Voyage 1 Limited

Cordwainers

Inspection report

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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

Summary of findings

Overall summary

This inspection was carried out on 11 and 12 November 2015 and was unannounced.

Cordwainers provides accommodation and personal care for up to eight people who have learning and physical disabilities. At the time of our inspection there were eight people living in the home. Accommodation is all on one floor, suited to people who require a wheelchair to mobilise.

Cordwainers has a registered manager in post. 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 not enough staff deployed to meet people's assessed dependency. The registered manager had assessed everyone's dependency and determined that people's dependency did not match funded staffing levels. Although this had been identified prior to the inspection, it had not been remedied because funding authorities had not been responsive to the requests made for reassessment.

Staff had received safeguarding training. They told us they understood how to recognise the signs of abuse and knew how to report their concerns if they had any. There was a safeguarding policy in place and staff knew where to find relevant telephone numbers. Relatives told us their family member felt safe and people behaved in a way which indicated they felt safe.

Risks had been appropriately identified and addressed in relation to people's specific needs. Staff were aware of people's individual risk assessments and knew how to mitigate the risks.

Medicines were stored safely and administered by staff who had been trained to do so. There were procedures in place to ensure the safe handling and administration of medicines.

People were asked for their consent before care or support was provided and where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005. This meant that people's mental capacity was assessed and decisions were made in their best interest involving relevant people. The registered manager was aware of her responsibilities under the Deprivation of Liberty Safeguards (DoLS) and had made appropriate applications for people living in the home.

Relatives told us they were very happy with the care provided. Staff understood people's preferences and knew how to interact and communicate with them. People behaved in a way which showed they felt supported and content. Staff were kind and caring and respected people's dignity.

Support plans were detailed and included a range of documents covering every aspect of a person's care and support. The support plans were used in conjunction with person centred planning ensuring that

people's wishes were recorded as equally important to their support needs. We saw this reflected in the support observed during the visit.

There was evidence in support plans that the home had responded to behavioural and health needs and this had led to positive outcomes for people.

The registered manager was liked and respected by people, staff and relatives. There was good morale amongst staff who worked as a team in an open and transparent culture. Staff felt respected and listened to by the registered manager. Regular staff meetings meant that staff were involved in the development of future plans. There was a positive and caring atmosphere in the home and effective and responsive planning and delivery of care and support.

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 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?

Requires Improvement

The service was not always safe.

There were not always enough staff deployed to meet people's assessed needs.

People's dependency had increased but staff numbers had not increased in line with this.

Staff knew how to keep people safe from harm and protect them from abuse.

Identified risks had been recorded and addressed, such as the risk of choking.

Medicines were administered safely by staff who had been trained to do so.

Is the service effective?

Good

The service was effective.

People received care and support from staff who had been appropriately trained and who had a detailed knowledge about people's needs.

People were supported to make their own decisions but where they did not have capacity the provider had complied with the requirements of the Mental Capacity Act 2005.

Appropriate DoLS applications had been made.

Is the service caring?

Good

The service was caring.

People were supported in a stable and caring environment.

The staff promoted an atmosphere which was kind and friendly.

People were treated with respect and dignity and independence was promoted wherever possible.

Is the service responsive?

Good

The service was responsive.

Care was personalised and responsive to people's needs.

People were supported to take part in activities of their choice.

Appropriate action was taken in response to people's health needs.

Is the service well-led?

Good

The service was well led.

The home had an open and transparent culture.

The home was well managed with strong leadership.

Feedback was sought regularly from people, staff and relatives and appropriately responded to.

Quality assurance systems were in place to ensure the quality of the service was maintained.

Cordwainers

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 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 was carried out on 11 and 12 November 2015 and was unannounced. The inspection was carried out by an inspector and a specialist advisor. A specialist advisor is someone who has clinical experience and knowledge. In this case their skills and knowledge were with people who are living with a learning disability.

Before the inspection, we reviewed all the information we held about the home including the previous inspection reports and notifications received by the Care Quality commission. A notification is information about important events which the provider is required to tell us about by law. We used this information to help us decide what areas to focus on during our inspection. The provider completed 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 reviewed the information included in the PIR along with information we held about the service.

During our inspection we spoke with two relatives. We also spoke with the registered manager, the operations manager and two support staff. We reviewed records relating to the management of the home, such as audits, and reviewed two staff records. We also reviewed records relating to four people's care and support such as their support plans, risk assessments and medicines administration records. We spoke or interacted with five people who were using the service.

Where people were unable to tell us about their experiences due to their complex needs, we used other methods to help us understand their experiences, including observation.

We last inspected the home in August 2014 and found no concerns.

Requires Improvement

Is the service safe?

Our findings

People's relatives told us that their family members felt safe. One relative, when asked if their family member felt safe, said "Yes, of course they do." One person told us they felt safe and explained how they wore a "special helmet" to keep them safe when they were walking around, in case they fell over. People behaved in a way which showed they felt safe. They smiled and interacted with staff.

The registered manager explained how the allocation of staff was based on the funded assessed needs of people. She explained that she was fairly new to the service and since joining had noticed that people's dependency had increased since being assessed several years ago. There were also people with psychological needs who required extra emotional support. These needs had not been assessed or funded for by the commissioners of the service. The registered manager had carried out her own dependency assessments for everyone which established that assessed needs did not match funded care. The registered manager had therefore contacted commissioners to request funding reviews for everyone and was waiting for a response. Currently the home was staffed with a senior and three care workers for the day shift (7am to 7pm), three care workers for the twilight shift (7pm to 9pm) and two staff on a night shift (one awake and one sleeping). Our observations during the inspection matched the findings of the registered manager in that there were not enough staff on duty to meet people's needs. People had high physical needs and some people had profound emotional needs, which required more support from staff than they were able to give. On the second day of our inspection one person needed to go to hospital unexpectedly. A member of staff supported the person to go to hospital and this meant that a planned trip out for four people had to be postponed as there were not enough staff available. During lunch, there were a high number of people who required support to eat. There were not enough staff, even though the registered manager also assisted, to support people so that they all ate at the same time. One person had to wait until a member of staff had finished supporting another person before they could start their lunch. Staff we spoke with, also told us they felt there were not enough staff, especially when people visited a nearby activity centre, with staff support. They said that often there were not enough staff remaining in the home to meet the needs of people who had chosen to stay at home. The registered manager told us that she was available to help when needed as was the deputy (who was on annual leave at the time of the inspection). However, this would impact on their managerial responsibilities. The home had not used agency staff for several months and the registered manager told us that sickness was mainly covered by staff picking up extra shifts and sometimes staff from other homes in the area were used.

Insufficient staff deployed to meet people's assessed needs was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to Staffing.

Staff had received safeguarding training and were able to describe sources and signs of abuse and potential harm. They also knew how to report abuse. One member of staff said "Any concerns need to be reported." Staff were aware of the safeguarding policy and had easy access to it. They knew where to find relevant telephone numbers and procedures in relation to reporting a safeguarding concern. Staff were aware of how to protect people from abuse. The registered manager ensured that staff knew about the safeguarding and whistleblowing policies. Safeguarding was discussed regularly during staff meetings as a standard agenda

item. Cards were handed out to staff entitled 'See something, say something.' The cards gave clear instructions to staff about how to report any concerns about the service. Staff said they would feel able to whistle-blow, if necessary, without fear of reprisal. One member of staff said "I wouldn't keep any concerns secret."

Risk assessments, referred to by the provider as support guidelines, were in place for each person. People using the service were living with a learning and physical disability and were at risk of harm from a large number of everyday activities. The support guidelines described how the person was involved in developing the guideline and the skills they had to contribute to this. The level of involvement in support guidelines varied according to each person but the aim was always to maximise the contribution of the person themselves. This empowered the person to be part of managing their own risk. Risk rating definitions were categorised as 'stop', 'think', 'go.' A categorisation of 'stop' required a risk consideration meeting with the wider support team and a 'think' required a risk consideration meeting with the immediate support team. Support guidelines included the risk in relation to the use of bed rails and the risk of people choking or aspirating. Aspiration means that foreign material such as food or liquid is inhaled into the trachea or lungs. Support guidelines gave clear guidance for staff to manage identified risks and were regularly reviewed.

Generic risk assessments were in place. These addressed risks in relation to the home for staff and visitors. Similarly these were classified as red (stop); amber (think) and green (go). Actions had been put in place to mitigate risks such as those associated with blood born viruses, use of bathrooms and wet rooms and access to dangerous areas, such as storage of cleaning materials.

There were arrangements in place to address any foreseeable emergency, such as fire or contagious illness. An emergency file contained all the relevant information such as an evacuation plan, where the fire equipment was located, how to turn off the water supply, a plan of the building and emergency contact numbers. In addition each person had a personal emergency evacuation plan. This was especially important as seven out of the eight people living in the home were not independently mobile and would therefore need specialist support in the event of an emergency.

Incidents and accidents were recorded appropriately and investigated where necessary. Any learning or changes to support plans or support guidelines were discussed at staff meetings. This meant the provider took action to reduce the risk of further incidents and accidents.

There was a recruitment policy in place. Disclosure and Barring (DBS) checks were carried out before anyone could be recruited. These checks identify if prospective staff had a criminal record or were barred from working with children or people vulnerable to abuse. Potential staff had to provide two references and a full employment history. The provider ensured staff were safely recruited to meet people's needs.

Medicines were administered safely by staff who had been trained to do so. Staff had received medicines and epilepsy training in order to administer emergency medicines in relation to seizures. Staff medicine administration competencies were checked by the registered manager annually. We reviewed records in relation to medicines. Medicine Administration Records (MAR) were kept for each person. These were all signed appropriately with no gaps. Medicine stock levels were monitored and recorded on a daily basis by the member of staff administering medicines.

Medicines were stored safely in a locked cabinet and temperatures were monitored on a daily basis to ensure medicines were kept at a safe temperature. Key information in relation to medicine administration was kept for each person. This included how the person was involved in developing their medicines support plan, protocols for the administration of medicines which were given 'when required' and guidelines around

people's specific needs such as how to deal with a seizure. A selection of medicines from the cabinet were checked and all were within date.

Good

Is the service effective?

Our findings

Relatives told us they were very pleased with their family member's care and support. One relative said "We are thrilled with everything they do. We think it's great." Observations within the home showed that staff were delivering support according to support plans and that people looked happy and responded to staff. We saw that staff communicated effectively with people, in accordance with their individual plans, in order to provide support and care.

Staff had received appropriate training to deliver the care and support for people living in the home. Records showed that training covered all essential areas such as medication, food hygiene and fire safety. There was also training in relation to 'Allergen awareness in care'. This ensured staff were aware of food, such as eggs or shellfish, which might cause an allergic reaction in some people. This complied with legislation which came into force in December 2014 requiring providers of food to provide allergy information in relation to unpackaged food. Staff had regular supervision meetings and annual appraisals and said they felt supported.

People were asked for consent before care and support was provided. Communication support plans made it clear how people communicated so that staff understood when people were consenting. One person used a pathfinder to communicate. A pathfinder is a speech generating device used by people who have limited verbal communication. We observed the person using the pathfinder to make basic requests and also to make decisions. Support plans included a decision making profile. The profile described how the person liked to be given information, the best way to present choices, ways to help the person understand the information, the best time for them to make a decision and when would be a bad time for them to make a decision. Records were kept about how people liked to make specific decisions such as choosing activities or choosing what to eat. Staff told us that if someone communicated 'no' they would respect this and offer the person support at a later time. One person told us they had made a decision to wear a protective helmet when mobilising to keep them safe in case they fell. A relative said "They always explain it to (my relative) and ask her what she wants to do." This meant there were systems in place to ensure that people were able to make decisions for themselves.

Where people lacked capacity to make specific decisions, the home acted in accordance with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the 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. Where 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. Mental capacity assessments had been completed which were decision specific. Where people were deemed to lack capacity, appropriate consultation had been undertaken with relevant people such as relatives to ensure that decisions were being made in a person's best interests. For example there were mental capacity assessments and best interest decisions around whether people had influenza vaccinations. One person clearly told us they had not wanted an influenza vaccination and the reasons why. This had been respected.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the registered manager understood when an application should be made and was aware of a Supreme Court Judgement which widened and clarified the definition of the deprivation of liberty. Relevant applications had been submitted for people.

We spoke with staff who had a good detailed knowledge of people's needs, their preferences, likes and dislikes. Support plans were in place which recorded people's support requirements. These matched what staff told us and our observations. For example support plans gave detailed descriptions under the headings 'what's important to me' and 'how to support me well.' Observations indicated that staff had exceptional knowledge of knowing the people they supported, respecting their skills and positive contributions as well as supporting their needs.

Menus were chosen by people on a weekly basis by looking at pictures of different kinds of food. The menu for the week was displayed on a noticeboard and it was clear who had made the choice for that day, as this was also displayed on the board. The registered manager told us that a log of choices was maintained. This enabled staff to remove food options which was never chosen and replace with alternatives. The menus included fish, roasts, salads and pasta and demonstrated a balanced diet was being offered. We observed during lunchtime that people made other choices if they didn't want what was on the menu for that day. For example on person chose not to have the beef casserole which had been cooked and chose macaroni cheese instead. Another person chose a tuna salad but during the meal changed their mind again and had a tuna sandwich. Changes and choices were facilitated easily by staff. Two people required a pureed diet. This was clearly identified in their care plans, staff were aware of these specialist requirements and we observed those people ate a pureed meal. People requiring support to eat were supported in a sensitive, patient and person centred way by staff, who interacted with them throughout the whole of the meal. There was plenty of fresh fruit available in the home and people were able to have drinks and snacks when they wanted them. During our inspection one person was supported by staff to make a chocolate cake and this was shared at afternoon tea.

One person had withdrawn from food. It was difficult for staff to support them to eat because they often chose not to. The registered manager had taken appropriate action in consulting both a dietician and a speech and language therapist (SALT) and followed advice given. The person's food and fluid intake was monitored on a daily basis and they also received nutritional supplements to protect them from the risks of dehydration and malnutrition.

Health professionals were appropriately involved in people's care. People had complex physical conditions and needed support from a physiotherapist. Each person had a separate physiotherapy file which contained information for staff about how to support people with their mobility. This included, for example, pictures of how to mobilise the person (often more helpful than a wordy description), pictures of night time positions and also how to position a person in a beanbag. Each person had a 'Health file' which included hospital passports for people. The needs identified in the hospital passports aligned to needs recorded in support plans. The section entitled 'GP appointments' included a picture of the GP which was helpful to the person who's file it was. Appointments and outcomes were recorded. We noted that one person enjoyed alcoholic drinks and a letter had been written to the person's GP to check that alcohol would not adversely interact with the person's medicines. This ensured the person was kept safe when they wanted to have a drink. 'Epilepsy management plans' included clinic appointments as well as actions to take if a person had a seizure. Records demonstrated that people also had access to a dentist, chiropodist, community nurse,

mental health support, SALT and dietician.

The service was well decorated with bright colours and well furnished. The corridors were suitably wide to enable free movement of wheelchairs. All accommodation was on the ground floor, which suited people who required the use of a wheelchair to mobilise. The registered manager had reconfigured her office to ensure that people could come into the office without bumping into furniture in their wheelchair. People had specialist beds and there was a special bathing bed which enabled people to have a shower whilst lying on a waterproof bed. Accommodation was planned to support people's safe access.

Good

Is the service caring?

Our findings

A relative told us that their family member was "very happy" living in the home. They told us "The care has always been amazing – we are thrilled with everything they do for (my relative)." They told us they especially liked the idea that people weren't treated differently in terms of what they did. They said "They have normal days doing normal things." Another relative described staff as "unbelievable" and went on to say "The support workers are lovely people."

Staff were supportive and caring. We observed people receiving support in communal areas within the home. They interacted in a meaningful way which people enjoyed and responded to. Staff were patient and took time to support people doing the things they enjoyed such as listening to music. One person loved drinking tea and staff described how they made lots of cups of tea.

People's rooms were decorated in a personalised way. One person told us they had chosen to have a pink bedroom. We saw the walls in their room were decorated with pictures of famous people they especially liked such as a famous chef. They had recently attended a Halloween party and their window was decorated with Halloween decorations. The person had also dictated a story which had been written down by staff and displayed in their room as a demonstration of their achievements.

The home supported warm and kind relationships between people and helped people develop friendships and overcome 'fallouts.' People were encouraged to respect one another and to talk about their feelings. The registered manager had taken time to understand the complexities of individual relationships. Everyone seemed to have a favourite member of staff. One person became upset during our inspection. The registered manager provided appropriate support and reassurance and spent some time with the person ensuring their mood had improved. The person, when talking about their favourite member of staff said "She is a wonderful staff; she gives me a lovely bath." Another person told us "Staff know how to make me happy."

One person had recently experienced a bereavement and the registered manager described how she had spent time with the person supporting them through their bereavement but also prompting the person to recall happy memories. The person had received a special piece of jewellery from relatives which they liked to wear. Staff knew what the jewellery represented and discussed it with the person whenever they wanted. People's emotional needs were understood and supported by compassionate staff.

The level of people's involvement in their support plans varied according to each person. Each part of the plan included a section entitled 'skills or elements the person can contribute to in this area.' The aim was to maximise the people's contribution and make the best use of their skills. The plans clearly documented how the person had contributed or recorded where they had been unable to participate. People told us they were involved in everyday decisions about their care, such as choosing their keyworker or what they ate. A key worker is a member of staff who is responsible for all aspects of a person's care and forms a special relationship with them.

Staff explained how they respected people's dignity by knocking on their bedroom doors before entering

and ensuring that private conversations were conducted in private. Staff treated people in a dignified and respectful way and addressed them with their preferred names. People were treated as adults and one person chose to drink alcohol. Alcohol was stored safely in a fridge in their room and staff supported them to drink a glass of wine when they wanted to in accordance with the person's support plan. Everyone was dressed respectfully with freshly laundered clothes which were matching. Some had chosen jewellery to complete their outfit.

People were supported to be as independent as possible. A relative described how their family member was able to partially dress their top half and staff supported them to do this rather than just dressing them. One person's support plan recorded that they had good use of their right arm. The support plan stated that the person was proud of this and should be supported to use their right arm as much as possible. The person was also able to answer the telephone if it was on 'hands free'. We observed the person enjoyed answering the telephone on behalf of the home.

Good

Is the service responsive?

Our findings

Relatives told us they had been involved in developing people's support plans, were kept regularly updated and were involved in regular reviews. We found that the home had worked with people through observation, preferred methods of communication and regular evaluation to ensure that support plans were tailored to people's individual preferences.

Support plans were personalised, responsive to needs, up to date and were aligned with best practice. They included a range of documents which included plans to deliver appropriate support, health files and physiotherapy files. Each support plan file contained personal details, a relationship map, a one page profile, an 'important to me' and 'important for me' page, a typical day, communication plan, decision making profile and decision making agreements, support and positive risk taking guidance, person centred review and outcomes plan and a social history. People had behaviour support plans, where they demonstrated behaviour which may challenge. These included guidance on how to minimise negative behaviours and how to reduce anxiety by reducing options to a choice of two. Each person had a person centred plan file in addition to their support file. These were being updated during the inspection to ensure people's goals and wishes for the coming year were an integral part of their support. People's recorded support needs were echoed by the support observed during the visit.

We reviewed a 'what's important to me' section of the file with a person using the service. They confirmed they liked to see family and friends and had a good sense of humour. They told us they asked staff to tell them about the weather, to help them choose their clothes for the day and liked it when staff commented on their appearance. A 'typical day' included all support needs and wishes over a typical day and included all personal care with a focus on maximising independence. The format of the communication plan made it clear for staff who were getting to know someone. The format guided staff to acknowledge and respond to communication. For example 'If the person does this or says this, it means this and we should do this.'

During house meetings people were able to discuss their goals and the things they liked to do. At the last house meeting people indicated they would like to visit the 'Winter Wonderland' at Paultons Park. There were also discussions about trips to a pantomime and the cinema. Some people said they wanted to go home to visit family and others talked about picnics, shopping trips and a bigger television. Some of these things had already been organised at the time of our inspection, people had taken trips to visit family, sensory equipment had been ordered and a Christmas shopping trip had been planned. One person told us about a trip to Spinnaker Tower which was taking place the next day.

People also undertook activities at a local activity centre. The registered manager told us that activity choices were not fixed and people were able to choose what they wanted to do when they got there. Staff told us they observed people undertaking activities and watched their facial expressions to determine if they were enjoying the activity. One member of staff told us about a person who disliked yoga and had chosen cooking activities instead. On the first day of the inspection one person went boating at a local boating centre. They were so tired on their return they chose not to go to their planned evening activity which was going to a local disco. This demonstrated that people could choose activities flexibly, as they wished.

Relatives told us they knew how to complain, but had not found this necessary as they were happy with the service. They had regular contact with the service about any updates or concerns in relation to their relative. There were regular opportunities for people and staff to feedback any concerns at keyworker meetings, house meetings, staff meetings and supervision meetings. Records showed these were open discussions. Staff also said they would approach the registered manager if necessary who they had found to be open and responsive. Opportunities for people, relatives and staff to raise and discuss issues ensured concerns were addressed before there was a requirement to raise a formal complaint.

Good

Is the service well-led?

Our findings

There was an open and transparent culture within the home. Staff were able to raise any issues or concerns with the manager who, they told us, always listened and responded. Relatives told us they had a good relationship with the registered manager whom they respected. The home had a pleasant atmosphere, where staff worked well together and supported the registered manager in her role.

The registered manager told us that honesty, trust and respect for people were values at the heart of her service. She said that people should be cared for and feel cared for and this was demonstrated through choices people made in every part of their life. "Just as you or I make choices for ourselves."

Staff told us they were aware of their roles and responsibilities, as these had been discussed in supervision meetings. There were regular staff meetings with standard agenda items such as safeguarding, infection control and training, ensuring that staff knew their responsibilities and had opportunity to discuss these. The registered manager told us how she had introduced more relaxed Friday working into the home. On a Friday she ensured she worked 'on the floor' and there were no planned activities so that everyone could use the time to chat and catch up. This was also a time when spontaneous activities could be undertaken such as a visit to the local garden centre.

The provider held meetings for registered managers in the local area; this helped the registered manager to view the home more strategically and in the context of local themes and activities. For example at the last meeting registered managers were advised on themes around incident reporting and training. They were also given a contact to work with to help ensure that hospital admissions went smoothly. There was also networking amongst local registered managers who worked for the same provider. A recent conference call had taken place during which managers were able to discuss changes they would like to make which would be relevant to all homes in the area.

The registered manager told us she was striving to build up links with the local community. She told us that people accessed the community regularly using services such as the hairdressers, the supermarket, the corner shop and the cinema. She was currently investigating how people could make best use of the local library and also how public transport could best be utilised. This would give more options for people in terms of where they went and how often they went out.

Staff told us their opinion about developments in the home had been requested by the registered manager. The registered manager told us that she tried to make everyone feel that all opinions were equal. She said "Everyone is consulted about what happens here. We have asked people how they would like the gardens laid out, what structural changes they would like and we have discussed the idea of a multisensory room which people liked the idea of." It was clear that people were valued and there were a variety of methods in which people's and staff's ideas were sought and discussed. This was through keyworker meetings, house meetings, staff meetings and supervisions.

The registered manager submitted relevant notifications to the Care Quality Commission (CQC) in a timely

way. She was aware of key strengths and areas for development for the home. She told us she was proud of the way the service had developed to be like a family and felt she had a strong staff team. Challenges were focussed around staffing levels which would be difficult to improve without funding from the care commissioners. The operations manager told us that the provider had taken steps to ensure staff felt like part of a wider organisation ensuring staff knew who the operations team were. They wanted to encourage staff to look at their service in a critical way and determine whether they saw value in the service they were contributing to. Much of this work had taken place via a new induction process encouraging staff to feedback to the operations team after 13 weeks working in their service.

Checks were undertaken to ensure the quality of the service. A health and safety monitoring tool ensured that window restrictors were checked weekly. Other checks carried out included hot water temperature, fire system, weekly inspection of slings for mobilising using a hoist, profiling bed and wheelchair checks weekly. One person need to use a nebuliser. A nebuliser is device used to administer medication in the form of a mist inhaled into the lungs. A nurse from a nearby service visited the home weekly to check that the nebuliser was fully functioning.

Checks in relation to the overall running of the home had been undertaken such as a fire safety audit and a legionella risk assessment had been carried out by an independent company to ensure the risk of legionella remained low. A quarterly audit was carried out by the operations manager and an annual audit was undertaken by the provider's in house audit team. This audit was based around the five questions asked by CQC during inspection. Any actions derived from these two audits were added to the consolidated action plan. This was a plan which was put in place when the registered manager joined the service in order to bring the home up to standard. We tracked actions from the provider audits through to the consolidated action plan and confirmed they had been completed.

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 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 18 HSCA RA Regulations 2014 Staffing There were not sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed. Regulation 18 (1)