

Alpha Medical Care Limited

Alpha Community Care

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Alpha Community Care is a care home which provides accommodation and personal care for up to four people with learning disabilities and complex needs such as autism.

At the time of our inspection there were four people living in the home. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had appointed a new manager who was in the process of applying to the Commission to be registered. They facilitated this inspection. The new manager was enthusiastic, motivated and committed to

Summary of findings

improving the service. They had the skills and knowledge to enable them to do that. They were aware what needed to improve and had prioritised the areas for improvements.

People living at the home had deprivation of liberty safeguards approved. The registered manager failed to notify the Commission when these had been approved.

Areas of the home had been decorated and a refurbishment plan was in place. However the fire doors did not close fully and the water temperatures in the sink and bathroom were above safe levels which posed risks to people.

Policies and procedures were in place in relation to infection control. However good hand hygiene was not encouraged and promoted by people involved in food preparation.

Staff were aware of risks to people. Risk assessments were in place. However the risk assessment documents was not specific and did not include management plans to manage those risks.

Medicines were safely managed. The provider needs to review the storage of medicines to ensure it was safe and secure.

Relatives felt their family member was safe and staff supervision was maintained to promote people's safety. Training and policies were in place to safeguard people from abuse. However some staff's practice had the potential to put people at risk of abuse.

People were provided with three meals a day. People were being supported and enabled to make meal choices. The meals provided were not always nutritious and balanced. These were being further developed.

The new manager was a positive role model to staff. We saw they worked alongside staff in promoting good practice. They had developed communication with people who used the service and we saw prompts, aids, signs and symbols were used to communicate with people. We saw people were responsive to the input and there was more engagement between people and staff.

Person centred care plans were in place and more person centred care was being provided. People were being encouraged to make choices and decisions and their independence was being promoted. The range of activities on offer to people had increased and continued to be developed to provide a more person centred activity programme.

Staff were suitably recruited, inducted, trained and supported. New staff were enrolled on the care certificate training and existing staff were enrolled on a top up of this training to ensure they had the required skills. Staff were clear of their roles and they received supervision to support them in their roles. Staff's practice was observed and poor practice addressed.

Policies and procedures were being updated to provide guidance for staff. Systems were in place to audit the service. These were being developed to ensure all aspects of the service were audited effectively.

We found two 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 the full version of the report.

The service was in special measures as a result of the previous inspections. This inspection showed improvements had been made. Therefore the service is now out of special measures.

Summary of findings

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 always safe

The premises was not safe in that fire doors did not shut properly, the water temperatures in the sink and bath were above what was considered a safe temperature and staff could not access their key to open the front door.

Risks to people were identified and staff were aware of people's risks. However risks were not clearly defined in people's care plans and did not provide clear guidance for the management of those risks.

Systems were in place to safeguard people from abuse, however staff practice was not always in line with guidance and best practice to safeguard people.

Requires improvement



Is the service effective?

The service was not always effective

Staff were aware of people's communication needs and used aids, signs and prompts to communicate with people. However this was not consistently maintained by staff during communication with people.

People were supported with their meals and they had more involvement in the menu plan. The menu was not varied and was being further developed

Staff were suitably inducted, trained and supported in their practice.

Requires improvement



Is the service caring?

The service was not always caring

Staff were kind and caring and engaged more with people.

People were being more supported, involved and enabled to make choices. However some staff told people what to do as opposed to asking them if they would like to.

People's privacy, dignity and independence was promoted.

Requires improvement



Is the service responsive?

The service was not always responsive

Detailed person centred care plans were in place for people.

The range of activities on offer to people had increased. This was still being developed to enable them to provide a more person centred activity programme.

Systems were in place to deal with concerns and complaints

Requires improvement



Summary of findings

Is the service well-led?

The service was not always well led

The registered manager failed to notify the Commission that Deprivation of Liberty Safeguards had been approved for people.

The new manager was a positive experienced role model. They were clear of their vision and values for the service and was aware what needed to improve to benefit the people who lived there.

Quality monitoring systems were in place and being developed. Policies and procedures were all being reviewed and updated.

Requires improvement



Alpha Community Care

Detailed findings

Background to this inspection

The service was previously inspected on the 14 and 15 January 2015 and was given an overall inadequate rating. We served warning notices as a result of that inspection. We inspected the service on 22 April 2015 to check if the required improvements had been made. We found the warning notices had not been met and further enforcement action was proposed.

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 had made improvements as a result of our previous inspections, to check if they were now 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 14 and 15 October 2015. The inspection was announced. This meant the registered manager was given short notice of our planned inspection. This was to ensure a manager was available and that the home was accessible.

The inspection was undertaken by one inspector and a specialist expert. A specialist expert is a professional who has specialist knowledge in a chosen area. In this case they were a specialist expert in learning disabilities and autism.

Before the inspection we reviewed the previous inspection reports of the home and other information we held about the home. We liaised with the local authority contract monitoring team and got feedback from them on their views of the service.

People who used the service were unable to communicate verbally with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we walked around the home to review the environment people lived in. We spoke with the new manager and three care staff. We spoke with one relative during the inspection and spoke with one relative by telephone after the inspection. We received written feedback from another relative. We looked at a number of records relating to individuals care and the running of the home. These included three care plans, medicine records for four people, staff duty rosters, shift planners, two staff recruitment files, four staff training and supervision records.

Is the service safe?

Our findings

Relatives told us they felt the home provided safe care. They said staff were aware of people's whereabouts and ensured they were adequately supported when they went out.

We walked around the home. We saw areas of the home had been decorated and the new manager had plans for developing a sensory area which they felt some of the people who used the service would really benefit from. The provider had a refurbishment plan in place and the new manager confirmed to us after the inspection that they intended to refurbish the kitchen in 2016. They wanted the refurbishment of the kitchen to allow for more opportunities for people to be involved in meal preparation and developing life skills and their independence. The home had a fault maintenance request form in place and a building inspection and maintenance check was completed in July 2015. The frequency of the check was not defined.

During our walk around the home we saw fire closures were in place on the bedroom doors to enable them to be safely propped open. However we found when the door closure was released none of the bedroom doors closed shut. This was fed back to the new manager to address.

We found the water temperatures in one sink and one bathroom was 46 degrees centigrade. 44 degrees centigrade is considered by the Health and Safety Executive to be maximum safe temperature for water outlets in care homes. We looked at water temperature records. We saw five occasions since 23 April 2015 where the water temperature was recorded as 48 degrees. Staff had recorded in the comments section of the record the water was hot but failed to take any action or report it. On day two of this inspection the new manager told us they had contacted maintenance and they were coming in to turn the water temperature down in the water tank as the outlets did not have separate temperature adjusters.

We saw the home had a fire policy and procedures in place. There was a fire risk assessment in place which was not dated but was reviewed in February 2015. Personal emergency evacuation plans were in place and included in people's files. We saw weekly fire tests and fire drills took place in June and September 2015. The home had a contingency plan which the new manager was in the

process of updating. We saw staff were trained in fire safety. They were clear of their responsibilities in the event of a fire. All external doors were kept locked. We saw a staff member was not able to access their key to open the front door to a visitor. This had the potential to put people at risk of not being able to be evacuated in the event of a fire. The new manager told us they had a key cupboard on order which was due to be fitted the following week. They said all keys would be kept in there and therefore accessible to all staff at all times.

The home had an infection control policy in place and a copy of the code of practice on the prevention and control of infections. This is guidance from the Department of Health on how infection control should be managed to prevent and control infections. The manager told us they were the identified infection control lead. An infection control audit was completed monthly and action taken to address issues identified. Staff told us they were trained in infection control. We saw in the training matrix provided staff had completed infection control training. We observed a person who used the service assisted staff with the meal preparation. We noted the person was not encouraged to wash their hands prior to taking part in the activity. Therefore good hand hygiene and food handling guidance was not promoted.

People's care plans contained a range of risk assessments. These were person centred and outlined the risks to people. However we found some risks were included with other risks and therefore not specific. The risk assessment document did not include clear management plans to reduce the risks and therefore had the potential for risks not to be managed. We saw two people were at risk of choking. The risk assessment made no reference to this but within the eating and drinking risk assessment it indicated the person's food was to be cut up. Another person was at risk of drinking excessively. There was no specific risk assessment on this but it was referred to within the risk assessment on eating and drinking. The home had introduced person centred software. We saw these highlighted risks to people and the staff we spoke with were aware of the risks to people and what they needed to do to keep people safe.

We saw people who required it had moving and handling risk assessments in place and risk assessments were in place for risks associated with medical conditions. We saw financial risk assessments had been completed and these

Is the service safe?

outlined the level of support people required with their money. We saw in team meeting minutes that staff discussed individuals and were made aware of risks to them. The manager told us they were in the process of reviewing and updating the work place risk assessment document as well as the lone working risk assessment. We saw this was work in progress.

Staff were aware of the procedure for reporting accidents /incidents. These were completed and signed off by the manager. They indicated if any action was required to prevent reoccurrence. Relatives told us they were informed of any accidents/ incidents involving their family member.

People's care plans outlined the level of support people required with their medicines. We saw homely remedies were in use. These had been agreed and signed off by the GP. People's medicine records indicated if they had an allergy to a particular medicine. We looked at medicine administration records for four people. There were no gaps in administration and medicines were administered as prescribed. Systems were in place to record medicines received into the home and those that had been disposed of. We saw a stock check of medicines was maintained. This formed an audit trail to ensure adequate stocks of medicines were maintained however it did not offer a full audit of medicines practice. The new manager agreed to implement a more thorough audit tool to ensure safe medicine practices were promoted and maintained. We saw staff were trained and deemed competent prior to administering medicines. The assessment of medicines competency document indicated the staff member was observed and assessed on one occasion. However this was not the case. Staff told us they were observed over a number of occasions administering medicines before being signed off as competent. The new manager agreed to introduce a medicines competency assessment tool to support their practice. We saw the medicines policy available to staff was not up to date. The new manager confirmed they were in the process of updating policies and procedures and agreed that the medicine policy would be completed as a priority. We saw medicine was stored in a locked cupboard which was not a specifically designed medicine cupboard.

Staff told us they knew how to keep people safe. They indicated they had an understanding of safeguarding and were aware of their responsibilities to report if they witnessed an incident that put people at risk. We saw staff

had attended safeguarding training. A flow chart was available on the notice board in the office to provide guidance to staff on what to do if they witnessed abuse. People's care plans contained guidance on managing challenging behaviours to safeguard individuals. We saw incidences of challenging behaviours were recorded. These included the triggers and action taken to manage the incident to safeguard people and others. During the inspection we observed a staff member grabbing a person by their arm and trying to get the person to sit down. The person was reluctant to sit down and once sat down the staff member put their arm across them to prevent them from getting up. This was fed back to the new manager who agreed to address it with the staff member to prevent reoccurrence. They also agreed to provide further training to the staff member on what constitutes abuse to ensure safe practice was consistently provided to people.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. This was because the premises was not always safe for its intended purpose, risks to people were not specifically identified and managed, good hand hygiene was not promoted during meal preparation and posed risks to people, staff practice put people at risk of abuse and the provider had not risk assessed the use of a non- medicine cupboard for storing medicines to ensure it was fit for purpose.

The new manager told us they were now managing the rota. They said they had changed the rotas to enable them to provide a more flexible rota to meet people's needs and provide opportunities for more one to one activities. A staff member commented "The rota was more organised and everyone feels better for it". We viewed the rotas and saw staff were not working day and night shifts as they had been previously. We saw the extra hours being worked were monitored and had significantly reduced following the change in the rota. We saw there were generally two staff per shift with a third staff member provided for specific activities or appointments. Staff told us the staffing levels were sufficient and they felt they were able to do more with people. We saw most people required a certain level of observation. At peak times such as preparing meals we saw one staff member was preparing the meal and one staff member was available to observe three to four people. We saw one person initially made the decision not to go out to pick another person up from the day centre. There was two staff on the rota for the afternoon shift and therefore there

Is the service safe?

were not sufficient staff to allow the person to stay at home if they wanted to. A staff member on the early shift had to stay on longer to stay with a person who was expecting a visitor and they told us the other person could stay with them. The new manager told us they would like a third staff member to cover across two shifts but the staffing budget currently did not allow for a third staff member to be provided. A relative told us they thought two staff were not always provided when only two people were in the home. The registered manager told us this was not the case.

Safe recruitment processes were in place. We looked at recruitment files for the two newest staff to the home. We saw they had completed an application form, attended for interview and gaps in employment were explored. References and a Disclosure and Barring Service (DBS) check was carried out before they started work at the home. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with adults.

Is the service effective?

Our findings

People's care plans outlined the level of support people required with their meals and whether they required specialist equipment or not. They also outlined their food likes and dislikes. Staff were responsible for menu planning and meal preparation. People were provided with three meals a day. The records suggested people were given a choice of meal and the meal eaten was recorded. The home had a four week menu plan. We looked at the menus. We found the menu contained mainly processed food and was not very varied. The new manager told us they were already aware of this and was looking at ways of trying to improve the meals to ensure they were more nutritionally balanced. We saw the meal choices for the day were displayed on a white board in the dining room. These were in pictures to enable people to make a choice. We saw on day one of the inspection people were not given the meal on the menu and instead were given a snack type supper. It was not clear how they made this choice or why. Staff on duty told us two people had changed their mind and wanted the snack type meal as they had been out for lunch. One of the other people had eaten a hot meal at the day centre. This was fed back to the manager to address.

The new manager had good systems in place to ensure good communication between team members. Staff were informed of changes and provided with details of the change. They were then expected to read and sign the document/entry to confirm they had understood. Daily handover sheets and task allocation sheets were in use. Tasks were allocated and signed off when completed. We saw regular staff meetings took place and staff were informed of proposed changes as well as being kept up to date with change in people's needs and documentation.

We saw people's care plans included clear guidance on how people communicated their needs. We saw the manager was a positive role model in communicating with people. All through the inspection they used signs, symbols and prompts to enable people to communicate and be understood. Staff were expected to learn the signs for new words each week. There was guidance on the office notice board to alert staff to this. We saw staff member's engagement with people had also improved. However they did not use communication aids and prompts consistently

when engaging with people. This was fed back to the new manager who confirmed they were already aware of this through their own observations and recognised staff's daily practice still needed to improve.

Relatives told us they thought staff were suitably trained and experienced to support their relative. Staff told us they had received an induction into the home. We saw they had completed an induction booklet which was signed off when their induction was completed. The new manager was looking to improve that document. We saw the two newest staff members were enrolled on the care certificate training. The manager told us the remaining members of the staff team were going to be enrolled on the top up care certificate training which is for staff already in social care.

A professional involved with the home told us staff appeared keen to engage and willing to learn. They told us they took ownership for an initiative they worked on and were open and worked collaboratively with other providers.

The new manager was actively involved in reviewing job descriptions and defining staff roles. They had identified key roles for staff that they were responsible for such as activities, menu planning, medicines management and communication. They were sourcing training where required to ensure staff had the skills and training to take on those roles.

Staff told us they felt suitably trained to do their job. They said they were clear of their roles and responsibilities. They confirmed they had access to regular training. We saw staff had completed a range of recent training such as training in first aid, food hygiene and nutrition, moving and handling, safeguarding, medication awareness, health and safety, behaviour that challenged, dignity in care, person centred approach, learning disabilities, well-being and risk assessment of incident reporting. Training was recorded on individual staff files and on a training matrix which the manager was currently updating. Alongside this the new manager did in house training on communication, person centred care and training required for individual staff members to improve their practice.

We saw staff had formal one to one supervisions and observation of their practice checks. The frequency of those had not been defined and were not fully established. We saw aspects of good and poor practice were picked up and addressed in supervisions and observations of

Is the service effective?

practice. Further training was provided where it was deemed necessary. The provider had completed an annual appraisal for staff who required it. Staff told us they felt supported and confirmed they received supervision.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. People's care plans outlined whether they had capacity or not. Where people were assessed as not having capacity to make a decision a best interest decision was made involving people who knew the person and other professionals. Staff were trained in the MCA. All staff spoken with knew whether people had capacity or not to make decisions on their care. Some staff were not clear what the process was for recording that. The manager told us they had already scheduled an in house training session on MCA and had made it specific to the people they supported.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS).

DoLS aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. It ensured the service only deprived someone of their liberty in a safe and correct way and this is only done when it is in the best interest of the person and there is no other way to look after them. At the time of our inspection there was a DoLS in place for all four people living at the home. We saw a request for renewals of the DoLS had been made to enable them to continue to support those people in a safe way. Staff had been trained in DoLS and further in house training was planned specific to the people they supported.

Relatives told us they were kept informed of changes in their relative and changes in treatment. They told us they were made aware if their relative was unwell and appropriate action was taken. We saw in people's files they had access to other health professionals such as the GP, dentist, optician, podiatrist and professionals such as speech and language therapist for people who required it.

Is the service caring?

Our findings

Relatives told us they thought staff were caring and provided good care. They told us they had a good understanding of their family member's needs.

We observed positive and negative interactions between staff and people who used the service. Staff were engaging and communicating more with people than on previous inspections. They were providing good eye contact during engagement with them. They offered a more person centred approach to people and we saw people were given options as opposed to having decisions imposed on them. However staff did not consistently use prompts and aids to communicate with people and we saw some staff instructed people on what to do rather than asking them what they wanted to do. The new manager was already aware positive practices were not firmly established, consistently maintained and promoted. We saw they were addressing this through staff supervisions.

We saw people were more involved in aspects of their care. Their care plan outlined the level of support people required to make choices in relation to their care such as getting up, what to wear, going out, activities and going to bed. There was a pictorial white board which informed

people what was planned for the day and a pictorial menu board which informed people of meal choices each day. We observed there was more stimulation for and with people which created a more inclusive atmosphere.

The new manager had introduced a learning log. This was to record people's reactions and responses to meals, activities and communication aids. This was used to develop a more person centred activity programme, menu plan and effective communication with each person. This continued to be developed and expanded on to give people more options, choices and experiences.

The new manager was keen to promote people's independence. We saw people were being supported to make drinks with staff supervision and they were encouraged to take an active role in meal preparations. They were looking at ways this could be further developed.

We saw residents meetings took place. These were not happening frequently as the new manager felt they were not inclusive of people in their current format. Therefore they were looking at ways of making those user friendly and accessible to people.

We saw people's privacy and dignity was promoted. People were referred to by their first name and staff provided personal care in private. People who used the service were encouraged and reminded of the need to attend to their personal care needs in private.

Is the service responsive?

Our findings

One relative told us they were involved in the development of their relatives care plan. They told us they felt it was now more reflective of their family member's needs. Another relative could not recall being involved in their family members care plan. The registered manager told us all relatives were involved in people's care plans and had signed a sheet at the front of the care plan to evidence this.

The service had introduced a new care plan format and were using person centred software to support this. Alongside this each person had a written care plan in place. The care plans were detailed and specific as to how people were to be supported with all aspects of their care. They were person centred and showed evidence of families being involved and consulted with on the care required. Each person had an allocated key worker and key workers were being encouraged and supported to take an active role in care planning. Staff spoken with were knowledgeable of people's needs and the support they required. We saw they were responsive to people during the inspection

Relatives told us they can visit at any time and are always made to feel welcome. They said they can see their family member in private or in communal areas of the home.

We saw people had an individual programme of activities. Some activities people did together but we also saw individual activities were being promoted. One of the support staff was responsible for co-ordinating activities for

people. The staff member responsible for activities told us that on a weekly basis they plan activities for the following week. They told us they go through people's care files and note how they responded to an activity and they also observe their reactions during an activity. This enabled them to plan more person centred activities. They told us they had planned a trip to a Wildlife park, the museum and a pantomime. On day one of the inspection two people went bowling and out for lunch, a third person went to a day centre and the fourth person went on a bus trip to the local town and had lunch out. On day two of the inspection all four people went out to a local park. The activity programme continued to be developed with the aim being to provide a better range of person centred activities for people. Relatives told us they thought the activities provided were more varied and took place more often.

We saw people's choices and individuality was taken into account in the way the service was being delivered and developed. The new manager was keen to develop this further to benefit people and enable them to have more opportunities and community involvement.

Relatives told us they would raise any concerns or complaints with the provider and/or manager. They told us they felt able to approach them directly and told us any issues they had raised had always been addressed. The home had a complaints procedure in place. This was available in a pictorial format so that people with limited communication had access to the process. We looked at the complaints log. The home had no recent complaints logged.

Is the service well-led?

Our findings

The service had deprivation of liberty safeguard approved by the local authority for the four people living at the home. The registered manager failed to notify the Commission as is required of them under the Health and Social Care Act 2008 at the point where the approval was initially granted.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4). This was because the registered person failed to notify the Commission that the Deprivation of Liberty Safeguards had been approved.

Relatives told us they thought the home was well managed and well led. They told us the provider and new manager were accessible and available. They always returned their telephone calls if requested and acted on issues and feedback given. They were very complimentary of the new manager and the difference they had made in the short time they had been in post.

Staff told us the provider and new manager were approachable and they felt the home was well led. One staff member commented “The management of the home is stronger now, it is more organised, there has been positive changes and the home has more of a vision”. Another staff member told us a lot had changed since our previous inspections. They said the inspections had opened their eyes to what they had to do and they thanked us for that. They said the new manager had brought about many positive changes.

There was a clear management structure within the home and staff were clear on what days the provider, new manager and deputy manager worked. The new manager was in the process of applying to the Commission to become the registered manager of the service. The current registered manager who is also the provider would then deregister and take on more of a provider role in monitoring the service. The new manager was clear of their role and responsibilities. They had identified areas for improvement and had prioritized work that needed to be done to benefit the people living there. They were clear of their vision and values for the service which was to further develop communication for people, promote independence and provide a more inclusive environment for people as well as developing a competent staff team. They had made good progress in the short time they had

been in post. They were a positive role model who was highly motivated, committed, experienced and knowledgeable. They had worked hard in addressing some of the deficits found at the previous inspections and recognised the work still to do to provide a good service. We saw the new manager was up to date with current good practice. They had developed community links for people which integrated people more into their local community.

The new manager had built good relationships with the staff team. They communicated clearly with staff on proposed changes to ensure they understood what was required and why. They provided extra training to ensure staff had the required skills to do the required tasks. They worked alongside staff in supporting people and addressed poor practice when witnessed. They had systems in place to question staff practice to enable staff to learn from it and change their practice to benefit people.

We saw a range of audits were taking place and action taken to address findings. These were being further developed and adapted to suit their service.

We saw the inspection rating from the previous inspection was displayed and made accessible to people who used the service and relatives. Systems were in place to get feedback from relatives. Relatives meetings took place three times a year and annual surveys were sent out and completed. We saw the feedback from relatives was positive and they were happy with the care provided. There was currently no formal system in place to get feedback from other stakeholders such as professionals involved with the home. The new manager was also looking at ways in which they could get meaningful feedback from people who used the service. A comments book and feedback forms were provided at the entrance to the home. This was an opportunity for visiting professionals to provide feedback. Staff had been involved with the local care quality team in developing a well-being tree which was displayed in the hallway. This was used as an opportunity to congratulate each other on their achievements which benefited people living there. Staff were pleased with their achievements and it had a positive impact on their practices.

Is the service well-led?

The home had a series of policies and procedures in place. However the majority of them needed updating to reflect change in legislation and practice. The new manager had a schedule in place to outline which policies they were working on and planned implementation dates.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided. in a safe way. This was because the premises was not always safe for its intended purpose, risks to people were not specifically identified and managed, good hand hygiene was not promoted during meal preparation and posed risks to people, staff practice put people at risk of abuse and the provider had not risk assessed the use of a non-medicine cupboard for storing medicines to ensure it was fit for purpose.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>The registered person failed to notify the Commission that Deprivation of Liberty Safeguards had been approved.</p>