

Lothlorien Community Limited

Ravenlea

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 21 and 22 September 2017 and was unannounced. This service was last inspected in August 2016 and we found four regulations were not met and improvement was required. This inspection found some improvement had been made, however, some working processes required embedding into everyday practice.

Ravenlea provides accommodation and personal care for up to seven people with a learning disability who may have an autism spectrum disorder. At the time of the inspection there were seven people living at Ravenlea, although two of the people were on holiday. In addition a further person visited the service and received day care. The service is a detached house, set in a quiet residential street in Folkestone. Each person has a single room with ensuite bath or shower room, with two bedrooms situated on the ground floor. There is a shared bathroom, kitchen, dining room, laundry and conservatory with doors leading to the garden. The enclosed garden has a paved seating area, lawn and raised beds and borders and is at the back of the house.

The service is required to have a registered manager. 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 and associated Regulations about how the service is run. At the time of this inspection the service had a registered manager, however, they were not present during the inspection. The day to day running of the service was overseen by a Peripatetic Manager, an Operational Director and a Quality Improvement manager.

People were not protected from the risk of abuse because some safeguarding concerns were not reported when they happened. However, staff had received safeguarding training and were aware of how to recognise safeguarding concerns. Staff knew about whistle blowing and were confident they could raise any concerns with the provider or outside agencies if needed.

Services are legally required to report some incidents to CQC without delay, although retrospective notifications had been made, the service had not informed CQC of significant events in a timely way.

The provider ensured systems were in place to monitor the care at the service was of a good quality, however, some actions to address concerns they had identified required further time to become every day practice.

Staff followed correct and appropriate procedures in the storage and dispensing of medicines. People were supported in a safe environment and risks identified for people were managed in a way that enabled people to live as independent a life as possible. People were supported to maintain good health and attended appointments and check-ups. Health needs were kept under review and appropriate referrals were made when required.

A robust system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit and appropriate to be working with people. There were sufficient numbers of staff on duty to make sure people were safe and received the care and support they needed.

Staff had completed induction training when they first started to work at the service. Staff were supported during their induction, monitored and assessed to check that they had the right skills and knowledge to be able to care for, support and meet people's needs. Staff continued to receive training, competence checks and support to meet the needs of people. There were staff meetings, so they could discuss any issues and share new ideas with their colleagues, to improve people's care and support.

Equipment and the premises received regular checks and servicing in order to ensure it was safe. Incidents and accidents were monitored to make sure the care provided was safe. Emergency plans were in place and practiced so if an emergency happened, like a fire, the staff and people knew what to do.

The care and support needs of each person were different, and each person's care plan was individual to them. Care plans, risk assessments and guidance were in place to help staff to support people in an individual way.

People's legal rights were protected as staff provided care in line with the Mental Capacity Act (2005). People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible; the policies and systems in the service supported this. Staff followed the guidance of healthcare professionals where appropriate and we saw evidence of staff working alongside healthcare professionals to achieve positive outcomes for people.

Staff encouraged people to be involved and feel included in their environment. People were offered varied activities and participated in social activities of their choice. Staff knew people and their support needs very well. Feedback we received from people, their relatives and health professionals was positive.

Staff were caring, kind and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with staff.

People were complimentary about the food and were offered choices around their meals and hydration needs. Staff understood people's likes and dislikes and dietary requirements and promoted people to eat a healthy and nutritious diet.

People's feedback was regularly sought and action was taken to implement improvements. Staff told us they felt well supported by the day to day managers, they had a good oversight of the service and were able to assist us in all aspects of our inspection.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end 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?

The service was not consistently safe.

People were not protected from the risks of avoidable harm or abuse because processes and procedures intended to keep people safe were not always followed.

People received their medicines when they needed them and in a way that was safe. They were stored safely.

Assessments had been made to minimise personal and environmental risks to people.

There were sufficient staff on duty to meet peoples' needs and the provider carried out appropriate checks when employing new staff.

Requires Improvement 

Is the service effective?

The service was effective.

Staff understood the importance of gaining consent and giving people choice. Staff followed the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

New staff received an induction and all staff received training to enable them to support people effectively.

Staff were supported in their learning and development.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it.

People were provided with a range of nutritious foods and drinks. □□

Good 

Is the service caring?

The service was caring.

Staff acted sensitively to protect people's privacy and dignity.

Good 

Staff engaged well with people. Staff spoke with people in a caring, dignified and compassionate way.

People were supported to be independent where possible.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was planned in line with their individual care and support needs.

Staff knew people well and had a good understanding of individual's needs and preferences. People were relaxed in the company of each other and staff.

There was a complaints system and people knew how to complain but said they had no complaints.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Statutory notifications were not always made to the Commission when they were supposed to be.

Audits and checks were in place. Some auditing was effective but action plans needed embedding into daily practice to ensure all shortfalls were remedied.

Feedback had been sought from people, relatives and staff and suggestions for improvement were acted on.

Staff were clear about their roles and responsibilities and felt supported.

Ravenlea

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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.

We undertook an unannounced inspection of this service on 21 and 22 September 2017. The inspection was undertaken by one inspector, this was because the service was small and it was considered that additional inspection staff would be intrusive to people's daily routine.

We reviewed a range of records. This included three care plans and associated risk assessment information. We looked at recruitment information for three staff, including those who were more recently appointed; their training and supervision records in addition to the training record for the whole staff team. We viewed records of accidents/incidents, complaints information and records of some equipment, servicing information and maintenance records. We also viewed policies and procedures, medicine records and quality monitoring audits undertaken by the registered manager and provider. Two people were on holiday at the time of our inspection, however, we spoke with remaining people, two staff, the Operational Director and Quality Improvement manager. As some people were not to speak with us directly, to help us further understand their experiences, we observed their responses to the daily events going on around them, their interaction with each other and with staff.

Before the inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and healthcare professionals. We reviewed notifications of incidents and other documentation that the provider had sent us since our last inspection. A notification is information about important events which the service is required to tell us about by law.

Is the service safe?

Our findings

One person told us they felt, "Happy, safe and content " living at Ravenlea, another commented, "I am very happy, I feel safe here, I much prefer this to my previous home" and one person said, "Some people can be noisy, but I like living here". People enjoyed the interaction with staff and were familiar and confident in their surroundings. People had communication plans which explained how they would communicate or behave if they were anxious or worried about something, these also told staff the way in which they could best support each person. Staff knew people well so that they were able to respond quickly or anticipate people's support needs. People were relaxed and happy in the company of the staff.

There were policies and procedures in place to safeguard people from harm and abuse, together with the Local Authority Safeguarding Adults Policy, Protocols and Guidance. This gave staff information about preventing abuse, recognising signs of abuse and how to report it. Staff had received training about safeguarding people and were able to identify the correct procedures to follow should they suspect abuse. Staff were aware of the whistle blowing policy and could name other agencies to approach outside of the service if they felt any concerns were not being dealt with properly. Although staff felt any concerns raised would be taken seriously and investigated to ensure people were protected, safeguarding alerts had not always been raised with the local authority in relation to an escalation in people's behaviours which can challenge. A recent provider audit had identified two such occurrences in March and April 2017 that warranted referral to the safeguarding team. This had not happened at that time, however, retrospective referrals were made in August. Since then the service had worked closely with the safeguarding team and reviewed and updated behavioural support plans with specialist input where needed. However, people were not always protected from abuse because established procedures had not always been followed.

Systems and processes were not operated effectively or immediately upon becoming aware of any allegation or evidence of abuse to prevent abuse of service users. This was a breach of Regulation 13 (1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Otherwise, accidents and incidents were recorded and management reviewed these reports to ensure that appropriate action had been taken to reduce risk of further occurrence. Processes now included keeping behaviour analysis log books to provide meaningful information to inform positive behaviour support and requested feedback from staff about how effective these strategies were.

At the last inspection there were shortfalls in processes for receiving medicines and its stock control. Additionally, appropriate guidance was not always in place for people who received medicines on an 'as required basis'. This was because information for staff did not set out how, why and when the medicine should be given.

At this inspection, following a number of medication errors which had happened in recent months, the provider had completed a full review of all medication processes and commissioned a further audit carried out by their supplying pharmacy. These showed a number of concerns, including recording of administered medicines, its storage and return of unused and spoiled medicines. As the result an action plan was

developed and a manager appointed from a sister service, owned by the same provider, was tasked to progress the action plan.

The provider had completed new competency checks for all staff responsible for administering medicines, which helped to ensure people received their medicines safely. People had received their medicines when they needed them. There were procedures in place to make sure people received their medicines safely and on time. All medicines were stored securely in locked cabinets in line with current guidance. Appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicine that had been administered. The records were up to date and had no gaps; all medicines administered had been signed for.

Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was written criteria for each person who needed PRN medicines. Topical medicines, such as creams and ointments, were stored in line with requirements and there was guidance showing where and how creams should be applied. The service had a well-established procedure in use for people who needed medicines when they were away from the service, for example, when on holiday or visiting a day centre. We checked these processes and the records were correct. It is good practice for staff to mark the date when a liquid medicine is opened, this is to ensure it is used or disposed of within the manufacturer's recommended timescale. In one instance this had not happened. Additionally, the service's audit action plan to address some of the concerns identified had not yet been embedded into everyday practice. These are areas identified as requiring improvement.

At our last inspection information was lacking about how to support some people to reduce choking risks and how to manage medical conditions, such as diabetes. In addition, further guidance was needed about how to use a handling belt to support another person to mobilise safely.

At this inspection these concerns had been addressed. Risks to people had been identified, assessed and guidelines were in place to reduce risks. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm. This reduced the potential risk to the person and others. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards. Risk assessments were reviewed and updated as changes occurred so that staff were kept up to date.

People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. A PEEP sets out specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. A 'grab file' was also in place. This folder contained brief but essential information about people's physical and mental health conditions and medicines and could be 'grabbed' in an emergency to pass on to other health professionals should the need arise.

Robust recruitment practices were in place and checks were carried out to make sure staff were suitable to work with people who needed care and support. We saw that checks had been completed before staff started work at the service, these included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check and checking employment histories. These records were held in staff files along with application forms and interview notes.

There were enough staff on duty to meet people's needs and keep them safe. During the inspection there were three support workers on duty along with a team leader. Two wake night staff provided support at night. People and staff felt there were enough staff on duty to support people's activities and safety. The

provider made sure there were always the right number of staff on duty to meet people's assessed needs and kept staffing levels under review. Staffing was linked to people's one to one support hours. During the inspection confirmation was received of additional support hours for one person and the operational director explained how the additional staff resource would be met.

The staff rota showed there were consistent numbers of staff available throughout the day and night to make sure people received the care and support that they needed. There were plans in place to cover any unexpected shortfalls like sickness. On the day of the inspection the staffing levels matched the number of staff on the duty, taking into account that two people were away on holiday. Staff we spoke with felt they usually had enough time to talk with people and interact with them; they felt there were enough staff to fully meet people's needs. An on call system ensured if needed there was always a senior member of staff available for the staff on duty to contact.

Checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly. Records showed hot water temperatures, portable electrical appliances and firefighting equipment were properly tested and maintained. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Records showed Health and Safety audits were completed monthly and that these were reviewed by management to see if any action was required. These checks enabled people to live in a safe and suitably maintained environment. The service provided a homely environment, it was clean, well furnished and decorated.

Is the service effective?

Our findings

People felt they received good care. One person told us staff were "Great", another person said, "The staff are good at supporting me, they know how to support me". Other people smiled and reacted positively when staff supported them, they were cheerful and appeared contented.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS form part of the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, they are as minimal as possible and appropriate authorisation is sought. At our last inspection an application had not been made to the local authority for a DoLS authorisation for one person. This inspection found all required applications had been made.

The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and, where relevant, other health or social care professionals. Records showed that people, their relatives and staff had been involved when best interest decisions had been required, such as managing finances and medicines. Records showed people's mental capacity to make most day to day decisions had been considered and people were encouraged and supported to make their own decisions. However, there was no record of consent or a capacity assessment about the use of monitoring equipment used to keep a person safe at night. We spoke with the person about this, they were aware of the monitoring equipment, why it was used and were able and happy to give their consent for this. We discussed this with the operational director who agreed to complete an assessment and record the person's capacity to consent to this safeguard. Following the inspection we were informed a completed consent form was located. This document identified that the person had capacity and agreed to the use of the monitoring equipment.

Otherwise, people's consent was gained by talking with staff about their care and support or by staff offering choices. People were aware of their care plans and some people had signed to agree they had their care plan explained to them and agreed with what it said. Staff had received training and understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff had an induction into the service, this involved spending time reading people's care records, computer based learning, policies and procedures and getting to know the service. They also attended some classroom based training and spent time shadowing experienced colleagues to get to know people and their individual routines. The Care Certificate was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life; new staff were completing this training. Staff had been supported through their induction, monitored and assessed to check that they had the right skills and knowledge to be able to care for, support and meet people's needs effectively.

For established staff there was an on-going training programme of maintained by the registered manager. It showed when training had been undertaken and when it was due to be renewed. Staff told us that they regularly completed training and that this included specialist training relevant to their roles and the needs of the people they supported, such as, courses about positive behaviour support, proactive interventions, learning disabilities and person centred care.

Staff had received individual supervision meetings and annual appraisals with the registered manager. However, some had lapsed because of the absence of the registered manager, but a schedule to address this had been put in place. Staff told us that they felt supported in their roles and overseeing managers gave the support they needed for them to do their jobs well.

The staff team knew people well and understood how they liked to receive their care and support. They were knowledgeable about how people liked to receive their personal care and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. They were able to explain what they would do if people became restless or agitated. People had clear, personalised communication guidance in place. This explained the best way to communicate with people and how to interpret and understand people's wishes and needs. They also described different triggers that may upset people, how they may react and how to support people when this happened.

People's health was monitored and, when it was necessary, health care professionals were involved to make sure people were supported to remain as healthy as possible. People were supported to attend appointments with doctors, nurses and other specialists they needed to see and any changing needs were met. Each person had a health action plan; this detailed how to support each person to remain healthy and recorded details about appointments they attended, what happened and what action would be taken next. People also had a hospital passport, which contained important details about how to support them should they need to go to hospital. People who had specific challenges, such as behaviours that may place themselves or others at risk of harm, had detailed personal guidance for staff to follow. Staff handovers at the end of each shift made sure staff were informed of any changes or significant events that may have affected people. New information or any changes in people's care or support were also communicated to staff in writing; staff signed these communications as acknowledgement they had read and understood them.

People told us enjoyed their meals, commenting, "It's lovely", "The food is good" and "We choose what to eat". There was a small menu planner on the wall to remind people what choices there were. Staff were aware of what people liked and disliked as well as specific dietary needs and any choking risks. Staff respected people's choices about what they ate. People were supported and encouraged to eat a healthy and nutritious diet. Some people liked to eat in local shops and cafés. People's weight was monitored to make sure they remained as healthy as possible. Some people helped to prepare meals.

Is the service caring?

Our findings

People told us they were happy living at Ravenlea and their comments about the staff were positive. One person commented, "The care is good, all of the staff are caring and friendly." Another person told us, "I am happy this is my home." People told us they were involved in decisions about care and thought communication was good because they could talk to staff when they wanted to.

The interactions between people and staff were happy and relaxed, people joked with staff and clearly felt comfortable in their company. Staff knocked on bedroom doors before entering and closed bedroom and bathroom doors when they were delivering personal care, to protect people's privacy. Staff used people's preferred names and spoke with them respectfully. There were warm and kind exchanges, often made with shared humour. Staff were discreet and spoke to people quietly to remind them to use the toilet, which meant people's dignity was protected in communal areas.

Staff spent time with people to get to know them. There were descriptions of what was important to people and how to care for them in their care plan. Staff told us when they were new they had read the care plans to get to know how to support people and had worked with more experienced staff in the team to see how people were supported with their lifestyles. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices. For example, some people used Makaton to supplement their verbal communication and staff used this when they responded. Makaton uses signs and symbols to help people communicate. It is designed to support spoken language.

People were encouraged to be as independent as possible. Staff explained how they supported people to do aspects of their personal care and encouraged another person to ensure they managed their diabetes effectively and safely. Staff understood and told us how important it was for people to retain their independence. Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before supporting them with personal care tasks and ensuring people who needed it were given support to wash and dress. When people had to attend health care appointments, they were supported by staff that knew them well. Some people monitored aspects of their own health conditions, other people attended day centres which helped them to develop life their skills.

Care plans had been compiled from staff gathering information from people, relatives and health professionals. Risk assessments had been signed or verbally agreed by people to show that they had been involved in decisions about their care wherever possible.

People were given personalised care. Some people had specific needs and routines that were accommodated well by the staff. Staff supported people in a way that they preferred. People looked comfortable with the staff who supported them and staff talked about and treated people in a respectful way.

When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted. People moved freely around the home between their own private space and the communal areas.

Written records had been made about people's last wishes and care files clearly noted if people had a Do Not Attempt Resuscitation order in place. This helped to ensure that people's end of life choices were respected.

Staff felt the care and support provided was person centred and individual to each person. Staff had built up relationships with people and were familiar with their life stories and preferences. One member of staff told us, "We are a family, it really matters that the guys get the support they need." People's care plans told us how their religious needs would be met if they indicated they wished to practice. People's information was kept securely and well organised. Staff were aware of the need for confidentiality and meetings were held in private.

Is the service responsive?

Our findings

People told us they received the care they needed and staff were responsive to their needs. People were relaxed with each other and staff, the service had worked hard to develop positive relationships with people and their families. Staff kept relatives up to date with any changes in people's health. When people considered moving into the service, they and families had been involved in identifying their needs, choices and preferences and how these should be met.

At our last inspection some care plans did not always show people's preferred routine, such as when they liked to get up, go to bed, have a bath or shower and some care plans were not up to date reflecting people's current support needs. At this inspection care plans had been reviewed, they were up to date and more guidance was provided for staff. Some care plans had become unwieldy and older information required achieving to ensure information remained relevant and easily accessible. The Operational Director acknowledged this, giving an undertaking to reduce the amount of information in the files.

Within people's care plans were life histories, guidance on communication and personal risk assessments. In addition there was guidance describing how staff should support a person with various needs, including what they can and can't do for themselves, what they need help with and how to support them. Care plans gave staff an understanding of the person and were personalised to help staff to support the person in the way that they liked. Care plans contained information about people's wishes and preferences and guidance on people's likes and dislikes around food, drinks, activities, social situations and behaviours that could present challenges for people and others around them. Each person had a healthcare plan, which gave healthcare professionals guidance on how to best support the person in healthcare settings if needed, such as if the person needed to stay in hospital. Care plans were kept up to date and reflected the care and support given to people during the inspection. People had review meetings to discuss their care and support. They invited care managers, family and staff.

Contact details of family members and other important people were recorded in care files and people were supported to keep in touch. Some people went out with their families, and families also visited the service. Relatives and friends were encouraged to visit and participate in activities and events, for example; garden parties provided occasion for all to come together and staff facilitated some people to visit their families.

Staff knew people well and were able to tell us about their individual personalities and care needs. Bedrooms had been personalised to suit people's own tastes and to include items that were important to them. People told us they were treated as individuals by staff. Staff knew about people's individual interests and goals, they engaged well with people and encouraged them to pursue their aims. Plans were in place to help staff to support people with goal planning and achievement. Achieved goals included food preparation, painting in the garden and fishing.

People had chosen various activities to participate in, which they were complementary about. They told us staff supported them to regularly go out locally and further afield and made good use of the service's minibus and public transport. People attended activities at a day centre and participated in arts and crafts,

computers and woodwork. Another person helped in the garden. Other trips had included clothes shopping, swimming, discos, bingo, the library, drives out and visit to a café or walk along the seafront. Within the house activities included watching television, listening to music, playing card games, making bead bracelets or spending time on their computer. People had been supported to grow vegetables this year in the garden and these had been used in the kitchen.

Residents meetings and individual talks with staff gave people the opportunity to raise any issues or concerns. During these meetings people were able to discuss and comment on the day to day running of the service. Minutes showed that people had asked for specific meals to be added to the daily menus; during the inspection we saw that this had been actioned. Staff took time to speak individually to each person and recorded any concerns or niggles they may have. This meant any little issues could be quickly resolved. Records showed a member of staff had supported one person to complain about poor service they had received while outside of the service.

We looked to see how complaints were managed; but none had been received since the last inspection. People and relatives told us they would speak with the staff or registered manager if they had any concerns but told us; "There was nothing to complain about." People knew the process for making complaints, this was displayed in the service and details of advocacy services were available for people.

Is the service well-led?

Our findings

People told us the staff and registered manager was 'very nice, friendly and approachable.'

The service had a registered manager who was supported by, senior care workers, a team of carers and ancillary staff. Staff told us the registered manager was supportive and listened if they had suggestions and felt they always tried to improve the service. They were approachable and people and staff were comfortable talking to them. People told us that they had no worries about talking to any of the staff. However, the registered manager had been absent from the service for a number of weeks, day to day oversight of the service was provided by a peripatetic manager as well as an Operational Director and Quality Improvement lead.

The overseeing managers demonstrated a good knowledge of people's needs and led by example. They checked staff were providing care to these standards by working alongside them, observing their practice and auditing processes within the service. During the inspection we observed that people engaged well with the managers, they were open and approachable and most people knew them before they came to oversee the service. Staff were clear about their role and responsibilities and were confident throughout the inspection. There was a positive and open culture between people, staff and management. Through our observations it was clear that there was a good team work ethic.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. An audit completed by the provider identified that two statutory notifications had not been made at the time when they needed to be. Although they had subsequently been forwarded to CQC, they were not made without delay, therefore the service had not informed CQC of significant events in a timely way.

This is a breach of Regulation 18 (1)(2)(e) of The Care Quality Commission (Registration) Regulations 2009.

At the last inspection we reported that there were systems and processes in place, which were effective in identifying shortfalls, but timely action had not been taken to address concerns. At this inspection, a number of quality assurance checks completed at registered manager level had not been effective in identifying shortfalls. This was particularly evident in the management of medicines, reporting safeguarding concerns and ensuring statutory notifications were made to the Commission. However, provider instigated checks had subsequently identified each of these areas and a robust management plan was in place to drive forward improvement needed and ensure corrective processes became embedded into everyday actions. A review of the action plan found much work had been completed, particularly around risk assessments, behaviour management, care plan reviews. A number of physical improvements to the premises were identified and work was organised to achieve this. However, some areas, such as aspects of training, reviews of recruitment files and a review of best interest decisions for some people remained ongoing and are identified as areas requiring improvement.

The overseeing managers made sure that staff were kept informed about people's care needs and about any other issues. Staff handovers, communication books, team meetings and information bulletins were used to update staff. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed.

Systems were in place for quality monitoring checks. Quality assurance surveys from people and relatives had been collated and analysed. This analysis showed the comments made and the actions taken in response, an improvement plan with timescales had been put into place and was available for people and relatives to view. Staff also had the opportunity to feed back their views during team and one to one meetings.

Services are required to prominently display their CQC performance rating. The registered manager had displayed the rating in the entrance hall.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person had not notified the Commission without delay of any incidents of abuse or allegation of abuse in relation to a service user. Regulation 18 (1)(2)(e)
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 Systems and processes were not established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of abuse. Regulation 13 (1)(2)(3)