The Orders Of St. John Care Trust

OSJCT Whitefriars

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was an unannounced inspection carried out on 30 May 2017 and 1 June 2017.

OSJCT Whitefriars can provide accommodation and personal care for 57 older people and people who live with dementia. There were 51 people living in the service at the time of our inspection. The accommodation is a purpose built, single storey property. It is divided into five self-contained units or 'households' each of which has its own communal facilities and bedrooms. The households are called Fern, Poppy, Lavender and Primrose in each of which nine people can live. The other household is called Jasmine where 20 people can live. All of the households are intended to accommodate people who live with dementia, with Primrose and Jasmine being reserved for people who need the most support and reassurance.

The service was run by a company who was the registered provider. At this inspection the company was represented by an assistant operations director. There was 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. In this report when we speak both about the company (as represented by the assistant operations director) and the registered manager we refer to them as being, 'the registered persons'.

At our last inspection on 26 January 2015 we found that a number of improvements needed to be made to ensure that the service was well led so that people reliably received safe care. The improvements included making sure that medicines that had not been given were recorded correctly, other care records were accurate, people were promptly assisted to dine and robust security checks of the accommodation were completed. At this inspection we found that each of these particular concerns had been addressed.

However, at this inspection we also found that other shortfalls needed to be addressed. One of these was a breach of the Care Quality Commission (Registration) Regulations 2009. This was because the registered persons had not promptly informed us about a number of significant events that had occurred in the service. You can see what action we told the registered persons to take in relation to this breach of the regulations at the back of the full version of this report.

We also found that parts of the accommodation were not clean and that full background checks had not always been completed before new staff were employed. In addition, medicines had not always been managed safely. Furthermore, the registered persons had not always ensured that there were enough care staff on duty. However, people had been helped to avoid preventable accidents and care staff knew how to safeguard people from situations in which they might experience abuse.

Although some care staff had not received all of the training the registered persons considered to be necessary, in practice they had the knowledge and skills they needed. People were supported to eat and drink enough and care staff ensured that people received all of the healthcare they needed.

The registered persons had ensured that whenever possible people were helped to make decisions for themselves. When people lacked mental capacity the registered persons had ensured that decisions were taken in people's best interests.

The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered persons had ensured that people only received lawful care.

Care staff were kind and compassionate. People's right to privacy was promoted and confidential information was kept private.

People had been consulted about the care they wanted to receive and were given all of the practical assistance they needed. Care staff promoted positive outcomes for people who lived with dementia and people were supported to pursue their hobbies and interests. There were arrangements to quickly resolve complaints.

Although quality checks had not always effectively resolved problems in the running of the service, people had been consulted about the development of their home. Care staff considered that the service was run in an open and inclusive way so that they were able to speak out if they had any concerns.

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.

Medicines were not always safely managed and background checks had been consistently completed before new care staff were employed.

Parts of the accommodation were not clean.

The registered persons had not always ensured that there were enough care staff on duty.

People were helped to avoid preventable accidents.

Care staff knew how to keep people safe from the risk of abuse including financial mistreatment.

Is the service effective?

Good

The service was effective.

Although care staff had not received all of the training the registered persons considered to be necessary, they had all of the knowledge and skills they needed.

People were supported to eat and drink enough.

Care was provided in a way that ensured people's legal rights were protected.

People had been assisted to receive all the healthcare attention they needed.

Is the service caring?

Good

The service was caring.

Care staff were caring, kind and compassionate.

People's right to privacy was promoted.

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

People had been consulted about the care they wanted to receive and were given all of the practical assistance they needed.

Care staff promoted positive outcomes for people who lived with dementia.

People were offered sufficient opportunities to pursue their hobbies and interests.

There was a system to quickly and fairly resolve complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The registered persons had not told us about the occurrence of a number of significant events that had occurred in the service.

Quality checks had not always resulted in problems in the running of the service being quickly put right.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

There was good team work and staff had been encouraged to speak out if they had any concerns.

OSJCT Whitefriars

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 registered persons were 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.

Before the inspection visit we examined all of the information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 30 May 2017 and 1 June 2017. The inspection team consisted of a single inspector and the inspection was unannounced.

During the inspection visit we spoke with 12 people who lived in the service and with three relatives. We also spoke with seven care workers, two senior care workers, the laundry manager, one of the chefs, the maintenance manager, the administrator and the learning development advisor. We also spoke with the deputy manager, registered manager and with the assistant operations director. We observed care that was provided in communal areas and looked at the care records for five people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who were not able to speak with us.

After our inspection visit we spoke by telephone with another four relatives.

Requires Improvement

Is the service safe?

Our findings

People said that they felt safe living in the service. One of them said, "I'm pretty much okay as the staff are very good." Two people who lived with dementia and who had special communication needs smiled broadly when asked about this matter. All of the relatives said they were confident that their family members were safe in the service. One of them said, "This place is absolutely fine and I never have to worry when I leave because I know my family member is safe. The service is run by a charity and the staff really do care."

However, we found that there were shortfalls in some of the arrangements that had been made to manage medicines. Although medicines were stored securely some of the necessary checks had not been completed to ensure that they were consistently kept at the right temperature. This is important because if some medicines become too warm their therapeutic effect can be reduced. In addition, we found that in the four weeks preceding our inspection visit one person had not received one of the medicines that had been prescribed for them. Furthermore, records did not clearly show that another person had received one of their medicines. Although other care records indicated that the people concerned had not experienced direct harm as a result of these mistakes, shortfalls in the management of medicines had increased the risk that people would not fully benefit from being supported to use medicines in the right way. We raised our concerns with the registered persons who assured us that each of the shortfalls we had noted would be investigated. This was so that action could be taken to reduce the likelihood of them happening again. In addition, during our inspection visit we saw medicines being administered in the right way. Senior care staff who administered medicine checked that they were giving the right medicine to the right person, waited until each tablet had been taken and then completed the necessary records.

There were also shortfalls in the arrangements used to promote good standards of hygiene. Although housekeepers regularly cleaned the accommodation this had not always achieved satisfactory results. We found that the carpet in one of the lounges and the nearby hallway was marked with stains and areas where they had become discoloured with age. We found that the carpet in one of the lounges and the nearby hallway was heavily stained. Some of the armchairs in all of the lounges were stained and one of them had a cushion that was wet and which did not have a fresh smell. In addition, most of the dining room chairs were heavily stained and looked unsightly. Most of the hallways had a painted plaster finish and in some places this was marked and scuffed. Throughout the accommodation, there were numerous areas where painted woodwork was chipped and scratched and so could not be cleaned effectively. Although bathrooms, toilets and bedrooms were clean, the shortfalls we noted increased the risk that people would acquire avoidable infections. We raised our concerns with the registered persons. They assured us that there had not been any incidents in the service during the 12 months preceding our inspection visit when anyone had acquired an infection. They also showed us evidence that there were plans to replace worn furniture and to refurbish a significant number of areas of the accommodation.

We examined records of the background checks that the registered persons had completed when appointing two new care staff. We found that in relation to both people the registered persons had not obtained a suitably detailed account of their employment history. This had reduced their ability to

determine what background checks they needed to make. In addition, in relation to one person two of the checks the registered persons considered to be necessary had not been completed. These shortfalls had limited the registered persons' ability to assure the persons' previous good conduct and to confirm that they were suitable people to be employed in the service. However, a number of other checks had been undertaken. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, we were told that no concerns had been raised about the conduct of the members of staff since they had been appointed. Furthermore, the registered persons assured us that the service's recruitment procedure would be strengthened to ensure that in future all of the necessary checks would be completed in the right way.

Most people who lived in the service said that there were usually enough care staff on duty to promptly provide them with the care they needed. One of them commented, "The staff are pretty good and come when I need them." However, other people said that care staff were often rushed and they were concerned about delays they experienced particularly in the morning. One of them remarked, "Sometimes you do have to wait because they're short staffed." Two relatives also remarked on this matter with one of them saying, "I am a bit concerned that my family member tells me that there have been days when they have had to wait to use the toilet because there are not enough staff. On one day they described themselves as being desperate to go by the time the staff arrived."

The registered persons told us that they had completed an assessment of the minimum number of care staff who needed to be on duty taking into account how much assistance each person required. However, we noted that on one of the days of our inspection and twice in the preceding month the minimum number of care staff shifts had been filled. Although we saw call bells being answered quickly, we were also present when people who were sitting in one of the lounges had to wait for assistance when they wanted to use the bathroom. This was because they needed two care staff to assist them when only one was available. We discussed our concerns with the registered persons who said that they would complete a comprehensive review to determine how many care staff needed to be on duty at any particular time. They said that this exercise would include them observing the provision of care and consulting with people who used the service, their relatives and care staff.

The registered persons had taken a number of steps to help people avoid having accidents. We saw that hot water was temperature controlled and radiators were guarded to reduce the risk of scalds and burns. In addition, people had been provided with equipment such as walking frames and raised toilet seats. Also, staff had taken action to promote people's wellbeing. An example of this was people being helped to keep their skin healthy by using soft cushions and mattresses that reduced pressure on key areas. Another example was staff having received guidance about how to respond in the event of a fire alarm sounding including calling the fire service and moving people to a safe place.

In addition, records of the accidents and near misses involving people who lived in the service showed that most of them had been minor and had not resulted in the need for people to receive medical attention. We saw that the registered manager had analysed each event so that practical steps could then be taken to help prevent them from happening again. An example of this was people being offered the opportunity to be referred to a specialist clinic after they had experienced a number of falls. This had enabled staff to receive expert advice about how best to assist the people concerned so that it was less likely that they would experience falls in the future.

Records showed that care staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that care staff knew how to recognise

and report abuse so that they could take action if they were concerned that a person was at risk. Care staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

Good

Is the service effective?

Our findings

People said that they were well supported in the service and they were confident that staff knew how to provide them with the practical assistance they needed. One of them said, "The staff are great with me and know what they're on with." Relatives were also confident that staff had the knowledge and skills they needed. One of them commented, "My family member lives with dementia and absolutely needs to be cared for in a certain way. I can see that staff know this and as a result my family member has settled in the home far more quickly than I predicted."

Care staff told us and records confirmed that new care staff had undertaken introductory training before working without direct supervision. The learning and development advisor said that this training complied with the guidance set out in the Care Certificate. This is a nationally recognised model of training for new care staff that is designed to equip them to care for people in the right way. In addition, records showed that care staff regularly met with a senior colleague to review their work and plan for their professional development.

The registered persons told us that it was important for care staff to receive refresher training in key subjects to ensure that their knowledge and skills were up to date. These subjects included how to safely assist people who experienced reduced mobility, first aid, infection control and fire safety. Although records showed that some care staff had not received all of this training there were plans to address the shortfall. In addition, we found that in practice they knew how to care for people in the right way. An example of this was care staff knowing how to correctly assist people who needed support in order to promote their continence. Another example was care staff knowing how best to help people to keep their skin healthy. This included knowing how to prevent people from developing sore skin and the action to take if this occurred.

People told us that they enjoyed their meals with one of them remarking, "The food is much better than I thought it would be and there's lots of choice." Records also showed that people were offered a choice of dish at each meal time and when we were present at lunch we noted that the meal time was a relaxed and pleasant occasion.

We found that people were being supported to have enough nutrition and hydration. People had been offered the opportunity to have their body weight regularly checked so that any significant changes could be brought to the attention of a healthcare professional. We also noted that care staff were making sure that people were eating and drinking enough to keep their strength up. This included assisting people to eat their meals and gently encouraging them to have plenty of drinks. In addition, the registered manager had arranged for some people who were at risk of choking to have their food specially prepared so that it was easier to swallow.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

We found that care staff were supporting people to make various decisions for themselves. An example of this occurred when we saw a member of care staff explaining to a person who lived with dementia why they needed to use a medicine at the correct time in order to stay well. The member of staff pointed to a part of their own body to explain to the person how the medicine would relieve their symptoms. We noted how the person responded positively to this information and indicated that they would be happy to accept the medicine when it was next offered to them.

Records also showed that in relation to people who lacked mental capacity the registered persons had properly consulted with relatives and with health and social care professionals when a decision about a person's care needed to be made. This was necessary so that they could confirm that important decisions were made in the people's best interests. An example of this was the registered manager liaising with relatives and mental health professionals after a person had consistently declined to accept key parts of the personal care they needed. This had enabled care staff to develop new ways of delivering the person's care in smaller amounts and at different times of day. Records showed that this arrangement had resulted in the person accepting more of the assistance that was offered to them.

People can only be deprived of their liberty in order to receive care and treatment when this is legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered persons had made all of the necessary applications to the local authority in order for people to receive the assistance they required. We also noted that the registered manager and care staff were complying with any conditions set by the authorisations. These actions had helped to ensure that the people concerned only received lawful care.

Records showed that some people had made specific legal arrangements for a relative or other representative to make decisions on their behalf if they were no longer able to do so for themselves. We noted that these arrangements were clearly documented and were correctly understood by the care staff. This helped to ensure that suitable steps could be taken to liaise with relatives and representatives who had the legal right to be consulted about the care and assistance provided for the people concerned.

People said and records confirmed that they received all of the help they needed to see their doctor and healthcare professionals including dentists and opticians. A person spoke about this commenting, "The staff get onto the doctor as soon as I need her." Relatives also remarked on this matter with one of them saying, "I really appreciate how attentive the staff are and they always let me know straight away if they've had to call the doctor."

Good

Is the service caring?

Our findings

People were positive about the quality of care that they received. One of them said, "I think that the staff are very good here and I get on well with them." In addition, we noted that people who lived with dementia and who had special communication needs were relaxed in the company of staff. One of them was holding a soft cushion and we saw them approach a member of care staff so that both could hold and smooth its textured surface. The person smiled and was pleased to share this time with the member of staff. Relatives also told us that they were confident that their family members were treated in a compassionate way. One of them said, "The staff are just excellent and the kindest people you'll meet." Another relative remarked, "The staff are very good and even though they're rushed on occasions they're always kind to the people living in the home."

We saw that people were treated with compassion, kindness and respect. This included care staff making a special effort to welcome people when they first moved into the service so that the experience was positive and not too daunting. Another example was the way in which people were helped to celebrate their birthdays. This included having a birthday cake made for them and if the person wanted they could also have a party. We also saw that people were asked about how and when they wanted their care to be provided. Examples of this included care staff asking people how they wished to be addressed and establishing if they wanted to be checked during the course of the night.

Care staff took the time to speak with people and we observed a lot of positive conversations that promoted people's wellbeing. An example of this involved a member of care staff spending time with a person while they were in the garden. The person was enjoying watering some plants they had in the greenhouse. The member of staff encouraged the person to enjoy speaking about the flowers and vegetables they had grown over the years in their own garden.

Care staff recognised the importance of not intruding into people's private space. People had their own bedroom to which they could retire whenever they wished. Bedrooms were laid out as bed sitting areas so that people could relax and enjoy their own company if they did not want to use the communal areas. We saw care staff knocking and waiting for permission before going into bedrooms. In addition, when they provided people with close personal care staff made sure that doors were shut so that people were assisted in private.

We found that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. We also noted that care staff had assisted people to keep in touch with relatives. This included people being offered the opportunity to make and receive telephone calls in private. Speaking about this a person remarked, "I don't really want my own telephone as I can use the home's telephone if I need to make a call."

The registered manager had developed links with local lay advocacy services. Lay advocates are independent both of the service and the local authority and can support people to make decisions and to communicate their wishes.

Written records which contained private information were stored securely. Computer records were password protected so that they could only be accessed by authorised staff. We also noted that care staff understood the importance of respecting confidential information. An example of this was the way in which care staff did not discuss information relating to a person who lived in the service if another person who lived there was present. We saw that when care staff needed to discuss something confidential they went into the office or spoke quietly in an area of the service that was not being used at the time.

Good

Is the service responsive?

Our findings

We found that care staff had consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. These care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. In addition, the registered manager said they intended to introduce more user-friendly versions of care plans. They told us that this would make it easier for people to fully understand all of the written information that related to them. They explained that this development would involve using momentos and personal photographs to engage people's interest when describing parts of the assistance they received.

We saw a lot of practical examples of care staff supporting people to make choices. One of these involved a person who lived with dementia and who had special communication needs. A member of staff used a number of methods to ask the person if they were comfortable. This was because they had noticed that the person was sitting awkwardly in one of the dining room chairs even though it was not a meal time. The member of staff helped them to stand up and walk to one of the nearby armchairs. Both of them then sat together looking out of the window and we saw them pointing to various birds as they landed on the bird table. The person was able to engage with this process and smiled broadly to show that they were happy and enjoying the experience.

People said that care staff provided them with a wide range of assistance including washing, dressing and using the bathroom. One of them remarked, "The staff don't mind at all if you ask them for help. You might have to wait at busy times but when they do arrive they don't make me feel like I'm being a nuisance." Records confirmed that each person was receiving the assistance they needed as described in their individual care plan. We saw a number of examples of this including care staff assisting people to return to their bedroom in order to change their clothes or to spend quiet time on their own.

We noted that care staff promoted positive outcomes for people who lived with dementia. This included both enabling them to be settled and supporting them if they became distressed. An example of this occurred when we saw that a person was becoming anxious because another person was attempting to usher them to one side. They were doing this so that they too could look at a particular picture on the wall. A member of care staff responded to this by suggesting that the second person might enjoy moving to look at another picture that was nearby. We saw the person taking the advice of the member of staff and moving to another place in the hallway. Shortly after this, we saw both people smiling and looking at the pictures in front of them. The member of care staff had known how to support the people concerned so that their individual needs and wishes were met.

Care staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they knew how to put this into action. We noted that people were offered the opportunity to meet their spiritual needs by attending a religious ceremony that was held in the service. We also found that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. This had included making arrangements to enable relatives to stay in the service in order to be nearby to offer comfort and support. It also involved helping relatives to make all of the practical

arrangements that are necessary when someone reaches the end of their life.

People told us that there were enough activities for them to enjoy. One of them said, "There's something going on most days here. Some days I prefer to watch and that's okay with the staff." Relatives also gave positive feedback with one of them remarking, "The atmosphere isn't sombre at all and that's one of the reasons we chose the home in the first place. There's a lively atmosphere without being over the top and too hectic."

There were two activities coordinators and records showed that people were being offered the opportunity to enjoy taking part in a range of social events. These included activities such as arts and crafts, quizzes, gardening and gentle armchair exercises. During our inspection we saw people enjoying singing, engaging in artwork and playing softball. In addition, records and photographs showed that people had been supported to celebrate important milestones such as birthdays.

People said and showed us by their confident manner that they would be willing to let care staff know if they were not happy about something. We noted that people had been given a complaints procedure that explained their right to make a complaint. In addition, relatives were confident that they could freely raise any concerns they might have. One of them said, "I've never had to even think about making a complaint. It's not that sort of place in that if I have a niggle I just speak with the manager who couldn't be more helpful."

We noted that the registered persons had a procedure to ensure that any complaints that were received in the future could be quickly and fairly resolved. We were told that the registered persons had received one formal complaint in the 12 months preceding our inspection. Records showed that the concern had been properly investigated and that the complainant had received an informative and polite reply.

Requires Improvement

Is the service well-led?

Our findings

People told us that they considered the service to be well managed. One of them said, "Things go smoothly here so it must be run in a ship-shape way I suppose." Relatives also said that the service was well led. One of them remarked, "Yes, I do think it's well managed in general. I would like the owners to look again at staffing levels but apart from that I'm confident things are how they should be in the service."

However, we noted that a number of significant events had occurred in the service about which the registered persons had not told us. These included 14 authorisations received from the local authority's supervisory body to deprive people of their liberty. The law says that we must be told about these and certain other events. This is so that we can establish that people are being kept safe. Although records showed that the people concerned had been kept safe, the registered persons' delay in telling us about the events had reduced our ability to promptly assess the circumstances surrounding each occurrence.

Failure to submit the statutory notifications was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Records showed that a number of quality checks were being completed that were designed to ensure that people reliably received safe care. These included audits of the delivery of personal care, the management of medicines, the promotion of good standards of infection control, the recruitment and training of staff and the maintenance of the accommodation. However, we noted that some of these quality checks had not always clearly identified problems in the running of the service. This had led to the persistence of the problems we have described earlier in our report. We raised our concerns with the registered persons who assured us that the completion of quality checks would be strengthened so that problems in the running of the service could be more quickly put right in the future.

People said that they were asked for their views about their home as part of everyday life. One of them remarked, "I see the staff every day and we have a chat about things. It's not too formal but that's how it should be. It's right for me." In addition, records showed that people had been invited to attend regular residents' meetings so that they had the opportunity to suggest improvements to the running of the service. We saw that when people had suggested improvements action had been taken to introduce them. An example of this was the registered manager ordering new towels after some people had observed that the existing ones were worn and a little rough on their skin.

People and their relatives said that they liked seeing the registered manager around the service. They also said that the registered manager was approachable and genuinely interested in the wellbeing of the people who lived in the service. One of the relatives said, "I think that the new manager has been in post for about one year and there's no doubt that she's made a real difference. I think that the staff are happier since she's been in post and the place just runs better." During our inspection visit we saw the registered manager talking with people who lived in the service and with care staff. We also noted that the registered manager supported by the deputy manager knew about the care each person was receiving. Furthermore, they knew about points of detail such as which members of care staff were on duty on any particular day. This level of

knowledge helped them to run the service so that people received the care they needed.

We found that care staff were provided with the leadership they needed to develop good team working practices so that people received safe care. There was always a senior member of care staff on duty and in charge of each shift during the day and the evening. In addition, during out-of-office hours there was always a senior colleague on call if care staff needed advice. Care staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift. At these meetings significant developments in each person's care were noted and reviewed. In addition, there were staff meetings at which care staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that care staff had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and relaxed approach to running the service. Care staff said that before the registered manager had started their post in May 2016, there had been significant problems with low morale in the staff team. They told us that this had resulted in there being a high turnover of staff and a number of vacant posts. They said that the registered manager had worked hard to address their concerns and that as a result morale within the staff team was much better and turnover had been reduced. In addition, staff were confident that they could speak to the registered manager if they had any concerns about another staff member. Staff told us that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered persons had failed to submit statutory notifications in relation to 14 authorisations they had received to deprive people of their liberty and an accident that had resulted in a person who lived in the service needing to receive hospital treatment. This had reduced our ability to promptly establish that suitable arrangements were in place to provide the people concerned with safe care. This was a breach of Regulation 18 2 (b) (ii) and (c) of the Care Quality Commission (Registration) Regulations 2009.