Ashdown Lodge Care Home Limited

Ashdown Lodge

Inspection report

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Date of inspection visit:
08 February 2018
09 February 2018

Date of publication:
02 May 2018

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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out a comprehensive inspection of Ashdown Lodge on 8 and 9 February 2018. The inspection was unannounced.

Ashdown Lodge is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Ashdown Lodge is registered to provide personal care and accommodation for up to 13 older people and people who have dementia. At the time of the inspection there were 13 people living at Ashdown Lodge.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

This was the first inspection of the service since it was registered with the Care Quality Commission (CQC) in August 2017.

We had received information prior to the inspection that people had been subject to abuse and placed at risk of avoidable harm. People told us they felt safe and we did not find any evidence that people had been subject to abuse.

However, we identified medicines were not always safely managed. Systems processes and practices to safeguard people from abuse and the assessment of risks, monitoring and management of people's safety require improvement.

Quality assurance and information governance systems at the service were not yet fully operational. There was no on-going development plan in place to help the service continuously learn and improve. This meant quality, safety issues or potential risks were not always recognised or identified and action was not always taken when needed.

Care homes and other health and social care services are required by law to notify the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check the action the service took and if necessary request additional information about the event itself. However, not all of the relevant notifications had been submitted.

There was lack of adaptations inside and outside the home to support people with dementia to be comfortable and remain as independent as possible.

People had consented to their care and staff respected this. However, not all staff could explain their understanding of the Mental Capacity Act 2005 (MCA) and link the principles of this legislation with their everyday practice.

Staff knew people well and understood how people liked to be supported. However, people's care plans did not contain enough information about them to enable staff to provide care in a person centred way. This meant there was a risk that people might not be supported in a personalised and meaningful way.

The service promoted a supportive, open and inclusive culture and staff told us that they felt supported. However, we found there was a lack of formal policies and procedures to protect and promote staff well-being and equality and inclusion rights in the workplace.

The above areas of practice have all been identified as requiring improvement.

Staff received an induction and had on-going training, supervisions and appraisals. However, some staff told us they felt they needed more training in order to be able to effectively meet some people's specific individual needs. This meant people were at risk of not achieving the most effective outcomes from their support. We have made a recommendation about staff training on the subject of dementia and behaviours that may challenge.

The service had enough staff to meet people's needs safely and followed safe recruitment practices. Staff had received infection control and food hygiene training and followed best practice guidance in these areas. Regular health and safety checks of the physical environment, including people's rooms, took place. We observed the service to be clean and in a good state of repair.

The registered manager was aware of their responsibilities and had followed the correct process for assessing and submitting applications for Deprivation of Liberty Safeguards (DoLS) for people who required them. We checked to see whether any conditions on authorisations to deprive a person of their liberty were being met and found that they were.

People's physical, psychological and social needs were assessed so the service had relevant information about people to make sure they got the support they wanted and needed. People experienced no discrimination regarding a specific assessed need or if they made a particular decision relating to their protected characteristics under the Equality Act 2010.

People had support to meet their medical and health care needs and had were assisted to eat and drink enough, and maintain a balanced diet. People told us they thought staff were caring. One person said, "Everything is done with the utmost care and respect".

People could express their views about how they wanted to be supported, their choices were respected and they were involved in decisions about their care. People were encouraged to be as independent as possible when having support. Staff communicated with people in ways they understood. Information about the service was available in accessible ways for people with a disability or sensory loss.

Staff were compassionate and took time to sit and talk with people and respected people's privacy and dignity. People's confidentiality was respected. Information about them was collected stored and shared in line with the principles of the Data Protection Act.

There was a complaints policy in place which was followed if any complaints were received. People felt

confident to do raise a complaint if they had to. People had support to follow their interests and take part in meaningful activities inside and outside the service.

People were involved and had support with planning, managing and making decisions about their end of life care. Staff offered reassurance to people and sought advice from relevant health and social care services to assess and manage people's end of life symptoms effectively.

Staff had a good understanding of their responsibility and accountabilities to deliver high quality care. People and staff were involved in the development of the service. The registered manager demonstrated their awareness of the Duty of Candour CQC regulation.

The service shared information with other agencies to implement actions and improvements to support care provision for people and promote partnership working.

During this inspection we found number of breaches 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 this 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.

Medicines were not always safely managed.

Systems, processes and practices to safeguard people from abuse were not always safe.

The assessment of risks, monitoring and management of people's safety required improvement.

The service had enough staff to meet people's needs and followed safe recruitment processes.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff required further specialist training for people with dementia and behaviours that may challenge.

Adaptations inside and outside the service to support people with dementia required improvement.

People had consented to their care. Not all staff could explain their understanding of the Mental Capacity Act 2005 (MCA)

The service did not discriminate against people's assessed needs or decision relating to their protected characteristics under the Equality Act 2010.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate.

People's privacy, dignity and confidentiality were respected.

People could express their views and were involved in decisions about their care.

People were encouraged to be as independent as possible.

Staff communicated with people in ways they understood.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans were not person-centred.

There was a complaints policy and people felt confident to do raise concerns.

People had support to follow their interests and take part in meaningful activities inside and outside the service.

People's end of life care was managed sensitively and effectively.

Information about the service was available in accessible ways for people with a disability or sensory loss.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality or safety issues or potential risks were not always recognised, identified or acted on.

Statutory notifications about important events at the service had not always been submitted.

People and staff were involved in the development of the service.

The service shared information and worked in partnership with other agencies.

Ashdown Lodge

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 comprehensive inspection was prompted by information we received of potential concerns that people were not being protected from abuse and avoidable harm. This inspection examined these specific risks alongside the standard comprehensive inspection process.

This inspection took place on 8 and 9 February 2018 and was unannounced. The inspection team consisted of two Inspectors on 8 February and one Inspector on 9 February.

For this inspection we did not request a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the service. We considered the information which had been shared with us by the local authority and other people, looked at any safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events the provider is required to tell us about by law. This is necessary so that, where needed, the Care Quality Commission (CQC) can take follow up action.

During the inspection, we talked with two people in the service and observed how people were being cared for. We spoke with one relative, three support workers, the registered manager and the registered provider. We reviewed care records for four people and 'pathway tracked' three of them to understand how their care was being delivered in line with this.

We reviewed staff training, supervision and recruitment records, medicines records, care plans, risk assessments, and accidents and incident records. We also reviewed complaints and compliments

documents, quality audits, policies and procedures, staff rotas and other records related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. One person said, "Yes I feel safe with staff". A relative we spoke with said they thought the service was safe. Despite this feedback, we found the service was not always operating safely and we identified a number of areas of practice requiring improvement.

We had received information prior to the inspection that people had been subject to abuse and placed at risk of avoidable harm. We checked and did not find any evidence that people had been subject to abuse. However, we identified systems, processes and practices to safeguard people from abuse and the assessment of risks, monitoring and management of people's safety required improvement.

There was a safeguarding policy in place that outlined systems and processes to keep people safe from abuse. Staff had received safeguarding training and could tell us how they might recognise signs of abuse and understood they had a responsibility to raise concerns to stop or prevent this. Staff received information from the registered manager and equality and diversity training to have the skills to be aware of, recognise and take action to prevent people suffering from any form of discriminatory abuse.

However, systems and processes in place to safeguard people from abuse were not always effectively implemented or communicated to staff. Not all staff we spoke with were confident of who they could contact outside of the organisation to report any concerns about abuse. We saw concerns about people potentially suffering from abuse had been recorded and reported by staff to the registered manager, but these had not always been recognised or acknowledged. This meant there was a risk that necessary action might not always be taken to keep people safe.

The failure to ensure consistent and effective systems and processes to safeguard people from abuse is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 13: Safeguarding service users from abuse and improper treatment.

Staff completed daily electronic notes and specific report forms that detailed any accidents or incidents. These were then uploaded to be reviewed by the registered manager. These were not always reviewed and the registered manager was not aware that some accidents and incidents had taken place. Outcomes and learning following accidents and incidents had not always been communicated to the team to help prevent these from occurring in the future. The registered manager had not always reported incidents and accidents onto other relevant partner agencies for review. This meant there was not always an effective plan agreed and put into place to reduce the risk of people suffering avoidable harm.

People had risk assessments in place that identified any potential hazards to their well-being and the risks this presented. Risk assessments recorded people were involved in this process and people were encouraged to be as independent as possible, while remaining safe. Staff shared knowledge about risks to people during handovers and with relatives and health professionals, where appropriate. Staff confirmed they felt they were aware of risks to people and could explain how they supported people to manage them.

However, there were inconsistencies between the control measures staff were using to keep people safe and the information in people's risk assessments. This meant risks to people were not always being effectively assessed, managed and monitored. For example, following several incidents, staff told us they now supported one person in pairs to help them to manage risks associated with their challenging behaviour. This was not recorded as necessary in the person's behavioural risk assessment and there was no evidence this action had been re-assessed and agreed as suitable following a formal review.

There were arrangements in place to manage medicines. However, we found that these systems were not always safe. Medicines Administration Records (MARs) were in place. MARs included information about people and the medicines they needed, including details about how their medicines should be taken or used and how often. However, we sampled MAR sheets and found information about medicines people were allergic to was not recorded. This meant people were at risk of receiving unsuitable or unsafe medicines. There were unaccounted gaps in administration records. This meant it was not known if people had received their medicines.

Some people were prescribed medicines on a 'when required' (PRN) basis if they needed them. PRN guidance was not always in place describing the requirements for when staff should offer and administer these. MAR recorded that people had been administered PRN without any guidance and staff had not recorded the reason why it had been given. This meant it was not known if people had received their medicines as intended.

Medicines were not always stored securely. Medicines stored in fridges were not locked and medicines stored in locked cabinets were not secured to walls. Medicine fridge temperatures were not consistently recorded by staff. This meant it was not known that storage temperatures had remained in a safe range and medicines were safe to use.

The above failures to ensure consistent and effective assessment, monitoring and management of risks to people and failure to ensure proper and safe use of medicines is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12: Safe Care and Treatment.

People told us the service had enough staff and they were attended to quickly if they asked for support. The registered manager wrote the rota and ensured there each shift had enough staff to meet people's needs. Staff confirmed this and told us that recently an extra person had been added to the rota to be able to meet people's needs in the mornings.

There were safe recruitment practices. All staff had undertaken a satisfactory Disclosure and Barring Service (DBS) check. DBS checks help employers make safe recruitment decisions and help prevent unsuitable staff from working in a care setting. Records showed staff provided a suitable application form and two references, their full employment history and successfully completed an interview before they started work.

Staff had received infection control and food hygiene training. Personal Protective Equipment (PPE) was available and used by staff. Hazardous waste was managed appropriately. Best practice guidance for supporting people with preparing and handling food was being followed. Regular health and safety checks of the physical environment, including people's rooms, took place.

The service was clean and in a good state of repair. Control measures were in place to keep people safe in the event of a fire, such as personal emergency evacuation plans (PEEP), fire risk assessments, evacuation drills and fire alarm system checks.

Requires Improvement

Is the service effective?

Our findings

People told us they thought the service was effective. One person said, "The staff are fully competent with what they do". A relative told us, "I was a bit concerned they wouldn't meet his needs but I think it has done him good being here". We identified the service was not always effective and identified areas of practice that require improvement.

Staff received an induction and had on-going training, supervisions and appraisals to be able to have the right skills and knowledge to be able to meet people's needs. Training was regularly updated and covered a broad range of subjects relevant to providing care and meeting the needs of the people living in the home. However, some staff told us they needed more training in order to be able to effectively meet some people's specific individual needs.

For example, staff were currently supporting people whose dementia needs meant their behaviours could become challenging. Staff were concerned this area of support had not been covered by the dementia and challenging behaviour training they had received. They felt they did not have the right skills to be able to meet these people's needs. This meant people were at risk of not achieving the most effective outcomes from their support. We recommend that the service finds out more about training for staff, based on current best practice, in relation to the specialist needs of people living with dementia and who present behaviours that may challenge.

The premises had a lift for people who might find walking upstairs difficult. There were communal living areas for people to socialise with other people or visitors. Alternatively, people could see each other or spend time alone in their own rooms. People's rooms were personalised to reflect their individual tastes and contained personal items, decorations and belongings. People had access to a garden and there were specially designed 'pods' for them to sit in if they wanted to be outside.

However, the provider had not considered how to ensure the environment met the needs of people living with dementia. For example, there was a lack of signs or landmarks placed at key decision points to help people to navigate their way around, both inside and outside. Bathrooms and toilets contained no contrasting colours to assist people to use these facilities. These are measures that support people with dementia to be comfortable and remain as independent as possible. Not having adaptations such as these in place can considerably reduce the quality of life for people living with dementia. This is an area of practice that we have identified as requiring improvement.

The Mental Capacity Act (MCA) 2005 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.

We checked to see if the service was operating within the principles of the MCA. Staff received MCA training.

People had an assessment in their care plans of their mental capacity to be able to make decisions about different activities. If applicable, people's plans recorded who was acting in their best interests and on what authority. For example, a person's plan identified the person who held Power of Attorney regarding their health and welfare.

It was documented that people, or a relevant person acting in their best interests, had been involved and consented to their care plans. People told us they did not routinely view or get involved in reviews of their care plans out of choice, but they were aware they could if they wanted. Staff could give us broad examples of how they upheld people's rights to consent to their support. However, not all staff could explain their understanding of the MCA and link the principles of this legislation with their everyday practice. This is an area of practice that requires improvement.

People can only be deprived of their liberty so that they can receive care and treatment when this is in line with their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of their responsibilities and had followed the correct process for assessing and submitting applications for DoLS for people who required them. We checked to see whether any conditions on authorisations to deprive a person of their liberty were being met and found that they were.

The registered manager completed an assessment of people's physical, psychological and social needs. If appropriate, family members and health and social care professionals were also involved people's assessments. This meant the service had relevant information about people to make sure they got the support they wanted and needed.

The registered manager was committed to ensuring people experienced no discrimination regarding a specific assessed need or if they made a particular decision relating to their protected characteristics under the Equality Act 2010. They told us they respected this during their assessment process and said, "We are always respectful of people's diverse backgrounds". People's care plans contained sections on any religious or cultural support needs and choices.

People were supported with their medical and health care needs. People's care plans showed that staff completed monthly records of people's weight, blood pressure, temperature, and heart rate to monitor people's health. Staff told us they monitored and acted on any healthcare concerns by contacting the GP. People had support to attend health care appointments and to make referrals to other health services if needed.

People had effective support to eat and drink and maintain a balanced diet. People told us they had enough to eat and drink and had no complaints about the quality of the food. People were offered choices from a set menu that changed every four weeks. People were asked about what they would like in menus in advance and could request alternatives dishes at any time once the menu was in place.

People's care plans recorded people's food and drink preferences as well as any specific eating and drinking support needs. We spoke with the cook who was aware of these and they described how they took these into account when preparing and serving food. Currently no people had complex eating and drinking needs that required more specialised support, although some people had help to cut their food up to make it easier to eat.

Good

Is the service caring?

Our findings

People told us they thought staff were caring. One person said, "Everything is done with the utmost care and respect".

People told us staff allowed them to express their views about how they wanted to be supported. This made them feel their choices were respected and they were involved in decisions about their care. One staff member told us, "I talk and listen to people during tasks and offer them choices and wouldn't ever make decisions for them, like what clothes they wanted to wear or food they wanted to eat".

People were encouraged to be as independent as possible when being supported. Staff told us, "People can do things themselves with some encouragement such as doing exercises in the morning or washing themselves". People's care plans recorded that people's independence, confidence and ability when being supported with tasks such as personal care should always be encouraged.

People were supported by staff who had a kind and reassuring manner. Staff made sure they acknowledged people, made eye contact with them, and waited patiently for people to respond in their own time. Staff told us it was important to communicate in the best way for each person, so people could understand them. For example, one staff told us they always spoke slowly and positioned themselves so their lips were visible when talking with people with hearing impairments.

The registered manager made sure that people with a protected characteristic under the Equality Act 2010 were supported to communicate in the most accessible way. For example, Staff would read out loud to people who had a visual impairment.

During a shift handover staff discussed people's well-being in a caring and meaningful manner. For example, one person had not been eating and drinking as much as usual that morning and staff were concerned. They then made immediate plans for the new shift member to check in with the person and to alert the GP for further advice if necessary. A staff member told us it was important to always be compassionate and respectful saying, "I always think; 'Am I giving the service my mum and dad would want?'".

People said staff had time to support them in a personal manner. One person said, "In the evenings some staff will sit and talk with me". Staff usually did this in the afternoon and evening shifts as the mornings were busier. Staff said this was important as it meant they could get to know the person. They were also able to really listen to and answer people's questions and make them feel included in what was going on in the service.

People said staff respected their privacy and dignity. One person said, "They are the most respecting people". The registered manager had signed up to become a "National Dignity Champion" as part of The National Dignity Council's 2006 Dignity In Care campaign. This campaign aimed to put dignity and care at the heart of UK care services. As a Dignity Champion, the registered manager had access to information

resources and networking opportunities to help promote and provide dignified support for people.

The registered manager had shared some of these resources with staff, including a 10 point checklist of expected values and actions to be followed to make sure people experienced dignified care. Staff promoted people's dignity. For example, making sure that people's preference for being supported by staff of a particular gender whilst receiving personal care was respected.

People's care plans recorded how their personal information might be shared and with who, in line with the principles of the Data Protection Act. People, or a relevant person acting on their behalf had been recorded as being aware and consenting to this. Staff understood their responsibilities to maintain people's confidentiality when collecting or sharing people's personal information.

Requires Improvement

Is the service responsive?

Our findings

People told us they thought their support met their needs. One person said, "We agreed it beforehand, it's sufficient enough". Another person said, "I'm quite content". However, we found the service was not always responsive. People's care plans did not contain enough information about them to inform staff about how to provide care in a person centred way.

Staff knew people well and understood how they thought they liked to be supported. One staff member told us this information, "Isn't written down". Instead, staff relied on getting information and details about people's likes and dislikes, support preferences, life history, relationship networks and other personal information from talking to people, staff and relatives.

People's care contained sections for personalised information to be included. However, there was little detail recorded and impersonal language was used to describe people's details and needs. This meant there was a risk that staff could be misinformed or not know how to deliver people's support in a personalised and meaningful way. This is an area of practice that requires improvement.

People or, where appropriate, their family members or advocates had been involved with planning people's care. This process provided information about people's strengths and levels of independence so they could receive support that met their needs.

Reviews of people's care took place at least every six months and could be brought forward if necessary. Staff also shared information at handovers each day to review people's most recent levels of support needs. This allowed them to respond immediately to make any changes if required.

People's care plans identified how to meet the communication needs of people with a disability or sensory loss For example, one person had a hearing impairment. Their care plan identified the hearing aids they needed, as we'll as information for staff on how to support the person to use their aids. Staff were aware of this and made sure the person had access to these aids. This meant staff could ensure people could communicate and remain in control and make choices about their support.

There was an Accessible Information Standards (AIS) policy in place. This explained how the service ensured accessibility of information for people with a disability or sensory loss. For example, alternative formats of service related information were available; including easy read, braille and British Sign Language (BSL). This meant people could have the support they needed to read or understand information about their care and support.

There was a complaints policy in place. People told us they had not raised any complaints. One person told us they were not aware of the policy, but felt confident to do raise a complaint if they had to. People's care plans included information about how people could access the complaints policy and prompted staff to bring this to people's attention regularly. The registered manager followed up complaints personally with people before responding formally in writing within an agreed timeframe. Any complaints received were

reviewed internally and used as a learning experience to help improve practice.

People had support to follow their interests and take part in activities. Activity support workers visited the service to provide music and singing entertainment and gentle exercise classes. There was a variety of other choices available, that people had helped to choose, which staff supported people to do. This included activities in the wider community, such as days out to places of interest. There were culturally relevant activities available. For example, a local church visited to sing religious songs with people who wanted to.

People were involved and had support with planning, managing and making decisions about their end of life care. Where this was relevant, their wishes and preferences, including any relevant spiritual and cultural needs during and after the end of life process, were documented in 'Advanced Care Plans'. Staff offered reassurance to people and sought advice from relevant health and social care services to assess and manage people's end of life symptoms effectively. This meant people had support to have a comfortable and dignified death.

Requires Improvement

Is the service well-led?

Our findings

People we spoke with said the manager was visible and approachable. Despite this feedback, we found the service was not always well led and identified areas of practice that required improvement.

Quality assurance and information governance systems at the service were not yet fully operational. Staff completed daily electronic and paper care notes and other documents such as accident and incident forms and MAR charts that provided information about people and their support. These sources of information were recognised as providing a valuable insight into the current quality of people's support.
We were told it was planned that there would be regular audits of this information by the registered manager in future. Actions to address any issues or recognise good practice could then be added to an on-going development plan. This would allow the service to identify potential risks, prioritise actions needed and identify how to consistently provide high quality care.

However, some records had not been viewed as the registered manager did not yet know how to operate the electronic system where they were stored. We were shown three audits that had been completed using other sources of information that could be accessed. These had only been carried out once in the month prior to the inspection and many other areas of service delivery had not yet been audited at all. There was no functioning on-going development plan to help the service continuously learn and improve.

This meant quality or safety issues or potential risks were not always recognised or identified and action was not always taken when needed. For example, issues identified during this inspection with risk management, keeping people safe from abuse and management of medicines were not recognised and had been allowed to continue.

The failure to ensure that systems to assess, monitor and improve the quality and safety were effective, is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17: Good Governance.

The service had 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.

For example, care homes and other health and social care services are required to notify the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check the action the service took and if necessary request additional information regarding about the event itself. However, as the registered manager had not been able to view all of the information that was stored electronically they had not been aware of several incidents that they were required to notify the CQC about and had not submitted the relevant notifications.

The failure to submit statutory incident notifications is a breach of the Care Quality Commission (Registration) Regulations 2008 Regulation 18: Notification of other incidents.

The registered manager told us they aimed to promote a supportive, open and inclusive culture at the service through valuing, being visible and communicating regularly with staff. Staff told us that they found the registered manager was approachable and they felt supported. One staff said, "If I have any problems, I can go to the manager". However, we found there was a lack of policies and procedures that promoted a commitment to upholding staff well-being, equality and inclusion. Having these in place would offer more formal protection of staff equality and diversity rights in the workplace. This is an area of practice requiring improvement.

People's views on how the service was run were gained from their care reviews. Relatives were encouraged to talk to staff or the registered manager to get their input. There were plans to involve people and their relatives more in shaping how their support was delivered by sending out annual surveys. Staff said they felt included in developing the service. We saw minutes that recorded discussions asking for staff input to suggest changes about ways of working.

The vision of the service was to deliver quality and compassionate support. Staff told us they had a good understanding of their responsibility and accountabilities to deliver this kind of care. The registered manager used supervisions to help staff to do this. Staff said these allowed them time to speak to the manager directly and they found they were constructive.

The registered manager demonstrated their awareness of the Duty of Candour CQC regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons'. The registered manager had shared information openly with people and relatives when important events involving people at the service had taken place.

We saw the service had also shared information and worked with the local authority and health and social care professionals to implement actions and improvements to support care provision for people and promote partnership working. For example, following an application by the registered manager there was an active DoLS in place for a person. The person loved to go out but was now not able to leave the house unsupported for safety reasons. The service had liaised with the local authority and social workers to arrange for additional support for the person to go out where the home did not have additional resources to be able to this.

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 Failure to submit statutory incident notifications. 18 (1) (2) (e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Failures to ensure consistent and effective assessment, monitoring and management of risks to people. 12 (2) (a) (b). Failure to ensure proper and safe use of medicines. 12 (2) (g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Failure to ensure consistent and effective systems and processes to safeguard people from abuse. 13 (1) (2) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Failure to ensure that systems to assess, monitor and improve the quality and safety of the service were operated effectively. 17 (1) (2) (2) (a)