

National Autistic Society (The) Stonepit Close

Inspection report

42-44 Stonepit Close
Godalming
Surrey
GU7 2LS

Tel: 01483861066
Website: www.nas.org.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 10 people. Nine people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the home being divided in to two separate houses, fitting into the residential area and the other domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

The accommodation consists of two houses, known as Holly House and Jan Norton House. The houses have separate entrances and facilities but are connected by a large communal area containing an office.

People's experience of using this service and what we found:

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism.

Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent

There were five vacant posts at Stonepit Close. Two staff were in the process of being recruited at the time of this inspection. Staffing levels had been lower than planned on many occasions in the past year. The registered manager had been required to provide care and support on a regular basis for several months to cover staff vacancies. Regular and consistent agency staff were used on shifts as well as the service's own

bank staff.

There were activities provided for people by staff at the houses, in the community and at day centres, which people visited through the week. However, some families indicated that staffing numbers sometimes limited activity opportunities for people at weekend. Staff confirmed that staffing levels were sometimes lower than planned at weekends.

Supervision and appraisals had not been provided according to the policy held at the service. The registered manager did not have an accurate up to date overview record of staff training requirements. The provider held a matrix which showed some training. However, this did not provide the registered manager with the completed training status for each member of staff.

Risk assessments provided staff with enough guidance and direction to provide person-centred care and support. However, not all risk assessments had been clearly documented as have been regularly reviewed. It was unclear when the next review was due in some care plans. The service's fire risk assessment was out of date.

The provider had recently shared an infection control concern identified at an inspection of one of the providers other services. This information had been shared with staff. However, there was no named lead for infection control and the service did not hold a copy of the Department of Health Guidance for Infection Control and Prevention in Care Homes as required.

Everyone living at the service had a care plan. However, some care plans were not reviewed as required.

The service had a registered manager who had worked at the service for 20 years. People, families and staff were very complimentary about the registered manager.

There were systems and processes in place to monitor the Mental Capacity Act, and associated Deprivation of Liberty Safeguards assessments and records. There were no authorisations in place at the time of this inspection.

People were supported to have their medicines as prescribed.

Staff were kind. People had their privacy and dignity protected.

People were provided with the adaptations that they had been assessed as needing to meet their needs.

Staff were recruited safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service received many compliments and thank you cards. The service had not received any complaints.

Rating at last inspection:

At the last inspection the service was rated as Good (report published 15/09/2016))

Why we inspected:

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Effective and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not entirely safe

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was not always well led

Details are in our well-led findings below

Requires Improvement ●

Stonepit Close

Detailed findings

Background to this inspection

The 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.

Inspection team:

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Stonepit Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. The inspection started and ended on 8 August 2019.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

We spoke with one person who used the service, four relatives, three staff members, including the registered manager. We observed care provided to two people. We reviewed records of accidents, incidents, compliments and complaints, staff recruitment, training and support as well as audits and quality assurance reports. We reviewed three care plans in detail and six more were checked for review dates. Some people were not able to tell us verbally about their experience of living at Kenwyn. Therefore, we observed the interactions between people and the staff supporting them. 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 could not talk with us. Following the inspection we spoke with one family and one visiting healthcare professional.

Is the service safe?

Our findings

Safe –this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as Good. At this inspection this key question has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Stonepit Close had five vacant posts at the time of this inspection. The staff told us the service had been short of staff for over a year and told us recruitment was challenging. Two staff were in the process of being recruited at the time of this inspection.
- The registered manager had been required, for many months, to work on shift providing care and support to people living at the service due to the shortage of permanent staff.
- There were sufficient numbers of staff on duty. Staff rotas showed that the planned number of staff were available to meet people's needs. Vacant posts were being covered by regular agency staff and members of their own bank of staff. However, some weekends showed less than planned numbers of staff working. Relatives and staff commented that at weekends there were sometimes less staff and this meant that less activities were planned outside of the service. One relative told us, "If they are short staffed at weekends, they can't go out. It happens fairly often. They are mostly left to their own devices on Saturday and Sunday watching TV or listening to music".
- Staff were safely recruited. Long standing staff had their Disclosure and Barring Service checks reviewed regularly.

Assessing risk, safety monitoring and management.

- Risks were identified and assessed. Care plans contained details of risks and detailed guidance was provided for staff on how to reduce risk whilst supporting people's independence. However, planned reviews of risk assessments were not always documented clearly. It was not clear when some risk assessments were due for the next review. The registered manager assured us this would be addressed immediately.
- Fire doors and systems were regularly checked to ensure they were in good working order. Regular fire drills took place. However, the service fire risk assessment was out of date and required review. The registered manager assured us this would be addressed immediately.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- The registered manager held the personal money for many people living at the service. These accounts were checked and tallied with the money held. There was a regular audit of these accounts. One person managed their own money.

Using medicines safely

- Medicines were safely managed. There were suitable systems in place for the ordering, administering and monitoring and disposal of medicines.

- People received their medicines in a safe and caring way, in accordance with their prescription. Anyone looking after any of their own medicines had been checked to make sure this was safe for them. One relative told us, "They do their own medication and has a locker in their room. It's a big step forward for [Person's name]."
- It was not possible to evidence that all staff had received medicines training as the training records provided did not contain this training programme. However, we saw staff were regularly checked to make sure they were competent to give medicines safely.
- A recent external pharmacy audit had been carried out. It highlighted the need for two staff to always sign any handwritten entries on the medicine administration record (MAR). This inspection found many handwritten entries remained not signed by two staff. The registered manager appeared unaware of the need for this countersigning which was clearly stated in the medicines policy held at the service.

Systems and processes to safeguard people from the risk of abuse.

- People were protected from potential abuse and avoidable harm by staff who had safeguarding training and knew about the different types of abuse. Staff were confident about how and when to raise any concerns
- Staff and management had raised appropriate safeguarding concerns for investigation.
- People and families told us they felt the service was safe. Comments included, "[Person's name] is safe there. Overall its satisfactory there. [Person's name] is happy. They (staff) do struggle to recruit quality staff. There are no aspects of the service that we think are unsafe" and "Yes [Person's name] is safe there. Their behaviours and their sense of danger are monitored. They (staff) have done a great job with them. Overall it's very good and we are happy, and so is [Person's name]".

Preventing and controlling infection

- Infection control audit processes were not in place at the time of this inspection. The provider had recently shared infection control concerns which had been identified at an inspection of one of the providers other services. This information had been shared with staff. However, there was no named lead for infection control at the service, no regular audits in place and they did not hold a copy of the Department of Health Guidance for Infection Control and Prevention in Care Homes as required.
- The main communal areas of the service appeared clean and were free from malodours. People's rooms and bathrooms appeared clean. A relative told us, "The house is clean and [Person's name] room has all his knick-knacks in. He keeps it clean and I help him when I visit".
- Staff had access to aprons and gloves to use when supporting people with personal care. Staff were seen wearing person protective equipment (PPE) appropriately throughout this inspection. However, staff did not have easy access to the recommended foot operated bin to dispose of soiled PPE. This did not help prevent the spread of infections.

We recommend that the service take advice and guidance from a reputable source regarding the management of infection control processes.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- The staff team regularly shared experiences about events where things may not have gone as well as expected within the service. This helped ensure the team had a consistent and effective approach to learning from experience.

Is the service effective?

Our findings

Effective –this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as Good. At this inspection this key question has now changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff skills, knowledge and experience

- It was not possible to judge if all the mandatory and required training had been completed by staff. There was an electronic training record in place which was monitored by the provider. However, the registered manager told us this training record did not contain all the training which staff had attended. For example, fire training, food management and medicines management. The registered manager was not able to provide information about when staff had attended this and other training.
- From the information provided at this inspection we could judge that many staff were due refresher training. The records showed nine out of the ten staff had at least one training subject which was either marked 'out of date' or had lapsed the due date on the providers electronic record.
- Opportunities for staff to meet with the registered manager to formally discuss their work and any development needs had not always been provided in accordance with the policy held at the service. Appraisals were not being provided annually for all staff.
- The registered manager did not have a robust process in place to ensure staff always received supervision and appraisal when they were due.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. New staff spent time working with experienced staff until they felt confident to work alone.
- Staff meetings were held. Staff consistently shared information effectively to ensure they provided a consistent approach to people's care and support needs. Staff were very positive about the registered manager and told us they felt they were a very supportive team and all got on well.

The failure to ensure that all staff were provided with adequate support and training is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There was not a robust process in place to help ensure appointments were always made for people living at the service to see their dentist or optician as required. There was paperwork available in care plans for this to be recorded but not all were completed.
- People were referred to appropriate health professionals as required such as psychologists, learning disability nurses and GP's.
- Staff told us they were able to access good healthcare support. One commented, "We get a lot of support here from outside healthcare professionals."
- A relative told us "[Person's name] sees his psychiatrist regularly, about every six months. They also has

access to a chiropodist and the dentist."

We recommend that the service take advice and guidance from a reputable source on effective management of regular healthcare where people are unable to manage this themselves.

Adapting service, design, decoration to meet people's needs

- The service provided appropriate necessary adaptations to suit people's needs, such as bath lifts and raised seating. One person required a 24-hour monitor in their room in case they required assistance. This was in place.
- The landlord checked the external premises regularly. The registered manager checked the inside of the building and the equipment regularly.
- There had been recent updating and redecoration of the bathrooms at the service. The visitors/staff toilet required redecoration.
- People had their own rooms personalised as they wished. One person preferred their room to be bare of any furnishings. Staff supported this person to live the way they wished. A relative told us, "He likes it bare and basic".
- People were encouraged to spend time outside and in the garden.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.
- There were processes for managing MCA and DoLS information. The registered manager told us that required applications had been made for some people to have DoLS assessed but that no authorisations were in place at this time.
- Staff had an understanding of the requirements of the Mental Capacity Act 2005. However, four staff were out of date on this required training. Staff told us, "We enable people to have choices, but we don't offer too much choice which they cannot manage. [Person's name] gets overwhelmed with going shopping – we needed to limit to two choices" and "The approach here is to work with people, accept their disabilities. We respect them, and we don't have autism, so we are the ones who need to change/adapt to support them."
- Two people living at the service had relatives who had been made appointees. No one living at the service had any lasting power of attorney appointed.

Supporting people to eat and drink enough to maintain a balanced diet

- People's weight was monitored. Regular checks ensured that action was taken when unplanned weight loss was seen.
- People's preferences were well recorded in care plans. People were able to eat whatever they chose, and

regular discussions were held about what food they wished to buy. People were supported to be involved in meal and drink preparation.

- Some people required support with their meals. We saw staff supporting a person with their meals.
- People's comments included, "I have some input into the shopping and I get to choose my menus weekly at a meeting. They go through the options but will listen to individual choices. I am not a fussy eater so it doesn't matter much. They would let me try out anything I wanted to" and "I do my own breakfast, usually cereals and I do myself a packed lunch for the day centre every day but on Thursday I eat out. I help myself whenever I want a snack or drink and I fully understand about healthy eating and the five food groups and I try to eat healthy so that I don't get ill".
- Relatives told us, "[Person's name] goes shopping with staff but we are not sure if he fully chooses his own. I think he would be hesitant. He's not great at making decisions. He said he is able to tell staff what he likes."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission assessments were gathered prior to a person moving in to the service. This helped ensure the service could meet their needs and that they would suit living with the people already at the service.
- Care plans showed people's needs had been robustly assessed and planned for. Clear guidance and direction was provided for staff on how to meet those needs.

Is the service caring?

Our findings

Caring –this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed kind and caring interactions between people and staff. For example, the registered manager offering a cup of tea and a chat to a person who was agitated and unhappy.
- Staff had been provided with training to help ensure people's rights were protected at the service. However, many staff required updates of this training.
- Staff knew people who lived at the service very well. Many staff had worked at Stonepit Close for many years.
- Relatives told us, "It's a wonderful place. I'm very happy and so is [Person's name]" and "[Person's name] has done really well since they have been there and come a long way. I am very grateful for the place. The people are wonderful," "There is nothing we would change about the service. The management are very good and approachable and very hands on" and "The management are fantastic. More like family than managers."
- One person told us, "I have all the privacy I need. I have my own room and the staff don't disturb me unless its urgent. They always knock on my door and ask if they can come in".

Supporting people to express their views and be involved in making decisions about their care.

- The service was in the process of seeking the views and experiences of the people who lived at the service, and their families. The registered manager told us that all people and families had been sent surveys recently.
- The provider was due to report on this survey in September 2019. Some relatives did not recall receiving a survey this year saying, "Yes I had a survey sent, the last one was last year. I sent it by post" and "No we haven't but we'd like that. I can't ever remember one being sent. We do speak to the manager".
- Many people could not express their views due to their healthcare needs. We spoke with their families and observed care and support being provided to two people. We were told, "It has been an incredible experience for us, they cope very well with [Person's name]. Our views are sought and they have a very high calibre of staff."
- Comments from people included, "The staff are very good and the manager. They are more like extended family than staff. This place has a homely feel about it and a friendly atmosphere. Its calm and stress free. We all do our own thing or get together if we want to" and "Staff are very encouraging here".
- People were involved in the re-decoration of the service, including their own rooms.
- Relatives told us, "We think the senior staff are very caring. There's no doubt about that," "[Person's name] likes the staff. They are very friendly and helpful. They do lots of things with him" and "[Person's name] has a good rapport with staff and know them and understand them better than they (family) do".

Respecting and promoting people's privacy, dignity and independence

- Staff knew people living at the service very well. People had their own rooms and staff respected people's right to privacy. There were rooms in the two houses where people could entertain their friends and family.
- People were encouraged to be as independent as possible. One person who had originally required two staff to access the community when they first arrived at the service, was now able to spend time in the local area alone or with a friend.
- A relative told us, "[Person's name] room is very personalised with all his bits, he likes magazines and papers. He is a bit of a hoarder so it's hard for staff to tidy. It's a very cluttered space. I'm not sure if they try to encourage him to do it himself."

Is the service responsive?

Our findings

Responsive –this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has changed to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager told us that the provider was in the process of installing an electronic care planning system. We were told many care plans had not been updated, when due, as they had been advised by the provider to do this when the new system is installed.
- Care plans described people's individual needs, preferences and routines. Four out of nine care plans had not been reviewed and updated when due. The registered manager assured us that most people living at the service had not had any change in their needs and were stable. We judged that this did not have any impact on people living at Stonepit Close. The registered manager gave us assurances that care plans would be reviewed immediately.
- Records and communication books reflected the care and support people had received.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). Each person had a communication care plan, recording any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.
- Some people required different methods of communication. There were details in people's care plans regarding their use of Picture Exchange Communications Systems (PECS) and Makaton, communication a sign language communication. Many staff were trained in the use of Makaton although this was not recorded on the training record.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Many varied activities were provided for people both in and outside of the service. There was a plan of activities which was displayed for each person each day. One to one support was provided to people as required.
- Seven of the nine people living at the service were out at day centres and activities during this inspection. People were encouraged to be active and form relationships with people outside of the service.
- One person, who loved to travel, had been supported to visit many countries supported by care staff.
- People's religious needs were met. A local vicar visited the service and provided an opportunity for people to follow their faith.

- Parties were held twice a year at the service, inviting local people and families to meet and socialise. People, who were able, went out in to the local area independently as and when they wished.
- One person told us, "I do lots of activities like woodwork, PC, creative writing".

Improving care quality in response to complaints or concerns

- The provider carried out regular audits at the service.
- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service. We were told that no complaints had been received.
- Relatives told us, "I can't think of anything we've had to complain about. We'd contact the manager if we feel we needed to complain" and "Yes, a long time ago, just once we raised a concern. It was about staffing but the staff have changed since then and it is more stable now" and "Management are very good. We have a very good relationship with them". We do have a lot of contact with the service. They do send us surveys but can't remember when the last one was. Because we have a lot of contact with them, we are able to feedback when we feel we need to".

End of life care and support

- The service did not provide end of life support to people at the time of this inspection. Care plans contained details of family to be contacted in the event of a sudden death and any specified wishes about how they may wish to be cared for at the end of their lives.

Is the service well-led?

Our findings

Well-Led –this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was experienced in running a service and aware of their responsibilities. However, long standing staff shortages had required them to spend their time on shift providing care and support to people, rather than attending to managerial tasks such as oversight of the support provided to staff and care plan reviews.
- The lone working risk assessment and fire risk assessment required review. The recording of people's specific risk assessment reviews was not always clear or carried out in a timely manner. Many were due a review.
- The provider carried out regular audits of many aspects of the service. However, these audits did not identify the risk assessments and care plans which required updating and the staff training and support concerns found at this inspection.
- The managers oversight of maintenance checks and equipment servicing was not robust. The registered manager was not able to provide the inspector with recent electrical appliance testing (PAT), gas appliance testing or Legionella water testing records. We were assured these necessary tests had been carried out but the records were not available.
- The registered manager did not have an accurate up to date overview of staff training, supervision and appraisal requirements. This meant that some staff had not had this support in a timely manner.
- The medicines audit carried out by an external pharmacist had identified that two staff did not sign any handwritten entries on to the MAR. This inspection found many handwritten entries remained not signed by two staff. The registered manager appeared unaware of the need for this countersigning which was clearly stated in the medicines policy held at the service.

Continuous learning and improving care

- The registered manager was supported by regular visits from the provider. However, this had not supported the service with the long-standing staff shortage and recruitment challenges.
- The registered manager had not been able to attend to management tasks whilst providing care and support to people when on shift. This meant opportunities to improve the service may have been missed.

The failure to have effective and robust governance systems in place is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had ensured that the service was aware of a specific concern, raised nationally, about the need for a robust process to be in place for people, who cannot manage their own healthcare needs, to have regular dental check-ups. The registered manager had not ensured this was in place. One person, who had recently seen a dentist for treatment required an appointment at a specific time in the near future. This had not been clearly recorded to ensure this was attended. This meant there was a risk it would be missed.
- The service had stable management. The registered manager had worked at the service for 20 years. Many permanent staff who had worked at the service for many years. The staff worked hard to empower people to be as independent as they could be.
- Staff supported people's individual needs. One person insisted on misappropriating objects in to any opening in furniture or fencing. The staff supported this person to carry out this behaviour in a safe manner and provided items that enabled staff to retrieve the objects at a later time.
- One person told us, "I came here on a 2:1 staffing but now I'm fairly independent and I go out alone. That's what they've done for me here".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the need to report to CQC any event which affected the running of the service such as any deaths and DoLS authorisations, as they are legally required to do. A file was held of all notifications made to CQC.
- The staff and registered manager were open and transparent. Staff spoke of how they regularly discussed events and how to help ensure they could be managed differently in the future. This helped ensure a consistent approach from all staff to specific incidents.
- The registered manager was open and accepted the findings of this inspection at the feedback provided. They accepted that the staffing shortages had impacted on their ability to effectively manage some aspects of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Communication between people, staff and families was good. Families told us they were always kept informed of any concerns.
- The staff encouraged people to regularly communicate with their families.
- Staff told us, "The manager is really good, her people management is great – approachable and understanding," "Working here is great and we have a good team" and "Overall service here is good. We work miracles under the circumstances!"

Working in partnership with others

- Care records held details of external healthcare professionals visiting people living at the service as needed.
- A visiting healthcare professional told us, "They (staff) are pretty good, things are run well. The manager is very gentle and a good manager. I really look forward to going there."

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 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established and effectively operated to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not ensure that staff received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform