "Keeping safe" and how the home would ensure people's money was also kept safe. This promoted people's safety and ensured that abuse or suspicion of abuse would be appropriately reported without delay.

Risk assessment were person centred and gave staff clear concise guidance regarding people's individual needs. For example, one person required use of a hoist for staff to assist them to move safely and there was clear information provided on how they should be positioned in the sling and transferred from their bed to a chair or from their chair to the bath. There were day and night fire evacuation plans and these provided detail on how each person should be kept safe in the event of a fire. There were risk assessments for all areas of the home including the garden and people's bedrooms. People living at Country Home Care had complex needs and most used non-verbal communication, however the registered manager told us they took a positive approach to risk; "We look at the risks and logistics and say why not- it's always been what can we do, where can we go?" Staff told us that they were looking into one person going on a motorised trike; "We have a very positive approach." The registered manager explained that one person enjoyed their own space and company and so the home had risk assessed this in order to enable them to independently access the garden's outdoor Jacuzzi room where they listened to music. People were supported to take positive and balanced risks to enable them to lead fulfilled lives.

Accidents and incidents were recorded and monitored and action was taken to reduce the risks of recurrence. For example, the registered manager described how one person had bruising to their lower legs which had occurred as a result of them kicking the bar of the dining table. The home took simple action by changing where the person sat to eliminate the risk.

Requires Improvement

Is the service safe?

One relative told us, “We think it’s marvellous, it’s like going into your own home.” The home is a semi-detached property with domestic proportions and is the permanent home of the providers who live alongside the five people who are supported. We saw that where maintenance problems occurred these were generally logged and action was taken to rectify issues. The provider told us they undertook most of the smaller maintenance jobs themselves. One staff member told us, “It’s a home, a living thing; it’s not a machine and clinical.” Being a domestic home there were challenges in terms of layout and we noted that some areas required further maintenance. We saw that there were plans to refurbish areas and to replace carpet and flooring in some people’s rooms.

Staffing levels were based on people’s support needs and we saw that there was sufficient staffing to meet people’s needs. Staff told us, “I have never felt under pressure here, it’s a busy living home but it’s relaxed.” And “It’s a comfortable level of staff to do all the activities and stuff.” Rotas showed that during the week there were a minimum of four staff during the day. The registered manager explained that this was because three people required one to one support as they used wheelchairs and the level of staffing was designed to ensure people could be effectively supported to undertake their range of activities. Every other week people were supported to go to a pub in the evenings and on these days staff were rota’d to ensure they could do this. We saw that people had been supported to go and stay in the providers’ holiday home and that staffing was deployed to ensure that those who went away and those who remained at home were effectively supported. One staff member told us, “I am a fan because it’s well-resourced and well-staffed.”

We looked at staff files to ensure safe recruitment procedures were followed. All potential employees were interviewed by the registered manager and staff told us this was a thorough process. One staff member told us, “”I knew at interview that this was a place I wanted, because it was homely and friendly- I was here for three hours because we chatted.” Recruitment procedures included references and carrying out Disclosure and Barring Service (DBS) checks. A DBS check helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups of adults or children. All staff received an appropriate induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own.

Good

Is the service effective?

Our findings

Staff knew people well and provided effective support that was based on detailed guidelines written in people's individual care plans. Every relative we spoke with told us how much they valued the care provided. They told us, "We like to know he is well looked after and we know he is, he couldn't be in a better place." And "It's the way they relate to everybody there- the staff are absolutely brilliant."

We saw that information was provided on people's communication needs, routines, likes and dislikes as well as personal care needs. One staff member told us, "In their rooms they have plans written and they are useful when you are shadowing as it is good to have it written down." All staff had completed an induction and told us they had been given clear guidance from the registered manager. One staff member told us, "The manager is very particular about how things are done." We saw that there was an induction checklist. Staff were given information on the homes aims and objectives and there were records that evidenced they had been shown and were confident in undertaking a whole range of support activities. These included assisting people on and off the minibus, assisting another person to use the stair lift and supporting individuals with their personal care. Essential training was provided online, as well as by a trainer who came to the home. This included Food Hygiene, First Aid, Epilepsy, Moving and Handling, Safeguarding and The Mental Capacity Act. We saw that some staff required an update on their training and that this had been scheduled for the October 2015.

The registered manager lived in the home and was present most of the time to ensure staff supported people effectively. Every member of staff we spoke with told us how much they valued the registered manager's support and approach to delivering care. One staff member spoke warmly as they told us, "She is always up behind us making sure we are doing our jobs correctly." Another said, "She supports us, she's the boss but not the boss in the office, she mucks in." They told us, "She leads by example." And, "She has very high standards, very high." We saw that staff were provided with detailed guidance for every part of their role. Staff meetings were held and a new format for supervision had been introduced to ensure staff received more formalised recorded support.

Staff told us, "They are adults, they've a right to do what they want." They explained that although most people were not verbally communicative they were able to recognise when they were consenting. One staff member explained, "If he doesn't want to help say with his clothes, he will throw them on the floor but we give him the option." And another staff member told us they judged people's consent by their facial expressions; "If (X) is jolly and happy in his face I can see he is ok." We discussed the requirements of the Mental Capacity Act 2005 with the registered manager who demonstrated an understanding of the principles set out in the Act. For example, they explained that one person sometimes refused to use the lap belt on the stair lift and as this person had capacity, they had the right to make an unwise decision. However as staff supported the person whilst using the stair lift, risk was effectively managed. The registered manager described how the home and staff worked with family members and the GP in making best interest decisions for some people. However although informally people's mental capacity had been assessed, for example regarding a medical procedure, there was no formal record of the assessment. Although records showed that best interest decisions were made, there were no mental capacity assessments recorded for any decisions by people living at the home

The Care Quality Commission (CQC) monitors the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. However despite having received training the registered manager was unclear as to when an application should be made or how to submit one. Records showed that consent from families had been sought to use bedrails and chest straps to ensure peoples safety but no assessment of people's capacity to make this decision themselves was recorded or DoLS applications submitted. Where people could not give their consent, the requirements of the Mental Capacity Act 2005 had not consistently been met, although there was no impact on people living at the home.

We recommend that records for assessing people's capacity are made more robust and where appropriate, applications for DoLS submitted.

People were supported to eat a balanced diet that met their needs and preferences. One relative told us, "He is healthy and eats well and has put on weight but I like the fact that X (the registered manager) keeps an eye on this to

Good

Is the service effective?

make sure he maintains his mobility." Menus were planned in advance to ensure a varied diet was provided. Every person had a Health Action Plan that included details regarding eating and drinking and getting their "Five a day". One person required their food to be cut up and others required it blended to a soft consistency. One person had a condition that meant they could not eat dried fruit or the skin of fruits and this was accommodated. When we asked staff about people's dietary needs they were knowledgeable and able to tell us about each person living at the home. One staff member told us, "We have got menus to incorporate the five a day and we look at certain things (X) can't have." At mealtime we observed that every person's needs were met. For example, one person had a slow pouring beaker, another person used a straw and one person used a cup with a handle. People's preferences were respected. One person used a spoon but only liked to use it for one course. Therefore meals were planned so that they could use their spoon for one course and the other course was finger food. For example, on the day of our inspection they ate chicken stew followed by chocolate cake. Where food was blended it was presented well and where people required extra calories they received their food fortified. For example one person had condensed milk in their tea.

People received care and support that promoted their health and wellbeing. People were encouraged to be active. The registered manager told us, "It is not a quiet sedate home for people in wheelchairs." Staff described how people were supported to have a balanced life where they took part in activities and yet also had relaxation time. Each person had a health action plan that set out their specific health needs. People were supported to see their GP when they needed to and formal health reviews took place each year. People accessed opticians, dentists and chiropodists in their local community as well as a reflexologist and Speech and Language Therapists when needed. One person was supported by staff to undertake exercises that had been prescribed by a physiotherapist. We saw that photographs of each exercise were kept in the person's room to enable staff to safely support this person. Another person was being supported by staff and the GP with a reduction in the medication they took for anxiety. Since being at the home they had reduced the number of tablets they took significantly and staff described how they were keen to ensure this was monitored to ensure that the right balance was achieved. One relative told us, "It's wonderful and I would give it 100 out of 100!" and another said, "He couldn't be looked after better."

Good

Is the service caring?

Our findings

One relative told us, "The staff are so patient and caring and treat them as one of their own." Another said, "Their attitude to all the service users is absolutely superb- the word is kindliness."

People were treated with kindness, respect and compassion and the culture of care was person centred. Staff described the strong relationships they had with everyone living at the home. One staff member said, "I know them all individually and I have struck up a relationship with all of them." And, "Because there are only five people and it's so small, it's personal." Another staff member told us, "I really like helping (X) and (X) eat, I really value that time talking to them." All staff spoke warmly of the people they supported and described what they liked about each person. One staff member said, "I like (X) because you look at him and you can see there is life and soul. He looks overjoyed at times." Another staff member told us, "I love (X), I think he is brilliant; he copies me, I pat my hands or legs and he copies- that's how we communicate. It's not that he can't communicate, he just can't have a conversation."

People were made to feel that they matter and staff were given guidance on providing personalised care that demonstrated respect for people. We saw that records were detailed, for example one person's record said "Make sure (X)'s eyes have been thoroughly washed and the sleep removed from corners." And, "Right eye lashes can turn into (X)'s eye- please use towel and wipe lashes out." One staff member told us, "It's about the small things. It's about listening and acknowledging the individual. If I am supporting (X) with a shave I always explain what I am doing." Another staff member explained, "You will never see any of these people in clothes that are marked or stained. They are people and they are treated as people, no different." One relative explained, "He is always dressed well, his clothing is exemplary."

People's privacy was respected and people were supported in a way that respected their dignity. Staff told us, "We wouldn't allow people just to walk into someone's room if they were receiving personal care" and another told us "We always knock on people's doors." We observed that staff did consider people's right to privacy and we saw that they knocked and waited before entering people's rooms.

Although the providers also lived in the home people had their own space and relatives told us that a good balance was achieved. One said, "They all live there but they have their own separate lives and so it's not unrealistic or overbearing."

Staff were committed to involving people in their service. One relative said, "There is no 'You can't do that it takes too long'- they are encouraged to do things." One staff member explained, "Rather than sitting doing nothing we get them involved….it takes longer but it's about them, it's their quality of life." Care plans were written in a positive way and gave clear information about people's strengths and what they were able to do independently or with support. Staff told us, "Everyone's got something they can do- for example (X) is non- verbal but he can have his clothes laid on his lap whilst we put them away." During our inspection we saw that one person assisted staff in emptying the dishwasher and the home's newsletter described how people had taken part in the recruitment of new staff.

Staff offered explanations and choice. We were told one person did not always eat with everyone else and we saw at mealtime they were given a choice of where they wanted to eat. People's care records showed people were given choice. For example one person's records stated, "Ask (X) what he wants to wear- open wardrobe and show him jumpers and trousers- you may get a reaction to different colours." When we spoke to staff about offering choice they clearly knew the person well and told us, "I know (X) responds to bright colours." and "It can be difficult to gauge his level of understanding but I always offer choice."

Information was provided in pictorial form that meant something to people. People's care plans were personalised with photographs that were used as a point of reference. For example, one person's health action plan included a photograph of their dentist and others included photographs of the opticians they went to. People's person centred plans included photographs of activities they took part in and places they visited including the pub they went to. Staff were developing a collection of photographs to use for every day choices. We saw that staff photographs were displayed in the day room along with people's artwork. Each person had a Hospital Passport to assist their communication should they go into hospital. It included information the hospital staff should know, things important to me and likes and dislikes.

Is the service responsive?

Our findings

Relatives told us they thought people received support that was person centred and responsive. One relative told us, "You can tell from the way they talk to him, they never ignore him, they are never too busy." Another told us, "I worry about what would happen if he couldn't be there. I wouldn't want him to be anywhere else." One relative told us, "I know this sounds strange but I would like to see him die there, as he gets the care, attention and love he deserves."

People had lived at the home for a number of years with the newest person having lived there five years and one person for as long as 17 years. The registered manager was clear about what the service was able to provide and explained how assessment was not just about people's physical needs but also their social needs and whether people were compatible. Records showed that people's care plans were regularly reviewed and that staff responded to changes in need. For example, one person had begun to cough when they drank and so staff had ensured they received assessment by a Speech and Language Therapist. As a result, risk assessments were put in place and their care plan changed to include guidance on their eating and drinking. This provided detailed but clear information regarding their food preferences, how these were to be blended and presented and how they could be safely supported to eat and drink, including their seating position.

Staffing was planned to ensure that people's care was provided in a sensitive way. For example, although a mixed staff team of men and women, female carers supported the one female living at the home and one staff member told us, "Only female staff support (X)." People had written guidance in their bedrooms that gave staff information regarding their preferences and routines. For example, one person's night time routine included information on their preferred sleeping positions. Morning routine information gave staff information on the person's usual response on waking and what to do if they were not their usual self. One staff member told us, "When you are here it's their home and so you learn people's exact routines and how they like to have things." Care was responsive in that consideration and guidance was given to every aspect of people's needs.

For example as most people living at Country Home Care used non-verbal communication their care records included information on "How you know I am in pain" so that staff could identify and respond appropriately.

People's care was based on their preferences, their likes and dislikes and we saw that people's individual interests were recorded. One person liked motorbikes and their bedroom had shelves displaying models of different bikes. Staff had recently supported them to go to Brands Hatch for the day. Another person liked darts and they had been supported to attend the World Professional Darts Championship. We saw that mementos including a photograph and an autographed book were displayed in their room. One relative told us, "My brother is really really happy and it's so lovely to see. I would never have thought of all the things he does."

People led active lives and were supported to undertake a range of activities. One relative told us, "They treat him as one of their own family. I would like to do some of the activities he does!" Another relative said, "She (the registered manager) pushes him in a positive way above and beyond." The registered manager told us, "Our strength is that we ensure all our people have a good quality of life and access the community." Staff told us that the registered manager made sure people, "Get the very most out of life. She is a real stickler for ensuring people get out and enjoy life and experience things." People's person centred plans included activities they regularly took part in, including swimming and trampolining at the local leisure centre, bowls, shopping, fishing, walking the dog, sensory and massage. Each year different activities were planned and records showed that people had been supported with trips to the theatre, a farm, tea rooms and holidays in the providers' holiday home. Records showed that staff were planning more activities including dog racing and the London Orbit.

People were supported to maintain links with their family, friends and the wider community. For example, where families were unable to visit the home, staff supported people to meet their loved ones at a place convenient for them and people had been supported to meet their relatives for a meal and at a garden centre. Relatives told us they felt welcome at any time. One relative said, "The staff are wonderful, they are so friendly you feel part of the family" and another said, "I think they are fantastic- they always keep us informed." People were supported with

Is the service responsive?

shopping for presents at Christmas and some people sent flowers on Mother's Day. Every Christmas the registered manager sent photographs to some family members keeping them involved and up to date.

The home had a complaints policy and procedure that they had been shared with relatives and the registered manager had written to families when updates were made. Although most people living at the home did not communicate verbally, staff used pictures to prompt reactions as to whether people were feeling happy or sad and felt safe. No complaints had been received and relatives told us, "I haven't got one negative about the place." And another said, "I have never ever had to make any form of criticism."

Good

Is the service well-led?

Our findings

Relatives and staff were all passionate in their admiration for the way the home was run and the way care was delivered. One relative told us, "I can't speak highly enough, I would live there!" Another said, "They (the providers) are lovely, they've dedicated their lives to them." One staff member said, "It's so difficult to explain to people what this home is. I think it's amazing and if I had a family member I would want them to be in a place like this."

We asked the registered manager about the home's aims and objectives and they explained; "For them to live in this home as their home and I want parents to feel free to come whenever they want." Staff were clear about the vision and values of the home and respected the providers. One explained, "I feel there is a clear vision to provide people with the best support and the most appropriate support- they've passion and a good heart with no sense of profit." Another said, "I absolutely adore the management, they're amazing" and, "I know wherever I go I won't find a boss like them."

Staff felt well supported and able to contribute new ideas and suggestions about how to improve the service. One staff member explained, "I think she is very approachable and I feel confident she would act if I raised something." Another member of staff explained they had told the registered manager that they thought care plans could be streamlined and some of the systems made more robust. As a result they had been enabled to take a lead role in doing this. Staff told us, "Feedback is received very positively, I am not afraid to challenge, they are open."

Staff felt valued and that the registered manager appreciated them and described how the registered manager led by example; "She goes above and beyond to run everything and works much harder than she should." Another told us how the registered manager had taken staff out for a meal to say thank you and said, "If I was to win the lottery tomorrow I would do it for nothing because I get so much from it."

The registered manager understood and was able to describe her responsibilities to notify the Care Quality Commission of any significant events that affected people or the service. We spoke to the registered manager at length and it was clear they were passionate about delivering quality care but felt they needed support with ensuring systems were robust yet proportionate. Being a small domestic property where they lived and having only five people living at the home, the registered manager said they struggled to gain the right balance. They told us, "My key challenges are getting the correct paperwork and systems." We found that they had not always ensured effective systems were in place to monitor maintenance, health and safety and some records. For example, we found that the home's maintenance records were incomplete and the electrical installation safety certificate was out of date. When walking around the home the inspector tripped on a piece of flooring that had become loose. The registered manager acknowledged there were areas that required improvement and explained that they had already signed up to an external consultancy that would assist with Health and Safety compliance systems and employment systems. Although these systems were not yet formalised there had not been any accidents or incidents or impact on people living at the home.

We recommend that the systems for monitoring records and health and safety are reviewed in line with best practice.

There were some systems in place to assess and monitor aspects of the quality of the service that people received. For example we saw that questionnaires were sent out yearly to relatives and where feedback was given this was shared in the newsletter and action taken. The registered manager had also organised some quality assurance to be undertaken by other people with learning disabilities who were friends of those living at the home. They explained that this had involved a small group of individuals being asked their views as to activities and feedback on the home and people's bedrooms. We saw that where one person commented that a new lampshade should be bought, this had been acted upon.

The home is set in a small village and the manager and staff were taking action to develop their links with the immediate community. We saw that people attended local events such as school and church fetes and that the church choir came to the home to sing at Christmas. The home's missing person's procedure included the names and contact details for a number of people living in the village with the aim that should someone go missing, other village members would assist the search.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered provider had not ensured that there was safe administration and storage of medicines.