

Cameron Lodge Limited

Cameron Lodge

Inspection report

142 Church Path
Middle Deal Road
Deal
Kent
CT14 9TU

Tel: 01304373650
Website: www.alliedcare.co.uk

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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 inspection took place on 21 May 2018 and was unannounced.

Cameron Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Cameron Lodge accommodates up to 12 people across three separate units, each one having separate adapted facilities. The accommodation is in a house and two bungalows next door. At the time of the inspection four people were living in the house and five people between the two bungalows.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A registered manager was 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 Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected the service in December 2016. We found two breaches of regulations, the provider had not made sure that all care was person centred, met people's needs and reflected their preferences. Checks and audits completed at the service had not been effective as shortfalls found at the inspection had not been identified. At this inspection, improvements had been made but there was a continued breach and a new breach of regulation was identified. This is the second consecutive time the service has been rated Requires Improvement.

Checks were completed on the environment and areas which put people at risk had been identified. The registered manager and staff had informed the provider that some of the environment was not safe, including the outside paths and forecourt that people used regularly to leave and enter their home. The house had not had a functioning washing machine since January 2018 and soiled laundry was being transported between the buildings. There was an odour of urine in some bedrooms and communal areas in the house. The provider had not acted to make the environment safe and reduce the risk of infection for people.

Following the inspection, some building work had been undertaken to improve the environment and the provider confirmed they had planning permission for further improvements but there was no date for the work to start.

At the last inspection, the culture within the house was not person centred, people were not leading

meaningful lives, enjoying activities and learning new skills. Following the last inspection, the registered manager had supported staff with training and reflecting on their work practices to help their understanding of supporting people to lead meaningful lives. We observed staff supporting people to be as independent as possible and people had learnt new skills since the last inspection. The deputy manager's office was in the house, so they were available to support people and staff.

The culture within the house had improved, there was an open and inclusive atmosphere, people were comfortable in the company of staff. Staff communication skills had improved, they used both verbal and non verbal communication to support people. The registered manager had a vision for the service, for people to become more independent and be able to go out when they wanted to be part of the community. This was shared by staff and we observed people going out into the community. Accidents and incidents were analysed to identify patterns and trends, action had been taken to mitigate the risk of them happening again and to implement any lessons learnt.

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

Staff understood their responsibilities in keeping people safe and were confident to report any concerns to the registered manager and that they would be dealt with. People were supported to take risks, staff followed detailed guidance to mitigate the risks and keep people safe. Each person had a detailed care plan that included their cultural, spiritual and sexual needs. Before coming to live at the service, people were supported to spend time at the service to see if they were happy to move in. People's needs were assessed using recognised assessment tools and in line with current guidance. People's end of life wishes were recorded when known and supported to plan so that these wishes would be adhered to.

There were sufficient staff on duty to meet people's needs, staff were recruited safely. New staff completed an induction to learn about people's choices and preferences. Staff received training appropriate to their needs, they met with the registered manager to discuss their practice and development needs. People received their medicines safely and when they needed them.

People were supported to eat and drink a healthy balanced diet. People were encouraged to eat the fruit and vegetables they enjoyed and prepare their own snacks. Staff supported people to be as active as possible for example encouraging them to go out for walks.

People were supported to attend appointments with healthcare professionals including GP, chiropodist and dentist. Staff worked with social care and health professionals to assess people's needs and enable them to access the community. Staff followed the advice given by professionals.

People had access to information in a format they understood, there were pictorial displays around the service to help people communicate how they were feeling, if they had any complaints and what the choice of meal was that day. Complaints were investigated following the provider's policy. The quality assurance survey was available in pictorial form so people were able to express their views.

People's privacy and dignity was promoted, some people had devices on their doors that enabled them to be independent but alerted staff that they had left their room. Staff understood when people needed privacy and respected this. We observed people being treated with kindness and respect. Staff spoke with people discreetly and listened to them when they were anxious, people were appeared to find this reassuring.

The registered manager and staff completed audits on all areas of the service, any shortfalls identified were rectified or reported to the provider. People, relatives and staff were asked for their views and opinions of the service. The results had been positive when analysed and the registered manager continued to monitor the quality of the service. Staff and resident meetings were held regularly and action had been taken to address any concerns raised.

The registered manager maintained a good working relationship with the local commissioning groups and local safeguarding authority. They had used incidents as a learning process to reduce the risk of them happening again. The registered manager attended meetings with managers from the providers other services and planned to attend local forums to keep up their practice up to date.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager had informed CQC of important events such as incidents that had been reported to the police, events that may stop the service, serious injuries and allegations of abuse in a timely manner as required.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the registered manager had conspicuously displayed their rating on a notice board in the entrance hall.

At this inspection there is a new breach and a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. You can see what action we have asked the provider to take at the end of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

The provider had not acted to keep the environment safe for people and protect people from infection.

Staff understood their responsibility to keep people safe from abuse.

Risks to people's health and welfare were assessed and there was detailed guidance for staff to reduce the risks.

There were sufficient staff on duty who had been recruited safely.

People received their medicines safely and when they needed them.

Lessons were learnt and improvements made when incidents or accidents occurred.

Is the service effective?

Good 

The service was effective.

People's needs were assessed following current guidance and recognised tools.

Staff received supervision and training appropriate to their role.

People were supported to eat and drink a balanced healthy diet.
People were supported to keep active and stay as healthy as possible.

People were supported to access healthcare professionals.

Staff worked with social care professionals to enable people to access the community.

The buildings had been adapted to meet people's needs.

Staff worked within the principles of the Mental Capacity Act 2005, people were supported to make their own decisions.

Is the service caring?

Good ●

The service was caring.

People had access to information in formats they could understand.

Staff respected people's privacy, enabling them to be as independent as possible.

Staff understood how to support people when they were anxious. People were treated with kindness and compassion.

Is the service responsive?

Good ●

The service was responsive.

Each person had a detailed care plan that reflected their needs and preferences.

People were able to take part in activities they enjoyed.

Complaints were investigated following the provider's policy.

People's end of life wishes were recorded.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider had not acted when shortfalls in the maintenance of the environment had put people at risk.

The registered manager had a vision for the service that was shared by the staff.

There was an open culture, staff felt supported by the registered manager.

The registered manager worked with the local commissioning groups and safeguarding authority.

The registered manager continued to improve their practice to ensure that the service continued to improve.

People, relatives and staff were asked their opinion about the service.

Cameron 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 inspection took place on 21 May 2018 and was unannounced. This inspection was carried out by three inspectors.

Before the inspection we reviewed the information about the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed previous reports and looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us by law.

We looked at six people's care and support records, associated risk assessments and medicines records. We looked at staff recruitment records, training, supervision, staff and resident meeting minutes. We observed people spending time with staff. We spoke to the registered manager, deputy manager, maintenance man, four care staff and two people who use the service.

Is the service safe?

Our findings

People and staff were comfortable in each other's company. People were calm and supported by staff to remain safe. However people were at risk of harm because the provider had not taken action to keep the environment as safe and clean as possible.

The forecourt had large pieces of tarmac missing and pieces were loose. The pathways around the house leading from the bungalows to the forecourt were uneven and needed attention to make them safe. One person was able to move themselves in their wheelchair, they told us, "I can use my wheelchair so I can sit in the garden. It is dangerous getting there. I worry sometimes that I might tip up". We observed people walking across the forecourt, some were unsteady when walking and were at risk of falling, when walking over the broken areas of tarmac. Staff told us, "It is dangerous and untidy."

The maintenance person and staff had regularly reported their concerns to the registered manager during staff meetings and one to one supervision meetings. They, in turn, had continuously raised environmental concerns with the provider since 2015. The provider failed to take action to remedy the deteriorating environment putting people's safety at risk.

At the time of the inspection, the washing machine in the house was not working. The registered manager told us that this had been reported to the provider in January 2018, a machine with a sluice programme, to meet infection control guidelines had not been provided. Currently, soiled washing was being taken by staff to one of the bungalows to be washed. Increasing the risk of the spread of infection.

Some communal areas of the house had been decorated since the last inspection. However, areas of the house including the dining room and people's bedrooms smelt of urine. During the inspection, the registered manager requested that the dining room was cleaned and blankets washed to eliminate the odour. The dining room floor was cleaned, but as soon as the floor dried, the smell of urine returned. There was a cleaning schedule in place, staff told us that they cleaned the house each day and this was recorded. Some people's bedrooms were in a poor decorative state, there were cracks in the ceiling and water marks from previous leaks. Following the inspection, the provider told us that a storage box had been removed from the dining room and the smell had been eliminated.

The provider had failed to ensure that the premises used by people are safe to use for their intended purpose. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager told us that the planned renewal of the ground floor bathroom in the house had been completed and flooring had been replaced in the corridor where there had been a smell of urine. Flooring had also been replaced in one of the bungalows. The registered manager had been asked to obtain quotes for the cost of repairing the forecourt, these had been submitted to their area manager. The area manager confirmed that planning permission had been granted for improvements to all the buildings and only then would work to the forecourt to make it safe for people be completed, there was

no date for this at the time of the report.

Checks and audits were completed on the equipment people used to keep them safe, including fire equipment. The service had been assessed by the local fire and rescue authority and had an action plan in place to rectify the shortfalls found. Each person had a personal emergency evacuation plan which gave details of their physical and communication needs to help staff and other evacuate them safely. People and staff had attended regular evacuation fire drills.

Previously, staff and the registered manager had not recognised that some of the practice in the house had not been person centred and not following best practice guidelines. At this inspection, staff had attended 'Values and attitudes' training. The registered manager and staff told us, the training had made them reflect on how they were supporting people and how this affected them. We observed people receiving care which met their needs and preferences in the house and people were supported to be as independent as possible.

Accidents and incidents were recorded and analysed to identify any patterns and trends. When people displayed behaviours that challenged these were recorded on behaviour charts. The registered manager had identified that a person's behaviour had changed. Action was taken to establish if there was a physical reason for the change. When it was established that there was not a physical reason for the change, plans were put in place to find out how staff could support the person. The analysis showed that the person reacted to going out and certain activities. Staff requested a medicines review by the GP and some medicines were stopped. These outcomes had been added to the person's care plan and their behaviour had reduced.

People were protected from the risks of abuse and discrimination. Staff were able to describe different types of abuse and knew how to report concerns. They were aware they could take any concerns outside the service, for example to the local authority, if they felt this was needed. They said that the registered manager would take any concerns seriously and that they would be dealt with appropriately. Staff completed training about keeping people safe. Discussions about how to keep people safe and follow best practice were held during regular staff meetings. The registered manager discussed and reported any safeguarding concerns with the local authority when required.

People were protected from financial abuse. Each person had their own personal monies, records and receipts were kept of all money received and spent. Money was kept securely and only senior staff had access, records and money were checked regularly to make sure they were correct.

People were supported to be as independent as possible. Potential risks were assessed and any restrictions were minimised to give people as much freedom as possible but remain safe. When risks had been identified, staff followed detailed guidance to manage and mitigate the risk. Some people displayed behaviours that challenge and there was a risk this could limit their access to the community. There was guidance in place, which staff followed, enabling people to regularly access the community safely. We observed staff supporting one person to go for a walk to the shops, the guidance in the person's care plan was effective and the person enjoyed their outing.

When people were at risk of developing pressure areas there was guidance about how to regularly move people to keep their skin healthy. Special equipment, such as cushions and mattresses, were provided to help protect people's skin. Staff were knowledgeable about how to keep people's skin healthy. No one had any pressure areas.

People received their medicines safely and on time. Medicines were kept in a locked cupboard and

administered by staff who had completed training about the safe management of medicines. Staff made sure people had taken their medicines before they signed the medicines records. The local pharmacist completed an annual medicines audit.

Staff recorded the temperature of the rooms where medicines were stored to ensure that they were at a safe temperature to remain effective. Some people were prescribed medicines on an 'as and when' basis such as medicines for anxiety and pain relief. There was detailed guidance for staff about when to give the medicine, how much and how often.

There were sufficient staff on duty. The registered manager used a dependency tool to calculate how many staff were needed. The registered manager planned staffing levels to support people with appointments and activities. People were not rushed and staff had time to meet their needs. One person told us, "There is always someone here. They help me go out when I want to".

Staff were recruited safely. Checks were completed to make sure staff were trustworthy to work with people. Staff completed an application form and supplied a full employment history. Written references were obtained from a recent employer, proof of identification and photograph. Disclosure and Barring Service (DBS) criminal record checks were done before staff started working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Is the service effective?

Our findings

At the last inspection, the staff team's working practices were variable and inconsistent across different parts of the service. Staff had received training appropriate to their role but not all staff were working within current best practice guidelines.

At this inspection, all staff had renewed their training in areas such as autism, breakaway technique and physical intervention, epilepsy, equality, positive behaviour support and learning disability awareness. The registered manager had completed supervision and reflection with staff about their practice. The registered manager told us that staff had not realised how their practice was impacting on the people they supported. Staff had worked as a team with the registered manager to identify changes that needed to be made to improve the support people received.

We observed staff in the house supporting people in line with current best practice guidance. People were supported to be as independent as possible, complete household chores and take part in activities they enjoyed.

When staff started work at the service they completed an induction. This included shadowing experienced staff to learn about people's choices and preferences. New staff were working towards the Care Certificate, an identified set of standards that social care workers adhere to in their daily working lives. The registered manager monitored new staff's progress and assessed their competency over their probation period. Staff felt supported by the registered and deputy manager. They told us the management team were approachable and they were able to discuss any concerns they may have. Staff received regular one to one supervision and appraisal to discuss their practice and development needs.

People's needs were assessed using recognised tools as recommended by the National Institute of Clinical Excellence (NICE) and BILD. People who wanted to move to Cameron Lodge met with the registered manager to ensure that staff would be able to meet their needs. People were then supported to spend time at the service to assess if they liked the service and were comfortable with the other people living at the service. The assessment covered all aspects of people's physical, mental and social needs including expressing their sexuality. The initial assessment was used to form the basis of the person's comprehensive care plan and risk assessments.

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 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 make particular, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff assumed people had capacity and supported them to make day to day choices, such as how and where they wanted to spend their time and what they wanted to wear. When people were unable to make a decision themselves staff consulted with their representatives and health professionals to make sure decisions were made in their best interest.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had applied for DoLS when appropriate and when authorised, any conditions had been met.

People were supported to eat a balanced healthy diet. People told us they enjoyed their meals. When people chose to they were supported to cook their own meals or cook for others in the service. One person told us, "I like peeling the potatoes. I used to cook cakes but I don't want to do that anymore". People were supported to make their own breakfast and sandwiches from the choice available in the kitchen throughout the day. We observed people having fruit and cereal for breakfast. The main meals were cooked by the chef; people had a choice of meals. There were pictures of the meals available to help people choose what they liked. People's likes and dislikes around food were noted in their care plans and staff were aware of this.

People were supported to stay as healthy as possible. Staff worked closely with healthcare professionals, such as occupation therapists and doctors, to make sure people's day to day health and well-being needs were met. Staff supported people to be as active as possible for example encouraging them to go out for walks. Staff followed any guidance given to them by the health professionals. During the inspection, a healthcare professional observed staff working with a person, to assess how to meet the person's needs. Following the observation, staff and the professional reflected on the assessment and what could be done to improve the support offered to the person.

People had regular appointments with opticians, dentists and chiropodists. Staff supported people to attend appointments and worked with them to reduce their anxiety about attending appointments. Staff monitored people's health and when changes were identified, people were referred to the GP or district nurse. Staff completed 'healthcare passports' for people, these documents give details of the support people needed and their health needs. The 'healthcare passports' went with people to hospital to enable hospital staff to support people consistently and in accordance with their preferences.

Cameron Lodge comprises of three buildings, a house and two bungalows. The buildings had been adapted to meet people's needs. People had access to the gardens, which were secure. People had access to bathrooms and showers that helped them to maintain their independence.

Is the service caring?

Our findings

Previously staff in the house had not been able to communicate effectively with some people. At this inspection improvements had been made.

Some people had complex communication needs and were not able to express themselves verbally. Staff were observed communicating effectively with people by using gestures, pictures and enabling people to show them what they wanted. Staff allowed people the time to express themselves and observed their body language. Staff reacted appropriately to people when they expressed themselves and people appeared happy and content with the response from staff.

Staff were kind, caring and patient. They knew people well and had built strong relationships. They knew about people's backgrounds, interests and life history as well as their physical and mental health and emotional well-being needs. This information was recorded in people's care plans. One person said, "They [the staff] are very good. I do a lot myself but I get help when I need it". Staff spoke with people and each other in a respectful way.

People were comfortable in the company of staff and relationships had been built. During the inspection, one person had been supported to make a cup of tea; they also made one for a member of staff. The person smiled when the staff member said thank you and looked happy.

People's privacy and dignity were promoted and maintained. One person commented, "When my door is shut the staff knock before they come in". People were encouraged and supported to be as independent as they wanted to be. Care plans gave staff guidance about how much people could do themselves and what support or encouragement was needed. The service used technology to support people to be independent and maintain their privacy. One person had a seizure sensor mat under their mattress, so that staff did not have to check on them during the night, as they would be alerted if the person had a seizure. Some people had sensors on their doors that alerted staff when the person left their room, this enabled staff to offer support to people when they needed it. Staff understood when people requested privacy to express their needs and ensured that this was respected as detailed in people's care plans.

From April 2016 all organisations that provide NHS or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. The provider was meeting the Accessible Information Standard.

People were given information in ways they could understand. There were pictures around the service displaying information that people needed. Information about people's care plan were provided in picture form to enable people to be as involved as possible in their care. Staff made sure people and their relatives had information, in a way they could understand, about external bodies that could provide independent advice. For example, when people needed additional support from an advocate to make decisions this was arranged. An advocate is an independent person who can help people express their needs and wishes,

weigh up and make decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

People were supported to maintain relationships with people that are important to them. Relatives were able to visit whenever they wanted and were made to feel welcome. People told us they had been supported to have their rooms decorated in the way they wanted, including photos of loved ones. One person told us, "They [staff] have helped me pick out some new furniture. I am looking forward to it arriving".

Is the service responsive?

Our findings

At the last inspection, people in the house had not been supported to lead meaningful lives, learn new skills, been supported in a person centred way and there had been limited activities on offer.

Following the last inspection, the registered manager had produced an action plan, to rectify the shortfalls found in the care and support provided in the house. At this inspection improvements had been made in the house and people were receiving support as they preferred. Previously staff had been doing things for people rather than supporting people to do things for themselves. The registered manager told us that staff had received additional training and been encouraged to reflect on their practice. Staff had found this useful and had accepted that the way in which they had been providing support to people in the house had not enabled people to become as independent as possible. The registered manager had also looked at staffing levels and how staff could be used to enable people to go out more.

When we arrived at the service, people in the house were getting ready to go out for lunch with staff. People were supported to make their own breakfast and carry it into the dining room. Another person was supported to take their washing into the laundry room, ready to be washed. People were leading the activity and staff waited to see what people wanted to do and then offered support.

When people returned from their trip out, we observed staff spending time with people, engaging in activities they had chosen. One person was being supported to complete a jigsaw, another to sort out washing and others were spending time in their bedrooms. People were now being supported to improve their skills in making simple meals such as sandwiches and looked pleased when they brought their meal out.

People in the bungalow continued to be supported to live meaningful lives and take part in activities they enjoyed. People were encouraged to remain as active as possible and keep busy. People were supported to go shopping. One person said, "I am going to [a shopping centre] next week and [member of staff] is coming with me. I have made a list of all the things I want to buy". Some people enjoyed helping out in the service, for example one person said they worked with the domestic staff to keep the service clean and tidy.

Each person had a care plan that was personal to them and included detailed information about their choices and preferences, including sexual preferences. People and their representatives attended a yearly review with staff and other healthcare professionals to assess if the care plan is effective and if any changes are needed. Staff reviewed care plans regularly and if there had been any changes in the person's needs changes were made to reflect this.

Each plan contained information about people's choices and preferences for example how they liked to be supported with their personal hygiene. The care plans had detailed guidance about how people communicated and what they meant when they said or did something. During the inspection, we observed people communicating in the way documented and staff responded in the way detailed in the care plan.

The care plan covered all aspects of people's including expressing their sexuality. There were guidelines for staff to follow to support people in this aspect of their lives.

Each person's care plan was changed when their needs changed. One person had recently moved into the service, their care plan showed how staff had supported the person since arriving at the service. The plan had been reviewed several times showing how each plan had been effective in enabling the person to settle, reduce their behaviours that challenge and increase their independence.

The service had not often supported people at the end of their lives, however, the registered manager and staff recognised their responsibilities to support people to express their wishes. Where possible people had discussed their wishes for their end of life care. Some people had funeral plans in place. Staff had conversations with people, their relatives and healthcare professionals about end of life decisions. For example, advanced decisions such as Do Not Attempt Cardio Pulmonary Resuscitation were recorded to make sure people's wishes could be acted on. When people had made their preferences known these had been recorded, some people had expressed what music they would like to be played. When required, the registered manager told us they would involve the GP and district nurse to support people and staff.

The provider had a complaints policy in place. There was an easy read version displayed in each area of the service. People told us they did not have any complaints but that they would speak to the staff if they were worried about anything. Complaints were investigated by the registered manager in line with the provider's policy.

Is the service well-led?

Our findings

Following the last inspection, the registered manager had put an action plan in place to address shortfalls found in the culture and practice of staff in the house. At this inspection, improvements had been made; however, the provider had not made improvements to the environment, to keep people safe.

The registered manager and maintenance staff completed checks on the environment. Records confirmed that the poor condition of the forecourt had been reported to the provider since 2015. Staff had brought their concerns about the safety of people using the paths and forecourt to the registered manager in their supervisions. The registered manager had brought this to their manager's attention during their supervision. The maintenance lead for the provider visited the service regularly, they did not leave a visit report at the service but the registered manager had informed them of the concerns about the environment. The provider had not acted to resolve the environmental issues. We discussed this with the registered manager, they told us that an improvement plan was in place but had yet been actioned.

The provider had not replaced equipment when required, the house had been without a suitable washing machine for six months. Staff were transporting soiled laundry to the bungalows for washing, people were unable to maintain their independence as they were not able to do their own washing.

The provider had failed to assess and mitigate the risks relating to the health and safety and welfare of people and others who may be at risk. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager told us that some improvements had been made including the replacement of flooring. The area manager confirmed that the improvement plan for the service had now been granted planning permission but there was no date for work to begin.

At the last inspection, the checks and audits completed by the registered manager had failed to identify the shortfalls within the service. At this inspection improvements had been made and the breach of Regulation 17 failure to identify the shortfalls at the service through regular effective auditing and action had been met.

The registered manager completed checks and audits on all areas of the service including care plans and medicines. When shortfalls were identified an action plan was put in place, the registered manager would sign when the action had been completed.

At the last inspection, the registered manager's office was in a portable building in the grounds and they felt that this was detrimental to their ability to manage the service. At this inspection, the registered manager's office remained in the grounds, however, they were supported by a new deputy manager, who was based in the house. The deputy manager told us that they were able to support staff and people when they needed it. Staff told us they felt supported by the registered and deputy manager and were able to discuss any concerns with them.

The registered manager had a vision for the service, including for people to become more independent and be able to go out when they wanted, to be part of the community and there was now an open and inclusive culture within the service. The registered manager had supported staff to attend training and reflect on their practice. Staff now understood their role in supporting people to lead meaningful lives and develop skills.

People, relatives and staff were encouraged to express their views about the service. Meetings were held for people who were able to participate. Other people were asked about their views by using pictures and symbols to express their feelings and views about the service. Relatives and staff had completed quality assurance surveys, the response had been mainly positive when analysed. The registered manager told us that they were continuing to monitor feedback and take action when required.

There were regular staff meetings where all elements of the service were discussed, staff were encouraged to express any concerns they may have. Any actions required were recorded and the registered manager confirmed when they had been completed. Staff told us they felt supported and valued, "We are listened to more by senior managers, the registered manager is fantastic and the deputy knows the service users really well. We are getting a balance now."

The registered manager worked with other agencies including the local safeguarding authority and commissioning groups. They had worked with the local safeguarding authority when concerns had been raised. The local authority had recorded that the service had made improvements following safeguarding alerts and made improvements to their practice. The registered manager attended meetings with managers from the providers other services and planned to attend local forums to keep up their practice up to date.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager had informed CQC of important events such as incidents that had been reported to the police, events that may stop the service, serious injuries and allegations of abuse in a timely manner as required.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the registered manager had conspicuously displayed their rating on a notice board in the entrance hall. The service did not have website.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that the premises used by people are safe to use for their intended purpose.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess and mitigate the risks relating to the health and safety and welfare of people and others who may be at risk.